



CARE Act

Community Assistance, Recovery, and Empowerment Act

Claiming for Administrative Activities

The Community Assistance, Recovery, and Empowerment (CARE) Act process outlined in [California Welfare and Institutions Code \(W&I Code\) sections 5970 – 5987](#) is a civil court process that offers multiple pathways to treatment for [eligible adults](#), promoting access to community-based behavioral health services and supports.

County behavioral health (BH) agencies may submit claims to the Department of Health Care Services (DHCS) for reimbursement of **administrative activities** related to CARE, as authorized by [W&I Code Section 5970.5](#).

This brief serves as an overview of CARE Act administrative claiming to support counties in understanding eligible activities, rates, and the submission process. For guidance on the claiming requirements and procedures review the [Behavioral Health Information Notice \(BHIN\) 24-015: CARE Act Reimbursement Rates and Billing Guidance](#), and the [CARE Act Claiming Workbook](#).

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These resources provide critical context and clarification beyond what is covered in this summary:

View the [CARE Act Sanctions and Claiming Process](#) training, which walks through how to fill out the required documents for claims submissions.

Read and monitor [FAQs](#) that address common questions related to reimbursement.

For additional questions, contact [CARE Claiming @dhcs.ca.gov](#).

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Claimable Activities

Primary Administrative Activities

BHIN 24-015 outlines allowable activities, the process for establishing reimbursement rates, and the claiming process. County BH may claim for the following administrative functions:

- **Court Hearings:** Activities that occur during all CARE-related hearings, including initial appearance/hearing on the merits, case management hearing, CARE agreement process meetings, clinical evaluation review hearings, CARE plan review hearing, progress/status review hearing, evidentiary hearing, graduation hearing, reappointment to CARE hearing, and hearings that can occur at any time during the CARE process.
- **Court Reports:** Drafting reports such as prima facie county investigative report, CARE agreement, CARE plan, clinical evaluation, supplemental reports, progress/status review updates, and reappointment to CARE reports. Preparation activities to inform these reports can also be included in this category (e.g., an assessment needed to complete a court-ordered report).
- **Outreach & Engagement:** This category includes time spent locating and engaging individuals, including travel time. Efforts—including travel time—are claimable even if attempts to locate the respondent are ultimately unsuccessful. Outreach and engagement may take place in a variety of settings, such as hospitals, carceral facilities, or other institutions. Activities under this category include supporting the respondent in developing a CARE agreement or CARE plan, helping them prepare for and participate in hearings, and assisting with graduation planning (e.g., assessment, case management, treatment planning activities). It also includes efforts to engage family members or other supports to assist the respondent throughout the CARE process.
- **Notice:** Preparation and issuance of required legal notices related to CARE proceedings.
- **Data Reporting:** Collection and submission of required data elements. This includes time spent modifying data collection process flows and/or data collection systems and electronic health records to be able to collect data required by CARE as

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outlined in BHIN 24-041: [Community Assistance, Recovery, and Empowerment \(CARE\) Act Data and Reporting Guidelines](#).

Ancillary Activities

County BH may also submit administrative claims for ancillary activities related to the above administrative functions—namely preparation, internal meetings, and oversight by supervisors and managers.

- **Preparation:** Time spent getting ready for a task. For example, preparing for a hearing can be reported under Court Hearing Time.
- **Internal Meetings:** Discussions and planning related to specific activities. For instance, meetings to develop outreach strategies for a CARE respondent may be reported under Outreach and Engagement.
- **Supervisory Oversight:** Time spent by supervisors and managers overseeing the work done in each category. For example, time spent reviewing and approving a court report may be claimed under Court Reporting.

Note that administrative claiming under the CARE Act covers time spent on eligible activities and does not include the cost of incentives or tangible goods provided to CARE participants. Items such as transportation passes, gift cards, meals, hygiene products, phones, or other material supports are not reimbursable through administrative claiming and should be funded through other county budget sources already established for client services or flexible spending.



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Determining the Right Activity Category

Questions may arise regarding how to classify a task under the CARE Act administrative claiming categories, particularly when an activity may justifiably fall under more than one category. The goal is to be intentional and consistent, using proper internal documentation, team review, and reasonable judgment.

Consider the following steps when categorizing claimable activities:

1. **Review the Full List of Administrative Activities**

Start by reviewing the list of administrative activities (including ancillary activities like preparation, internal meetings, and supervisory oversight) and consider the core use of the individual's time.

2. **Consult the Employee Types in the CARE Act Claiming Workbook**

The Employee Type by Category/Activity dropdown in the [CARE Act Claiming Workbook](#) can serve as a helpful reference. Although the list of employee types is not exhaustive, it provides context by illustrating the types of staff commonly associated with each activity. This can assist in identifying the most appropriate categorization.

3. **Make a Determination in Collaboration with a Supervisor, Program Manager, or Finance Team**

Counties are encouraged to exercise their best judgment when determining how to categorize an activity. When in doubt, they should consult with a supervisor, program manager, or their finance team to identify the most suitable category based on the nature of the work performed.

4. **Contact CARE Claiming for Further Guidance**

If uncertainty remains after reviewing the guidance and consulting internally, county BH may contact CARE_Claiming@dhcs.ca.gov for clarification.

Ultimately, CARE Act administrative claiming relies on the thoughtful application of available guidance, internal review, and professional judgment. Counties should ensure decisions are documented and time tracked internally in accordance with submission requirements.

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When Administrative Activities Are Claimable

Administrative claiming is tied to CARE activities and court process involvement. County BH may submit claims for all administrative activity types—including court hearings, court reporting, outreach and engagement, notice, and data reporting—throughout the period in which the respondent is actively engaged in the CARE process. This may include outreach and engagement efforts prior to a petition being filed.

When the court dismisses a case or services end—such as due to voluntary engagement, CARE graduation, loss of contact, incarceration, or death—most administrative activities are no longer claimable.

However, data reporting activities may continue during the follow-up period as outlined in statute. Counties may claim data reporting activities for up to 12 months following the active service period.

In most cases, this results in a maximum claiming period of up to 24 months—12 months of active services and a one-year follow-up period for data reporting. If the respondent is reappointed to the CARE process, the total allowable claiming period may extend up to 36 months (24 months of services and a one-year follow-up).

The [CARE Act Sanctions and Claiming Process](#) training walks through some scenarios of what can be claimed starting on slide 18 in the training PDF and at 8:30 in the recording.

Reimbursement Rates

Reimbursement rates for each CARE Act administrative activity are listed in the [CARE Act Claiming Workbook](#). These rates will be updated by January of each year. Counties should always reference the most current version of the workbook to ensure accurate claiming.

The rates include adjustments for inflation, employee benefits, and overhead costs. Rates are based on wage data for the professionals most likely to perform each activity; however, CARE Act activity rates are based on the Category/Activity (e.g., Court Hearing, Court Report, Notice), not the employee type. The Employee Type by Category/Activity dropdown in the [CARE Act Claiming Workbook](#) are examples, not a complete list of all possible staff types. Select the employee type that best matches the staff performing the activity.

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Claim Submission Process

Counties must submit CARE Act administrative claims on a **quarterly basis** to CARE_Claiming@dhcs.ca.gov using the required forms outlined in [BHIN 24-015](#). Claims must be submitted **within one year** following the end of the quarter in which the activities occurred.

Each submission must include:

- A completed [Enclosure 1: CARE Act Claiming Workbook Multi Year](#).
- A signed [Enclosure 2: CARE Act Quarterly Administrative Cost Reimbursement Claim](#), certified by the county's behavioral health director or designee.

In the [CARE Act Sanctions and Claiming Process](#) training video at 13:50, there is a walkthrough of how to complete the workbooks. Slides 31 through 38 of the Training Presentation Slides and Notes also cover how to fill out the required documents for claims submissions.¹

When completing the [CARE Act Claiming Workbook](#) in the Data Entry tab:

1. Select the Fiscal Year you are reporting, which will calculate the rates.
2. Select the Category/Activity. If an activity straddles between two activities, select the activity that best matches the work performed.
3. Select the Employee Type. The Employee Type by Category/Activity dropdown in the [CARE Act Claiming Workbook](#) are examples, not a complete list of all possible staff types. Select the employee type that **best matches the staff performing the activity**. CARE Act activity rates are based on the Category/Activity (e.g., Court Hearing, Court Report, Notice), not the employee type.

¹ Note that rates for each activity are adjusted annually, and county BH should consult the rates indicated in the workbook for the fiscal year in question. The rates in the training reflect the fiscal year 2023/2024.

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4. While counties are required to track time internally using county established practices down to the minute, all claimed time must be reported in 15-minute increments by each employee/contractor involved in that activity.

Claims may be submitted for CARE administrative activities performed by **multiple employees for the same activity** by adding each additional employee on a separate line in the [CARE Act Claiming Workbook](#). For example, if two employees serve a notice or participate in an outreach and engagement activity, both employees can be included in the claim.

Each employee should be listed only **once per activity type**. While counties may choose to maintain internal records tracking time by individual CARE participant (where applicable), the CARE Act Claiming Workbook should report the total hours each employee spent on each activity across the entire reporting period **in a single row**. For example, if Employee A spent 4.5 hours on outreach for one CARE participant and 3 hours for another, the total reported for the Outreach and Engagement activity would be 7.5 hours.

If county BH has directly subcontracted a vendor to perform CARE Act administrative activities, those costs may be claimed, as long as the subcontractor's name and role are included in the submission. This is different from activities carried out under Memorandums of Understanding (MOUs) or partnerships with entities like county counsel, public defenders, or housing departments—costs from those agencies are not claimable under CARE Act administrative claiming. All claims are subject to DHCS audit, so accurate time tracking and documentation are essential.

CARE Administrative Claiming vs. Billing Medi-Cal or Commercial Insurance

Submitting a claim for administrative CARE Act activities **is not the same** as billing Specialty Mental Health/Medi-Cal or commercial insurance:

- **CARE Act claims** are for administrative time related to implementation, oversight, and coordination of CARE processes.
- **Specialty Mental Health/Medi-Cal or commercial insurance billing** typically applies to the delivery of medical care and clinical services under programs such as Full Service Partnership, Assertive Community Treatment, or other specialty mental health case management programs.

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There may be instances where an activity could potentially be justified under either the administrative claiming or billing reimbursement method. For example:

- Time spent preparing for or coordinating services might be administrative (claimable under the Local Governmental Financing Division).
- If that same time includes delivering direct clinical care or billable case management, it may be more appropriate to bill Medi-Cal.

It is up to each county BH agency to evaluate the nature of the work performed and determine the most appropriate and non-duplicative reimbursement path. Counties must ensure that an activity is **only claimed or billed once**—either through DHCS administrative claiming or through traditional clinical billing channels.

Access the DHCS [Specialty Mental Health Billing Guide](#) for more information.

The Department of Managed Health Care (DMHC) released [All Plan Letter APL 23-016 – Implementation of SB 1338 \(2022\) – Community Assistance, Recovery, and Empowerment \(CARE\)](#) to provide guidance about how health plans shall ensure they identify enrollees who are involved in CARE proceedings and process and pay claims arising from their enrollees' CARE agreements or CARE plans.

Consult the [Billing Health Plans for CARE Act Activities](#) to help with implementing effective strategies and processes for health plan/managed care plan (MCP) billing activities related to services and supports provided when a beneficiary is participating in the CARE process. Access the [CARE Act Health Plan Contacts](#) resource for a contact list for California health plans, with points of contact for CARE.