CalAIM Behavioral Health Services for Systems-Involved Youth

Frequently Asked Questions

This resource provides answers to many frequently asked questions about the CalAIM initiative and behavioral health care services for systems-involved youth, including youth impacted by the child welfare system, juvenile justice system, or experiencing homelessness. This FAQ was last updated in March 2024. For any questions related to this FAQ, please contact info@ylc.org.

What is CalAIM?

Through California Advancing and Innovating Medi-Cal (CalAIM), the Department of Health Care Services (DHCS) is reforming Medi-Cal to provide more streamlined, coordinated, and standardized care that supports the "whole person." CalAIM includes several initiatives ranging from integrating mental health, substance use disorder, and physical health services; expanding dental benefits; investing in community-based service providers; coordinating a person's health and social needs; and more. This is a multi-year effort that is already underway, with initiatives being implemented from 2022 to 2027.[1]

What CalAIM changes impact behavioral health services for systems-involved youth?

There are several CalAIM reforms that will impact how systems-involved youth can access behavioral health services. Some relate specifically to accessing mental health services, such as the new access criteria for **specialty mental health services**,[2] the **"No Wrong Door"** policy for receiving mental health services,[3] the **transition of care and youth screening tools** for mental health services,[4] and **pre-release services** that are available to incarcerated youth.[5]

Other reforms relate to the Medi-Cal managed care system, such as the changes to managed care options in several counties and certain benefits that are only available to Medi-Cal managed care

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[1] For more information on CalAIM, visit: https://www.dhcs.ca.gov/CalAIM/Pages/CalAIM.aspx. *See also*, Youth Law Center, *Introduction to CalAIM: A Fact Sheet by the Youth Law Center* (2022), https://www.ylc.org/resource/what-is-calaim-a-ylc-fact-sheet/.

[2] *See* Dep't of Health Care Servs., *Behavioral Health Information Notice No. 21-073* (Dec. 10, 2021), https://www.dhcs.ca.gov/Documents/BHIN-21-073-Criteria-for-Beneficiary-to-Specialty-MHS-Medical-Necessity-and-Other-Coverage-Req.pdf ["BHIN 21-073"].

[3] *See* Dep't of Health Care Servs., *Behavioral Health Information Notice No. 22-011* (Mar. 31, 2022), https://www.dhcs.ca.gov/Documents/BHIN-22-011-No-Wrong-Door-for-Mental-Health-Services-Policy.pdf ["BHIN 22-011"].

[4] *See* Dep't of Health Care Servs., *Behavioral Health Information Notice No. 22-065* (Dec. 22, 2022), https://www.dhcs.ca.gov/Documents/BHIN-22-065Adult-and-Youth-Screening-and-Transition-of-Care-Tools-for-Medi-Cal-MHS.pdf ["BHIN 22-065"].

[5] *See* Dep't of Health Care Servs., *Behavioral Health Information Notice No. 23-059* (Nov. 8, 2023). https://www.dhcs.ca.gov/provgovpart/Documents/BHIN-23-059-Medi-Cal-Justice-Involved-Reentry-Initiative-State-Guidance-on-Requirements.pdf ["BHIN 23-059"].

members, such as **Enhanced Care Management**,[6] **Community Supports**,[7] and **foster care liaisons**.[8] Each of these reforms are discussed in more detail in this resource.

Accessing Mental Health Services

What are Specialty Mental Health Services (SMHS)?

SMHS include an array of services:

1) Rehabilitative Mental Health Services, including:
    a) Mental health services;
    b) Medication support services;
    c) Day treatment intensive;
    d) Day rehabilitation;
    e) Crisis intervention;
    f) Crisis stabilization;
    g) Adult residential treatment services;
    h) Crisis residential treatment services;
    i) Psychiatric health facility services;
2) Psychiatric Inpatient Hospital Services;
3) Targeted Case Management;
4) Psychiatrist Services;
5) Psychologist Services;
6) EPSDT Supplemental Specialty Mental Health Services, including:
    a) Intensive Home-Based Services;
    b) Intensive Care Coordination;
    c) Therapeutic Foster Care;
    d) Therapeutic Behavioral Services;
7) Psychiatric Nursing Facility Services.[9]

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[6] *See* Dep't of Health Care Servs., *All Plan Letter 23-032* (Dec. 22, 2023), https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-032.pdf ["APL 23-032"].
[7] *See* Dep't of Health Care Servs., *All Plan Letter 21-017 (Revised)* (Mar. 1, 2022), https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2021/APL21-017.pdf ["Rev. APL 21-017"].
[8] Dep't of Health Care Servs., *Medi-Cal and Foster Care Updates* 17-18 (Nov. 2023), https://www.dhcs.ca.gov/CalAIM/Documents/DHCS-Foster-Care-Updates-112023.pdf ["DHCS Nov. 2023 Medi-Cal and Foster Care Updates Presentation"].
[9] Cal. Code Regs. tit. 9, § 1810.247; Dep't of Health Care Servs. and Dep't of Social Servs., *Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries* (2018), https://www.dhcs.ca.gov/Documents/ChildrensMHContentFlaggedForRemoval/Manuals/Medi-Cal_Manual_Third_Edition.pdf; Dep't of Mental Health, *DMH Information Notice No. 08-38* (Dec. 22, 2008), https://www.dhcs.ca.gov/formsandpubs/MHArchives/InfoNotice08-38.pdf.

SMHS are carved out of the services provided by Medi-Cal managed care plans (MCPs) and instead delivered by county Mental Health Plans (MHPs).[10] "EPSDT" refers to Medicaid's Early and Periodic Screening, Diagnostic, and Treatment benefit, which is available to youth under age 21 and covers all services necessary to "correct or ameliorate" mental health conditions.[11] (More information on EPSDT is provided under the next question.)

For more information on SMHS, see the Medi-Cal Manual or find your county MHP's beneficiary handbook.

What are the new access criteria for SMHS for youth under age 21?

No diagnosis is required to qualify for SMHS.[12] Instead, a youth automatically meets access criteria if they have involvement in the child welfare or juvenile justice systems, or are experiencing homelessness, as that involvement demonstrates that they have experienced trauma.

Specifically, county MHPs must provide all medically necessary SMHS to Medi-Cal beneficiaries under age 21 who have a condition placing them at high risk for a mental health disorder due to experience of trauma evidenced by involvement in the child welfare system, juvenile justice involvement, experiencing homelessness, or scoring in the high-risk range on a department-approved trauma-screening tool.[13]

For youth under 21, a service is medically necessary if it meets Medicaid's EPSDT services standard to "correct or ameliorate defects and physical and mental illnesses or conditions discovered by the screening services, whether or not such services are covered under the State plan."[14] This means that any medically necessary service must be provided, *including services that are not included in the list of SMHS above.*

Federal guidance further clarifies that mental health services do not need to be curative or restorative to ameliorate a mental health condition.[15] Rather, if a service sustains, supports, improves, or makes more tolerable a mental health condition it is considered to ameliorate the condition, and therefore it is medically necessary and covered as an EPSDT service. Services provided must, however, be medically necessary and clinically appropriate to address the presenting condition.[16]

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[10] Cal. Welf. & Inst. Code § 14712; Cal. Code Regs. tit. 9, § 1810.226.
[11] Cal. Code Regs. tit. 9, § 1810.215; 42 U.S.C. § 1396d(r); BHIN 21-073 at 2.
[12] Cal. Welf. & Inst. Code § 14184.402(f)(1)(A). *See also*, Dep't of Health Care Servs., *Behavioral Health Information Notice No.* 22-013 (Apr. 6, 2022), https://www.dhcs.ca.gov/Documents/BHIN-22-013-Code-Selection-During-Assessment-Period-for-Outpatient-Behavioral-Health.pdf; Dep't of Health Care Services, CalAIM Behavioral Health Initiative Frequently Asked Questions, https://www.dhcs.ca.gov/Pages/CalAIM-BH-Initiative-FAQ-SMHS.aspx (last visited Mar. 27, 2024) ("[A] mental health disorder diagnosis is not required to receive medically necessary SMHS.").
[13] Cal. Welf. & Inst. Code § 14184.402(d)(1); BHIN 21-073 at 4, 8 (providing definitions of each eligibility category).
[14] 42 U.S.C. § 1396d(r)(5); Cal. Welf. & Inst. Code § 14059.5(b)(1).
[15] U.S. Dep't of Health and Human Servs., *EPSDT – A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents* 10 (2014), https://www.medicaid.gov/sites/default/files/2019-12/epsdt_coverage_guide.pdf; BHIN 21-073 at 3.
[16] 42 C.F.R. §§ 456.5, 440.230(b).

How can a youth access SMHS?

The youth or their caregiver can call their county MHP's toll-free number (frequently referred to as an "access line") and ask for an appointment for an assessment.[17] The youth can also be referred to the county MHP by another person or organization, including their doctor, school, family member, guardian, managed care plan, or other county agencies.[18] The youth's doctor or managed care plan will usually need permission from the youth, or their parent or caregiver, to make the referral directly to the MHP, unless there is an emergency.[19]

What happens after contacting the MHP for SMHS?

The MHP will determine if a youth meets the criteria for SMHS. For youth with child welfare involvement, juvenile justice involvement, or experience with homelessness, as defined in BHIN 21-073, the eligibility determination should end once systems-involvement has been revealed, and the youth should be referred for a comprehensive clinical assessment to determine their mental health service needs.

Generally, MHPs must offer non-urgent appointments within 10 days of the request, and within 48 hours for urgent appointments.[20]

What if the youth has trouble accessing SMHS?[21]

If the MHP denies, reduces, delays, or ends requested services, the youth is entitled to receive a written Notice of Adverse Benefit Determination (or Notice of Action).[22] The Notice must be provided at least 10 days prior to any reduction or termination of services, and it must include an opportunity to request continuation of services pending the resolution of an appeal or hearing.[23]

A youth has a few options to challenge dissatisfaction or an adverse action pertaining to the provision of SMHS:

- File a grievance at any time to address general concerns, including the quality of services, the professionalism of the provider, or a failure to respect the beneficiary's rights.[24]
- File an appeal to request the MHP review an adverse benefit determination or a delay in services.[25] An appeal must be requested within 60 days of the Notice.[26] If, however, no

[17] Cal. Code Regs. tit. 9, § 1810.405. Find your county MHP's contact information here: https://www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx.
[18] Cal. Code Regs. tit. 9, § 1810.405.
[19] Dep't of Health Care Services, *Mental Health Plan (MHP) Beneficiary Handbook: Specialty Mental Health Services* 15 (2022), https://www.dhcs.ca.gov/Documents/Enclosure-1-MHP-Beneficiary-Handbook.pdf.
[20] 42 C.F.R. § 438.206(c)(1); Cal. Welf. & Inst. Code § 14197(d); Cal. Health & Safety Code § 1367.03(a)(5); Cal. Code Regs. tit. 28, § 1300.67.2.2(c)(5).
[21] For more detailed information and template letters, s*ee* Youth Law Center, *Due Process for Medi-Cal Mental Health Services* (2023), https://www.ylc.org/resource/medi-cal-due-process-for-mental-health-services/.
[22] Cal. Code Regs. tit. 9, § 1810.230.5.
[23] 42 C.F.R. § 438.404(c)(1).
[24] 42 C.F.R. § 438.400(b), 438.402(c)(2)(i); Cal. Code Regs. tit. 9, § 1810.218.1.
[25] 42 C.F.R. § 438.400(b); Cal. Code Regs. tit. 9, § 1810.203.5.
[26] 42 C.F.R. §§ 438.402(c)(2)(ii).

Notice was provided, the appeals process is deemed exhausted and a state fair hearing may be requested right away.[27] Where a service is reduced or terminated, the beneficiary may request continuing benefits pending appeal within 10 days of the Notice or prior to the contested reduction or termination of services.[28] An expedited process to resolve the appeal within three working days may be requested for urgent issues.[29]

- Request a state fair hearing to seek independent review to ensure necessary services are provided in a timely manner.[30] A hearing may be requested within 120 days from the date of receiving notice that the adverse benefit determination is being upheld (Notice of Appeal Resolution) or 120 days from the date such notice should have been provided.[31] An expedited process to resolve the matter within three working days may be requested for urgent issues.[32]
- Contact the DHCS Medi-Cal Managed Care and Mental Health Office of the Ombudsman at any time for assistance addressing the barriers.

What is the "No Wrong Door" policy?

This policy ensures that Medi-Cal beneficiaries receive timely mental health services without delay regardless of the delivery system from which they initially seek care.[33] The policy also ensures that beneficiaries are able to maintain treatment relationships with trusted providers without interruption.[34] For systems-involved youth who may need care from multiple delivery systems (e.g., MHPs, MCPs, Drug Medi-Cal Organized Delivery System), this clarification eases some of the burden in navigating a complicated health care system and helps prevent gaps in critical services.

SMHS and non-specialty mental health services (NSMHS) are covered and reimbursable even when:

1) Services are provided prior to determination of a diagnosis, during the assessment, or prior to determination of whether NSMHS or SMHS access criteria are met;
2) The beneficiary has a co-occurring mental health condition and substance use disorder (SUD); or

[27] 42 C.F.R. § 438.408(f)(1)(i); Welf. & Inst. Code § 10951(b)(1); Dep't of Health Care Servs., *All Plan Letter No. 21-011 (Revised)* 19-20 (Aug. 31, 2022), https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2021/APL21-011.pdf ["Rev. APL 21-011"].
[28] 42 C.F.R. § 438.420(b).
[29] 42 C.F.R. § 438.410(a); Cal. Code Regs. tit. 9, § 1810.208.
[30] 42 C.F.R. §§ 438.400(b), 431.220; Welf. & Inst. Code §§ 10950(a), 10951(b).
[31] 42 C.F.R. § 438.408(f)(1), (f)(2); Welf. & Inst. Code § 10951(b)(1); Rev. APL 21-011 at 19-20.
[32] 42 C.F.R. § 431.224.
[33] Dep't of Health Care Servs., *All Plan Letter No. 22-005* 1 (Mar. 30, 2022), https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-005.pdf ["APL 22-005"]; BHIN 22-011 at 1.
[34] APL 22-005 at 1; BHIN 22-011 at 1.

3) NSMHS and SMHS services are provided concurrently in their respective delivery systems, as long as those services are coordinated and not duplicated.[35]

Additionally, NSMHS are covered by MCPs even when services are not included in an individual treatment plan.[36]

What is the new Transition of Care Tool for mental health services?

The Transition of Care Tool for Medi-Cal Mental Health Services is intended to ensure that beneficiaries continue to receive timely and coordinated care when they need to either transition their existing services from one delivery system to another, or add services from the other delivery system.[37] MHPs are required to use the transition of care tool to facilitate transitions to MCPs for all beneficiaries when their service needs change.[38] A clinician must make the determination to transition or add services, but the tool can be completed by a clinical or non-clinician.[39]

What is the new Youth Screening Tool for mental health services?

The Youth Screening Tool for Medi-Cal Mental Health Services is not an assessment, but is used by MHPs to guide a referral to the appropriate mental health delivery system for youth under age 21.[40] The screening tool is used when a youth who is not currently receiving mental health services, or someone on the youth's behalf, contacts the MHP seeking mental health services; it is not required when a beneficiary contacts a mental health provider directly.[41] The questions are intended to elicit information about the youth's safety needs, system involvement, life circumstances, and risk of harm or hospitalization; the responses are then scored and determine whether a referral to the MHP or MCP is appropriate.[42]

Who can administer the screening tool?

The screening tool can be administered by clinicians or non-clinicians in alignment with MHP protocols, and can be conducted in-person, by telephone, or by video conference.[43] The screening questions must be asked in full using the specific wording and in the specific order provided in the tool; additional questions shall not be added.[44]

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[35] Welf. & Inst. Code § 14184.402(f); APL 22-005 at 4-6; BHIN 22-011 at 4-6.
[36] APL 22-005 at 4.
[37] BHIN 22-065 at 9. There is one Transition of Care Tool for youth and adults.
[38] BHIN 22-065 at 10.
[39] BHIN 22-065 at 10-11.
[40] BHIN 22-065 at 4. There is a separate Adult Screening Tool.
[41] BHIN 22-065 at 4, 7.
[42] BHIN 22-065 at 6-7.
[43] BHIN 22-065 at 7.
[44] BHIN 22-065 at 7-8.

What happens after the screening?

If the youth's responses to questions related to SMHS access criteria indicate that they have system-involvement, the screening is not required and the screener must offer and coordinate a referral to MHP for a clinical assessment and medically necessary services.[45] Otherwise, a score of 0-5 results in a referral to the MCP, while a score of 6 or above results in a referral to the MHP.[46] The MHP must offer and provide a timely clinical assessment to the beneficiary without requiring an additional screening.[47]

What is the Justice-Involved Initiative?

Under the Medicaid Inmate Payment Exclusion Rule, Medicaid funds cannot be used to pay for health care provided to inmates of public institutions, which applies to youth who are detained in correctional facilities.[48] Through the Justice-Involved Initiative, California became the first state to receive federal approval to offer a targeted set of community-based Medicaid services to Medi-Cal-eligible, incarcerated youth and adults for up to 90 days prior to their release.[49]

What are the eligibility criteria for incarcerated youth to receive pre-release services?

Incarcerated youth must be eligible for Medi-Cal or Children's Health Insurance Program (CHIP) and must be in custody of a youth correctional facility.[50] No health care criteria applies to youth, but an adult must also meet one or more qualifying health care needs: mental illness; substance use disorder; chronic condition or significant non-chronic clinical condition; intellectual or developmental disability; traumatic brain injury; HIV/AIDS; or pregnant or post-partum.[51] Importantly, here, "youth" is determined by the facility and not a person's age.[52]

What pre-release services are available?

The following services are available up to 90 days prior to a youth's release:

- Reentry care management services;
- Physical and behavioral health clinical consultation services;
- Laboratory and radiology services;

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[45] BHIN 22-065 at 6.
[46] Dep't of Health Care Servs., DHCS 8765 C: Youth Screening Tool for Medi-Cal Mental Health Services (01/2023), https://www.dhcs.ca.gov/Documents/DHCS-8765-C.pdf.
[47] BHIN 22-065 at 8.
[48] Congressional Research Service, *Medicaid and Incarcerated Individuals* (Aug. 4, 2023), https://crsreports.congress.gov/product/pdf/IF/IF11830.
[49] BHIN 23-059 at 2; Dep't of Health Care Servs., Fact Sheet, *Transformation of Medi-Cal: Justice-Involved*, https://www.dhcs.ca.gov/CalAIM/Documents/CalAIM-JI-a11y.pdf.
[50] BHIN 23-059 at 3; Dep't of Health Care Servs., *Policy and Operational Guide for Planning and Implementing the CalAIM Justice-Involved Initiative* 63 (Oct. 20, 2023), https://www.dhcs.ca.gov/provgovpart/pharmacy/Documents/CalAIM-JI-Policy-and-Operations-Guide-FINAL-October-2023-updated.pdf "JI Initiative Policy Guide"].
[51] JI Initiative Policy Guide at 63-66.
[52] JI Initiative Policy Guide at 63.

- Medications and medication administration;
- Medication Assisted Therapy, including coverage for counseling; and
- Services provided by Community Health Workers (CHWs) with lived experience.[53]

Upon release, qualifying members will receive covered outpatient prescribed medications and over-the-counter drugs and durable medical equipment, consistent with approved state plan coverage authority and policy.[54]

How are pre-release services initiated?

For individuals with an anticipated short or unknown length of stay in a county correctional facility, pre-release services must begin as close to intake as possible and as soon as their Justice-Involved aid code is activated.[55] For individuals with a known release date and who will likely stay longer than 30 days, services should begin in the 90-day period prior to their release.[56] Since this population also meets the access criteria for SMHS, such services should be included prior to a youth's release. More details about the timelines and minimum requirements for providing pre-release services are available in the Policy and Operational Guide for Planning and Implementing the CalAIM Justice-Involved Initiative.

Managed Care Updates

How have managed care options changed for youth in foster care?

Youth in foster care cannot be required to enroll in a managed care plan, unless they live in a county in which there is only one managed care plan.[57] As of January 1, 2024, 15 counties are changing their managed care models to either a County Organized Health System (COHS) model or a Single Plan model, both of which offer only one managed care option.[58] As a result, about 13,300 youth in foster care are moving to mandatory managed care between 2024 and 2025.[59] Current and former foster youth up to age 25 will receive enhanced continuity of care protections to minimize risk and harm.[60] For youth who are transitioning from Fee-for-Service Medi-Cal, enrollment in managed care provides exclusive access to benefits like Enhanced Care Management and Community Supports.

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[53] BHIN 23-059 at 3; JI Initiative Policy Guide at 75-78.
[54] BHIN 23-059 at 3; JI Initiative Policy Guide at 78.
[55] JI Initiative Policy Guide at 79.
[56] JI Initiative Policy Guide at 79.
[57] Welf. & Inst. Code §§ 14093.09, § 14184.200(b)(2)(H); DHCS Nov. 2023 Medi-Cal and Foster Care Updates Presentation at 5.
[58] Dep't of Health Care Servs., *Medi-Cal Managed Care Plans by County (as of 2023 and 2024)* (Dec. 2023), https://www.dhcs.ca.gov/CalAIM/Documents/MCP-County-Table-2023-2024.pdf; DHCS Nov. 2023 Medi-Cal and Foster Care Updates Presentation at 6.
[59] DHCS Nov. 2023 Medi-Cal and Foster Care Updates Presentation at 6; Dep't of Health Care Servs., *Changes to Managed Care for the Child Welfare Population* 3 (Apr. 2023), https://www.childrennow.org/wp-content/uploads/2023/04/b.-dhcs-child-welfare-roundtable_04.07.23-ppt.pdf.
[60] DHCS Nov. 2023 Medi-Cal and Foster Care Updates Presentation at 8-9.

You can look up managed care changes and current plan options in your county here.

What is Enhanced Care Management?

Enhanced Care Management (ECM) is a managed care benefit that provides person-centered, community-based care management to address the health and social services needs of the highest-need Medi-Cal members.[61] ECM is offered by community-based providers, including a Lead Care Manager who will meet members wherever they are: on the street, in a shelter, in their provider's office, or at home.[62] Through ECM, members can also be connected to Community Supports services to help address their health-related social needs, such as access to healthy foods or safe housing to help with recovery from an illness.[63]

Who is eligible for ECM?

Enhanced Care Management is available to youth who are enrolled in managed care and who are members of specific groups, called "Populations of Focus." Systems-involved youth are specifically included as populations of focus, but may also fall under other populations as well. The relevant populations include:

- Adults, unaccompanied youth and children, and families experiencing homelessness.
- Adults, youth, and children who are at risk for avoidable hospital or emergency department care.
- Adults, youth, and children with serious mental health and/or substance use disorder needs.
- Children and youth enrolled in California Children's Services (CCS) or CCS Whole Child Model with additional needs beyond their CCS condition(s).
- Children and youth involved in child welfare (foster care).
- Adults and youth who are transitioning from incarceration.
- Pregnant and postpartum individuals; birth equity population of focus (starting in 2024).[64]

What are Community Supports?

Community Supports are alternative services that address Medi-Cal members' health-related social needs and avoid higher levels of care.[65] These include a variety of housing supports, assistance with personal care and meals, and caregiver respite services that may be relevant and

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[61] APL 23-032 1-2; Dep't of Health Care Servs., Fact Sheet, *Medi-Cal Transformation: Enhanced Care Management*, https://www.dhcs.ca.gov/CalAIM/Documents/CalAIM-ECM-a11y.pdf ["DHCS ECM Fact Sheet"].
[62] DHCS ECM Fact Sheet.
[63] DHCS ECM Fact Sheet.
[64] DHCS ECM Fact Sheet.
[65] Rev. APL 21-017 at 2; Dep't of Health Care Servs., Fact Sheet, *Medi-Cal Transformation: Community Supports*, https://www.dhcs.ca.gov/CalAIM/Documents/CalAIM-CS-a11y.pdf ["DHCS Community Supports Fact Sheet"]; Dep't of Health Care Servs., Fact Sheet, *Transformation of Medi-Cal: Community Supports*, https://www.dhcs.ca.gov/CalAIM/Documents/DHCS-Medi-Cal-Community-Supports-Supplemental-Fact-Sheet.pdf ["DHCS Community Supports Supp. Fact Sheet"].

useful to systems-involved youth.[66] Members, their caregivers, and providers can contact MCPs directly to learn which Community Supports are offered that members may be eligible to receive and the eligibility requirements for each service.[67]

Foster Care Liaisons

Managed care plans must assign a Foster Care Liaison to serve as the single point of contact for local child welfare agencies and for ECM providers working directly with children, youth, and families.[68] The Foster Care Liaison will have expertise in child welfare services and county behavioral health services, ensure ECM staff attend CFT meetings, closely coordinate MCP services with other social or mental health services, oversee ECM providers and staff, be trained on county care coordination and assessment processes, coordinate with other foster care liaisons, and serve as a family advocate.[69] Additionally, the relationship between managed care and foster care departments is required to be formalized through a Memorandum of Understanding.[70]

[66] Rev. APL 21-017 at 2.
[67] DHCS Community Supports Fact Sheet; DHCS Community Supports Supp. Fact Sheet.
[68] DHCS Nov. 2023 Medi-Cal and Foster Care Updates Presentation at 17.
[69] DHCS Nov. 2023 Medi-Cal and Foster Care Updates Presentation at 17-18.
[70] *See* Dep't of Health Care Servs., *Behavioral Health Information Notice No. 23-056* (Oct. 13, 2023), https://www.dhcs.ca.gov/Documents/BHIN-23-056-MOU-Requirements-for-MHP-MCP.pdf. A sample MOU template is also available: https://www.dhcs.ca.gov/Documents/MCQMD/County-Child-Welfare-MOU.pdf.

APPENDIX A

Effective Dates for CalAIM Initiatives Relevant to Systems-Involved Youth

Reform	Effective Date
Access criteria for specialty mental health services for youth with child welfare or juvenile justice involvement	January 1, 2022
Community supports benefit for managed care members	January 1, 2022
"No Wrong Door" policy for mental health services from managed care or mental health plans	July 1, 2022
Screening and transition of care tools for mental health services	January 1, 2023
Enhanced Care Management benefit for children and youth Populations of Focus for managed care member	July 1, 2023
Mandatory managed care enrollment for foster youth in COHS counties	January 1, 2024
Foster care liaisons for managed care plans	January 1, 2024
Pre-release services for youth incarcerated in correctional facilities	October 1, 2024 – September 30, 2026
Mandatory managed care enrollment for youth in foster care in Single Plan counties	2025