DHCS

CARE Act Implementation

# SUPPLEMENTAL GUIDE FOR THE CARE ACT DATA DICTIONARY 2.1

## Contents

This Supplemental Guide is intended to be used alongside the Community Assistance, Recovery, and Empowerment (CARE) Act Data Dictionary 2.1, which is to be used for CARE Act data collection beginning in July 2026, to support CARE Act data entry and submission to the Department of Health Care Services (DHCS). This Guide features general and scenario-based reporting guidance.

A detailed change log describing all changes from 2.0 to 2.1 can be viewed on the "Change Log" tab of Data File Template Option A and Data File Template Option B.

# General Reporting Guidance

## Legislative updates and amendments informing updates to CARE Act Data Dictionary 2.1

California Senate Bill 27 (SB 27), originally chaptered in the Fall of 2025, enhanced the CARE Act in a few key areas. To ensure data was being collected in accordance with the updated CARE requirements within SB 27, DHCS conducted a thorough review of DD 2.0 and identified areas that required revision or updates. View the SB 27 Brief here for an overview of revisions to the CARE Act.

Most SB 27 provisions did not necessitate updates to CARE Act Data Dictionary data architecture and were addressed by updating definitions and refining additional specifications.

The key provisions within SB 27 included:

**Broadened eligibility criteria**: SB 27 expands the eligibility criteria for CARE to include individuals with bipolar I disorder with psychotic features. This change was aimed at increasing access to necessary services for more Californians facing mental health challenges. "Bipolar I disorder with psychotic features" was added to qualifying diagnosis lists in value options and specifications throughout the Data Dictionary 2.1.

**Revision of definitions and CARE processes based on implementation feedback**: This includes clarifying the definition of "clinically stabilized" for the purposes of CARE Act implementation as well as clarifying CARE processes, including which types of professionals can complete affidavits in support of CARE petitions and providing greater clarity on the CARE "graduation" process. These updates were also made throughout the Data Dictionary 2.1.

**Expansion of CARE referral pathways:** This includes providing clarity on processes for court-to-court referrals that become CARE petitions without requiring a separate petition be filed and requiring judges to consider CARE as an option for misdemeanor defendants with serious mental illness.

The updates to legislation went into effect on January 1, 2026, meaning counties and courts were responsible for ensuring the expanded CARE diagnostic criteria and updated CARE definitions were implemented at that time. Counties were required to begin collecting and reporting data to DHCS in accordance with the revised Data Dictionary 2.1 beginning in July of 2026. The first quarter of data to be submitted to DHCS in accordance with Data Dictionary 2.1 will be due by December 8, 2026 and will cover the period of July 1, 2026–September 30, 2026.

The second source of input was feedback received from counties and state stakeholders over the course of CARE Act implementation.

View the Data Dictionary 2.1 Updates training for a full summary of key updates to the CARE Act Data Dictionary 2.1, impacts of Data Dictionary updates on county data collection and reporting requirements, and guidance for accurate reporting based on a participant's current CARE status.

## Trial court, county BH agency, and public defender reporting responsibilities

Trial courts, county BH agencies, and public defenders have separate CARE Act data reporting requirements and mechanisms. These requirements are summarized below.

Trial courts report their data directly to the Judicial Council (JC), who in turn submits aggregated data to DHCS.

County BH agencies are required to submit individual-level data on system referrals and CARE petitions, and aggregate-level data on CARE inquiries, directly to DHCS, in alignment with Data Dictionary 2.1. DHCS expects alignment between county and court-reported numbers of CARE plans ordered, CARE agreements approved, and dismissals. County BH agencies and trial courts are encouraged to communicate regarding these data points to ensure alignment.

Health Management Associates (HMA) recommends reaching out to county court partners to review any identified discrepancies so either the court or county BH submission can be corrected and aligned. Consider reviewing information related to CARE agreements, CARE plans, and dismissals together carefully, specifically relating to the dates reported, to confirm the source of the misalignment.

Additionally, California Assembly Bill 102 (AB 102) requires the Legal Services Trust Fund Commission (LSTFC) at the State Bar of California to collect outcome data from each county's public defender office, qualified legal services projects (QLSP), and support centers.

## When to begin reporting CARE Act data

County BH is required to begin reporting data to DHCS as follows:

**CARE inquiries**

County BH shall report aggregate data on all inquiries received about the CARE Act. A CARE inquiry includes, but is not limited to, inquiries received by phone, warmlines, voicemail messages, emails, and in-person conversations or consultations.

**Statutory System Referrals to County BH**

County obligation to begin reporting on statutory system referrals is triggered when a formal written request on behalf of an individual that meets, or is likely to meet, CARE Act criteria is submitted to county BH agencies from one of the following:

1. Misdemeanor proceedings for an individual determined incompetent to stand trial (MIST) upon a court finding that the defendant is ineligible for diversion.
2. Felony proceedings for an individual determined incompetent to stand trial (FIST) upon a court finding that the defendant is ineligible for diversion or diversion is terminated unsuccessfully.
3. Assisted Outpatient Treatment (AOT) proceedings.

4. A facility that provides assessment, evaluation, and crisis intervention, pursuant to W&I Code section 5150, subdivision (a) or a designated facility as defined in W&I Code section 5008, subdivision (n).

5. CARE court based on a court-to-court referral that the CARE court does not consider to be a petition.

For statutory system-referred individuals, counties will report data on a monthly basis until there is a system referral disposition (data point 5.5.3 System Referral Outcome (Status)) equivalent to Value Code Option 1 – Petitioned to CARE process, 3 - Not petitioned – enrolled in any other county services and supports, or 4 – Neither petitioned nor referred to any county services and supports. When system-referred individuals are petitioned to CARE, county BH agencies will follow the reporting requirements for petitioned individuals.

**Petitioned individuals**

County obligation to begin reporting on petitioned individuals is triggered once the county BH agency files the petition or, if county BH is not the original petitioner, when the court orders county BH to file a written report. Additionally, a CARE court may elect to consider a court-to-court referral to be a petition if it meets certain criteria. County BH will begin reporting on these referrals that are considered petitions once they receive notice the referral has been accepted as a petition.

## When to discontinue reporting CARE Act data

The trigger to discontinue CARE Act reporting depends on how and when the individual exits the CARE process and whether they continue to receive services and supports from the county. County BH agencies are not required to report on former participants who no longer receive county services and supports, including those who are privately insured or who no longer reside in California.

**For petitioned individuals, refer to the table below for reporting requirements:**

| CARE Participant Category | Reporting Requirement |
|---|---|
| **Active Participants:** A CARE participant who is receiving county services under CARE court jurisdiction (through a CARE plan or CARE agreement) or outside CARE court jurisdiction (as an elective client). | Active participants are tracked for 12 months upon entering into a CARE plan or CARE agreement or as an elective client. Active participants under CARE court jurisdiction can be re-appointed to CARE for up to another 12 months. |
| **Former Participants:** A CARE participant tracked during a 12-month follow-up | 12 months for all former participants continuing to receive elective county services |

| | |
|---|---|
| period, beginning after receiving at least 12 months of county services. This includes CARE participants who were elective clients or who were enrolled under a CARE plan or CARE agreement and have completed a minimum of 12 months of county services and supports (or up to 24 months if CARE plan or CARE agreement is extended). | and supports. Once 12 months is achieved, county BH may discontinue reporting (no formal notification is necessary). County BH agencies shall report data on former participants to the *extent administrative data is available*. |

*An elective client is a CARE participant who was dismissed and receives services and supports outside CARE court jurisdiction. This may include receipt of services under AOT or LPS.

## Linking CARE participants across multiple submissions

County BH agencies are required to report on key data variables that will be used to link CARE participants across data submissions, regardless of whether SurveyMonkey or MOVEit file transfer application submissions are used. These linkage data variables will include county, first name, last name, date of birth, sex, Social Security Number, Medi-Cal Beneficiary number, and petition number. CARE participants are not assigned a unique identifier.

## Release of Information (ROI) for substance use disorder (SUD) services

Counties do not need to provide an ROI to DHCS for the purposes of CARE Act reporting. When working with the courts, please reference California W&I Code section 5977.4, which clarifies how county BH agencies may obtain and disclose SUD patient records and consult with your county counsel on the need to obtain an ROI.

## CARE Act data privacy and security

Data metrics identified in W&I Code sections 5985 and 5986 for the Annual Report and Independent Evaluation will be shared in accordance with the DHCS Public Reporting Guidelines to maintain privacy and security.

## Process for updating or correcting previously submitted data

**For any corrections to CARE Act data submitted within a quarterly resubmission window:**

- Counties will receive a quality assurance (QA) report within 45 business days of the data submission deadline; counties have 15 business days to resubmit corrections and/or update data, as needed.

**For all corrections to CARE Act, submitted at any time:**

- Resubmission files must include all data for the reporting month or quarter and not just new or updated records.

## Collecting data on criminal justice involvement

Counties have developed various mechanisms for gathering information on criminal justice involvement among CARE participants. Some counties have set up data sharing agreements with local law enforcement agencies to facilitate regular exchange of information. Counties are encouraged to explore feasible mechanisms to support cross-collaboration and information exchange within their own counties.

## Reporting on CARE Inquiries

Under Data Dictionary 2.1, counties are required to report:

- The **total number of CARE inquires received by source** (such as a community member, public guardian or conservator, or hospital or crisis stabilization unit provider or staff).
- The **focus of the inquiry** (such as CARE eligibility information, petition assistance, or housing services and supports).
- The **county's action following the inquiry** (i.e., the number of connections to services made as a result of the inquiry).

If a county can reasonably provide the information requested in the Data Dictionary 2.1 related to the inquiry, it should be reported. For example, county phone line call logs that reference CARE and county website assistance requests form submissions that reference CARE should be reported. County website analytics, such as click counts, should not be reported.

**Counties that have established a procedure for accepting informal "pre-petition referrals" from potential petitioners should report these in their CARE inquiry totals.** This is relevant for counties that provide CARE referral forms, which can be completed by internal or external parties as an alternative to submitting a formal petition.

## Reporting on Statutory System Referrals to County BH

County BH agencies are required to track all statutory system referrals to county BH, which are defined as referrals that county BH agencies are required by law to accept from certain facilities or entities (i.e., specific courts and LPS-designated facilities). For the purposes of the CARE Act, these referrals are referred to as "statutory system referrals to county BH".

**Reporting on Statutory System Referrals to County BH**

"System referrals", as they are defined within the CARE Act Data Dictionary 2.1, are documented requests or submissions on behalf of an individual that meets or is likely to meet CARE Act criteria submitted to county behavioral health agencies from one of the following:

- **Misdemeanor proceedings for an individual determined incompetent to stand trial (MIST)** upon a court finding that the defendant is ineligible for diversion. County BH serves as the petitioner for MIST referrals.

  **Felony proceedings for an individual determined incompetent to stand trial (FIST)** upon a court finding that the defendant is ineligible for diversion or diversion is terminated unsuccessfully. For FIST, the petitioner is not specified in statute. Coordination between judicial partners and county BH programs will be needed to determine the process for referral and petition.
- **Assisted Outpatient Treatment (AOT)** proceedings. County BH serves as the petitioner for AOT referrals.
- A **facility** that provides assessment, evaluation, and crisis intervention, pursuant to W&I Code section 5150, subdivision (a) or a designated facility as defined in W&I Code section 5008, subdivision (n).
- **CARE court based on a court-to-court referral** that the CARE court does not consider to be a petition.

County BH agencies should begin reporting individual-level data on these system referrals from the point at which the documented referral is received by the county. County BH will continue reporting on these system-referred individuals until the system referral is resolved, which would mean the individual is either petitioned to CARE, not petitioned but enrolled in any other county services and supports, or neither petitioned nor referred to any county services and supports. For more information, see the CARE Act Data Flowchart for System Referrals for Data Dictionary 2.1 here.

**Requirements of Statutory System Referrals**

A system referral must be a documented request. Behavioral Health Information Notice (BHIN) 25-012 provides guidance on procedures for facilities to refer an individual to the CARE Act as part of discharge planning, and requirements for county behavioral health agencies to complete an assessment upon receipt of facility referrals. A facility or a county behavioral health agency may adopt the CARE Act referral form published on the DHCS website or develop and use its own form. More details can be found within BHIN 25-012 and a copy of the CARE Act Facility Referral Form Template is available here.

If a facility or a county behavioral health agency chooses to develop a referral form, rather than use the template linked above, the form shall include, at a minimum, all the following information, as available:

- Contact information, including name, telephone number, address, and email
- Medi-Cal Client Index Number (CIN)
- Social Security Number (SSN)
- Date of Birth
- Documentation of the authority for a referral with signature by the licensed behavioral health professional or their designee

**Additional information on Department of State Hospitals (DSH) petitions**

DSH may file a CARE petition for a client who has been restored, and thus, no longer considered incompetent to stand trial (IST). County BH agencies will receive the petition from the court along with a CARE-105 form, or a court order to conduct an investigation.

Prior to a petition filing, DSH may interface directly with county BH, but such interactions should be counted as CARE inquiries to the county BH agency, not a "system referral."

A training on statutory referral pathways can be found here.

## Reporting on court-to-court referrals

As outlined in W&I Code section 5978, a CARE court may elect to consider a **court-to-court referral** to be a petition if it meets certain criteria. Please note this process provides an additional pathway to CARE that augments existing statutory system referrals to county BH that flow from MIST, FIST, AOT, or an appropriate facility.

While the statute that created this process has been operational since Jan 1, 2026, the ability to report on petitions that are accepted by CARE Court via a court-to-court referral became available on July 1, 2026, with the release of Data Dictionary 2.1. Please see below for reporting instructions for both before and after July 1, 2026. All new data points and Value Code Options referenced below are included in the recently released Data Dictionary 2.1.

**Reporting guidance for court-to-court referrals accepted as petition:**

Court-to-court referrals that are accepted as petitions will follow the established CARE petition reporting pathway, where county BH will initiate reporting once they are ordered to investigate a petitioned individual by CARE court.

The updated Data Dictionary 2.1 now includes a new Value Code Option for data point **3.3.9 (a) Original Petitioner** that will capture "Value Code Option 16 – Court-to-court referrals accepted by CARE Court as a CARE petition". If 3.3.9(a) Value Code Option 16 is selected, counties will be required to also report a new data point, **3.3.9 (b) Referring Court** to indicate which of the four types of referring courts indicated in statute were the original referring court, if known.

Prior to July 1, 2026: County BH agencies may leave 3.3.9 Original Petitioner **blank**.

Beginning July 1, 2026 (when Data Dictionary 2.1 is implemented), please use the new Value Code Option 16 - Court-to-Court referral accepted by CARE Court as a CARE petition (*Note: number changed for Data Dictionary 2.1 to 3.3.9(a) Original Petitioner*), as long as the individual meets the following criteria: is pending CARE court disposition or otherwise receiving county services and supports (meaning, they fall under 3.3.10 Current CARE Status 1, 3, 4, 5, 6, or 8). Counties will **not** be required to resubmit previous months to retroactively update 3.3.9 Original Petitioner.

**Reporting guidance for court-to-court referrals <u>not</u> accepted as petition:**

For court-to-court referrals that do not meet criteria for a petition, CARE court will order the appropriate petitioner candidate to further investigate the referral to determine CARE eligibility.

For referrals from conservatorship proceedings, the conservator or proposed conservator will serve as the appropriate petitioner candidate to investigate and file a petition on behalf of the individual.

For referrals from AOT or from misdemeanor or felony proceedings, the appropriate petitioner candidate will be the county behavioral health director or their designee. County BH will begin reporting on these individuals as a statutory system referral (Data Dictionary Section 5) while they are investigating. For Data Dictionary 2.1, a new Value Code Option has been added to data point **5.5.1 Statutory System Referral Source** to capture referrals from "CARE Court." If a referred individual is ultimately petitioned to CARE, county BH will transition to reporting on the individual under the Petitioned Individual module (Data Dictionary Section 3).

## Reporting on elective clients

For Data Dictionary 2.1, a modification was made to the definition of elective clients, based on feedback received during implementation. The definition expands reporting to clients who are dismissed from CARE court, but who are receiving services through their county BH agency,

regardless of its voluntary nature. This ensures county BH agencies receive recognition for efforts to serve these clients. The Data Dictionary 2.1 defines an elective client as a CARE participant* who was dismissed and receives services and supports outside CARE court jurisdiction. This may include receipt of services under AOT or LPS.

A client receiving **any services and supports through the county (either via county-operated or county-contracted providers)** following dismissal from CARE would be reported and tracked similarly to an "elective client,". For example, clients that are referred to AOT or to county forensic services following criminal court proceedings will be reported in the same way as elective clients once their CARE petition is dismissed.

Elective clients, like all CARE participants, are followed for 12 months of active service and 12 months of follow-up, to the extent administrative data are available.

## Reporting on dismissed individuals

County BH agencies are required to report on all individuals who are the subject of petitions for CARE Act proceedings and meet prima facie. Reporting requirements after court dismissal depend on whether the individual continues to receive county services and supports following dismissal.

- If the client is dismissed and **does not** receive county services and supports, county BH would be required to report on the individual only until a court disposition of "dismissed" is assigned, as follows:
    - 3.3.10 Current CARE Status: Option 1 – Pending petition disposition for all months in which the individual was petitioned but not yet dismissed.
    - 3.3.10 Current CARE Status: Option 2 – Dismissed (not receiving county services/supports regardless of eligibility). **County BH may then discontinue reporting on this individual.**
- If the client is dismissed and **does** receive county services and supports outside court jurisdiction, **they would be considered an elective client and would move into the Active Service Period**, where counties are required to report on the individual for twelve months, followed by another 12 months of follow-up, as follows:
    - 3.3.10 Current CARE Status: Option 1 – Pending petition disposition for all months in which the individual was petitioned but not yet dismissed.
    - 3.3.10 Current CARE Status: Option 4 – Dismissed (Eligible receiving services/supports as elective client) for 12 months in the Active Service Period

- 3.3.10 Current CARE Status: Option 8 – Graduated from CARE plan, CARE agreement, or after 12 months of county services and supports and tracked for another 12 months in the Follow-Up Period.

Each Measurement Period has a unique dismissal CARE status code that aligns with where the participant is in the CARE process.

**CARE participant is dismissed prior to initial court disposition**: Counties must use 3.3.10 Current CARE **Status 2** – Dismissed (Not receiving county services/supports, regardless of eligibility).

**CARE participant is dismissed/Terminated during Active Service Period:** Counties must use 3.3.10 Current CARE **Status 7** – Dismissed/Terminated from CARE agreement/plan/county services (no longer receiving county services and supports). Note: Counties must have previously reported this individual under 3.3.10 Current CARE Status 3, 4, 5, or 6.

**CARE participant is terminated during Follow-Up Period**: Counties must use 3.3.10 Current CARE **Status 9** – Terminated during the Follow-Up Period (no longer receiving county services and supports). Note: Counties must have previously reported this individual under 3.3.10 Current CARE Status 8.

See the Petitioned Individuals Flowchart for Data Dictionary 2.1 for a visual depiction of reporting requirements based on current CARE Status.

## Reporting on the One-Year Status Hearing

One-year status hearing traditionally occurs in the 11th month of the CARE process timeline. However, in practice, a one-year status hearing can occur outside the 11th month. Counties should report 3.12.4 One-Year Status Hearing per the guidance below regardless of when the hearing occurs.

- **For CARE plan clients:** Select either Option 0 – No or Option 1 – Yes, depending on if this hearing has taken place or not.
- **For CARE agreement clients:**
  - If a county requires these hearings, select either Option 0 – No or Option 1 – Yes.
  - If a county does not require these hearings, you may select Option 2 – Not applicable.

Two new Value Code Options have been introduced for Data Dictionary 2.1 for 3.12.5 Outcome of One-Year Status Hearing to reflect other potential outcomes:

- **4 – Outcome not yet determined**
- **5 – Court dismissed the petition**

# Scenario-Based Data Entry Guidance

Guidance related to specific CARE Act data collection and reporting scenarios is provided below. This section will be updated as additional guidance becomes available. Please reach out to CAREDataTeam@healthmanagement.com to inquire about guidance related to specific scenarios not described here.

## CARE participant enters CARE Process Initiation Period mid-month (Reporting baseline information):

**ALL** CARE participants must have at least one record under 3.3.10 Current CARE **Status 1-** Pending petition disposition before moving on to any other status. Status 1 triggers the reporting for critical baseline data and must be reported for all Petitioned Individuals.

During the start of the CARE Process Initiation Period only, CARE participant information should include data that represents the entirety of the reporting month. The data reported during this period serves as baseline information for the CARE participant.

Consider the case scenario where a CARE participant enters the CARE Process Initiation Period on March 15th and the court approves a CARE agreement on April 25th. In reporting the data points during this CARE Process Initiation Period, include information for the entire month of March. For example, 3.9.3 Number of Jail Days should represent total jail days for the entire month of March.

- March submission (March 1-31):
    - Report based on 3.3.10 Current CARE Status: Option 1 – Pending Petition Disposition,
        - 3.9.3 Number of Jail Days: Report the number of jail days from March 1-31.

In the following month, when the CARE participant is assigned a CARE agreement on April 25, report the number of jail days as follows:

- FIRST April submission (April 1-24):
    - Report based on 3.3.10 Current CARE Status: Option 1 – Pending Petition Disposition,
        - 3.9.3 Number of Jail Days: Report the number of jail days from April 1-24.
- SECOND April submission (April 25-31):
    - Report based on 3.3.10 Current CARE Status: Option: 5 – Active CARE Agreement
        - 3.3.9 Number of Jail Days: Report the number of jail days from April 25-31.

This approach avoids duplication of counts for jail days in the same month.

## CARE participant's Current CARE Status changes

When a change to a CARE participant's Current CARE Status (Data point 3.3.10) occurs, the data points associated with each status must be reported in full. Separate data submissions are required for each CARE status that an individual is associated with during any given reporting month. See below for specific guidance related to timing of the CARE status change.

See the Petitioned Individuals Flowchart for Data Dictionary 2.1 here for a visual depiction of reporting requirements based on current CARE Status.

**Change in CARE Status during the CARE Process Initiation Period**

During the start of the CARE Process Initiation Period only, CARE participant information should include data that represents the entirety of the reporting month. The data reported during this period serves as baseline information for the CARE participant.

*CARE agreement approved*

Consider a scenario where a CARE participant's CARE proceedings were initiated on May 5, and their CARE agreement was approved by the court on May 20. Data associated with both the CARE Process Initiation Period and the Active Service Period must be reported within the same reporting month. In this case, counties would report:

- FIRST May submission (May 1-19):
  - Report based on 3.3.10 Current CARE Status: Option 1 – Pending petition disposition.
- SECOND May submission (May 20-31):
  - Report based on 3.3.10 Current CARE Status: Option 5 – Active participant (CARE agreement).

*Petition dismissal*

Consider a scenario where a CARE participant's CARE proceedings were initiated on June 10 and their case was dismissed by the court on June 28 due to the CARE participant moving away from the county. Associated data must be reported both for the CARE Process Initiation Period and the Dismissal, as follows:

- FIRST June submission (June 1-27):
  - Report based on 3.3.10 Current CARE Status: Option 1 – Pending petition disposition.
- SECOND June submission (June 28-30):

- Report based on 3.3.10 Current CARE Status: Option 2 – Dismissed (Not receiving county services/supports, regardless of eligibility.

**Change in CARE Status during the Active Service Period**

*Petition dismissal*

Consider a scenario where a CARE participant with a CARE agreement is dismissed by the court during the Active Service Period on July 5 but continues participation in county services and supports thereafter. County BH would report the following:

- FIRST July submission (July 1-4):
  - Report based on 3.3.10 Current CARE Status: Option 5 – Active participant (CARE agreement).
- SECOND July submission (July 5-31):
  - Report based on 3.3.10 Current CARE Status: Option 4 – Dismissed (Eligible receiving services/supports as elective client).

In this scenario, counties are required to continue to report this CARE participant's data for 12 months of Active Service from the start date of their CARE agreement, as well as provide follow-up data for an additional 12 months thereafter.

*Termination during Active Service Period*

Consider a scenario where an elective client (that has been previously dismissed) is terminated from county services and supports on July 5. Data associated with the Active Service Period must be reported, in addition to the data points associated with the termination (3.3.12 Termination of Services Date and 3.3.13 Reason for Termination). County reporting on this individual will discontinue after the termination has been reported.

- FIRST July submission (July 1-4):
  - Report based on 3.3.10 Current CARE Status: Option 4 – Dismissed (Eligible receiving services/supports as elective client)
- SECOND July submission (July 5):
  - Report based on 3.3.10 Current CARE Status: Option 7 – Dismissed/Terminated from CARE agreement/plan/county services (no longer receiving county services and supports).

**Change in CARE Status during the Follow-Up Period**

*Termination during Follow-Up Period*

Consider a scenario where a CARE participant is terminated from county services and supports on May 25 during the Follow-Up Period. Counties should report the following:

- FIRST May submission (May 1-24):
    - Report based on 3.3.10 Current CARE Status: Option 8 – Graduated from CARE plan, CARE agreement, or after 12 months of county services and supports.
- SECOND May submission (May 25):
    - Report based on 3.3.10 Current CARE Status: Option 9 – Terminated during the Follow-Up Period (no longer receiving county services and supports).

*Completion of CARE reporting*

Consider a scenario where a CARE participant completes 12 months in the Active Service Period with a CARE plan from October 2026 to October 2027. Once graduated, they then receive an additional 12 months of county services outside of court jurisdiction in the Follow-Up Period from November 2027 to November 2028. Once 12 months in the Follow-Up Period are complete, county BH is no longer obligated to continue reporting on this individual.

Counties should report the following:

- FIRST 12 months submissions (October 2026 – October 2027):
    - Report based on 3.3.10 Current CARE Status: Option 6 – Active participant (CARE plan).
- SECOND 12 months submissions (November 2027 – November 2028):
    - Report based on 3.3.10 Current CARE Status: Option 8 – Graduated from CARE plan, CARE agreement, or after 12 months of county services and supports.
    - Following 12 months of reporting under this CARE status, counties may discontinue reporting. The HMA CARE Act Data Team will ensure these participants will not be flagged for missing entries during the QA process.

## CARE participant begins as a statutory system referral to county BH before being petitioned to CARE

Consider a scenario where an individual was referred to county BH from MIST proceedings on January 25. The county files a CARE petition for this individual on February 8. A CARE agreement is approved on February 20. The guidance below outlines how data should be reported for this individual for Section 5 of the Data Dictionary for Statutory System Referrals to County BH Agencies and Section 3 of the Data Dictionary for Petitioned Individuals.

**System Referred Individual reporting:**

Counties should report the 5.5.3 Statutory System Referral Outcome (Status) at the end of the reporting month.

- January submission (Jan 25-31):
  - Report based on 5.5.3 Statutory System Referral Outcome (Status): Option 5 – Status is not yet determined
    - 5.4 Housing Placements: Status as of Jan 25 (at time of referral).
    - 5.6 Outreach and Engagement Efforts: Total from Jan 25-31.
- February submission (Feb 1-7):
  - Report based on 5.5.3 Statutory System Referral Outcome (Status): Option 1 – Petitioned to the CARE process.
    - 5.4 Housing Placements: Status as of Jan 25 (at time of referral).
    - 5.6 Outreach and Engagement Efforts: Total from Feb 1-7.
    - 5.7.3 Stabilizing Medications and 5.7.4 Type of Stabilizing Medication (if applicable): Report if prescribed from Feb 1-7.

**Petitioned Individual reporting:**

- FIRST February submission (Feb 1-19):
  - Report based on 3.3.10 Current CARE Status: Option 1 – Pending petition disposition.
- SECOND February submission (Feb 20-28):
  - Report based on 3.3.10 Current CARE Status: Option 5 – Active Participant (CARE agreement).

## CARE participant's CARE Initiation Process spans several months due to difficulty locating or engaging the individual, extension of proceedings, or other reasons

County BH agencies should report CARE participant data for each month, even when delays or extensions occur.

Consider the following case scenario: a petition was filed on October 20 and the county BH agency was asked by the court to evaluate the merits of the petition on November 1. County BH needed more than 14 days to locate and engage with the CARE participant, and the court provided extensions for this reason. The petition was eventually dismissed on January 25 and the participant agreed to engage in county BH services outside of CARE court jurisdiction.

Counties should report data for this CARE participant for every month, including October, November, December, and January corresponding to the 3.3.10 Current CARE Status: Option 1 – Pending petition

disposition. Counties should also report the dismissal and start of county services in January, as follows:

- October, November, December, and FIRST January submission (Oct 1-Jan 24):
  - Report based on 3.3.10 Current CARE Status: Option 1 – Pending petition disposition.
- SECOND January submission (Jan 25-30):
  - Report based on 3.3.10 Current CARE Status: Option 4 – Dismissed (eligible receiving services/supports as elective client).

## CARE participant's notice of ordered investigation is delayed

If the county BH agency is not the petitioner, they are required to begin reporting on CARE participants once they receive notice of a court-ordered investigation. The scenario below provides reporting guidance on a situation where there is a delay in county receipt of a court-ordered investigation.

Consider a scenario where an individual was the subject of a petition via a CARE-100 form on October 17. The court ordered an investigation via a CARE-105 form on October 25. County BH did not receive notice of the investigation until November 5. To support alignment between county and court-reported data on number and timing of petitions, county BH should report the following data points in the reporting month of October (when county received the CARE-105 form), as follows:

- 3.3.7 Petition File Date: 10/17/2026 (per date on CARE-100 form)
- 3.3.8 Date of Investigation (Ordered): 10/25/2026 (per date on CARE-105 form)

## CARE participant is dismissed from CARE proceedings, then re-petitioned to CARE.

Reporting on dismissed and subsequently re-petitioned individuals depends on whether the individual is receiving county services and supports as an elective client post-dismissal.

**Scenario 1: Dismissed -> Elective Client -> Re-Petitioned**

If the individual's petition was dismissed and **the individual continues to receive county services and supports as an elective client**, the scenario below applies:

Consider a scenario where a petitioned individual enters into voluntary services and supports as an elective client in January. As a result, their petition is dismissed. Following court dismissal, the client does not adhere to their treatment plans and deteriorates, leading to a family member re-petitioning to CARE in May that same year.

For this **special case**, please close out reporting on the original petition in May using 3.3.10 Current CARE Status: Option 7 – Dismissed/Terminated from CARE agreement/plan/county services (no longer receiving county services and supports).

Counties will then be required to report information related to termination, as follows:

- 3.3.12 Termination of services date
    - This termination date will be the date of re-petition for this CARE participant.
- 3.3.13 Reason for Termination: Option 99903 – Other
    - Write-in: "Individual has been re-petitioned to CARE"

County BH agencies should begin reporting for this re-petitioned individual as a new record under the new petition number, from the start of re-petition date, and follow reporting requirements as if this were a newly petitioned case.

**Scenario 2: Dismissed -> No County Services -> Re-Petitioned**

If the individual was dismissed and **did not continue to receive county services and supports post-dismissal**, county BH would no longer be required to track this individual.

Consider a scenario where a petitioned individual is dismissed in the CARE Process Initiation Period in October and the individual does not receive county services and supports because the individual could not be located. The individual is later located and re-petitioned to CARE in December that same year.

In this case, counties would close out reporting on the initial petition in October by reporting under 3.3.10 Current CARE Status: Option 2 – Dismissed (Not receiving county services/supports, regardless of eligibility), and follow reporting requirements per the Petitioned Individuals Flowchart for Data Dictionary 2.1 here.

In December, county BH would begin reporting on the re-petitioned individual as a new record under the new petition number, from the start of the re-petition date, and follow reporting requirements as a newly petitioned case.

Similar guidance applies if the individual was petitioned, entered into a CARE agreement, and was subsequently dismissed due to inability to be located. The individual would be reported under 3.3.10 Current CARE Status Option 7 – Dismissed/Terminated from CARE agreement/plan/county services (no longer receiving county services and supports). County BH would no longer be required to track this individual. County BH would begin reporting on the new petition as a new record, when this individual is re-petitioned and the county is ordered to investigate.

## CARE participant is the subject of multiple active petitions

Consider a scenario where county BH is asked to investigate multiple separate petitions on behalf of the same individual. In this scenario, counties should continue to report on all active petitions until the court issues a resolution for each open petition. Assuming at least one petition remains active, please report any dismissed petitions as follows:

- 3.3.10 Current CARE Status: Option 2 – Dismissed (not receiving county services/supports regardless of eligibility)
- 3.3.11 (b) County Recommendation for Petition Dismissal: Option 99903 – Other;
    - Write-in: "Duplicate petition".

Counties may then discontinue reporting on the dismissed petition(s).

## CARE participant enters into an LPS conservatorship

The two scenarios below describe how to approach CARE Act data collection when a CARE participant enters into an LPS conservatorship during the Active Service Period. The differentiator in these scenarios is related to whether or not the individual maintains a CARE agreement or CARE plan while conserved.

**CARE petition is dismissed.**

Consider a scenario where a CARE participant entered into the Active Service Period with a CARE agreement in August. The court dismisses the petition the following October and the individual enters into a long-term conservatorship. A client receiving any services and supports through the county, including mandated county BH services via LPS conservatorship, following dismissal from CARE, should be tracked similarly to an elective client.

- August, September, and FIRST October, submissions (August 1-October 14):
    - Report based on 3.3.10 Current CARE Status: Option 5 – Active participant (CARE agreement).
- SECOND October submission (October 15-October 31): Counties would first report the dismissal, then transition to reporting under an elective client designation, as follows:
    - Report on dismissal:
        - 3.3.11 (a) Petition Dismissal Date: Date of court dismissal.
        - 3.3.11 (b) County Recommendation for Petition Dismissal: Option 5 – Client transitioned to a higher level of care (e.g., AOT) AND Option 10 – Client is ineligible for CARE.

        - 3.3.11 (c) County Findings on CARE Ineligibility: Option 4 – It is unlikely that the person will benefit from participation in a CARE plan or CARE agreement.
    - Reporting as elective client:
        - 3.3.10 Current CARE Status: Option 3 – Dismissed (Ineligible but receiving services/supports as elective client).
        - 3.8.2 LPS Conservatorship: Option 2 – Permanent Conservatorship for 12 Months.
            - Please continue to report Value Code Option 2 for every reporting month in which the individual remains conserved.

Counties will continue to report on this CARE participant for up to 24 months while receiving county services and supports (i.e., for nine additional months, until 12 months of active service is achieved, and for 12 months of follow-up, to the extent administrative data are available).

**CARE participant maintains a CARE agreement while conserved.**

Consider a similar scenario where a CARE participant entered into the Active Service Period with a CARE agreement on August 1. The CARE participant entered into a long-term LPS conservatorship on January 15 the following year. The petition was not dismissed by the court. In this scenario, counties should:

- Continue to report all data based under 3.3.10 Current CARE Status: Option 5 – Active participant (CARE agreement).
- Continue to report 3.8.2 LPS Conservatorship: Option 2 – Permanent Conservatorship for 12 Months for every reporting month in which the individual remains conserved.

## CARE participant transitions to Assisted Outpatient Treatment (AOT)

Consider a scenario where a CARE participant is dismissed from a CARE agreement or plan on April 15 and referred to mandated services under AOT. A client receiving any services and supports through the county, including mandated AOT services, following dismissal from CARE, should be tracked similarly to an elective client. Counties should report as follows:

- FIRST April submission (April 1-14):
    - Report based on 3.3.10 Current CARE Status: Option 5 – Active participant (CARE agreement) or Option 6 – Active participant (CARE plan).
- SECOND April submission (April 15):
    - Report based on 3.3.10 Current CARE Status: Option 3 – Dismissed (Ineligible but receiving services/supports as elective client)

- 3.3.11 (a) Petition Dismissal Date: Date of court dismissal.
- 3.3.11 (b) County Recommendation for Petition Dismissal: Option 5 – Client transitioned to a higher level of care (e.g., AOT) AND Option 10 – Client is ineligible for CARE.
- 3.3.11 (c) County Findings on CARE Ineligibility: Option 4 – It is unlikely that the person will benefit from participation in a CARE plan or CARE agreement.

Counties will continue to report on this individual through the completion of 12 months of active service and for 12 months of follow-up, to the extent administrative data are available.

## CARE participant's court dismissal is delayed following death

Consider a scenario where a CARE participant with a CARE agreement passes away on May 5, while in their Active Service Period, but the court may be delayed in formally dismissing the case (e.g., the judge may hold on dismissing the case until they receive a formal death certificate). In this scenario, counties are able to close-out reporting on this individual in the month they pass away, by reporting a termination, as follows:

- FIRST May submission (May 1-4):
  - Report based on 3.3.10 Current CARE Status: Option 5 – Active participant (CARE agreement).
- SECOND May submission (May 5):
  - Report based on 3.3.10 Current CARE Status: Option 7 – Dismissed/Terminated from CARE agreement/plan/county services (no longer receiving county services and supports).
    - 3.3.11 (b) County Recommendation for Petition Dismissal: Option 1 – Client death.
    - 3.3.12: Termination of Services Date: Date of death (if known) or date made aware of death
    - 3.3.13 Reason for Termination: Option 1 – Client Death.
    - 3.10.2: Date of Death: Enter if known; Can be updated once available via death certificate).
    - 3.10.3: Cause of Death: Enter if known; Can be updated once available via death certificate).

County BH may then discontinue reporting on this individual. The dismissal date, if delayed, may be updated and resubmitted once received by county BH.

## CARE Participant graduates before completing 12-months on a CARE agreement

Consider a scenario where a CARE participant, who entered into a CARE agreement in January, elects to be graduated from CARE. A hearing is held in October that year to develop a graduation plan, which is approved during the hearing.

County BH agencies should report that a hearing was held where a graduation plan was developed, as follows:

- Under 3.3.10 Current CARE Status Option 6 – Active participant (CARE plan):
    - Report the hearing occurred using 3.12.4 One-Year Status Hearing: Option 1 – Yes.
    - Report the outcome of the hearing using 3.12.5 Outcome of One-Year Status Hearing: Option 1 – CARE participant elected to be graduated.
    - Note: Counties should report 3.12.4 One-Year Status Hearing if a hearing was held to develop a graduation plan and report the outcome using 3.12.5 Outcome of One-Year Status Hearing, regardless of whether it occurs in the 11$^{th}$ month.

Additional reporting requirements for this scenario depend on whether the individual continues to receive services outside of court jurisdiction following their graduation from CARE.

If services continue outside of court jurisdiction:

- Under 3.3.10 Current CARE Status Option 8 – Graduated from CARE plan, after 12 months following a CARE agreement, or after 12 months of county services and supports:
    - Transition to reporting this individual under the CARE status for graduated for an additional two months (to complete 12 months in Active Service), plus another 12 months for the Follow-Up Period.
    - Note: Clients should be followed for a minimum of 24 months total once they enter into Active Service under a CARE plan, a CARE agreement, or as elective client.

If services do not continue:

- Under 3.3.10 Current CARE Status: Option 7 – Dismissed/Terminated from CARE agreement/plan/county services (no longer receiving county services and supports).
    - Close-out reporting on this individual by reporting the dismissal and termination of services. Counties may then discontinue reporting on this individual.