



**California Health and Human Services Agency (CalHHS)  
988-Crisis Workgroup 6: Funding and Sustainability Meeting 3  
Meeting Summary  
September 3, 2024, | Virtual Meeting**

Meeting Materials and Recording are available on the [988-Crisis Policy Advisory Group website](#). Public Zoom chat from the meeting is included as an Appendix to this summary.

For additional information and resources, please see the following sites:

- [CalHHS Behavioral Health Crisis Care Continuum Plan \(CCC-P\)](#)
- [Presentation on the CCC-P](#) from February 16th, 2023 by Stephanie Welch, the Deputy Secretary of Behavioral Health at CalHHS. (Note: Stephanie's presentation begins at 54:03 and ends at 1:30:30. The Q&A extends until 1:46:30.)
- [988-Crisis Policy Advisory Group Meeting Summary \(December 13th, 2023\)](#)

**Workgroup Members in Attendance:**

- Amanda Levy\*, DMHC
- Amanda Miller-McKinney\*, Children Now
- Andrea Tolai\*, Family Service Agency Central Coast
- Anete Millers\*, California Association of Health Plans
- Budge Currier\*, CalOES
- Casey Heinzen\*, Department of Health Care Services (DHCS)
- Chad Costello\*, California Association of Social Rehabilitation Agencies
- Christine Stoner-Mertz\*, California Alliance
- Corinne Kamerman\*, DHCS
- Jana Lord\*, Sycamores
- Ka Ramirez\*, DHCS
- Kenna Chic\*, Project Lighthouse

- Kirsten Barlow\*, California Hospital Association
- Lauren Finke\*, The Kennedy Forum
- Michelle Galvan\*, Optum Public Sector San Diego
- Michelle Cabrera\*, CBHDA
- Narges Dillon\*, Crisis Support Services of Alameda County
- Phebe Bell\*, Nevada County Behavioral Health Department
- Raven Lopez\*, County Behavioral Health Directors Association of California
- Reuben Wilson\*, Los Angeles County Department of Mental Health
- Ryan Banks\*, Turning Point of Central California
- Shari Sinwelski\*, Didi Hirsch

**Project Staff in Attendance:**

- Ali Vangrow, CalHHS
- Anh Thu Bui, CalHHS
- Hailey Shapiro, CalHHS
- Allie Franklin, Health Management Associates
- Betsy Uhrman, Health Management Associates
- Nicholas Williams, Health Management Associates
- Rob Muschler, Health Management Associates

**Workgroup Members Not in Attendance:**

- Curt Guillot, California Governor’s Office of Emergency Services (CalOES)
- Diana Vasquez-Luna, California Department of Finance
- Ivan Bhardwaj\*, DHCS
- Jacob Ruiz, Riverside University Health System
- John Boyd, Kaiser Permanente (Northern California)
- Melissa Lawton, Seneca Family of Agencies
- Stephanie Welch\*, CalHHS
- Tara Gamboa-Eastman\*, Steinberg Institute

\*Attended virtually

**Review of Agenda and Session Objectives**

Rob Muschler, Senior Consultant, Health Management Associates, began the workgroup meeting by explaining Zoom functionality, overview the Workgroup 6 Meeting 1 agenda, and introducing the co-chairs and member list. He then

provided an overview of how to submit public comments and the meeting code of conduct.

### **Discussion 1: Crisis Reimbursement Workstream Overview**

Anh Thu and Anete provided an overview of the Crisis Reimbursement Workstream. HMA then overviewed previously identified challenges with commercial reimbursement of crisis services. The group was asked for any additional challenges that the Workstream should consider and if they had any resources/tools/information that would support this work. Input included:

- A desire for a definition of “crisis services” and whether it is inclusive of aftercare/post-stabilization services. “When does the crisis end?”
- The need for bi-directional TA for both providers and health plans. Providers need to better understand billing pathways and required information, while plans need to understand the types of crisis services and what is covered under Medi-Cal.
- Greater standardization in claim submission processes
- What is the health plan role/accountability in redirecting “misdirected” claims?
- Better data on how often crisis care providers are unable to collect insurance information
- Consideration for individuals with no insurance/high deductible plans so that experiencing a crisis doesn’t result in financial burden
- A member asked about possible outcomes of the Crisis Reimbursement Workstream. Amanda Levy, DMHC, noted that they plan to develop a “how-to guide” for providers. The member asked that a guide be developed for health plans as well.
- Several members noted the need for guidance to make it clear that experiencing a BH crisis should not be synonymous with an involuntary hold and that reimbursement should not require a hold

### **Lessons Learned from Washington State**

Allie Franklin overviewed lessons learned from Washington State. Members asked questions about different types of insurance/reimbursement, crisis definitions, how the state handles in/out of network coverage, and whether 988 center in WA bill for any services.

## **Discussion 2: Implementation Plan Activities**

HMA transitioned to overview the 5-Year Implementation Plan structure and draft implementation activities. Workgroup members were asked for input on the activities. Below are the draft activities and the input offered.

*a. Convene state entities, organizations and implementation partners (e.g., California health plans, behavioral health and state regulatory agencies)*

- Members asked for more clarity regarding the purpose and scope of these convenings
- They asked that it be inclusive of defining crisis services eligible for reimbursement and establishing a shared understanding between plans and providers

*b. Provide training and technical assistance to maximize reimbursement of crisis services by health plans*

- Members asked to strengthen the activity to go beyond technical assistance for contracting, to include building an understanding of crisis codes, billing requirements, and coverage obligations on both the plan and provider sides, as well as addressing out-of-pocket costs for individuals in crisis.

*c. Establish a process to ensure revenue from the 988 surcharge is not used to supplant existing federal, state or local funding*

- *No feedback offered.*

*d. Establish a process and related criteria for when funding from the surcharge fee can be used to support community-based crisis response not covered by Medi-Cal or other sustainable funding sources*

- *A member asked for clarification, but no other feedback was offered.*

Other comments/feedback shared:

- Establish clear timelines and roles for the implementation activities
- Clarify the distinction between crisis services reimbursable under commercial insurance and broader behavioral health services, and whether aftercare of post-stabilization services are included in crisis
- Provide guidance to health plans on recognizing crisis providers as in-network for reimbursement purposes, given the lack of establishing provider networks for crisis services.
- Connect this work to other behavioral health transformation

efforts/funding.

- Explore the feasibility and appropriateness of capturing insurance information through the new 988 call center system for potential billing purposes. (It was clarified that 988 centers are not anticipated to bill for their services).
- Engage individuals with lived experience in defining the ideal crisis care continuum and services to be included, going beyond the current focus on reimbursement for existing services.

### **Public Comment Period**

Rob Muschler shared instructions for how to make public comment and said that comments can also be submitted at any time via email at [AB988Info@chhs.ca.gov](mailto:AB988Info@chhs.ca.gov).

A member of the public stated:

"I'm Diana McGinnis, I'm calling from Magellan Healthcare, we are a behavioral health carve-out of a lot of the health plans, we'll carve out their behavioral health coverage to Magellan. And so I really appreciate the conversation. We are well aware of the requirements and doing our best to figure it out on our end. So I wanted to address one thing that Michelle brought up in terms of, correct, we do not have the mobile crisis units and our network, so the more information that we can get to identify those, these providers that are non-contracted. Similar to kind of what Anete was saying, where it's similar to a non-contracted ER provider. If a client comes through you know we're able to identify by the place of service that that's an ER claim. So par or non-par, that claim will get covered. So if there's identifying information and we did provide in the questions to the health plans where they asked for what information do we need, we did provide, like the identifying characteristics that we need in order to be able to pay those claims. So any information that we can get from those mobile crisis teams so we can get them loaded in our system and identify the claims would be really helpful. And the last thing, I've got 40 minutes, 40 seconds, is should the question kind of outside the parameters of this, of this, of the workgroup- but in terms of post stabilization care, the plans are required to post on their website and on the DMHCS website a phone

number for providers to call for authorization of post stabilization care. So, and the plans are required to respond within 30 minutes to those calls. So I just wanted to point that out. So once the point that crisis care is, that time period is up, there should be a phone number to call for authorization for care going forward.”

### **Meeting Wrap-Up and Next Steps**

Rob Muschler mentioned that the next Policy Advisory Group meeting will be held on September 18<sup>th</sup>.

## **APPENDIX I: PUBLIC ZOOM CHAT**

15:00:04 From Lauren Finke - The Kennedy Forum to Hosts and panelists:  
I am recovering from surgery and will be off camera, apologies for the inconvenience. Thanks, all

15:01:34 From Devon Schechinger to Everyone:

Hello, all. Thank you for joining us, we will begin in a few minutes.

15:03:09 From Phebe Bell - Nevada County to Hosts and panelists:

hi- i have to jump off around 3:15 today - sorry!

15:03:36 From Allie Franklin to Hosts and panelists:

Thanks for letting us know, Phebe

15:03:51 From Shari Sinwelski - Didi Hirsch to Hosts and panelists:

with the change in time, I am in transit, so I am unable to be on camera

15:03:55 From Allie Franklin to Hosts and panelists:

We appreciate you being here

15:06:32 From Betsy Uhrman to Everyone:

You can direct comments or questions here: [AB988Info@chhs.ca.gov](mailto:AB988Info@chhs.ca.gov)

More information about the Policy Advisory Groups and the Workgroups can be found here:

<https://www.chhs.ca.gov/home/committees/988-crisis-policy-advisory-group/>

15:27:54 From Shari Sinwelski - Didi Hirsch to Hosts and panelists:

I would say top on the wish list is follow-up care which we know is proven effective and so needed.

15:28:54 From Shari Sinwelski - Didi Hirsch to Hosts and panelists:

Here is a link to the draft guidelines document that SAMSHA is working on and taking feedback on.

15:28:55 From Shari Sinwelski - Didi Hirsch to Hosts and panelists:

[https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-](https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf#:~:text=This%20National%20Guidelines%20for%20Behavioral%20Health%20Crisis%20Care)

[02242020.pdf#:~:text=This%20National%20Guidelines%20for%20Behavioral%20Health%20Crisis%20Care](https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf#:~:text=This%20National%20Guidelines%20for%20Behavioral%20Health%20Crisis%20Care)

15:32:44 From Kenna Chic - Project Lighthouse to Hosts and panelists:

+1 Phebe's point on medical debt

15:34:28 From Phebe Bell - Nevada County to Hosts and panelists:

definitely a lot of our unpaid bills are crisis stabilization unit invoices

15:35:19 From Chad Costello - CASRA to Hosts and panelists:

Agree with Kirsten

15:37:09 From Shari Sinwelski - Didi Hirsch to Hosts and panelists:

Exactly! And a lot of it goes unfunded, unfortunately.

15:38:11 From Amanda Miller-McKinney - Children Now to Hosts and panelists:

For the child welfare involved population, aftercare can be covered by utilizing the

## Family Urgent Response System (FURS)

15:39:32 From Kirsten Barlow - CHA to Hosts and panelists:

I'd like to add that guidance needs to make it clear that experiencing a behavioral health crisis is not synonymous to being on an involuntary LPS hold. To the contrary, people should be able to get immediate help for an urgent concern without fear of being involuntarily detained. We should ensure we're giving appropriate and ongoing guidance to pre-hospital providers (e.g., ambulance providers) and community outpatient and inpatient providers that a person can get stabilizing treatment without being placed on a 5150.

15:40:03 From Michelle Cabrera - CBHDA (she/her) to Hosts and panelists:

+1 to Kirsten's point re: LPS

15:40:39 From Chad Costello - CASRA to Hosts and panelists:

Very much agree with Kirsten's point

15:42:49 From Christine Stoner-Mertz - CA Alliance to Hosts and panelists:

+1 to Chad's points

15:43:26 From Shari Sinwelski - Didi Hirsch to Hosts and panelists:

this is so important, people should be able to access care how and where they want it, they typically prefer lower levels of care when appropriate which is typically cheaper anyway

15:43:46 From Kirsten Barlow - CHA to Hosts and panelists:

Good point Chad - the perception that a person must always be seen "first" at the emergency department for "medical clearance" is a myth.

15:47:24 From Betsy Uhrman to DIANA McGUINNESS and all panelists:

Hi Diana, I am writing to confirm that you would like to make a public comment. If yes, thank you and we will add you to the list for public comment (anticipated by 3:30pm Pacific).

15:48:19 From Kirsten Barlow - CHA to Hosts and panelists:

Can someone from a state agency or department provide some background to the group about coverage of "observation" services in California? I understand that has been identified as a reimbursement/coverage barrier for BH crisis services. If not today, then at a future meeting? Thanks!

15:50:37 From Chad Costello - CASRA to Hosts and panelists:

The provider type expansion for commercial plans is also essential if we're ever going to have a chance of addressing our behavioral health workforce shortages

16:09:29 From AnhThu Bui - CalHHS to Hosts and panelists:

@Kirsten Barlow, thanks for your request in chat at 2:48 pm regarding coverage of "observation" services in California. We will follow up with the state departments that would have this information and follow up.

16:15:01 From AnhThu Bui - CalHHS to Hosts and panelists:

@Michelle Galvan, here's the draft form on CalOES website that has a space for



reporting on Health Coverage Status:

Please describe the Health Coverage Status of the individuals served by this 988 Center. <https://www.caloes.ca.gov/wp-content/uploads/PSC/Documents/Form-OES-PSC-988.pdf>

16:16:08 From Michelle Cabrera - CBHDA (she/her) to Hosts and panelists: training and TA for commercial plans please

16:16:58 From Phebe Bell - Nevada County to Hosts and panelists: sorry i have to leave but thanks for all of the great info and convo!

16:18:39 From Rob Muschler to Hosts and panelists: Thanks, Phebe!

16:22:46 From AnhThu Bui - CalHHS to Hosts and panelists:

We did list "essential crisis services" in the Crisis Care Continuum Plan

16:23:11 From Kenna Chic - Project Lighthouse to Hosts and panelists:

+1 to Shari, particularly regarding the inclusion of people with lived experience and the exploration of aftercare

16:26:43 From Shari Sinwelski - Didi Hirsch to Hosts and panelists:

yes, aftercare and follow-up is a big piece, Kenna

16:29:18 From Kenna Chic - Project Lighthouse to Hosts and panelists:

In that case, are text-based peer support services reimbursable through Medicaid, and if there are any youth-serving text-based peer support organizations currently receiving funding from Medicaid? I am aware that the 2021 SPA was inclusive of peer support specialists as a distinctive provider type but was not sure whether it was inclusive of different service delivery methods (i.e. telehealth, text-based, in-person).

16:37:16 From Michelle Cabrera - CBHDA (she/her) to Hosts and panelists:

DHCS has all the info on our approved mobile crisis teams

16:37:45 From Michelle Cabrera - CBHDA (she/her) to Hosts and panelists:

Super helpful Diana!

16:38:44 From Amanda Levy - DMHC to Hosts and panelists:

<https://www.dmhc.ca.gov/HealthCareinCalifornia/ResourcesforHealthCareProviders.aspx>

16:39:31 From Betsy Uhrman to Everyone:

From Amanda Levy (DMHC):

<https://www.dmhc.ca.gov/HealthCareinCalifornia/ResourcesforHealthCareProviders.aspx>