

**CARE Act Training & Technical Assistance**

**ADMINISTRATIVE CLAIMING  
FOR CARE ACT**

CARE Act Process



[Slide Image Description: This cover slide introduces the title and category of this training. It contains the logos for the California Department of Health Care Services.]

The topic of this training is submitting claims for administrative activities under the CARE Act.

This session is presented by Health Management Associates (HMA). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, California Department of Health Care Services (DHCS).

## Agenda

### CARE Act Claiming

- Learn how to submit claims to the Department of Health Care Services (DHCS) to be reimbursed for CARE Act activities.

[Slide Image Description: This slide shows the major sections of this training on a light blue background.]

This training will cover the CARE Act claiming process on how to submit claims to DHCS to be reimbursed for CARE Act activities.

## Objectives

At the end of the session, participants will have an increased ability to:

- › Understand how to submit claims to DHCS to be reimbursed for CARE Act activities.

[Slide Image Description: This slide shows the learning objectives for this training with a light blue background.]

At the end of the session, participants will have an increased ability to:

- Understand how to submit claims to DHCS to be reimbursed for CARE Act activities.

## Presenters



**AMANDA TERNAN, PMP**

Principal  
Health Management Associates

[Slide Image Description: This slide includes names of the presenter of this training on a light blue background.]

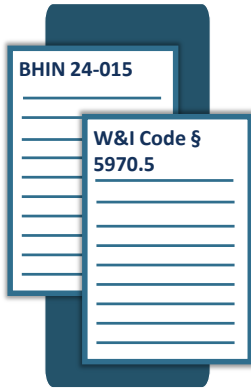
This training is presented by Amanda Ternan. Amanda is a principal with Health Management Associates (HMA). HMA is the TTA partner for DHCS for the CARE Act implementation. This training was created in collaboration with the Local Governmental Finance Division (LGFD). LGFD provides management and oversight of all county and local government federal reimbursement and financial oversight activities critical to ensuring access to high-quality and cost-efficient health care through DHCS' contracted local governmental agencies.



[Slide Image Description: This is a section divider slide to indicate a major section of this training.]

This second section demonstrates how to submit claims to the Department of Health Care Services (DHCS) to be reimbursed for CARE Act activities.

## Claiming Process Update



- » [Behavioral Health Information Notice: 24-015](#) notifies counties about the CARE Act reimbursement rates and provides guidance on how to submit claims for CARE activities.
- » All counties may submit claims for activities performed when the CARE Act is implemented in their county pursuant to [W&I Code section 5970.5](#).
- » Administrative activities include court hearing time, court reports, outreach and engagement, notice, and data reporting.
- » Hours spent performing each CARE Act activity include time ancillary to the performance of the activity, which is limited to preparation time, internal meeting time, and oversight by supervisors and managers related to the activities.

[Slide Image Description: This slide includes information about CARE Act claiming process updates and shows images of documents representing the BHIN 24-015 and W&I Code section 5970.5.]

### Claiming Process Update:

- Behavioral Health Information Notice: 24-015 (released on 4/15/2024) notifies counties about the CARE Act reimbursement rates and provides guidance on how to submit claims for CARE activities.
- All counties may submit claims for activities performed when the CARE Act is implemented in their county pursuant to W&I Code section 5970.5.
- Administrative activities include court hearing time, court reports, outreach and engagement, notice, and data reporting.
- Hours spent performing each CARE Act activity include time ancillary to the performance of the activity, which is limited to preparation time, internal meeting time, and oversight by supervisors and managers related to the activities.

<https://www.dhcs.ca.gov/Documents/BHIN-24-015-CARE-Act-Reimbursement-Rates-and-Billing-Guidance.pdf>

[https://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?lawCode=WIC&sectionNum=5970.5](https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC&sectionNum=5970.5)

## Administrative Activity Categories



[Slide Image Description: This slide lists the five different administrative activity categories, with icons of a gavel, two documents, two individuals at a table, and a data chart.]

Here is an overview of the different administrative activity categories that will be covered in more detail on the following slides, including court hearing, court report, outreach and engagement, notice, and data reporting activities.

## Court Hearing Time



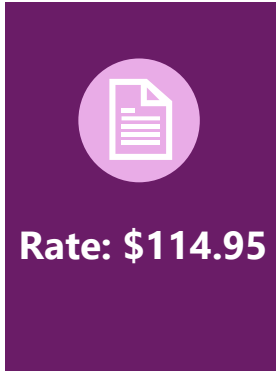
Includes activities that occur during court time such as:

- » Initial hearings.
- » Hearings on the merits.
- » Case management hearings.
- » CARE agreement process meetings.
- » Clinical evaluation review hearings.
- » CARE plan review hearings.
- » Regular status update hearings.
- » One-year status hearings.
- » Evidentiary hearings.
- » Graduation hearings.
- » Reappointment to CARE hearings.
- » Hearings that can occur at any time during the CARE process to address a change of circumstances.

[Slide Image Description: This slide describes court hearing time activities and includes the rate with an icon of a gavel.]

Court hearing time includes activities that occur during court time such as initial hearings; hearings on the merits; case management hearings; CARE agreement process meetings; clinical evaluation review hearings; CARE plan review hearings; regular status update hearings; one-year status hearings; evidentiary hearings; graduation hearings; reappointment to CARE hearings; and hearings that can occur at any time during the CARE process to address a change of circumstances. The court hearing time activity rate is \$91.63.

## Court Report



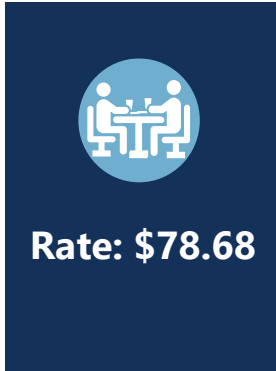
Includes drafting reports such as:

- » Prima facie county reports.
- » CARE agreement reports.
- » Clinical evaluation reports.
- » CARE plan reports.
- » Supplemental reports.
- » Regular status update reports for CARE Act scheduled hearings.
- » One-year status reports.
- » Graduation plan reports.
- » Reappointment to CARE reports.

[Slide Image Description: This slide describes court reporting time activities and includes the rate, with an icon of a document.]

Court reporting activities include drafting reports such as prima facie county reports; CARE agreement reports; clinical evaluation reports; CARE plan reports; supplemental reports; regular status update reports for CARE Act scheduled hearings; one-year status reports; graduation plan reports; and reappointment to CARE reports. The court report activity time rate is \$114.95.

## Outreach and Engagement



Includes all outreach and engagement activities required pursuant to [W&I Code sections 5977\(a\)\(5\)\(A\) and 5977\(c\)\(2\)](#):

- » Engaging the respondent and developing a CARE agreement with the respondent.
- » Outreach done to engage the respondent in jointly preparing a graduation plan pursuant to [W&I Code section 5977.3\(a\)\(3\)](#).

[Slide Image Description: This slide describes outreach and engagement activities and includes the rate, with an icon of two individuals sitting at a table.]

Outreach and engagement activities include all activities required pursuant to W&I Code sections 5977(a)(5)(A) and 5977(c)(2) to engage the respondent and develop a CARE agreement with the respondent and outreach done to engage the respondent in jointly preparing a graduation plan pursuant to W&I Code section 5977.3(a)(3). The outreach and engagement activity rate is \$78.68.

## Outreach and Engagement FAQs

Can counties claim for outreach and engagement administrative expenses incurred while...

...engaging family members to support a respondent during the CARE process?

...attempting to locate or contact a respondent, even if the county is unable to engage with the respondent?

...preparing for a court hearing and/or transporting the respondent to and from their court hearing?

**Yes!**

Counties are permitted to invoice DHCS for expenses incurred for these activities as outlined in BHIN 24-015.

[Slide Image Description: This slide shows outreach and engagement frequently asked questions in colorful boxes.]

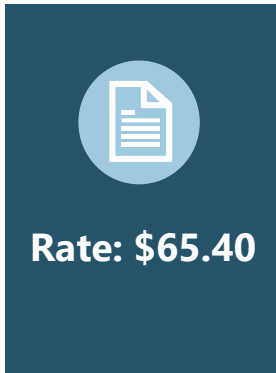
FAQs – Outreach and Engagement:

Question: Can counties claim for outreach and engagement administrative expenses incurred:

- While engaging family members to support a respondent during the CARE process?
- While attempting to locate or contact a respondent, even if the county is unable to engage with the respondent?
- While preparing for a court hearing and/or transporting the respondent to and from their court hearing?

Answer: Yes, counties are permitted to invoice DHCS for expenses incurred while engaging family members to support a respondent during the CARE process; while attempting to locate or contact a CARE Act respondent, even if the county is unable to engage the respondent; and while preparing for and/or transporting a respondent to and from their court hearing. DHCS will reimburse counties for these outreach and engagement activities to support CARE Act services, as outlined in BHIN 24-015.

## Notice



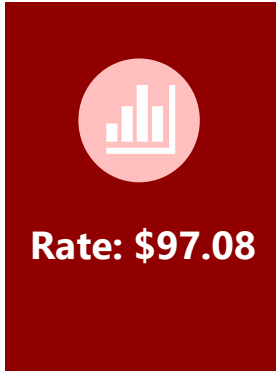
Includes drafting notices that may include:

- » Prima facie respondent county notices.
- » 30 additional days to engage respondent notices.
- » Initial appearance notices.
- » Hearing on the merits notices.
- » Case management hearing notices.
- » CARE agreement progress meeting notices.
- » Clinical evaluation review hearing notices.
- » CARE plan review hearing notices.
- » Regular status update report (months 3, 5, 7, and 9) notices.
- » One-year status hearing (month 11) notices.
- » Evidentiary hearing notices.
- » Graduation hearing notices.
- » Reappointment to CARE notices.

[Slide Image Description: This slide describes notice activities and includes the rate, with an icon of a document.]

Notice activities include drafting notices that may include prima facie respondent county notices; 30 additional days to engage respondent notices; initial appearance notices; hearing on the merits notices; case management hearing notices; CARE agreement progress meeting notices; clinical evaluation review hearing notices; CARE plan review hearing notices; regular status update report (months 3, 5, 7, and 9) notices; one-year status hearing (month 11) notices; evidentiary hearing notices; graduation hearing notices; and reappointment to CARE notices. The notice activity rate is \$65.40.

## Data Reporting

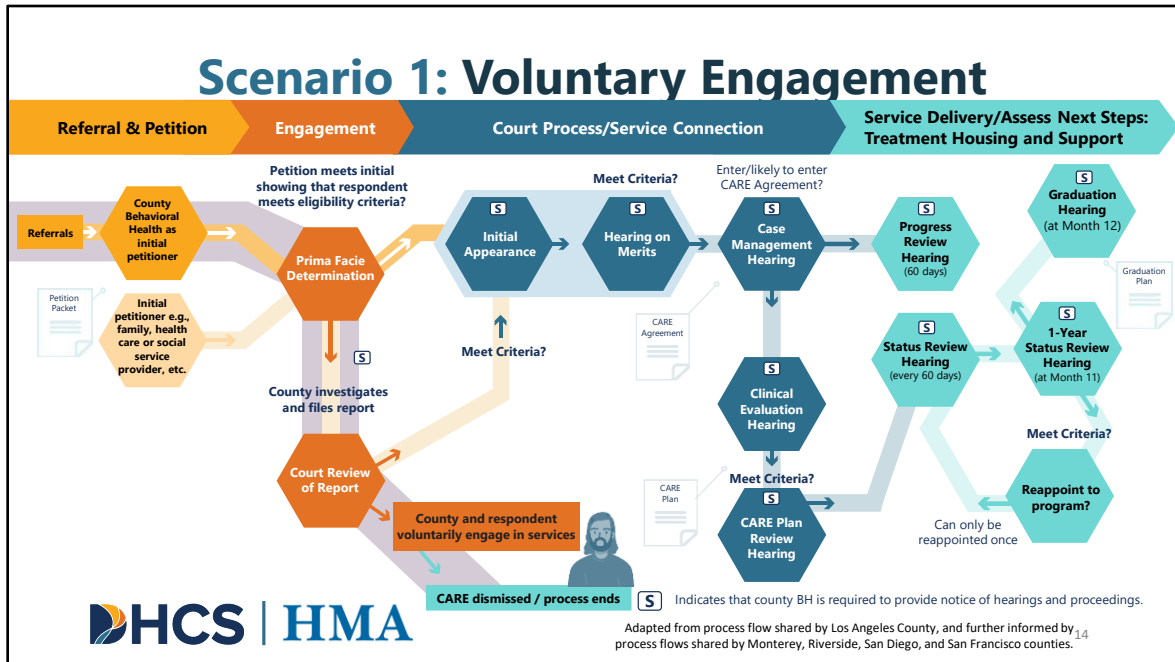


Includes collecting and reporting data measures outlined in [BHIN 23-052](#), including but not limited to:

- » Demographics of participants.
- » Housing placements.
- » Continuation of treatment information.
- » Other data as determined by the department and other stakeholders.

[Slide Image Description: This slide describes data reporting activities and includes the rate, with an icon of a data chart.]

Data reporting activities include collecting and reporting data measures outlined in BHIN 23-052 including, but not limited to, demographics of participants, housing placements, continuation of treatment information, and other data as determined by the Department and other stakeholders. The data reporting activity rate is \$97.08.



[Slide Image Description: This slide shows a process flow with an example of pathways through the CARE Act process.]

To understand how the administrative activities align with the CARE process, let's look at one scenario, in which an individual voluntarily engages in services. Up until when the respondent voluntarily engages in services, claims can be made for all administrative activity types. This can include up to 24 months, which includes 12 months of active services and one-year follow-up period.

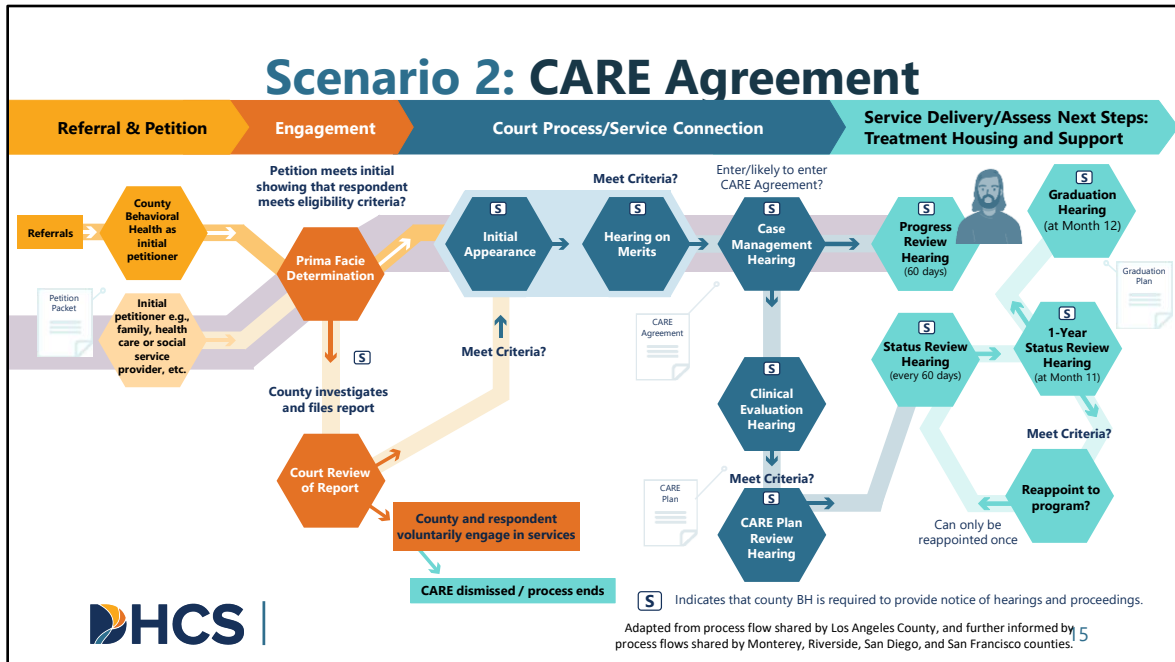
After the individual engages voluntarily in services and the case is dismissed, claims would not continue for court hearing time, court reporting, outreach and engagement, or notice. However, data reporting activities will continue through the end of the follow-up period.

**Description of flow:**

1. Informal and formal referrals can be made to the county behavioral health (BH) agency.
2. Petitioner files a petition. This can be county BH or another initial petitioner.
3. There will be a Prima Facie Determination to see if the respondent meets the

criteria.

- If someone other than the county BH agency is the petitioner, and if the respondent is found to meet the criteria, the county BH agency will investigate and file a CARE report.
  - If they do not voluntarily engage in services and the county BH report finds that the respondent meets the criteria, they will progress to the initial hearing.
1. If the respondent meets the criteria, there will be an initial appearance (with the petitioner present). There will also be a hearing on the merits (which can be combined with the Initial Appearance).
  2. If the respondent still meets the criteria, then there will be a Case Management Hearing.
    - If it is determined in this hearing that a CARE agreement is likely to be reached, then there will be at least one progress review hearing (but potentially there could be more).
  3. If it is determined at the Case Management Hearing that a CARE agreement is not likely to be reached, the court will order a Clinical Evaluation and then a hearing to review. That evaluation is required to include an assessment of respondent's capacity to make an informed decision around psychiatric medications.
  4. If the clinical evaluation finds that the respondent is eligible, a CARE plan will be developed and then reviewed in a hearing.
  5. There will then be a status review hearing at least every 60 days.
  6. At month 11, there will be a one-year status review hearing to determine next steps:
    - The respondent will graduate (and have a graduation hearing at month 12).
    - The respondent will be reappointed to the program, which can only happen once.



[Slide Image Description: This slide shows a process flow with an example of pathways through the CARE Act process.]

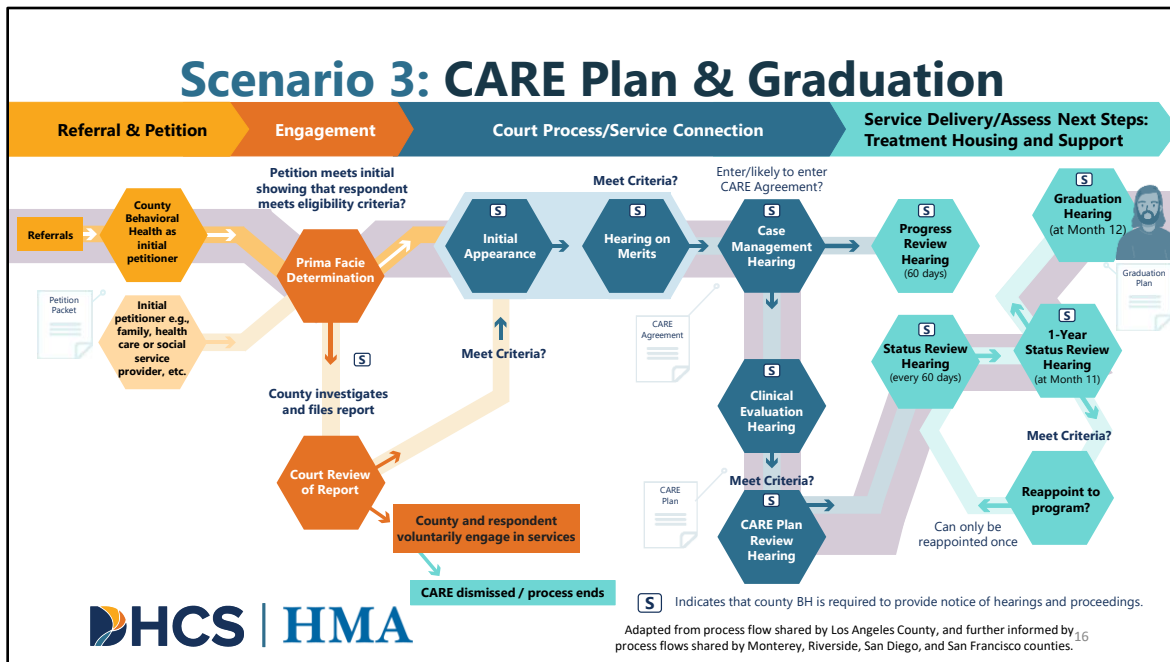
Here is a second scenario. Let's say that the individual has progressed to a CARE agreement, and the parties were able to agree on what services and supports were part of that plan. Per statute, there is one more required progress review hearing at 60 days. After this final progress review hearing, claims would not continue for court hearing time, court reporting, outreach and engagement, or notice. However, data reporting activities will continue up to a one-year follow-up period. This can include up to 24 months, including 12 months of active service and one-year follow-up period.

Some courts are choosing to have more than one progress hearing for a CARE agreement. In this case, staff could continue to submit claims for court hearing time, court reporting, outreach and engagement, or notice as applicable, in addition to data reporting.

Description of flow:

1. Informal and formal referrals can be made to the county behavioral health (BH) agency.

2. Petitioner files a petition. This can be county BH or another initial petitioner.
3. There will be a Prima Facie Determination to see if the respondent meets the criteria.
  - If someone other than the county BH agency is the petitioner, and if the respondent is found to meet the criteria, the county BH agency will investigate and file a CARE report.
  - If they do not voluntarily engage in services and the county BH report finds that the respondent meets the criteria, they will progress to the initial hearing.
4. If the respondent meets the criteria, there will be an initial appearance (with the petitioner present). There will also be a hearing on the merits (which can be combined with the Initial Appearance).
5. If the respondent still meets the criteria, then there will be a Case Management Hearing.
  - If it is determined in this hearing that a CARE agreement is likely to be reached, then there will be at least one progress review hearing (but potentially there could be more).
6. If it is determined at the Case Management Hearing that a CARE agreement is not likely to be reached, the court will order a Clinical Evaluation and then a hearing to review. That evaluation is required to include an assessment of respondent's capacity to make an informed decision around psychiatric medications.
7. If the clinical evaluation finds that the respondent is eligible, a CARE plan will be developed and then reviewed in a hearing.
8. There will then be a status review hearing at least every 60 days.
9. At month 11, there will be a one-year status review hearing to determine next steps:
  - The respondent will graduate (and have a graduation hearing at month 12).
  - The respondent will be reappointed to the program, which can only happen once.



[Slide Image Description: This slide shows a process flow with an example of pathways through the CARE Act process.]

This last scenario shows that the individual has entered into a CARE Plan. Claims for administrative services can continue throughout the status review hearings through the one-year status review hearing. If the case is dismissed, claims would not continue for court hearing time, court reporting, outreach and engagement, or notice. However, data reporting activities will continue up to a one-year follow-up period. This can include up to 24 months, 12 months of active service and one-year follow-up period.

If the respondent is reappointed to the process, claims for administrative services will continue up to 36 total months (24 months active services and one-year follow-up period).

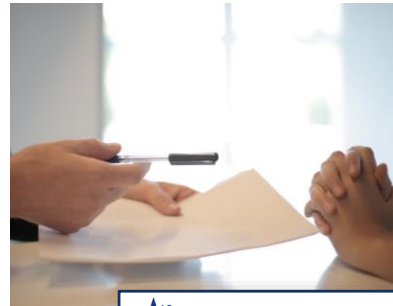
There could be instances where the judge dismisses an individual and the county terminates services for the individual (e.g., unable to be located, incarceration, death). At this point, claims could no longer be submitted.

Description of flow:

1. Informal and formal referrals can be made to the county behavioral health (BH) agency.
2. Petitioner files a petition. This can be county BH or another initial petitioner.
3. There will be a Prima Facie Determination to see if the respondent meets the criteria.
  - If someone other than the county BH agency is the petitioner, and if the respondent is found to meet the criteria, the county BH agency will investigate and file a CARE report.
  - If they do not voluntarily engage in services and the county BH report finds that the respondent meets the criteria, they will progress to the initial hearing.
4. If the respondent meets the criteria, there will be an initial appearance (with the petitioner present). There will also be a hearing on the merits (which can be combined with the Initial Appearance).
5. If the respondent still meets the criteria, then there will be a Case Management Hearing.
  - If it is determined in this hearing that a CARE agreement is likely to be reached, then there will be at least one progress review hearing (but potentially there could be more).
6. If it is determined at the Case Management Hearing that a CARE agreement is not likely to be reached, the court will order a Clinical Evaluation and then a hearing to review. That evaluation is required to include an assessment of respondent's capacity to make an informed decision around psychiatric medications.
7. If the clinical evaluation finds that the respondent is eligible, a CARE plan will be developed and then reviewed in a hearing.
8. There will then be a status review hearing at least every 60 days.
9. At month 11, there will be a one-year status review hearing to determine next steps:
  - The respondent will graduate (and have a graduation hearing at month 12).
  - The respondent will be reappointed to the program, which can only happen once.

## Rates Methodology

- » The rate for each CARE activity is based on wage data for the professionals and practitioners most likely to complete the activity. The rate:
  - Is based on the median hourly wage reported by Bureau of Labor Statistic (BLS).
  - Adds an inflator from the May 2021 BLS wage data based on the Center for Medicare and Medicaid Services (CMS) Home Health Agency Market Basket Index (14.5%).
  - Adds a benefits percentage (62.25%) derived from the California State Budget for employees.
  - Adds an overhead percentage of the inflated and benefited wage (47.36%).

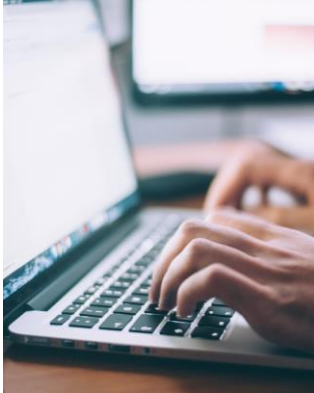


[Slide Image Description: This slide includes information about rates methodology for CARE activities, with an image of two individuals signing a document and a screenshot of the U.S. Bureau of Labor Statistics logo.]

This slide details the methodology behind creating the rates for the CARE Act activities. Each CARE activity is based on wage data for the professionals and practitioners most likely to complete the activity. The rates include:

- Median hourly wage based on the Bureau of Labor Statistics (BLS).
- Adds an inflator from the May 2021 BLS wage data used based on the Center for Medicare and Medicaid Services (CMS) Home Health Agency Market Basket Index of 14.5%.
- Adds a benefits percentage of 62.25%, derived from the California State Budget for employees.
- Adds an overhead percentage of the inflated and benefited wage of 47.36%. The overhead percentage includes all the overhead including infrastructure and support services like human resources, payroll, and legal.

## Claiming Process



Counties will claim on a quarterly basis similar to the current administrative claiming process.

- » Claims for a quarter may be submitted after the end of the quarter.
- » Claims must be emailed to [CARE\\_Claiming@DHCS.CA.GOV](mailto:CARE_Claiming@DHCS.CA.GOV).
- » Claims must be received by DHCS within one year following the end of the quarter.
- » Cohort I counties may submit claims for activities performed beginning October 1, 2023, and Los Angeles County may submit claims for activities performed beginning December 1, 2023.
- » Upon CARE Act implementation, counties can begin filing for claims, even if a county chooses to implement early.
- » Counties should maintain internal tracking of time spent on CARE Act activities down to the minute for audit purposes, although claiming will be based on 15-minute increments.
- » Claims for CARE Act activities may be subject to audit by DHCS.

[Slide Image Description: This slide gives an overview of the CARE Act claiming process, with an image of an individual typing on a laptop.]

Detailed here is an overview of the CARE Act claims process:

- Counties will claim on a quarterly basis similar to the current administrative claiming process:
  - Claims for a quarter can be submitted after the end of the quarter.
  - Claims must be emailed to [CARE\\_Claiming@DHCS.CA.GOV](mailto:CARE_Claiming@DHCS.CA.GOV).
  - Claims must be received by DHCS within one year following the end of the of the quarter.
  - Cohort I counties may submit claims for activities performed beginning October 1, 2023, and Los Angeles County may submit claims for activities performed beginning December 1, 2023.
  - Upon CARE Act implementation, counties can begin filing for claims, even if a county chooses to implement early.

- Counties should maintain an internal tracking of time spent on CARE Act activities down to the minute for audit purposes, although claiming will be based on 15-minute increments.
- Claims for CARE Act activities may be subject to audit by DHCS.

## State Fiscal Year Quarters

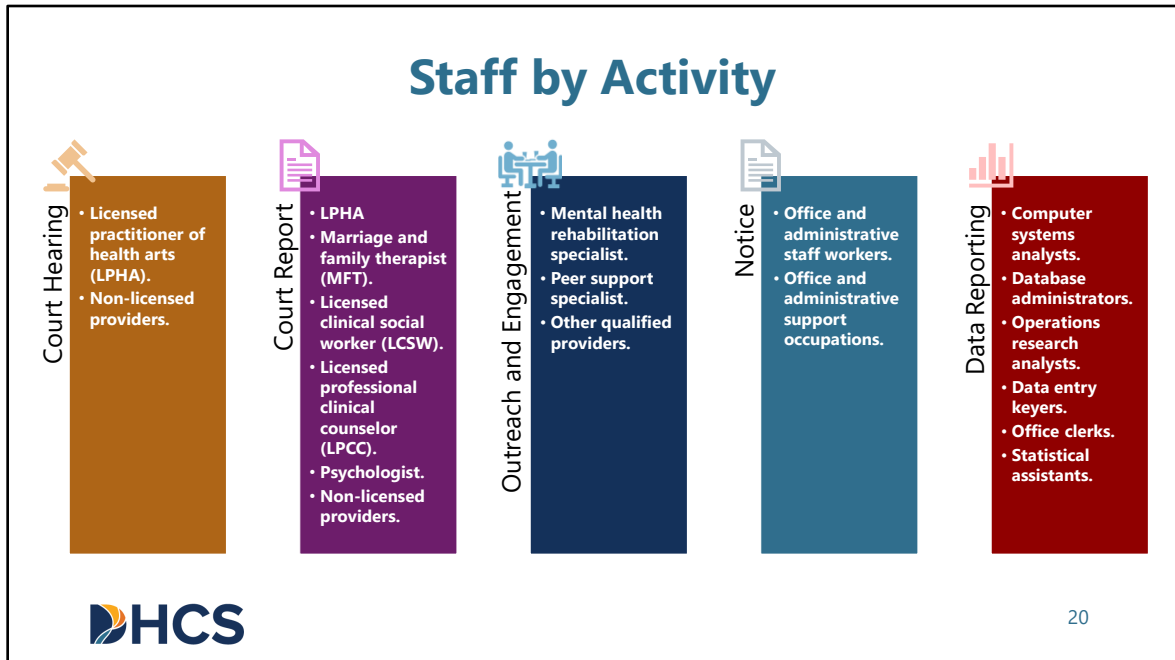
» State Fiscal Year Quarters:

Quarter	Start Date	End Date
1 <sup>st</sup> Quarter	July 1	September 30
2 <sup>nd</sup> Quarter	October 1	December 31
3 <sup>rd</sup> Quarter	January 1	March 31
4 <sup>th</sup> Quarter	April 1	June 30

[Slide Image Description: This slide shows a table that details California state fiscal year quarters.]

Next, we have a quick overview of the fiscal quarters for this year:

- 1st Quarter: Begins on July 1 and ends on September 30.
- 2nd Quarter: Begins on October 1 and ends on December 31.
- 3rd Quarter: Begins on January 1 and ends on March 31.
- 4th Quarter: Begins on April 1 and ends on June 30.



[Slide Image Description: This slide lists CARE Act claiming staff by activity, with icons of a gavel, two documents, two individuals at a table, and a data chart.]

CARE Act activity rates are based on wages of the staff likely to complete the task. A rate for each activity was developed by averaging the mean wage of the job titles (these are examples but not an exhaustive list of available staff types that can be selected):

- Court Hearing Time Activity: Job titles can include licensed practitioner of healing arts (LPHA) and non-licensed providers.
- Court Report Activity: Job titles can include LPHA, marriage and family therapist (MFT), licensed clinical social worker (LCSW), licensed professional clinical counselor (LPCC), psychologist, and non-licensed providers.
- Outreach and Engagement Activity: Job titles can include mental health rehabilitation specialist, peer support specialist, and other qualified providers.
- Notice Activity: Job titles can include office and administrative staff workers and office and administrative support occupations.
- Data Reporting Activity: Job titles can include computer systems analysts, database administrators, operations research analysts, data entry keyers, office clerks, and statistical assistants.

## Claiming

- » Counties must submit a claim form to DHCS to be reimbursed for performing the described activities.
- » Counties are required to complete [BHIN 24-015: Enclosure 1](#) by entering the appropriate information into the Data Entry and Claim Form tabs.
- » Review the Instructions tab within BHIN 24-015: Enclosure 1 for additional detail.

CARE Act: CARE Act Quarterly Claim for Reimbursement - Administrative Cost

**Instructions**

**Cell Item Instructions:**

**Claim Summary Tab:**

C6 Enter Fiscal Year being claimed for  
 C7 Enter Fiscal Quarter being claimed for  
 C8 Enter Number of unique CARE Act participants in the quarter  
 E8 Enter County submitting claim form  
 A18 Select link to access and complete the CARE Act Claim Form PDF

**Data Entry Tab:**

Column A: Drop down menu: Select Category/Activity being logged for this expense

Instructions Claim Summary Data Entry

[Slide Image Description: This slide shows a yellow arrow pointing toward a screenshot of the Instructions tab within BHIN 24-015: Enclosure 1.]

This workbook is [BHIN 24-015: Enclosure 1](#). Counties must submit a claim form to DHCS to be reimbursed for performing the described activities.

The workbook contains three tabs: Instructions, Claim Summary, and Data Entry.

The Instructions tab provides cell item instructions for both the Claim Summary tab and Data Entry tab. The Instructions tab also provides the certification requirements. The certification will be completed on a separate CARE Act Claim Form PDF titled “CARE Act Quarterly Administrative Cost Reimbursement Claim.” Review the Instructions tab within BHIN 24-015: Enclosure 1 for additional detail.

## Claim Summary Tab

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

**CARE Act: FY 23/24 CARE Act Quarterly Claim for Reimbursement - Administrative Cost**

**CARE Act Claim Form**

Date:	*Fiscal Year:	*County:	
5/29/2024		County code: #N/A	
*Number of CARE Act Participants			
<b>Activity</b>	<b>Total Hours</b>	<b>Activity Rate</b>	<b>Total Claim Amount</b>
1 Court Report Activity	0.00	\$114.95	\$0.00
2 Court Hearing Time Activity	0.00	\$91.63	\$0.00
3 Notice Activity	0.00	\$65.40	\$0.00
4 Outreach and Engagement Activity	0.00	\$78.68	\$0.00
5 Data Reporting	0.00	\$97.08	\$0.00
<b>Total Claim:</b>			<b>\$0.00</b>

Certification: Please click here to access the CARE Claim form PDF.

Instructions   **Claim Summary**   Data Entry



[Slide Image Description: This slide shows a yellow arrow pointing toward a screenshot of the Claim Summary tab within BHIN 24-015: Enclosure 1.]

This is the Claim Summary tab. The next slide includes instructions on inputs.

## Completing Claiming Workbook

CARE Act Claim Form			
*Fiscal Year:		*County:	
*Quarter:		County code:	#N/A
*Number of CARE Act Participants			

» Claim Summary tab:

- Select **Fiscal Year** being claimed for from the dropdown list. (C6)
- Select **Fiscal Quarter** being claimed for from the dropdown list. (C7)
- Input number of unique **CARE Act Participants** in the quarter. (C8)
- Select **County** submitting claim form from the dropdown list. (E6)
- **County Code** will automatically populate based on the county selected. (E7)
- Select link to access and complete the **CARE Act Claim Form PDF**. (A18)

Certification: Please click [here](#) to access the CARE Claim form PDF.

[Slide Image Description: This slide shows a screenshot and a list of steps to follow to complete the Claim Summary tab within BHIN 24-015: Enclosure 1.]

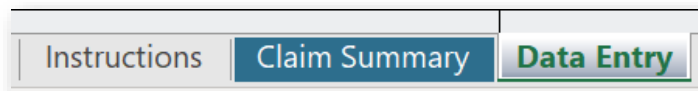
On the Claim Summary tab, select options from cell dropdown lists and input information in appropriate cells:

- Cell C6 \*Fiscal Year: Use the dropdown list to select the fiscal year being claimed.
- Cell C7 \*Quarter: Use the dropdown list to select the fiscal quarter being claimed.
- Cell C8 \*Number of CARE Act Participants: Input the number of unique CARE Act participants in the quarter (this is a free-form cell that counties can fill out). The number of unique CARE Act participants in the quarter are already being tracked internally by the counties, and the information should be available.
- Cell E6 \*County: Use the dropdown list to select the county submitting the claim. This will automatically populate the corresponding county code in cell E7 \*County Code.

Before the table below populates, you must first complete the Data Entry tab. It does not matter which tab is completed first, but both must be completed before beginning certification requirements.

## Data Entry Tab

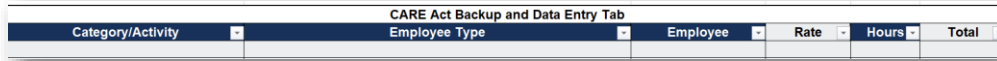
STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		Department of Health Care Services			
CARE Act: CARE Act Quarterly Claim for Reimbursement - Administrative Cost					
CARE Act Backup and Data Entry Tab					
Category/Activity	Employee Type	Employee	Rate	Hours	Total



[Slide Image Description: This slide shows a yellow arrow pointing toward a screenshot of the Data Entry tab within BHIN 24-015: Enclosure 1.]

This is the Data Entry tab. The next slide includes instructions on inputs.

## Completing Claiming Workbook



CARE Act Backup and Data Entry Tab					
Category/Activity	Employee Type	Employee	Rate	Hours	Total

» Data Entry Tab:

- Select the **Category/Activity** being logged for this expense from the dropdown list. (Column A)
- Select **Employee Type** being logged for this expense from the dropdown list. (Column B)
- Type in **Employee Name** that completed the task. (Column C)
- **Rate** – no entry necessary/allowed. This is the rate that will be paid per hour for this entry. (Column D)
- Enter **Hours** performed doing this particular task/entry rounded to the nearest quarter hour. (Column E)
- **Total** – no entry necessary/allowed. This is the total claim amount for this entry. (Column F)

[Slide Image Description: This slide shows a screenshot and a list of steps to follow to complete the Data Entry tab within BHIN 24-015: Enclosure 1.]

On the Data Entry tab, select options from cell dropdown lists and input information in appropriate cells:

- Column A Category/Activity: Use the dropdown list to select the Category/Activity being logged for this expense. Column D Rate will automatically populate with the rate that corresponds to the selected category/activity. Therefore, no entry is necessary or allowed. This is the rate that will be paid per hour for this entry.
- Column B Employee Type: Use the dropdown list to select the Employee Type that completed the work.
- Column C Employee: Input the Name of the Employee that completed the activity (this is a free-form cell counties can fill out).
- Column E Hours: Enter the Hours performed by the employee doing this particular task, rounded to the nearest quarter hour. Column F Total will automatically calculate based on the rate and hours; therefore, no entry is necessary or allowed. This is the total claim amount for this entry.

## Completing Claiming Workbook Continued

- » Once the Data Entry tab is complete, you will see that the table with the activity, total hours, activity rate, and total claim amount have been populated on the Claim Summary.
- » You are now ready to start the certification process. Certification will be completed on a separate CARE Act Claim Form PDF found by following the link in cell A18 on the Claim Summary tab or accessing [BHIN 24-015: Enclosure 2](#).

CARE Act Claim Form				
Date:	*Fiscal Year:	*County:		
7/1/2024	*Quarter:	County code:		
	*Number of CARE Act Participants			
Activity	Total Hours	Activity Rate	Total Claim Amount	
1 Court Report Activity	0.00	\$114.95	\$0.00	
2 Court Hearing Time Activity	1.50	\$91.63	\$137.45	
3 Notice Activity	0.00	\$65.40	\$0.00	
4 Outreach and Engagement Activity	0.00	\$78.68	\$0.00	
5 Data Reporting	2.00	\$97.08	\$194.16	
<b>Total Claim:</b>			<b>\$331.61</b>	

Certification: Please click here to access the CARE Claim form PDF.



[Slide Image Description: This slide shows a yellow arrow pointing toward a screenshot and list of steps to follow to complete the Data Entry tab within BHIN 24-015: Enclosure 1.]

Once the Data Entry tab is complete, you will see that the table with the activity, total hours, activity rate, and total claim amount have been populated.

You are now ready to start the certification process. Certification will be completed on a separate CARE Act Claim Form PDF found by following the link in cell A18 on the Claim Summary Tab or accessing [BHIN 24-015: Enclosure 2](#).

## Certification

- » Input the **Date Completed** and select both **Fiscal Year** and **Quarter** being claimed for.
- » Enter the number of **CARE Act Participants** as reported on the Claim Summary tab.
- » Select the **County** name being claimed for and input the **Total Hours** for each activity as reported on the Claim Summary tab.

State of California – Health and Human Services Agency      Department of Health Care Services

**CARE Act Quarterly Administrative Cost Reimbursement Claim**

Date: \_\_\_\_\_ Fiscal Year: \_\_\_\_\_ County: \_\_\_\_\_ County Code: \_\_\_\_\_

Quarter: \_\_\_\_\_ Number of CARE Act Participants: \_\_\_\_\_

Activity	Total Hours	Activity Rate	Total Claim Amount
Court Report Activity		\$114.95	
Court Hearing Time Activity		\$91.63	
Notice Activity		\$65.40	
Outreach and Engagement Activity		\$78.68	
Data Reporting		\$97.08	
Total Claim:			

**Certification**

Executed at: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

I certify that the staff hours spent on CARE Act activities are accurate and verifiable.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



[Slide Image Description: This slide shows a screenshot of the “CARE Act Quarterly Administrative Cost Reimbursement Claim” used for certification that can be accessed from the Claim Summary tab of BHIN 24-015: Enclosure 1.]

After clicking the hyperlink, the PDF will open. First, input the Date Completed and then select both Fiscal Year and Quarter being claimed for from the dropdown lists. Then enter the number of CARE Act Participants. This number should be the same number reported on in cell C8 of the Claim Summary tab. Then select the County name being claimed for from the dropdown list. The County Code field will automatically populate. Using the table in the Claim Summary tab of the workbook, input the Total Hours for each activity into the Claim Form PDF. The Total Claim Amount per activity and Total Claim will automatically populate after entering in the total hours.

## CARE Act Quarterly Administrative Cost Reimbursement Claim

- Certification submission must include Excel Claim Workbook and Signed Claim Form PDF.
  - Validated electronic signature must meet the [standards](#) outlined by the California Secretary of State.
  - Email signed form and worksheet to [CARE\\_Claiming@DHCS.CA.GOV](mailto:CARE_Claiming@DHCS.CA.GOV).

I certify that the staff hours spent on CARE Act activities are accurate and verifiable.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

[Slide Image Description: This slide shows a screenshot list of steps to follow to complete the “CARE Act Quarterly Administrative Cost Reimbursement Claim” that is accessed through BHIN 24-015: Enclosure 2.]

The Claim Form PDF must include the signed certification of the local mental health director or their designee (wet signature or validated electronic signature) and be dated. Certification submission must include the Excel CARE Act Claiming Workbook and Signed Claim Form PDF. Validated electronic signature must meet the [standards](#) outlined by the California Secretary of State. Email signed CARE Act Quarterly Administrative Cost Reimbursement Claim Form and the Excel CARE Act Claiming Workbook to [CARE\\_Claiming@DHCS.CA.GOV](mailto:CARE_Claiming@DHCS.CA.GOV).

To use the electronic signature, click on the signature line and use the pop-up to sign. Once signed, you can save a copy and input the date. To use a wet signature, print a copy of the PDF and sign.

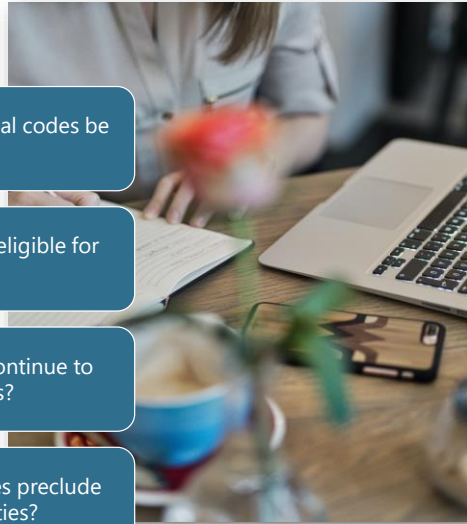
## Additional FAQs

Will Current Procedural Terminology (CPT) codes or special codes be developed for CARE services?

Will any of the clients be in locked settings and thus not eligible for Medi-Cal?

Will activities such as assessment or case management continue to be billed to Medi-Cal as they would be in other programs?

Does billing these administrative claims for CARE activities preclude an agency from billing for other case management activities?



[Slide Image Description: This slide shows an image of an individual writing in a notebook and lists additional FAQs in blue boxes.]

### Additional FAQs:

Question: Will Current Procedural Terminology (CPT) codes or special codes be developed for CARE services?

- Answer: CARE Act claims will not be billed using CPT codes.

Question: Will any of the clients be in locked settings and thus not eligible for Medi-Cal?

- Answer: The provisions of the CARE Act do not necessarily prohibit the engagement of otherwise eligible CARE respondents that are in “locked settings,” but one of the primary purposes of the CARE Act is to engage individuals in community-based behavioral health services. The CARE Act requires that an individual’s participation in a CARE plan or CARE agreement would be the least restrictive alternative necessary to ensure the person’s recovery and stability.

Question: Will activities such as assessment or case management continue to be billed

to Medi-Cal as they would be in other programs?

- Answer: Yes, other activities such as assessment or case management would continue to be billed to Medi-Cal or commercial health plans as appropriate.

Question: Does billing these administrative claims for CARE activities preclude an agency from billing for other case management activities?

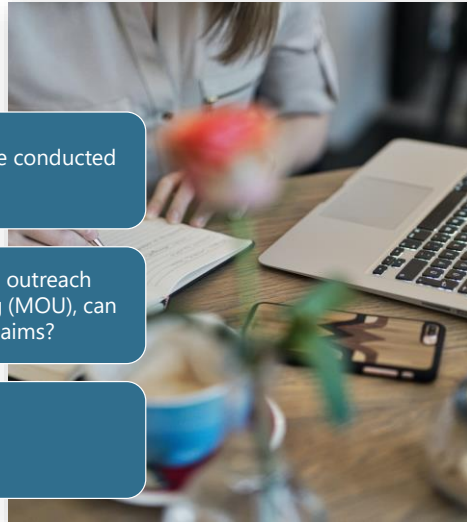
- Answer: In addition to sending in claims for CARE-related activities, county behavioral health (BH) agencies should continue to bill for their work with individuals as they have been.

## Additional FAQs

Can a county submit administrative claims if the activities are conducted by a behavioral health subcontractor?

If a county is using the public defender's office to assist with outreach and engagement through a memorandum of understanding (MOU), can county behavioral health (BH) submit these administrative claims?

Can a CARE respondent be sanctioned?



[Slide Image Description: This slide shows an image of an individual writing in a notebook and lists additional FAQs in blue boxes.]

### Additional FAQs:

Question: Can a county submit administrative claims if the activities are conducted by a behavioral health subcontractor? Or only if county BH provides these services?

- Answer: Yes, counties are able to claim for administrative functions outlined in BHIN 24-015 that are completed by a subcontractor. The county would need to include the subcontractor's name and role in the claim form.

Question: Similarly, if a county is using another department (e.g., public defender's office) to assist with outreach and engagement through an MOU, can county BH submit these administrative claims?

- Answer: Public defenders should bill 100% of their CARE contracts with the Legal Services Trust Fund Commission (LSTFC). Public defenders should not be billed to DHCS for CARE Act services.

Question: Can a CARE respondent be sanctioned?

- Answer: Non-participation in the CARE process will not result in any penalties. On the other hand, if at any time during the CARE process the court finds that the county or other local government entity is not complying with lawful orders issued by the court, the court shall report that finding to the presiding judge of the superior court. If the judge finds by clear and convincing evidence that county or other local government entity has substantially failed to comply with court orders, or with lawful orders issued by a court, the judge may issue an order imposing a fine on the county or other local government entity.

Additional FAQs related to CARE respondents who do not adhere to their CARE plan, as well as how the CARE Act and the Lanterman-Petris-Short (LPS) Act provisions related to evaluation, intensive treatment, and conservatorship interact, are available on the CARE Act Resource Center.

## Objectives

At the end of the session, participants will have an increased ability to:

- › Understand how to submit claims to DHCS to be reimbursed for CARE Act activities.

[Slide Image Description: This slide recaps the learning objectives for this training with a light blue background.]

At the end of the session, participants will have an increased ability to:

- Understand how to submit claims to DHCS to be reimbursed for CARE Act activities.

## Resources

- » [Claiming for Administrative Activities Related to CARE](#) provides additional context for understanding eligible activities, rates, and the submission process. It includes an overview of claimable activities, determining activity categories, understanding when activities are claimable, the claiming submission process, and highlights the differences between claiming and billing Medi-Cal or Commercial insurance.
- » [BHIN 24-015](#) CARE Act Reimbursement Rates and Billing Guidance (April 2024).
  - [Enclosure 1](#): CARE Act Claiming Workbook FY-23-24.
  - [Enclosure 2](#): CARE Act Quarterly Administrative Cost Reimbursement Claim.
- » State Controller's Office (SCO) - County Remittance Advice form [TC-31](#).
  - [TC-31 Frequently Asked Questions](#).
- » The Secretary of State (SOS) has [defined standards for electronic/digital signatures](#) that requires the use of self-authenticating digital signatures (i.e., ones that are self-authenticating like Adobe Acrobat Pro DC Self-signed with Digital ID function and DocuSign).
- » Questions can be sent to [CARE\\_Claiming@DHCS.CA.GOV](mailto:CARE_Claiming@DHCS.CA.GOV).

[Slide Image Description: This slide lists resources that apply to the training.]

- [Claiming for Administrative Activities Related to CARE](#) provides additional context for understanding eligible activities, rates, and the submission process. It includes an overview of claimable activities, determining activity categories, understanding when activities are claimable, the claiming submission process, and highlights the differences between claiming and billing Medi-Cal or Commercial insurance.
- [BHIN 24-015](#) CARE Act Reimbursement Rates and Billing Guidance (April 2024).
  - [Enclosure 1](#): CARE Act Claiming Workbook FY-23-24.
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- Questions can be sent to [CARE\\_Claiming@DHCS.CA.GOV](mailto:CARE_Claiming@DHCS.CA.GOV).

# Questions?

**Email: [CARE\\_Claiming@DHCS.CA.GOV](mailto:CARE_Claiming@DHCS.CA.GOV)**



[Slide Image Description: This slide shows the DHCS CARE Act Claiming email address.]

For questions, please email [CARE\\_Claiming@DHCS.CA.GOV](mailto:CARE_Claiming@DHCS.CA.GOV).