



An Advocate's Guide to Medi-Cal Services

Updated February 2026

Chapter III: Mental Health Services

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Outline of Medi-Cal Mental Health Services*

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*This is a non-exhaustive list of services. It may not include all available services.

Under federal Medicaid law, mental health services are an optional benefit for most populations.¹ However, all state Medicaid programs must provide mental health services to beneficiaries under age 21 pursuant to the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) mandate of the Medicaid Act.² In California, Medi-Cal covers mental health services through different delivery systems: 1) specialty mental health services (SMHS) are delivered by County Mental Health Plans (County MHPs); 2) non-specialty mental health services are delivered by Medi-Cal Managed Care Health Plans (MCPs); and 3) some services, such as psychotherapeutic medications, are delivered by Fee-for-Service (FFS) Medi-Cal. The Affordable Care Act (ACA) also requires MCPs to provide mental health services in compliance with the federal Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA).³ As a result, mental health services cannot be subject to limitations that are more onerous than those limitations typically imposed on physical and surgical benefits.⁴

Through the California Advancing and Innovating Medi-Cal (CalAIM) initiative, effective July 1, 2022, California implemented a No Wrong Door Policy to ensure that all Medi-Cal beneficiaries receive timely mental health services without delay regardless of the delivery system where they seek care and that beneficiaries are able to maintain treatment relationships with trusted providers without interruption.⁵ Under the No Wrong Door policy, beneficiaries may concurrently receive non-SMHS via a FFS or MCP provider and SMHS via a County MHP provider, when the services are clinically appropriate, coordinated, and not duplicative.⁶ Also, MCPs and County MHPs are required to coordinate care for Medi-Cal

ADVOCACY TIP:

✓ County MHPs, MCPs and FFS providers have different criteria for service eligibility and available providers in their networks, which can be confusing. For more complete information about County MHPs services and providers, as well as other information, look at the county's behavioral health website. MCP information should be on the plan's website or in its' handbook. You can also call the plans for more information or to obtain a copy of materials.

While MCPs and County MHPs are responsible for different services, they still have a responsibility to coordinate services between plans. These coordination obligations are spelled out in Memorandums of Understanding (MOUs) between plans.⁷ Advocates should review those MOUs when assisting clients who are receiving both specialty and non-specialty mental health services, or who are moving from one plan type to the other. The MOU should be posted on the County MHP and MCP website, and available from either plan upon request.

beneficiaries receiving SMHS through a County MHP and non-SMHS or/and physical health services through a MCP.⁸ Moreover, if beneficiaries choose to transition from one service type to another (such as from receiving SMHS to non-SMHS and vice versa), County MHPs and MCPs must facilitate care transitions and guide referrals for beneficiaries.⁹ DHCS has developed a set of statewide Screening and Transition of Care tools that took effect in 2023 to facilitate screenings and transitions care for the SMHS, Medi-Cal Managed Care, and FFS.¹⁰

A. Specialty Mental Health Services in Medi-Cal

Since 1995, California has covered Medi-Cal SMHS through a prepaid inpatient health plan (PIHP) administered by each county.¹² These PIHPs are known as County MHPs in California.

Currently, SMHS covered by all County MHPs include:¹³

- rehabilitative mental health services (which includes mental health, medication support, day treatment intensive, day rehabilitation, crisis intervention, crisis stabilization, adult residential treatment, crisis residential treatment, and psychiatric health facility services);
- inpatient mental health services;¹⁴
- targeted case management;
- psychiatrist services;
- psychologist services;
- psychiatric nursing facility services;
- peer support services; and

ADVOCACY TIP:

- ✓ MCPs cannot require prior authorization for an initial mental health assessment. Psychological services are covered services when ordered by a primary care provider (PCP), but if a PCP cannot perform the mental health assessment because it is outside of their scope of practice, they must refer the beneficiary to the appropriate mental health provider. If a recipient has fee-for-service Medi-Cal and is not enrolled in an MCP, the recipient can go to any Medi-Cal provider who accepts Medi-Cal and provides mental health services.¹¹

ADVOCACY TIP:

- ✓ Because the Title 9 regulations governing SMHS have not been updated in many years, more up-to-date information can be found in Mental Health/Substance Use Disorder Services Information Notices or other state guidance documents provided by DHCS. These important documents can be found at https://www.dhcs.ca.gov/formsandpubs/Pages/Behavioral_Health_Information_Notice.aspx.

- EPSDT services (including intensive care coordination, intensive home-based services, therapeutic behavioral services, and therapeutic foster care).

1. Specialty Mental Health Services Access for Beneficiaries over the age of 21

For individuals 21 years of age or older, a service is “medically necessary” or a “medical necessity” when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain.¹⁵ These beneficiaries are eligible for SMHS when meeting both of the following access criteria:¹⁶

- The beneficiary has one or both of the following:
 - Significant impairment, where impairment is defined as distress, disability, or dysfunction in social, occupational, or other important activities.
 - A reasonable probability of significant deterioration in an important area of life functioning.
- The beneficiary’s condition is due to either of the following:
 - A diagnosed mental health disorder, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders and the International Statistical Classification of Diseases and Related Health Problems.
 - A suspected mental disorder that has not yet been diagnosed.

Pursuant to changes adopted through CalAIM, a mental health diagnosis is not a prerequisite to access covered SMHS.¹⁷

County MHPs are required to establish and implement written policies and procedures for the authorization of SMHS (whether voluntary or involuntary) and to include the procedures for obtaining benefits (including any requirements for service authorizations or/and referrals for SMHS) in the beneficiary handbook.¹⁸ County MHPs also must disclose to beneficiaries, upon request, the utilization management or utilization review policies and procedures that the County MHP (or any entity that the County MHP contracts with) uses to authorize, modify, or deny SMHS.¹⁹

All County MHP decisions to modify or deny a treatment request shall be made by a physician or psychologist who has appropriate expertise in addressing the beneficiary’s behavioral health needs.²⁰ If a County MHP modifies, denies, or delays an authorization request, the County MHP shall notify the beneficiary in writing of the adverse benefit determination.²¹

2. Specialty Mental Health Services Access for Children and Youth Under Age 21

Consistent with the EPSDT benefit, County MHPs must use less stringent medical necessity criteria, and provide a broader array of services to beneficiaries under age 21. Specifically, consistent with federal and state law,

County MHPs must provide services when they are necessary to correct or ameliorate a child or adolescent's mental health condition.²² Furthermore, pursuant to state guidance implementing federal EPSDT and state law requirements, County MHPs are required to provide all medically necessary SMHS to any beneficiary under age 21 who meet either of the following access criteria:

Criteria 1: has a condition placing the youth at high risk for a mental health disorder due to experiencing trauma evidenced by scoring in the high-risk range under a trauma screening tool approved by the department, involvement in the child welfare system, juvenile justice involvement, or experiencing homelessness.²³

Criteria 2: (a) has "a significant impairment, a reasonable probability of significant deterioration in an important area of life functioning, a reasonable probability of not progressing developmentally as appropriate, **or** a need for SMHS regardless of the presence of an impairment, that are not included as non-SMS required to be provided by the MCP, **and** (b) has a diagnosed mental disorder, a suspected mental disorder not yet diagnosed, or a significant trauma placing the beneficiary at risk of a future mental health condition, based on the assessment of a licensed mental health professional."²⁴ A mental health diagnosis is not required, and a suspected mental health disorder that has not yet been diagnosed, or significant trauma placing the beneficiary at risk of a future mental health condition, also can be a qualifying factor.

Some SMHS under EPSDT for children and adolescents have been established through litigation, including intensive care coordination, intensive home-based services, therapeutic behavioral services, and therapeutic foster care.²⁵ In addition, County MHPs are obligated to provide any medically necessary intensive care coordination, intensive home-based services, and therapeutic behavioral services to all children and youth under the age of 21 eligible for full-scope Medi-Cal. Each County MHP must make these services available in all geographic service areas served by the County MHP and may not restrict eligibility to children who have open child welfare services cases.²⁷

ADVOCACY TIP:

- ✓ County MHPs must work to coordinate services for children who move to a different county as a result of an adoption or child welfare placement. If you are working with families of such children, make sure both the sending County MHP and the receiving County MHP are working together to ensure the child is receiving all medically necessary specialty mental health services.

When a child or youth in foster care is placed outside of their county of original jurisdiction, the provision of SMHS is governed by "presumptive

ADVOCACY TIP continued

transfer” rules.²⁸ Generally, the responsibility to provide and pay for SMHS must promptly transfer to the County MHP where the child or youth now lives. However, on a case-by-case basis, when it is in the best interest of the child or youth, presumptive transfer can be waived. This includes when the transfer would disrupt continuity of care, delay access to care, or interfere with family reunification efforts; if the new placement is expected to last less than six months or is within 30 minutes of an established SMHS provider; or if the child or youth is placed in certain out-of-county residential settings.

When there is a dispute between a County MHP and an MCP over who is responsible for providing a medically necessary mental health service, the plans must have a process for resolving such disputes and may submit a service delivery dispute to DHCS if they are unable to resolve them on their own.²⁹ Advocates can assist people to request medically necessary services during a dispute by calling either the MCP or County MHP, as set forth in the MOU, and requesting the prompt provision of services. If the MCP or County MHP fails to provide services during a dispute, advocates can assist people to file a grievance with the plan.

If there is a dispute between a hospital, provider or beneficiary, and the MCP about the need for *transportation*, the beneficiary may file a grievance or appeal with the MCP and also contact the Ombudsman’s Office: <https://www.dhcs.ca.gov/services/MH/Pages/mh-ombudsman.aspx>.

The County of Responsibility listed in MEDs, MEDSLITE, and Automated Eligibility Verification System (AEVS) file determines which county’s County MHP is responsible for providing or arranging SMHS, approving care, and paying claims for medically necessary services for beneficiaries. If there is any dispute, the county identified in the system shall provide, arrange, and pay for all eligible services, no matter where the beneficiary is located or residing, until the dispute is resolved and another County MHP is determined responsible.³⁰

General County MHP Obligations for SMHS

County MHPs must operate a utilization management program that ensures beneficiaries have appropriate access to SMHS and must follow all clinical documentation requirements for SMHS.³¹ County MHPs also must make SMHS available 24 hours a day, seven days a week, as needed to treat a beneficiary’s urgent condition.³² An urgent psychiatric condition exists when, without timely intervention, the beneficiary’s condition is “highly likely to result in an immediate emergency psychiatric condition.”³³ In addition, each County MHP is required to maintain a 24-hour toll-free telephone number with language

capabilities for all languages spoken in the county to provide general information about SMHS to beneficiaries and providers, and to facilitate authorization of urgent mental health services.³⁴

While prior authorization or County MHP referral is required for some SMHS, including intensive home-based services (IHBS), day treatment intensive, day rehabilitation, therapeutic behavioral services, and therapeutic foster care, prior authorization may NOT be required for mental health assessment services (including initial assessment), crisis intervention, crisis stabilization, targeted case management, intensive care coordination, peer support services, and medication support services.³⁵ Additionally, each County MHP is financially responsible for payment of emergency psychiatric services provided to its enrollees.³⁶ County MHPs cannot require prior authorization for emergency services.³⁷ Emergency psychiatric services are covered by the County MHP when the recipient has been admitted to a hospital or a psychiatric health facility due to either being a current danger to self or others, or unable to provide for, or utilize, food, shelter or clothing, due to a mental disorder.³⁸

County MHPs have additional obligations to certain Medi-Cal beneficiaries. For example, County MHPs are obligated to reimburse Indian Health Care Providers (IHCPs) for the provision of SMHS to all American Indian/Alaska Native (AI/AN) Medi-Cal beneficiaries, even when the IHCP is not contracted with the County MHP.³⁹ Also, each County MHP must make a good faith effort to contract with all IHCPs located in the County MHP's county and document those efforts.⁴⁰

Non-Medical Transportation and Non-Emergency Medical Transportation

Medi-Cal beneficiaries in behavioral health inpatient and residential facilities may receive transportation services, both during the stay and after discharge, and after discharge from an emergency department visit:⁴¹

- If the beneficiary is enrolled in a Medi-Cal MCP, the MCP must arrange for and provide Non-Medical transportation (NMT) or Non-emergency medical transportation (NEMT) in the following situations: (i) Transportation to medical, dental, or behavioral health appointments for all Medi-Cal services,

ADVOCACY TIP:

- ✓ Behavioral health services can be accessed by calling the County MHP Access line (available 24/7) in your county or talking to your MCP doctor or clinic. This should result in screening, assessment, eligibility determination and referral to appropriate services and providers. Additionally, emergency services should be available by visiting your hospital emergency room or calling your county crisis line. To find your county MHP Access line go to: <https://www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx>

including those not covered by the MCP contract; (ii) Transportation for transfer from general acute care hospitals or emergency departments to psychiatric facilities, including psychiatric hospitals, skilled nursing facilities, and mental health rehabilitation centers; or (iii) Transportation after discharge from an admission inpatient or residential care, whether or not the facility is an Institution for Mental Diseases, emergency visit, or an out of county facility.

- If the beneficiary is not enrolled in a MCP or is in FFS Medi-Cal and needs NEMT, the providers should have access to NEMT providers 24/7 in their area (or if none is available, access to DHCS's helpline). If the beneficiary is in FFS Medi-Cal and needs NMT, the beneficiary can either call a previously used NMT provider, access a provider from the approved NMT providers list, call NMT in nearby counties, or send a request to DHCS.⁴²

Crisis Intervention Services

Crisis intervention services are “unplanned, expedited services, to or on behalf of a beneficiary to address a condition that requires more timely response than a regularly scheduled visit.”⁴³ In addition to the “crisis intervention services,” Medi-Cal also covers “community-based mobile crisis intervention service” for all ages.⁴⁴ Mobile crisis services must be available to beneficiaries experiencing behavioral health crises 24 hours a day, 7 days a week, and 365 days a year.⁴⁵ County MHPs are required to cover crisis intervention services, including mobile crisis intervention, as part of the requirements pursuant to their contract with DHCS.⁴⁶ Crisis intervention services are also required to be provided to all beneficiaries under age 21 pursuant to the EPSDT mandate.⁴⁷

Peer Support Services

Effective July 1, 2022, Peer Support Services are an optional behavioral health Medi-Cal benefit in California.⁴⁸ Peer Support Services are a distinct service type under the SMHS System for counties that opt in to cover the service.⁴⁹ The benefit also adds Peer Support Specialists as a distinct Medi-Cal provider type. As with all Medi-Cal SMHS, the EPSDT mandate requires all County MHPs to provide medically necessary Peer Support Services to any beneficiaries under age 21, even if a County does not cover it for adults.⁵⁰ Peer support services are “culturally competent individual and group services that promote recovery, resiliency, engagement, socialization, self-sufficiency, self-advocacy, development of natural supports, and identification of strengths through structured activities such as group and individual coaching to set recovery goals and identify steps to reach the goals.”⁵¹ Services aim to prevent relapse, empower beneficiaries through strength-based coaching, support linkages to community resources, and to educate beneficiaries and their families about their conditions and the process of recovery.⁵²

Peer support services may be provided with the beneficiary or significant support person(s) and may be provided in a clinical or non-clinical setting. Peer support services can include contact with family members or other collaterals (family members or other people supporting the beneficiary) if the purpose of their participation is to focus on the treatment needs of the beneficiary by supporting the achievement of the beneficiary's treatment goals. They include the following components:⁵³

- Educational Skill Building Groups: a supportive environment in which beneficiaries and their families learn coping mechanisms and problem-solving skills;
- Engagement: encouraging and supporting beneficiaries to participate in behavioral health treatment, including supporting beneficiaries in their transitions between levels of care;
- Therapeutic Activity: a structured non-clinical activity provided to promote recovery, wellness, self-advocacy, relationship enhancement, development of natural supports, self-awareness and values, and the maintenance of community living skills.

Peer Support Specialists are individuals who have been successful in the recovery process and wish to use their lived experience to help others in similar situations. Peer Support Specialists providing Medi-Cal benefits must receive Peer Support Specialist Certification consistent with DHCS guidance and deliver the new Peer Support Services Medi-Cal benefit.⁵⁴ A county or an agency representing the county is responsible for developing, overseeing, and enforcing a peer support specialist certification program.⁵⁵ Peer Support Specialists are not required to complete any areas of specialization training, although certification programs are required to make areas of specialization training available to Peer Support Specialists.⁵⁶ Certified Peer Support Specialists must be over the age of 18.⁵⁷

Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Initiative⁵⁸

BH-CONNECT is a 5-year Initiative designed to expand evidence-based practices (EBPs) and to strengthen behavioral health guidance and principles to Medi-Cal services

statewide. In December 2024, the Centers of Medicare and Medicaid Services (CMS) approved key components of BH-CONNECT through a new Section 1115 demonstration and a series of new State Plan Amendments (SPAs).⁵⁹ Other components of BH-CONNECT leverage existing federal Medicaid authorities and state-level guidance.

ADVOCACY TIP:

- ✓ Under BH-CONNECT, services in each county may differ. To find out which services are available in your county and for a list of providers, see the county's behavior health website or plan.

One component of BH-CONNECT allows each County MHP to cover key Evidence Based Practices (EBPs) at county option. These EBPs are designed to support adult Medi-Cal beneficiaries living with significant behavioral health needs. The optional EBPs are: (1) Assertive Community Treatment (ACT); (2) Forensic ACT (FACT); (3) Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP); (4) Individual Placement and Support (IPS) Supported Employment; (5) Enhanced Community Health Worker Services; and (6) Clubhouse Services.⁶⁰

To opt-in to providing any of the above EBPs to adult Medi-Cal beneficiaries, MHPs must apply to DHCS and commit to providing the selected service(s).⁶¹ MHPs can opt to provide any combination of these adult EBP services as a bundled benefit and can add additional benefits at any time.⁶² While EBP services must already be provided to children and youth under age 21 years of age when necessary under the EPSDT mandate, DHCS is issuing guidance to support counties in implementing the following EBPs with fidelity: (1) Multi Systemic Therapy (MST); (2) Functional Family Therapy (FFT); (3) Parent-Child Interaction Therapy (PCIT); and (4) High-Fidelity Wrap Around (HFW).⁶³

To support implementation of EBPs across the state, DHCS has also contracted with Centers of Excellence (COEs) to provide training, technical assistance and fidelity monitoring support to county behavioral health delivery systems and behavioral health practitioners.⁶⁴

BH-CONNECT will also allow MHPs to bill for mental health services provided to adults during short-term stays in Institutions for Mental Disease (IMDs), larger residential treatment facilities with 16 or more beds.⁶⁵ Generally, the Medicaid Act prohibits the use of federal funding for services provided to adult beneficiaries residing in these facilities. Under BH-CONNECT, MHPs can apply for reimbursement for IMD services provided they submit an IMD Federal Financial Participation (FFP) Plan and meet the stated requirements.⁶⁶ These include providing the full suite of EBPs, only billing IMD services when medically necessary and for short-term stays, and reinvesting reimbursement in patient care and service expansion.⁶⁷

Additionally, BH-CONNECT makes available a new transitional rent benefit. This benefit provides coverage for short-term rental assistance that extends to room and board without clinical assistance for MCP enrollees experiencing or at risk of homelessness.⁶⁸ Transitional Rent will be available for up to 6 months, which may be used during different intervals or sequentially, for the entire duration of the five-year BH-CONNECT demonstration (i.e., 2025–2029).⁶⁹ The benefit joins other room-and-board Community Support services available through CalAIM (Short-Term Post-Hospitalization Housing and Recuperative Care). Together, a managed care enrollee may receive up to a maximum of 6 months of any of these 3 services during a 12-month period.

Beginning January 1, 2026, all MCPs must cover Transitional Rent for individuals who meet all of the following 3 categories:⁷⁰

1. The enrollee meets the access criteria for SMHS, DMC, or DMC-ODS;

AND

2. The enrollee is part of one of the following transitioning populations:

- **Individuals transitioning out of an institutional or congregate residential setting**, including but not limited to an inpatient hospital stay, an inpatient or residential SUD treatment facility, an inpatient or residential mental health treatment facility, or a nursing facility.
- **Individuals transitioning out of a carceral setting**, including those transitioning out of a state prison, county jail, youth correctional facility, or other state, local, or federal penal setting where they have been involuntarily held in custody through operation of law enforcement authorities.
- **Individuals transitioning out of interim housing**, including those transitioning out of transitional housing, rapid re-housing, a domestic violence shelter or domestic violence housing, a homeless shelter, or other interim housing, whether funded or administered by HUD, or at the State or local level.
- **Individuals transitioning out of recuperative care or short-term post-hospitalization housing**, whether the stay was covered by Medi-Cal managed care or another source.
- **Individuals transitioning out of foster care**: Youth having aged out of foster care up to age 26 (having been in foster care on or after their 18th birthday) either in California or in another state.
- **Individuals experiencing unsheltered homelessness**: Individuals or families with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or campground.
- **Individuals eligible for Full-Service Partnership (FSP)**: FSP is a comprehensive behavioral health program for individuals living with significant mental health and/or co-occurring substance use conditions that have demonstrated a need for intensive wraparound services.

AND

3. The enrollee is experiencing or at risk of homelessness.

Plans also have the option of offering the service to individuals with one or more of the following clinical risk factors: (1) pregnant or up to 12-months postpartum, (2) have one or more serious chronic physical health conditions, or (3) have one or more physical, intellectual, or developmental disabilities.⁷¹

Individuals must always be part of one of the transiting populations described above (criteria #2) and be experiencing or at risk of homelessness (criteria #3). These additional eligibility pathways for Transitional Rent, while currently optional, will become mandatory for managed care plans to cover no sooner than January 1, 2027.⁷²

Under BH-CONNECT, county MHPs also have the option to provide Community Transition In-Reach Services to individuals with significant behavioral health needs who are returning to the community after long-term stays in inpatient, subacute, and residential facilities, such as IMDs.⁷³ To be eligible for these services, individuals must be enrolled in Medi-Cal, be 21 years of age or older or an emancipated minor, meet the SMHS access criteria, receive care through a BHP that has elected to provide community transition in-reach services, reside in a facility that partners with the BHP to provide the services, and be experiencing or at risk of experiencing a stay of 120 days or more in a qualifying facility.⁷⁴ Community transition in-reach services will be available up to 180 days prior to the discharge date.⁷⁵

Finally, the BH-CONNECT also includes an Activity Fund benefit no sooner than January 1, 2026 that can cover the costs of certain activities and items to support the health and wellbeing of children and youth involved in child welfare.⁷⁶ The Activity Funds initiative is a key component of BH-CONNECT and a required SMHS benefit while the approved BH-CONNECT Section 1115 Demonstration waiver remains in effect. The initiative will cover some, or all, of the cost of allowable activities and specified items beyond traditional therapies to support eligible Medi-Cal enrolled children and youth under age 21 with a behavioral health condition or at high risk of a behavioral health condition who are involved in the child welfare system.⁷⁷ The MHP must ensure that eligible members are assessed as part of the standardized SMHS assessment process and that members are ultimately connected to activity providers.⁷⁸ The services and/or items provided under the Activity Funds initiative must clearly link to an assessed need established in an eligible member's clinical record and must be determined to meet the member's needs by a qualified service provider.⁷⁹

Short Term Residential Therapeutic Program (STRTP) and Psychiatric Residential Treatment Facility (PRTF) Services for Beneficiaries Under 21

Beneficiaries under 21 under may also be able to access services through the Short Term Residential Therapeutic Program (STRTP). The STRTP was established through the Continuum of Care Reform to provide SMHS to children with mental health needs within a short-term residential therapeutic setting that relies on integrated trauma-informed community care to assist in resiliency and permanency outcomes for the child.⁸⁰ Importantly, an STRTP is considered an IMD if it has 16 or more beds providing intensive mental health treatment for youth. While in those situations STRTP triggers the IMD Exclusion,

California has processes to review and sometimes allow exceptions for STRTPs to serve youth with severe mental health needs.⁸¹

A Qualified Individual Assessment must be completed any time a child or youth is placed in an STRTP to determine if the child or youth's needs may instead be met with family members, in a family home, or in one of the other approved settings.⁸² County MHPs are responsible for certifying the person completing the Qualified Individual Assessment, which should be a SMHS provider who may recommend appropriate SMHS services for the child or youth.⁸³ Family-based aftercare services must also be provided to families as a medically necessary SMHS, if all necessary federal approvals are obtained, state and federal Medi-Cal requirements are met, and federal financial participation is not jeopardized.⁸⁴

Pursuant to AB 2317 (2022), Medi-Cal beneficiaries under 21 may also access mental health services treatment at Psychiatric Residential Treatment Facilities (PRTFs).⁸⁵ PRTFs are a category of residential psychiatric facilities that have been excluded from the IMD exclusion under federal law, as long as they abide by strict federal and state requirements regarding quality of services and residents' plan of treatment and comply with regulations limiting the use of restraint and seclusion practices.⁸⁶ Individuals may access PRTF services if the services are necessary to correct or ameliorate a mental health condition.⁸⁷ AB 2317 gives DHCS the authority to license and monitor PRTFs, and the department exercised that authority by issuing interim regulations in June 2025.⁸⁸

B. Non-Specialty Mental Health Services in Medi-Cal

Since 2014, MCPs have been required to deliver non-SMHS to their enrollees. As part of the ACA, starting on January 1, 2014, California was required to provide behavioral health services, including mental health services, to the Medicaid Expansion population.⁸⁹ California elected to align the mental health benefits offered to both the traditional and expansion Medi-Cal populations, and thus provides the same scope of behavioral health services to all Medi-Cal beneficiaries.⁹⁰ For Medi-Cal beneficiaries who are not enrolled in a Medi-Cal MCP, non-specialty mental health services are delivered through FFS Medi-Cal.

To implement the alignment, California requires MCPs to cover the following mental health services:⁹¹

- Mental health evaluation and treatment (including individual, group, and family psychotherapy);
- Psychological and neurological testing, when clinically indicated to evaluate a mental health condition;
- Outpatient services for the purposes of monitoring drug therapy;
- Outpatient laboratory, drugs, supplies, and supplements;

- Psychiatric consultation; and
- Dyadic care services.

Non-SMHS are covered by the MCPs even when: 1) services are provided prior to determination of a diagnosis, during the assessment period, or prior to a determination of whether non-SMHS or SMHS access criteria are met; 2) services are not included in an individual treatment plan; 3) the members has a co-occurring substance use disorder (SUD); or 4) non-SMHS and SMHS services are already provided concurrently, as long as those services are coordinated and not duplicated.⁹² Further information on SUD can be found in Chapter IV of this Guide.

1. Non-Specialty Mental Health Services for ages 21 and over

MCPs must provide non-SMHS for members of any age with potential mental health disorders not yet diagnosed and members who are 21 years of age and older with “mild to moderate impairment of mental, emotional, or behavioral functioning.”⁹³ For this reason, the scope of services provided by the Medi-Cal plans to adult enrollees is sometimes referred to as “mild to moderate.” Non-SMHS services must be provided to beneficiaries age 21 and over when they are “reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain.”⁹⁴

Additional requirements may apply for certain conditions. For example, MCPs must cover up to 20 individual and/ or group counseling sessions for pregnant and postpartum individuals with specified risk factors for perinatal depression when sessions are delivered during the prenatal period and/or during the 12 months following childbirth.⁹⁵

2. Non-Specialty Mental Health Services for Children and Youth Under Age 21

As described above, both specialty and non-specialty mental health services must be provided under federal EPSDT obligations to beneficiaries under age 21 when they are necessary to correct or ameliorate a child’s or youth’s illness or

ADVOCACY TIP:

- ✓ Both the county MHPs and the MCPs have grievance and appeal procedures which are available if there is a dispute or complaint about services or a provider. This process should be informal and can be done orally, by calling the grievance or plan number, or in writing. See your local plan provisions for specific procedures, including where to call, any forms and timelines. You should be able to access this online or request a copy of your beneficiary handbook.

In addition, if you disagree with a service denial, termination or reduction of benefits, you have the right to file for Medi-Cal fair hearing. For more information about this process, and whether aid paid pending applies, see Chapter 1: Due Process.

condition.⁹⁶ Therefore, children and youth are entitled to non-specialty and specialty mental health services regardless of the severity of their condition.⁹⁷

MCPs have obligations to provide EPSDT screening services and non-SMHS to all members under age 21.⁹⁸ MCPs must provide psychotherapy to members under the age of 21 with specified risk factors or with persistent mental health symptoms in the absence of a mental health disorder diagnosis.⁹⁹

Effective January 2023, Medi-Cal also covers Dyadic Services for families, which are integrated physical and behavioral health screenings and services provided to the entire family based on a child's Medi-Cal eligibility, even if other family members are not eligible for Medi-Cal.¹⁰⁰ The Dyadic Services benefit will allow providers to offer family and caregiver focused services at the child's medical visits.¹⁰¹ Specific services offered to family members and caregivers through the dyadic services benefit may include screening, assessment, evaluation, and case management services, in addition to integrated behavioral health services, tobacco cessation counseling, and alcohol and/or drug use Screening, Brief Interventions and Referral to Treatment (SBIRT).¹⁰²

C. Eating Disorders Services

Eating Disorders are complex conditions that involve both physical and psychological symptoms and complications.¹⁰³ Thus, MCPs and County MHPs share joint responsibility to provide medically necessary services to Medi-Cal beneficiaries with eating disorders. While MCPs are responsible for the physical health components of eating disorder treatment and NSMHS (including comprehensive medical case management services), County MHPs are responsible for the SMHS components of eating disorder treatment (including both inpatient and outpatient).

D. Psychotherapeutic Medications

Psychotherapeutic medications in Medi-Cal are provided through the Medi-Cal Rx program.¹⁰⁴ These medications may be prescribed by either an MCP or County MHP provider, and fulfilled by a participating pharmacy.¹⁰⁵ In general, MCPs are responsible for coordinating the provision of these carved-out medications to their enrollees.¹⁰⁶ Prescribing and administration of psychotropic medications requires specific procedures and informed consent from the beneficiary or appropriate authorizing entity.¹⁰⁷

E. CalAIM Justice-Involved Initiative: Pre-Release Medi-Cal Services

The CalAIM Justice-Involved Re-Entry Initiative aims to improve access to and quality of health care for justice-involved populations as they re-enter their communities and are important for individuals with mental conditions who are involved in the criminal justice system.¹⁰⁸ In 2023, California became the first

state to receive federal approval from CMS of California's Section 1115 request to cover a package of reentry services for certain groups of incarcerated individuals 90 days prior to release (hereinafter, "pre-release Medi-Cal services"). This approval is the first to include a partial waiver of the statutory Medicaid inmate exclusion policy, which prohibits Medicaid from paying for services provided during incarceration (except for inpatient services).¹⁰⁹ Justice-involved individuals are disproportionately low-income and often have complex and/or chronic conditions, including behavioral health needs (mental health conditions and/or substance use disorder (SUD)). Reentry services aim to improve care transitions for these high-need Medi-Cal enrollees upon release and increase continuity of health coverage, prevent disruptions in care, and lead to improved health outcomes.

Pre-release Medi-Cal services are available to eligible individuals in the following correctional agencies: state prisons, county jails/detention facilities, and county youth correctional facilities.¹¹⁰ Adults who are incarcerated in these qualified facilities are eligible to receive pre-release services if they (1) the standard Medicaid eligibility criteria, and (2) experience one or more of the following health care needs: mental illness, SUD, chronic condition or significant clinical condition, intellectual or developmental disability, traumatic brain injury, HIV/AIDS, and/or be pregnant or postpartum.¹¹¹ Youth (including former foster youth under age 26) who are incarcerated are able to receive pre-release services without needing to demonstrate a particular health care need.¹¹² In addition, pursuant to the EPSDT benefit, pre-release services are available for youth under age 21 when they are necessary to correct or ameliorate a physical or behavioral health condition.¹¹³ Correctional facilities and prisons are required to screen all Medi-Cal eligible adults and youth for physical and behavioral health needs to ensure that all eligible individuals who meet the pre-release access criteria are able to receive Medi-Cal services.¹¹⁴

Pre-release Medi-Cal services include:

- **Case Management:** intended to facilitate reentry planning into the community in order to (1) support the coordination of services delivered during the pre-release period and upon reentry; (2) ensure smooth linkages to social services and supports; and (3) ensure arrangement of appointments and timely access to appropriate care and pre-release services delivered in the community.¹¹⁵ Although the care management services provided under the pre-release services are similar to Enhanced Care Management (ECM) services, these are two separate benefits due to the context the services are administered and the type of providers that may be providing these services.¹¹⁶
- **Physical and behavioral health clinical consultation services:** include targeted preventive, physical, and behavioral health clinical consultation services, such as clinical assessments, patient education, therapy and counseling, and peer support services.¹¹⁷

- **Laboratory and radiology services:** pursuant to California’s state plan, laboratory and radiology services are covered on order of a licensed practitioner except laboratory services in renal dialysis centers and community hemodialysis units.¹¹⁸
- **Medications and medication management:** pursuant to California’s state plan, coverage extends to all medications, including over-the-counter medications, in the Medi-Cal Prescription Drug Contract Drugs List, and includes access to medications that are difficult to obtain in correctional facilities and helping individuals access medications that will stabilize their chronic conditions.¹¹⁹
- **Medication-Assisted Treatment (MAT):** provided for opioid use disorder (OUD), alcohol use disorder (AUD) and non-opioid substance use disorder, along with other psychosocial services delivered in conjunction with MAT for both OUD, AUD, and non-opioid SUD.¹²⁰
- **Community Health Workers/Promotores/Representatives (CHWPR) services:** includes preventive health services to prevent disease, help control chronic conditions or infectious diseases, and other conditions that may impact health.¹²¹
- **Services provide upon release:** a minimum 30-day supply of prescribed and prescription OTC medication and durable medical equipment.¹²²

Pre-release services can be provided via telehealth or in-person.¹²³ Correctional facilities are allowed to conduct appointments by video or audio only, as clinically appropriate, and consistent with Medi-Cal’s telehealth policy.¹²⁴ DHCS requires that providers offering telehealth services to incarcerated individuals comply with the Health Insurance Portability and Accountability Act (HIPAA).¹²⁵ Pre-release services will be delivered through Medi-Cal’s FFS delivery system and all pre-release providers must enroll in Medi-Cal as an FFS provider.¹²⁶ While the targeted set of Medi-Cal pre-release services will be billed FFS, MCPs will be essential to establish a smooth transition for the individual from pre-release services into post-release (regular) Medi-Cal services upon reentry. However, this transition is only necessary if upon release the formerly incarcerated individual is enrolled into a Medi-Cal MCP.

DHCS’ launch date for the pre-release services was set for October 1, 2024.¹²⁷ DHCS anticipates a two-year implementation period that would allow correctional facilities, county partners, MCPs, and community-based organizations to better prepare for the implementation of targeted pre-release services as required by state law and CMS. DHCS maintains a website with a list of counties and their status in the justice-involved program.¹²⁸ As of the end of 2025, 22 counties are already providing pre-release services to eligible individuals. By October 1, 2026, pre-release Medi-Cal services must be implemented in every county jail, youth correctional facility, and state prison within California.¹²⁹

Endnotes

- ¹ Most mental health services are provided pursuant to the rehabilitative services option (42 U.S.C. § 1396d(a)(xvii)(13); 42 C.F.R. § 440.130(d)) or other licensed practitioner option (42 U.S.C. § 1396d(a)(xvii)(6); 42 C.F.R. 440.60). Some services may also be delivered as part of broader optional benefits, such as pharmacy benefits (42 U.S.C. §§ 1396d(a)(xvii)(12), 1396r-8; 42 C.F.R. § 440.120), or targeted case management (42 U.S.C. § 1396n(g)).
- ² 42 U.S.C. 1396d(r); CAL. WELF. & INST. CODE § 14132(v); see also Cal. Dep't Health Care Servs., All Plan Letter 14-017 (Dec. 12, 2014), <http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2014/APL14-017.pdf>; Cal. Dep't Health Care Servs., Mental Health and Substance Use Disorder Services Information Notice No. 16-061 (Dec. 9, 2016), https://www.dhcs.ca.gov/formsandpubs/Documents/MHSUDS%20Information%20Notices/MHSUDS_16-061.pdf [hereinafter Mental Health and Substance Use Disorder Services Information Notice No. 16-061].
- ³ For the requirement to comply with parity with regards to Medicaid MCPs, see 42 U.S.C. § 1396u-2(b)(8). See also 42 C.F.R. §§ 438.900–438.930.
- ⁴ 42 U.S.C. § 300gg-26.
- ⁵ CAL. WELF. & INST. CODE § 14184.402(f)(1). Cal. Dep't Health Care Servs., CalAIM, <https://www.dhcs.ca.gov/calaim> (last visited Feb. 17, 2026); see also Cal. Dep't Health Care Servs., Behavioral Health Information Notice No. 22-011 (Mar. 31, 2022), <https://www.dhcs.ca.gov/Documents/BHIN-22-011-No-Wrong-Door-for-Mental-Health-Services-Policy.pdf>; see also Cal. Dep't Health Care Servs., All Plan Letter 22-005 (Mar. 30, 2022), <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-005.pdf> [hereinafter All Plan Letter 22-005]; and Cal. Dep't Health Care Servs., Behavioral Health Information Notice No. 21-073 at 5 (Dec. 10, 2021), <https://www.dhcs.ca.gov/Documents/BHIN-21-073-Criteria-for-Beneficiary-to-Specialty-MHS-Medical-Necessity-and-Other-Coverage-Req.pdf> [hereinafter Behavioral Health Information Notice No. 21-073].
- ⁶ All Plan Letter 22-005, *supra* note 5.
- ⁷ MCPs are required to provide medical case management and cover all medically necessary Medi-Cal covered physical health care services for beneficiaries receiving SMHS through MHPs. Cal. Dep't Health Care Servs., All Plan Letter 22-006 (Apr. 8, 2022), <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-006.pdf> [hereinafter All Plan Letter 22-006].
- ⁸ *Id.*

- ⁹ See generally Cal. Dep’t Health Care Servs., Screening and Transition of Care Tools for Medi-Cal Mental Health Services, <https://www.dhcs.ca.gov/Pages/Screening-and-Transition-of-Care-Tools-for-Medi-Cal-Mental-Health-Services.aspx> (last visited Feb. 17, 2026); see also Cal. Dep’t Health Care Servs., All Plan Letter 25-010 (June 3, 2025), <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL%202025/APL25-010.pdf> [hereinafter Behavioral Health Information Notice No. 25-010]; Cal. Dep’t Health Care Servs., Behavioral Health Information Notice No. 25-020 (June 3, 2025), <https://www.dhcs.ca.gov/Documents/BHIN-25-020-Adult-and-Youth-STTs-for-Medi-Cal-Mental-Health-Services.pdf>.
- ¹⁰ See CAL. CODE REGS. tit. 9, § 1810.370; Cal. Dep’t Health Care Servs., All Plan Letter 18-015 (Sept. 19, 2018), <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-015.pdf>.
- ¹¹ Kim Lewis & Rachel Velcoff Hults, Nat’l Health Law Prog. and Nat’l Center for Youth Law, *Medi-Cal Family Therapy Benefit* (2022), https://healthlaw.org/wp-content/uploads/2022/04/Medi-Cal-Family-Therapy-Benefit_for-publication.pdf.
- ¹² The PIHP model was phased in between 1995 and 1998 as part of a Medicaid Waiver, known as a 1915b “Freedom of Choice” Waiver (“1915b Waiver”), which allowed the State to require beneficiaries to receive covered mental health services through one plan per county. See Sarah Arnquist & Peter Harbage, Cal. Health Care Found., *A Complex Case: Public Mental Health Delivery and Financing in California 15-18* (2013), <https://www.chcf.org/wp-content/uploads/2017/12/PDF-ComplexCaseMentalHealth.pdf> (describing this history). California most recently renewed its 1915(b) waiver for a five-year period starting on January 1, 2022. CMS, Approval Letter for California Advancing & Innovating Medi-Cal Section 1915(b) Waiver (Dec. 29, 2021), <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ca-calaim-ca-17-appvl-ltr.pdf> [hereinafter Approval Letter for CalAIM Section 1915(b) Waiver]; CMS, Special Terms and Conditions for California Advancing & Innovating Medi-Cal Section 1915(b) Waiver (2021), <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ca-calaim-ca-17-stc.pdf>.
- ¹³ CAL. CODE REGS. tit. 9, § 1810.247; see also Cal. Dep’t Health Care Servs., Mental Health and Substance Use Disorder Services Information Notice No. 18-054, Enclosure 1, at 3 (Nov. 2 2018), https://www.dhcs.ca.gov/services/MH/Documents/Information%20Notices/IN-18-054_Annual_Review_Protocol/Enclosure_1-Annual_Review_Protocol_for_SMHS_and_Other_Funded_%20Programs_FY_18-19.pdf [hereinafter Mental Health and Substance Use Disorder Services Information Notice No. 18-054]; Cal. Dep’t Health Care Servs., All Plan Letter 17-018 (Oct. 17, 2017), <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2017/APL17-018.pdf> [hereinafter All Plan Letter 17-018]. See also Cal. Dep’t Health Care Servs., Peer Support Services, <https://www.dhcs.ca.gov/services/Pages/Peer-Support-Services.aspx> (last visited Feb. 17, 2026) [hereinafter Peer Support Services].

- ¹⁴ MHPs cover the following inpatient specialty mental health services: acute psychiatric inpatient hospital services, psychiatric health facility services, and psychiatric inpatient hospital professional services. CAL. CODE REGS. tit. 9, §§ 1810.201, .237, .237.1, .238, .239, .345, .350. See also Cal. Dep't Health Care Servs., Mental Health and Substance Use Disorder Services Information Notice No. 18-008 (Feb. 7, 2018), https://www.dhcs.ca.gov/services/MH/Documents/FMORB/MHSUDS_Information_Notice_18-008-IMD-FINAL.pdf. In general, MHPs only provide inpatient care in hospitals that participate in FFS Medi-Cal. See CAL. CODE REGS. tit. 9, § 1820.100(a); see also All Plan Letter 17-018, *supra* note 13, at 10. Starting in 2025, County MHPs may opt-in to provide services in an Institution for Mental Disease (IMD) for up to 60 days if they offer certain community-based services. See Logan Kelly, Ctr. Health Care Strategies, *How California's 1115 Demonstration, BH-CONNECT, Will Impact Behavioral Health Care for Medi-Cal Members 2-3* (2025), <https://www.chcs.org/media/How-Californias-1115-Demonstration-BH-CONNECT-Will-Impact-Behavioral-Health-Care-for-Medi-Cal-Members.pdf>.
- ¹⁵ CAL. WELF. & INST. CODE § 14184.402(a).
- ¹⁶ CAL. WELF. & INST. CODE § 14184.402(c); Behavioral Health Information Notice No. 21-073, *supra* note 5, at 3.
- ¹⁷ CAL. WELF. & INST. CODE § 14184.402(f)(1)(A). See also Behavioral Health Information Notice No. 21-073, *supra* note 5, at 6.
- ¹⁸ Cal. Dep't Health Care Servs., Behavioral Health Information Notice No. 22-017 at 4–5 (Apr. 15, 2022), <https://www.dhcs.ca.gov/Documents/BHIN-22-017-Concurrent-Review-Standards-and-Updated-Criteria-for-Psychiatric-Inpatient-Hospital.pdf>.
- ¹⁹ *Id.* at 5.
- ²⁰ *Id.* at 9.
- ²¹ See CAL WELF. & INST. CODE §§ 10950(g), 14197.3; see also Cal. Dep't Health Care Servs., Behavioral Health Information Notice No. 25-014 (Apr. 24, 2025), <https://www.dhcs.ca.gov/Documents/BHIN-25-014-Mental-Health-Plan-and-Drug-Medi-Cal-Organized-Delivery-System-Plan-Grievance-and-Appeal-Requirements-with-Revised-Member-Notice-Templates.pdf>. For more information about the notice and appeal requirements, see Abbi Coursolle, Nat'l Health L. Prog., *Internal and External Review: Medi-Cal Managed Care Plans* (2025 ed.), <https://healthlaw.org/resource/internal-and-external-review-medi-cal-managed-care-plans-managed-care-in-california-series-issue-no-4-revised-october-2019/>.
- ²² 42 U.S.C. § 1396d(r)(5); CAL WELF. & INST. CODE §§ 14059.5(a), 14184.402(a). See also Behavioral Health Information Notice No. 21-073, *supra* note 5, at 3.
- ²³ Behavioral Health Information Notice No. 21-073, *supra* note 5, at 4.
- ²⁴ *Id.*

- ²⁵ See generally Cal. Dep't Health Care Servs., *Medi-Cal Manual: For Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries* (3d. ed. 2018), https://www.dhcs.ca.gov/Documents/ChildrensMHContentFlaggedForRemoval/Manuals/Medi-Cal_Manual_Third_Edition.pdf; see also Cal. Dep't Health Care Servs., Behavioral Health Information Notice No. 21-058 (Sept. 17, 2021), <https://www.dhcs.ca.gov/Documents/BHIN-21-058-Claiming-for-Intensive-Care-Coordination.pdf> [hereinafter Behavioral Health Information Notice No. 21-058] (describing requirements for intensive care coordination, intensive home-based services, and therapeutic foster care services); For more information about the EPSDT requirements, see Chapter VIII of this Guide on Children's Health Services.
- ²⁶ See generally Behavioral Health Information Notice No. 21-058, *supra* note 25.
- ²⁷ *Id.* at 2.
- ²⁸ See CAL. WELF. & INST. CODE §§ 14717.1, 14717.2; Cal. Dep't Soc. Servs. & Cal. Dep't Health Care Servs., All County Letter No. 17-77 / Mental Health and Substance Use Disorder Information Notice No. 17-032 (July 14, 2017), <https://www.cdss.ca.gov/Portals/9/ACL/2017/17-77.pdf>; Cal. Dep't Soc. Servs. & Cal. Dep't Health Care Servs., All County Letter No. 18-60 / Mental Health and Substance Use Disorder Information Notice No. 18-027 (June 22, 2018), <https://www.cdss.ca.gov/Portals/9/ACL/2018/18-60.pdf>; Cal. Dep't Health Care Servs. & Cal. Dep't Soc. Servs., All County Letter No. 24-43 / Behavioral Health Information Notice No. 24-045 (June 28, 2024), <https://www.dhcs.ca.gov/Documents/BHIN%2024-025-ACL%2024-43%20Presumptive%20Transfer%20Policy.pdf>.
- ²⁹ Dispute Resolution Process Guidance to MHPs is provided in the Behavioral Health Information Notice, and guidance to MCPs is provided in the All Plan Letter. See Cal. Dep't Health Care Servs., Behavioral Health Information Notice No. 21-034 (Oct. 4, 2021), <https://www.dhcs.ca.gov/Documents/BHIN-21-034-Dispute-Resolution-Process-Between-MHPs-and-MCPs.pdf>; see Cal. Dep't Health Care Servs., All Plan Letter 21-013 (Oct. 4, 2021), <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2021/APL21-013.pdf>.
- ³⁰ Cal. Dep't Health Care Servs., Behavioral Health Information Notice No. 24-008 at 5 (Feb. 8, 2024), <https://www.dhcs.ca.gov/Documents/BHIN-24-008-County-of-Responsibility-and-Reimbursement-for-SMHS-DMC-and-DMC-ODS.pdf>.
- ³¹ CAL. CODE REGS. tit. 9 § 1810.440(b); 42 C.F.R., § 438.210, subd. (b)(1), (b)(2); The clinical documentation requirements took effect on July 1, 2022 and applies to all SMHS, DMC, and DMC-ODS services. CAL WELF. & INST. CODE § 14184.402; Cal. Dep't Health Care Servs., Behavioral Health Information Notice No. 23-068 (Nov. 20, 2023), <https://www.dhcs.ca.gov/Documents/BHIN-23-068-Documentation-Requirements-for-SMH-DMC-and-DMC-ODS-Services.pdf>.
- ³² CAL. CODE REGS. tit. 9, § 1810.405(c); Mental Health and Substance Use Disorder Services Information Notice No. 18-054, *supra* note 13, at 4.

- ³³ CAL. CODE REGS. tit. 9, § 1810.253.
- ³⁴ CAL. CODE REGS. tit. 9, § 1810.405(d).
- ³⁵ Cal. Dep't Health Care Servs., Behavioral Health Information Notice No. 22-016 (Apr. 15, 2022), <https://www.dhcs.ca.gov/Documents/BHIN-22-016-Authorization-of-Outpatient-Specialty-Mental-Health-Services.pdf>.
- ³⁶ 42 C.F.R. § 438.114(b); Cal. Dep't Mental Health, DMH Letter 03-08 (Dec. 2, 2003), <https://www.dhcs.ca.gov/formsandpubs/MHArchiveLtrs/MH-Ltr03-08.pdf>.
- ³⁷ CAL. CODE REGS. tit. 9, § 1820.220(l)(2); Cal. Dep't Health Care Servs., Mental Health and Substance Use Disorder Services Information Notice No. 19-026 (May 31, 2019), https://www.dhcs.ca.gov/services/MH/Documents/FMORB/MHSUDS_IN_19-026_Authorization_of_SMHS.pdf [hereinafter Mental Health and Substance Use Disorder Services Information Notice No. 19-026]
- ³⁸ CAL. CODE REGS. tit. 9, §§ 1820.225(b), 1820.200(d); see also Mental Health and Substance Use Disorder Services Information Notice No. 19-026, *supra* note 37, at 8; Mental Health and Substance Use Disorder Services Information Notice No. 18-054, *supra* note 13, Enclosure 1, at 3.
- ³⁹ 42 C.F.R. § 438.14(b); see also Cal. Dep't Health Care Servs., Behavioral Health Information Notice No. 22-020 (Apr. 27, 2022), <https://www.dhcs.ca.gov/Documents/BHIN-22-020-County-Mental-Health-Plan-Obligations-Related-to-Indian-Health-Care-Providers.pdf>.
- ⁴⁰ *Id.*
- ⁴¹ Non-medical transportation (NMT) is for beneficiaries who do not need medical assistance during transit and non-emergency medical transportation (NEMT) is for when the beneficiary's medical and physical condition is such that transport by ordinary means of public or private conveyance is medically contraindicated. See Cal. Dep't Health Care Servs., Behavioral Health Information Notice No. 22-031 (May 23, 2022), <https://www.dhcs.ca.gov/Documents/BHIN-22-031-Transportation-for-Beneficiaries-Receiving-BH-Residential-Inpatient-or-Emergency-Department-Services.pdf>.
- ⁴² *Id.*
- ⁴³ Cal. Dep't Health Care Servs., State Plan Amendment Request # 22-0043 (Oct. 24, 2022), <https://www.dhcs.ca.gov/Documents/SPA-22-0043-Pending-Redacted.pdf>.
- ⁴⁴ Cal. Dep't Health Care Servs., Mobile Crisis Services, <https://www.dhcs.ca.gov/Pages/CalAIM-Mobile-Crisis-Services-Initiative.aspx> (last visited Feb. 17, 2026). See also Cal. Dep't Health Care Servs., Behavioral Health Information Notice 23-025 (June 19, 2023) <https://www.dhcs.ca.gov/Documents/BHIN-23-025-Medi-Cal-Mobile-Crisis-Services-Benefit-Implementation.pdf> [hereinafter Behavioral Health Information Notice No. 23-025].
- ⁴⁵ Behavioral Health Information Notice No. 23-025, *supra* note 44, at 4.

- ⁴⁶ Cal. Dep't Health Care Servs., *Mental Health Plan Boilerplate Contract*, Exhibit A, Attachment 2 (2025-26), <https://www.dhcs.ca.gov/services/MH/Documents/Mental-Health-Plan-Contract-2025-2026.pdf>.
- ⁴⁷ DHCS has received federal approval to for its new “community-based mobile crisis intervention” Medi-Cal benefit pursuant to Section 9813 of the American Rescue Plan Act of 2021 (ARPA). See 42 U.S.C. § 1396w-6. See also CMS, Approval Letter for Cal. State Plan Amendment # 22-0043 (July 20, 2023), <https://www.dhcs.ca.gov/formsandpubs/laws/Documents/SPA-22-0043-Approval.pdf>. To receive federal matching funding under the ARPA, the community-based mobile crisis service must meet all of the qualifying requirements, such as 24/7, multi-disciplinary, mobile, and not taking place in a hospital or other facility settings. 42 U.S.C. § 1396w-6(b). See also Behavioral Health Information Notice No. 23-025, *supra* note 44, at 4.
- ⁴⁸ CAL WELF. & INST. CODE § 14045.14; See also Cal. Dep't Health Care Servs., Behavioral Health Information Notice No. 22-018 (Apr. 21, 2022), https://www.dhcs.ca.gov/Documents/CSD_YV/BHIN/BHIN-22-018.pdf; see also Cal. Dep't Health Care Servs., Medi-Cal Peer Support Specialist Certification Program Implementation (July 22, 2021), https://www.dhcs.ca.gov/Documents/CSD_BL/BHIN-21-041.pdf.
- ⁴⁹ See Peer Support Services, *supra* note 13. The service is also available for people with substance use disorders in Drug Medi-Cal (DMC) and Drug Medi-Cal Organized Delivery System (DMC-ODS) programs in participating counties. See Cal. Dep't Health Care Servs., Behavioral Health Information Notice No. 22-026 (May 6, 2022), <https://www.dhcs.ca.gov/Documents/BHIN-22-026-Drug-Medi-Cal-Drug-Medi-Cal-Organized-Delivery-System-SMHS-Peer-Support-Services.pdf> [hereinafter Behavioral Health Information Notice No. 22-026].
- ⁵⁰ Behavioral Health Information Notice No. 22-026, *supra* note 49, at 3.
- ⁵¹ *Id.* at 2.
- ⁵² *Id.*
- ⁵³ *Id.* at 3.
- ⁵⁴ Cal. Dep't Health Care Servs., *Peer Support Specialists- FAQs* (Feb. 10, 2021), https://www.dhcs.ca.gov/Documents/CSD_KS/Peer%20Support/FAQ-Peer-Support-Specialists.pdf [hereinafter *Peer Support Specialists- FAQs*]. See also Behavioral Health Information Notice No. 25-010, *supra* note 9.
- ⁵⁵ *Peer Support Specialists- FAQs*, *supra* note 54, at 1.
- ⁵⁶ Specializations may include: (1) Parent, Caregiver, Family Member, (2) Working with Persons who are unhoused, (3) Working with Persons who are Involved in the Criminal Justice System, and (4) Working with Person who are in Crisis. Cal. Dep't Health Care Servs., *Peer Support Specialists: Areas of Specialization* (June 14, 2022), https://www.dhcs.ca.gov/Documents/CSD_BL/Peer-Support-Services/Peers-Areas-of-Specialization-webinar-06-14-22.pptx.

⁵⁷ *Id.*

⁵⁸ For in-depth information about the services available under the BH-CONNECT initiative, see Héctor Hernández-Delgado & Carly Myers, Nat'l Health Law Prog., *Advocates Guide to the BH-CONNECT Initiative: Services* (Feb. 2026), <https://healthlaw.org/resource/advocates-guide-to-the-bh-connect-initiative-services/>.

⁵⁹ Cal. Dep't Health Care Servs., Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Initiative, <https://www.dhcs.ca.gov/CalAIM/Pages/BH-CONNECT.aspx> (last visited Feb. 11, 2026); CMS, Approval Letter for California's Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Section 1115 Demonstration (Dec. 16, 2024), <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ca-bh-connect-ca-12162024.pdf> [hereinafter BH-CONNECT Approval Letter]; CMS, Approval Letter for California State Plan Amendment 24-0042 (Dec. 19, 2024), <https://www.dhcs.ca.gov/SPA/Documents/SPA-24-0042-Approval.pdf>; CMS, Approval Letter for California State Plan Amendment 24-0051 (Dec. 18, 2024), <https://www.dhcs.ca.gov/SPA/Documents/SPA-24-0051-Approval.pdf>; CMS, Approval Letter for California State Plan Amendment 24-0052 (Dec. 16, 2024), <https://www.dhcs.ca.gov/Documents/Approval-CA-24-0052-SPA-Redacted.pdf>; CMS, Approval Letter for California State Plan Amendment 22-0001 (July 26, 2022), <https://www.dhcs.ca.gov/formsandpubs/laws/Documents/SPA-22-0001-Approval.pdf> [hereinafter Approval Letter for SPA # 22-0001].

⁶⁰ For more in-depth information about these EBPs, see Cal. Dep't Health Care Servs., Adult Evidence-Based Practices, <https://www.dhcs.ca.gov/CalAIM/Pages/Adult-Evidence-Based-Practices.aspx> (last visited Feb. 17, 2026). See also Cal. Dep't Health Care Servs., *BH-CONNECT Evidence-Based Practice Policy Guide*, <https://www.dhcs.ca.gov/Documents/EBP-Policy-Guide.pdf>; Cal. Dep't Health Care Servs., Behavioral Health Information Notice No. 25-009 at 2 (Apr. 11, 2025), <https://www.dhcs.ca.gov/Documents/BHIN-25-009-Coverage-of-BH-CONNECT-Evidence-Based-Practices.pdf>.

⁶¹ See Cal. Dep't Health Care Servs., Opt-In to BH-CONNECT, <https://www.dhcs.ca.gov/CalAIM/Pages/Opt-in-to-BH-CONNECT.aspx> (last visited Feb. 17, 2026) [hereinafter Opt-In to BH-CONNECT].

⁶² *Id.*

⁶³ For more in-depth information about these ECPs, see Cal. Dep't Health Care Servs., Children and Youth Evidence-Based Practices, <https://www.dhcs.ca.gov/CalAIM/Pages/Children-and-Youth-Evidence-Based-Practices.aspx> (last visited Feb. 11, 2026). At some point in 2026, DHCS will be issuing guidance to support counties in implementing these EBPs for children with fidelity.

⁶⁴ Cal. Dep't Health Care Servs., Centers for Excellence, <https://www.dhcs.ca.gov/CalAIM/Pages/Centers-of-Excellence.aspx> (last visited Feb. 11, 2026).

- ⁶⁵ BH-CONNECT Approval Letter, *supra* note 59, at 4–5.
- ⁶⁶ Opt-In to BH-CONNECT, *supra* note 61. See also Cal. Dep’t Health Care Servs., Behavioral Health Information Notice No. 25-011 (Apr. 11, 2025), <https://www.dhcs.ca.gov/Documents/BHIN-25-011-BH-CONNECT-Option-to-Receive-FFP-for-SMHS-in-IMDs.pdf> [hereinafter Behavioral health Information Notice No. 25-011].
- ⁶⁷ Behavioral health Information Notice No. 25-011, *supra* note 66, at 3.
- ⁶⁸ BH-CONNECT Approval Letter, *supra* note 59, at 6–7; DHCS, Community Supports Policy Guide Volume 2 at 24–42 (Apr. 2025), <https://www.dhcs.ca.gov/Documents/MCQMD/DHCS-Community-Supports-Policy-Guide-Volume-2.pdf> [hereinafter CS Policy Guide Vol. 2].
- ⁶⁹ CS Policy Guide Vol. 2, *supra* note 68, at 57.
- ⁷⁰ *Id.* 57–61.
- ⁷¹ *Id.* 61–63.
- ⁷² BH-CONNECT Approval Letter, *supra* note 59, at 52, Special Terms and Conditions.
- ⁷³ *Id.* at 5; Cal. Dep’t Health Care Servs., Behavioral Health Information Notice No. 25-041 at 2–3 (Nov. 25, 2025), <https://www.dhcs.ca.gov/Documents/BHIN-25-041-Community-Transition-In-Reach-Services.pdf> [hereinafter Behavioral Health Information Notice No. 25-041].
- ⁷⁴ Behavioral Health Information Notice No. 25-041, *supra* note 73, at 3–4.
- ⁷⁵ *Id.* at 8.
- ⁷⁶ See Cal. Dep’t Health Care Servs., Behavioral Health Information Notice No. 25-037 (Nov. 21, 2025), <https://www.dhcs.ca.gov/Documents/Final-Activity-Funds-BHIN-25-037.pdf>.
- ⁷⁷ *Id.* at 2.
- ⁷⁸ *Id.* at 3–4.
- ⁷⁹ *Id.* at 3.
- ⁸⁰ Cal. Dep’t Health Care Servs., Behavioral Health Information Notice No. 21-060 at 3 (Sept. 30, 2021), <https://www.dhcs.ca.gov/Documents/BHIN-21-060-ACIN-21-113-FFPSA-QI-ACL.pdf>.
- ⁸¹ See Cal. Dep’t Health Care Servs., STRTP Frequently Asked Questions (Dec. 2022), <https://www.dhcs.ca.gov/provgovpart/Documents/STRTP-IMD-FAQ.pdf>; For a current list of IMDs, see Cal. Dep’t Health Care Servs., Institutions for Mental Diseases List, <https://www.dhcs.ca.gov/services/MH/Pages/IMD-List.aspx> (last visited Feb. 12, 2026).
- ⁸² *Id.* at 5.
- ⁸³ Behavioral Health Information Notice No. 21-058, *supra* note 25, at 6.
- ⁸⁴ *Id.*; see also Cal. Dep’t Health Care Servs. and Dep’t Social Servs., FFPSA Part IV Aftercare Requirements (Sept. 30, 2021), <https://www.dhcs.ca.gov/Documents/>

[BHIN-21-061-CDSS-DHCS-FFPSA-Aftercare-Letter.pdf](#).

⁸⁵ AB 2317 (Ramos, 2022), https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB2317.

⁸⁶ 42 U.S.C. § 1396d(a)(16)(A); 42 C.F.R. § 483.354.

⁸⁷ See Cal. Dep't Health Care Servs., Behavioral Health Information Notice No. 25-024 (June 23, 2025), <https://www.dhcs.ca.gov/provgovpart/Documents/BHIN-25-024-Interim-Regulations-for-Licensure-of-PRTF.pdf>.

⁸⁸ Cal. Dep't Health Care Servs., Psychiatric Residential Treatment Facility: Interim Regulations (June 2025), <https://www.dhcs.ca.gov/provgovpart/Documents/PRTF-Interim-Regulations.pdf>. For more information on PRTFs, including a list of licensed facilities, see Cal. Dep't Health Care Servs., Licensed Facilities, <https://www.dhcs.ca.gov/Pages/Licensed-Facilities.aspx> (last visited Feb. 12, 2026).

⁸⁹ 42 U.S.C. §§ 1396a(k)(1), 1396u-7(b)(5) (benefits for expansion population must include essential health benefits and behavioral health services are an essential health benefit per 42 U.S.C. § 18022(b)(1)(E)); see also Michelle Lilienfeld, Nat'l Health Law Prog., *Alternative Benefit Plans for the Medicaid Expansion Population* (2014), <https://healthlaw.org/resource/alternative-benefit-plans-for-the-medicaid-expansion-population>.

⁹⁰ CMS, Approval Letter for Cal. State Plan Amendment # 13-035 (Mar. 28, 2014), <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/CA/CA-13-035.pdf>; see also Lilienfeld, *supra* note 89, at 2-3 (discussing benefit alignment).

⁹¹ All Plan Letter 17-018, *supra* note 13, at 4; Behavioral Health Information Notice No. 21-073, *supra* note 5, at 6. See also Cal. Dep't Health Care Servs., *Medi-Cal Provider Manual: Non-Specialty Mental Health Services: Psychiatric and Psychological Services* (Dec. 2021), <https://tinyurl.com/5ymn5c3h>; These services are also covered in fee-for-service for beneficiaries who are not enrolled in a Medi-Cal plan. See CAL. WELF. & INST. CODE § 14132.03.

⁹² All Plan Letter 22-006, *supra* note 7, at 4.

⁹³ *Id.* at 4.

⁹⁴ CAL. WELF. & INST. CODE § 14059.5(a).

⁹⁵ Cal. Dep't Health Care Servs., All Plan Letter 22-006, *supra* note 7, at 4.

⁹⁶ 42 U.S.C. § 1396d(r)(5); CAL WELF. & INST. CODE §§ 14059.5(a), 14184.402(a). See also Cal. Dep't Health Care Servs., Behavioral Health Information Notice No. 21-073, *supra* note 5, at 3.

⁹⁷ Behavioral Health Information Notice No. 21-073, *supra* note 5, at 7.

⁹⁸ Cal. Dep't Health Care Servs., All Plan Letter 23-005 (Mar. 16, 2023), <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-005.pdf>.

- ⁹⁹ All Plan Letter 22-006, *supra* note 7, at 4.
- ¹⁰⁰ CAL. WELF. & INST. CODE § 14132.755; see also Cal. Dep’t Health Care Servs., *Medi-Cal Strategy to Support Health and Opportunity for Children and Families* (Mar. 2022), <https://www.dhcs.ca.gov/Documents/DHCS-Medi-Cal%27s-Strategy-to-Support-Health-and-Opportunity-for-Children-and-Families.pdf>; Cal. Dep’t Health Care Servs., Frequently Asked Questions (FAQs) for Medi-Cal Dyadic Services, <https://www.dhcs.ca.gov/provgovpart/Pages/Dyadic-Services-FAQ.aspx> (last visited Feb. 11, 2026).
- ¹⁰¹ CAL. WELF. & INST. CODE § 14132.755(b).
- ¹⁰² *Id.* For a more in-depth description of Medi-Cal dyadic services, see T. Nancy Lam, Nat’l Health Law Prog. Medi-Cal Dyadic Services (Feb. 2023), https://healthlaw.org/wp-content/uploads/2023/02/Dyadic-Services-Factsheet-Advocates_2.8.23-3.pdf.
- ¹⁰³ Cal. Dep’t Health Care Servs., All Plan Letter 22-003 (Mar. 17, 2022), <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL-22-003.pdf>; see also Cal. Dep’t Health Care Servs., Behavioral Health Information Notice No. 22-009 (Mar. 16, 2022), <https://www.dhcs.ca.gov/Documents/BHIN-22-009-Eating-Disorders.pdf>.
- ¹⁰⁴ See Chapter II of this Guide for more information about Medi-Cal Rx.
- ¹⁰⁵ See Cal. Dep’t Health Care Servs., *Medi-Cal Rx Provider Manual* § 2.1 (2026), https://medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/provider/forms-and-information/manuals/Medi-Cal_Rx_Provider_Manual.pdf.
- ¹⁰⁶ See Cal. Dep’t Health Care Servs., All Plan Letter 25-013 at 3-4, (Sept. 18, 2025), <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL%202025/APL25-013.pdf>.
- ¹⁰⁷ *Id.* at 22; see generally Cal. Dep’t Health Care Servs., Mental Health and Substance Use Disorder Services Information Notice No. 17-040 (Aug. 24, 2017), https://www.dhcs.ca.gov/services/MH/Documents/Information%20Notices/IN_17-040_MHSUDS_Chart_Documentation_Information_Notice.pdf.
- ¹⁰⁸ Cal. Dep’t Health Care Servs., *Transformation of Medi-Cal: Justice Involved*, <https://www.dhcs.ca.gov/CalAIM/Documents/CalAIM-JI-a11y.pdf> (last visited Feb. 12, 2026). See also Cal. Dep’t Health Care Servs., DHCS Justice-Involved Waiver Stakeholder Toolkit, <https://www.dhcs.ca.gov/CalAIM/Pages/JI-Stakeholder-Toolkit.aspx> (last visited Feb. 12, 2026).
- ¹⁰⁹ CAL. WELF. & INST. CODE § 14184.402. See CMS, Approval Letter for California Advancing and Innovating Medi-Cal (CalAIM) Reentry Demonstration Initiative Amendment (Jan. 26, 2023), <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ca-calaim-cal.pdf>.

- ¹¹⁰ Cal. Dep't Health Care Servs., *Policy and Operational Guide for Planning and Implementing the CalAIM Justice-Involved Initiative* at 62–66 (Oct. 2023), <https://www.dhcs.ca.gov/provgovpart/pharmacy/Documents/CalAIM-JI-Policy-and-Operations-Guide-FINAL-October-2023-updated.pdf> [hereinafter, *CalAIM Justice-Involved Initiative Policy Guide*]. Individuals residing in low-security institutions, which include g camps and two honor farms, are deemed “inmates” and do not have the freedom of movement, therefore pre-release services will be available to individuals confined in these facilities. *Id.* at 61.
- ¹¹¹ *Id.* at 62–66.
- ¹¹² *Id.* at 63. Under the federal SUPPORT Act and CMS guidance, California requires counties to implement unlimited suspension for individuals under age 21 who were incarcerated prior to January 1, 2023. See CMS, Dear State Medicaid Director Letter (Jan. 19, 2021) (SMD # 21-002) (guidance on Implementation of At-Risk Youth Medicaid Protections for Inmates of Public Institutions (Section 1001 of the SUPPORT Act)), <https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/smd21002.pdf>. See also *CalAIM Justice-Involved Initiative Policy Guide*, *supra* note 110, at 16, FN 19.
- ¹¹³ 42 U.S.C. § 1396d(r)(5); CAL. WELF. & INST. CODE § 14059.5(b)(1).
- ¹¹⁴ *CalAIM Justice-Involved Initiative Policy Guide*, *supra* note 110, at 67–72.
- ¹¹⁵ *Id.* at 75–76.
- ¹¹⁶ *Id.* at 93–107.
- ¹¹⁷ *Id.* at 108–110. For more information about coordination services to which Medi-Cal beneficiaries are entitled, see Chapter 11 of this Guide on Care Coordination.
- ¹¹⁸ *CalAIM Justice-Involved Initiative Policy Guide*, *supra* note 110, at 77; Cal. Dep't Health Care Servs., Cal. State Plan Chart, Limitations on Attachment 3.1-A 4, <https://www.dhcs.ca.gov/SPA/Documents/Limitations-to-Attachment-3-1-A.pdf>.
- ¹¹⁹ Cal. Dep't Health Care Servs., Medi-Cal Rx Contract Drugs List (2026), https://medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/provider/forms-and-information/cdl/Medi-Cal_Rx_Contract_Drugs_List_FINAL.pdf; See also Cal. Dep't Health Care Servs., Medi-Cal Rx Contract Drugs List – Over-the-Counter Drugs and Cold/Cough Preparations (2026), https://medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/provider/forms-and-information/cdl/Medi-Cal_Rx_Contract_Drugs_List_OTC_FINAL.pdf. Cal. Dep't Health Care Servs., Cal. State Plan Chart, Limitations on Attachment 3.1-A 17, <https://www.dhcs.ca.gov/SPA/Documents/Limitations-to-Attachment-3-1-A.pdf>, and Cal. Dep't Health Care Servs., Cal. State Plan Chart, Limitations on Attachment 3.1.A.1, <https://www.dhcs.ca.gov/formsandpubs/laws/Documents/Attachment-3-1-A-1-3.pdf>.
- ¹²⁰ CMS, Approval Letter for Cal. State Plan # 20-0006 (Dec. 20, 2021), <https://www.dhcs.ca.gov/Documents/CA-20-0006-B-MAT-SPA-Approval-Package.pdf>.

¹²¹ Approval Letter for SPA # 22-0001, *supra* note 59.

¹²² DHCS CalAIM Justice-Involved Initiative Policy Guide, *supra* note 110, at 78.

¹²³ *Id.* at 93.

¹²⁴ *Id.*

¹²⁵ *Id.*

¹²⁶ *Id.* at 131.

¹²⁷ *Id.* at 47.

¹²⁸ Cal. Dep't Health Care Servs., Justice-Involved Reentry Initiative Go Live Partners and Status, <https://www.dhcs.ca.gov/CalAIM/Justice-Involved-Initiative/Pages/County-readiness-status.aspx> (last visited Feb. 17, 2026).

¹²⁹ For more information on services and supports available through the Justice-Involved Initiative, see Jasmine Young & Héctor Hernández-Delgado, Nat'l Health Law Prog., *Medi-Cal Services & Supports for Californians Transitioning Out of Incarceration* (2024), <https://healthlaw.org/resource/medi-cal-services-supports-for-californians-transitioning-out-of-incarceration/>.