Update: Medi-Cal, BHSA, and Housing Changes

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SACRAMENTO COUNTY

WELCOME!

- Introductions
- How to Seek BH Services
- Overview of CalAIM ECM & CS
- BHSA Implementation Overview
- Intersection of CalAIM and BHSA
- Questions

How to Seek Behavioral Health Services

SACRAMENTO COUNTY'S BEHAVIORAL HEALTH SERVICES SCREENING AND COORDINATION (BHS-SAC) WILL LINK YOU TO SERVICES FOR ALL YOUR MENTAL HEALTH AND SUBSTANCE USE TREATMENT NEEDS!

PHONE NUMBER

916-875-1055,

CA Relay 711

TOLL FREE NUMBER

888-881-4881

FAX NUMBER

916-875-1190

ONLINE REFERRAL & WALK-IN OPEN ASSESMENT HOURS

HTTPS://DHS.SACCOUNTY.GOV/BHS/PAGES/BHS-SAC.ASPX

If you are experiencing a behavioral health crisis, please call 988. If you are experiencing a life-threatening emergency, please call 911.

What is CalAIM?

- Launched in 2022 to improve Medi-Cal health outcomes through reforms, CalAIM (California Advancing and Innovating Medi-Cal) is a long-term commitment to transform Medi-Cal toward equitable, coordinated, and person-centered care.

- Population health approach: Prioritizes prevention, addresses social determinants of health, and transforms services for communities who historically have been under-resourced in the health care system.

- Includes two key components: Enhanced Care Management (ECM) and Community Supports (CS) through Medi-Cal Managed Care Plans.
  - In Sacramento County, those plans are Anthem, Health Net, Kaiser, and Molina.

What is ECM?

- Lead care managers provide intensive case management, including coordinating the member's physical care, mental care, dental care, and social services.
- Addresses clinical and non-clinical needs.
- Meets people wherever they are – on the street, in a shelter, in their doctor's office, or at home.
- Incorporates providers with lived expertise and experience to deliver person-centered care...

Community Supports

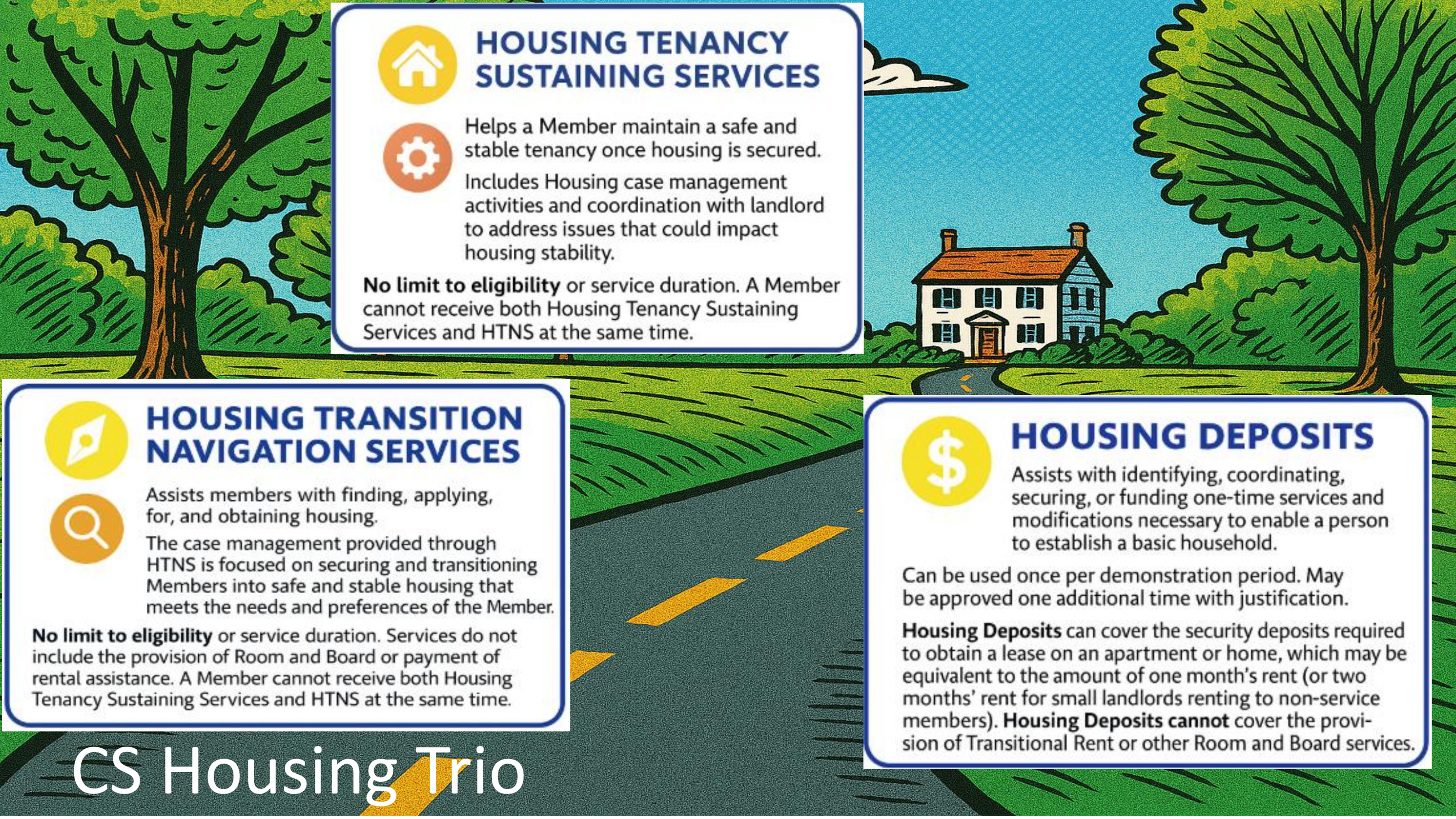
- **Community Supports (CS)** are services provided to address members' health-related social needs, help them live healthier lives, and avoid higher, costlier levels of care.
- Cost-effective and medically appropriate substitutes for covered Medi-Cal services or settings.
- Aim to tailor Members' unique needs rather than a one-size-fits-all mode.
- Personalized approach to ensure all Members receive the right approach specific to their needs.
- There are 15 Community Supports with Transitional Rent newly added in 2026.

CS for Members Experiencing Homelessness

- **Transitional Rent **NEW****
- **Housing Transition and Navigation**
- **Housing Deposits**
- **Housing Tenancy and Sustaining Services**
- Day Habilitation
- Recuperative Care
- Short-Term Post-Hospitalization

Other Community Supports

- Respite Services
- Assisted Living Facilities
- Community or Home Transition Services
- Personal Care and Homemaker Services
- Home Modifications
- Medically Tailored Meals
- Sobering Centers
- Asthma Remediation



CS Housing Trio

Transitional Rent: What is it?

MCPs will cover ***up to six months*** of rental assistance for Members who are experiencing or at risk of homelessness and meet certain additional eligibility criteria *(will be discussed in further slides)*

Driven by Three Key Objectives:

1) **Ensuring connection to long-term housing supports**, such as rental subsidies and BHSA housing units, as a pathway to housing stability and prevent a return to homelessness

2) Use the temporary housing stability **to help Members connect to needed health care services**

3) **Minimize administrative barriers** (without compromising program integrity) to enable access to Transitional Rent

Allowable Expenses & Settings:

- ✓ **Can** be used for rental assistance for up to six months*
- ✓ **Covers** storage fees, amenity fees, and landlord-paid utilities charged as part of rent payment
- ✓ **Can** be used for both interim and permanent housing settings
- × Does **NOT** cover back rent or prospective rent for people who are housed, but at risk of homelessness

**Note: subject to the Global Room & Board Cap*

For more information: DHCS Community Supports Policy Guide Volume 2

Connecting Medi-Cal and Behavioral Health Services Act (BHSA) Transformation

Transitional Rent *(Medi-Cal Community Support)*

- Stems from Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) 1115 waiver, ***effective through December 2029***
- Delivered via Medi-Cal Managed Care
- Includes coverage of **up to six months** of rent for members experiencing or at risk of homelessness and meet additional eligibility
- ***Effective January 1, 2026***, **ALL** Managed Care Plans (MCPs) **are required** to offer this service beginning with the Behavioral Health Population of Focus, followed by additional Populations of Focus in future phases

Behavioral Health Services Act (BHSA) Housing Interventions *(Non Medi-Cal Program)*

- Enacted through the passage of Proposition 1
- Delivered via County Behavioral Health Delivery System
- Creates pathways to ensure equitable access to care.
- ***Effective July 1, 2026***, county behavioral health agencies must spend 30% of their BHSA funds on Housing Interventions for individuals with significant behavioral health needs who are experiencing or at risk of homelessness

Transitional Rent (TR)

Provides up to six months of rental assistance in interim and permanent settings to Members who meet the eligibility criteria

Housing Trio/Suite Eligibility Criteria:

(Housing Transition and Navigation Services (HTNS), Housing Deposits, and Housing Tenancy and Sustaining Services(HTSS))

- Experiencing or at risk of homelessness and meeting certain clinical risk factors **OR**
- If determined eligible for Transitional Rent **OR**
- Prioritized for permanent supportive housing or rental subsidies

For more information: DHCS Community Supports Policy Guide Volume 2

Transitional Rent Eligibility Criteria:

*Must meet **ALL** of the following criteria*

1. Clinical Risk Factor Requirement **AND**
2. Social Risk Factor Requirement **AND**
3. Individual must meet **ONE** of the following:
    1. Transitioning Population Requirement ***or***
    2. Experiencing Unsheltered Homelessness ***or***
    3. Eligible for Full-Service Partnership (FSP)

**Note: Members may not receive more than a combined six months of Short Term Post-Hospitalization, Recuperative Care, and Transitional Rent during any rolling 12-month period.*

Transitional Rent (TR) Populations of Focus

Go-Live Date: Starting **January 1, 2026**, all Managed Care Plans (MCPs) are required to cover TR for members in *Behavioral Health* TR Population of Focus (POF).

MCPs have the option of including additional TR POFs on Jan. 1. MCPs may add POFs at six-month intervals.

TR Populations of Focus	Definition as part of Overall Population Eligible for TR
Behavioral health	• Meet clinical risk factor for behavioral health • Experiencing or at risk of homelessness; ***and*** • Included in any Transitioning Population
Pregnant and postpartum	• Meets clinical risk factor of pregnant or up to 12-months postpartum; ***and*** • Experiencing or at risk of homelessness; ***and*** • Included in any Transitioning Population
Transitioning out of ***institutional or congregate residential setting***	• Any of the qualifying clinical risk factors; ***and*** • Experiencing or at risk of homelessness; ***and*** • Included in the specific Transitioning Population (e.g., transitioning out an institutional or congregate residential setting)
Transitioning out of ***carceral setting***	
Transitioning out of ***interim housing***	
Transitioning out of ***recuperative care or short-term post-hospitalization housing***	
Experiencing unsheltered homelessness	• Experiencing unsheltered homelessness; ***and*** • Any of the qualifying clinical risk factors

Anthem Member

Kaiser Member

Molina Member

Health Net Member

DHSH/ Brillant Corners
Flexible Housing Pool
- Transitional Rent
- Housing Transition Navigation Service
- Housing Deposits
- Housing Tenancy Sustaining Services

+

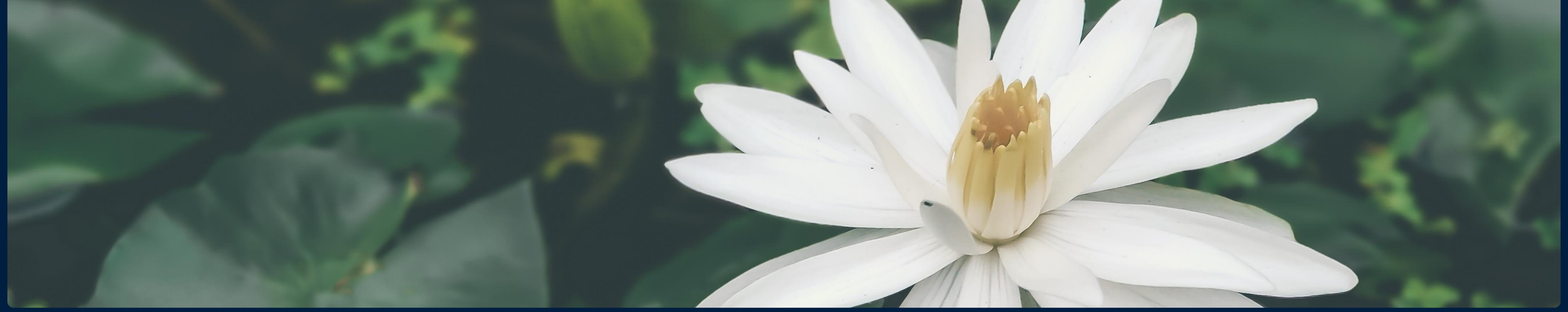
- BHSA Housing Intervention Funds

CoHeWo:
- Transitional Rent
- Housing Transition Navigation Service
- Housing Deposits
- Housing Tenancy Sustaining Services

United Way:
- Transitional Rent
- Housing Transition Navigation Service
- Housing Deposits
- Housing Tenancy Sustaining Services

BHS Outpatient Providers:
- BHSA-eligibility confirmation at the beginning of TR.
- BHSA Housing Interventions for Non-covered MCP interventions, Non-MCP members, or those ineligible for TR.
- BHSA Housing Interventions after month 6, if still needed.

BHSA Background and Intersection with CalAIM



BEHAVIORAL HEALTH SERVICES ACT (BHSA)

The Mental Health Services Act (MHSA) was passed by California voters in 2004 and funded by a 1% income tax on personal income over $1 million per year. It was designed to expand and transform California's behavioral health system to better serve individuals with, and at risk of, serious mental health issues, and their families. In 2024, voters passed Proposition 1, which replaced the MHSA with the Behavioral Health Services Act (BHSA) and introduced several important changes for counties starting July 1, 2026

WHAT YOU NEED TO KNOW ABOUT THE NEW BEHAVIORAL HEALTH SERVICES ACT (BHSA)

There are some important shifts we want you to know about as we move into this next chapter together:

- **We created one coordinated plan across all our funding.**
  MHSA annual plans included only programs funded with MHSA, while Prop 1/BHSA requires reporting on all funding sources across all BH programs.

- **We're investing more intentionally in housing interventions.**
  At least 30 percent of BHSA funds will now go toward housing interventions. This creates a meaningful opportunity to expand stable housing for people with behavioral health needs.

- **We're focusing on people with the most significant behavioral health needs.**
  The new funding guidelines focus on individuals with serious mental health and substance use conditions, helping us direct support where it's needed most.

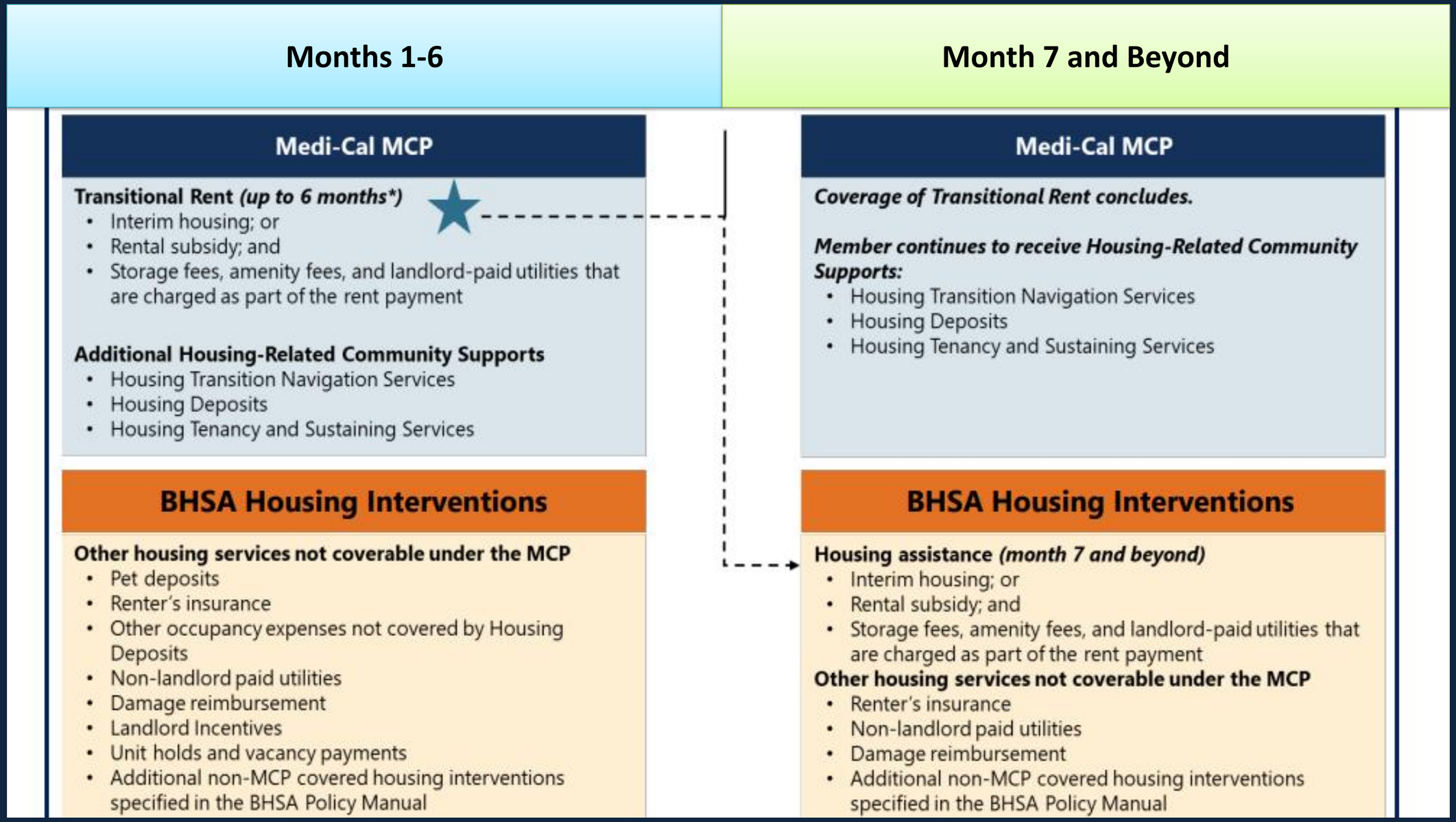
We'll be setting clearer goals and tracking what's working.
We'll be defining specific outcomes and reporting on our progress. This is a good thing — it helps us see what's working, make adjustments, and build trust by showing we're using public dollars thoughtfully.

NEW: Transitional Rent and BHSA Housing Interventions:

- Counties **cannot** spend any BHSA Housing Interventions (HI) funds for a member until MCP funds (CalAIM Housing Community Supports) are exhausted.
- Counties **can** use BHSA HI:
  - for services not covered by the MCP
  - if the individual has expended a benefit with a timeline restriction (e.g., the limitation of six months per demonstration period for Transitional Rent).
  - The individual is not eligible for Medi-Cal or not enrolled in a MCP (Medi-Cal Fee-For-Service).

Note: If member is receiving housing services from their MCP, this does not preclude the individual from receiving simultaneous Housing Interventions not covered by the MCP.

Intersection of Transitional Rent and BHSA Housing Interventions



CURRENT STATUS:

While the Flexible Housing Pool is still in development

- BHS Outpatient Providers (CORE, RENEW (FSP), etc.) may continue to use BHSA Housing Interventions while the Transitional Rent benefit is not available.
- MCP members may be referred to Community Support Providers for Housing Deposits, HTSS or HTNS now.

As of July 2026

- BHS continues to work with the Managed Care Plans, DHSH/Brillant Corners, CoHeWo, and United Way to develop and finalize workflows and referral pathways. BHS is currently “piloting” the referrals and authorization process with CoHeWo and United Way.
- More to come!

CalAIM JI Overview

- …focuses on improving health outcomes for individuals who are justice-involved.

- …seeks to streamline and transform Medi-Cal by integrating healthcare, behavioral health, and supportive services that address social determinants of health to support continuity of care and successful reentry.

- …aims to reduce recidivism, improve public health, and ensure continuity of coverage.

What Is Changing?

Eligible Californians who are incarcerated can enroll in Medi-Cal and receive services 90 days before their release.

Program Objectives

Enrollment & Eligibility

Identify CalAIM JI–eligible individuals and assist with Medi-Cal screening, enrollment, or reactivation.

Assessment & Care Planning

Conduct outreach, review Health Risk Assessment (HRA) results, and develop individualized, client-centered reentry care plans.

Care Coordination

Coordinate with jail providers, MCPs, behavioral health, and community partners; facilitate access to health care, housing, and social supports; ensure warm handoffs at release.

Pre-Release Planning

Begin transition planning at least 90 days prior to release and arrange linkage to post-release Enhanced Care Management (ECM) services.

Post-Release Follow Up

Provide or coordinate up to 90 days of post-release care management; monitor progress and address barriers.

Data Sharing

Support timely coordination and information exchange between correctional facilities, MCPs, and providers to facilitate access to services and improve care transitions.

Eligible Populations

- Individuals incarcerated in Sacramento County MJ or RCCC and within **90 days** of expected release.
- Individuals enrolled in Medi-Cal, eligible, or able to enroll/reactivate prior to release.
- Individuals who have at least one of the following qualifying conditions: physical health, mental health, or substance use treatment needs requiring care coordination.
- Individuals with reentry support needs, such as housing instability or lack of connection to care.
- Individuals who provide consent to participate in pre-release care management services.

Additional Changes…..

Programs may receive referrals for currently incarcerated members without a known release date.

Programs will begin engagement, intake and assessment process prior to release from jail. Timeliness to services expectations will be applied to those who are incarcerated.

Provide coordination of care with jail and other criminal justice partners to support seamless transition into the community.

Provide coordination and linkage to necessary resources to support seamless transition once back into the community.

During the course of services, should client remain incarcerated and program becomes aware that client will not be released within 90 days, program can coordinate with clients support individuals and request that a re-referral to services be initiated once release date is identified.

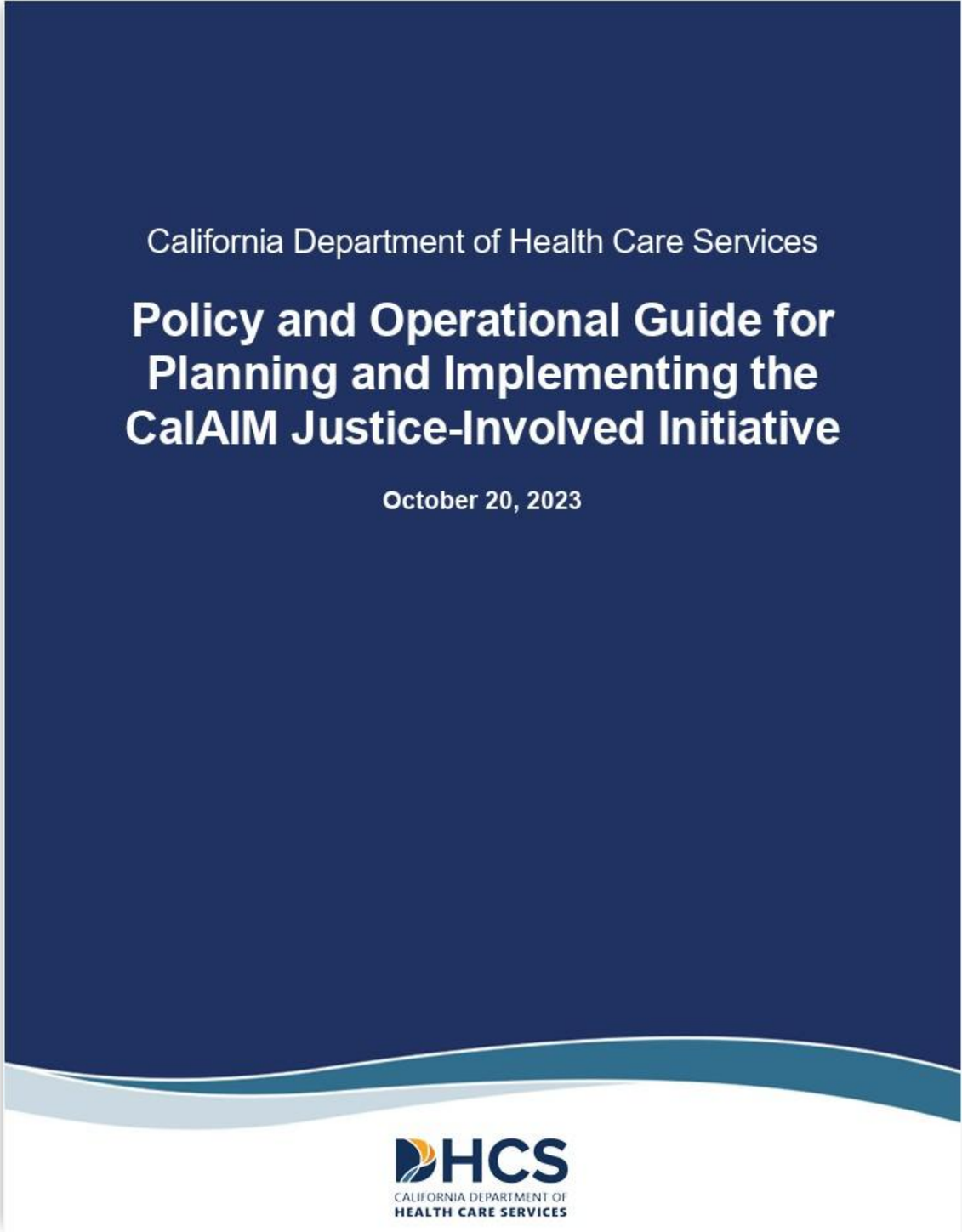
Frequently Asked Questions

What if my client's release date gets extended? Released dates should be monitored as services will only be reimbursed 90 days pre-release.

What if my client is incarcerated again? Do we get another 90 days? Medi-cal services will be reimbursed for 90 days pre-release for every release (90 days resets if someone gets incarcerated again).

Are there limits to the type of services we can be reimbursed for under this new 90 day pre-release? The intention of this change is to ensure incarcerated people are receiving good continuity of care during the transition from in custody to out of custody. Services should be provided as clinically appropriate.

Additional information about CalAIM JI can be found in the DHCS Operational Guide.



Thank you for your continued collaboration

Together, we're building a coordinated system that expands access to behavioral health care with housing interventions for Sacramento County residents.