

**Key Updates to Behavioral Health Information Notice No. [23-025](#)**  
*Supersedes Behavioral Health Information Notice No. [22-064](#)*

<b>BHIN Section</b>	<b>Page Number (BHIN 22-064)</b>	<b>Key Update</b>
<b>Background</b>	<b>Pg. 2</b>	Removed requirement for Medi-Cal behavioral health delivery systems to have the benefit fully implemented by December 31, 2023.
<b>Mobile Crisis Services Benefit</b>	<b>Pg. 4</b>	Added clarifying language that mobile crisis teams will be carrying and trained to use naloxone.
<b>Dispatch of Mobile Crisis Teams</b>	<b>Pg. 5</b>	Added clarifying language that the single telephone number to serve as a crisis services hotline must be connected to the dispatch of mobile crisis teams to receive and triage beneficiary calls.
<b>Mobile Crisis Team Requirements</b>	<b>Pg. 6</b>	Added clarifying language that at least one onsite mobile crisis team member shall be carrying, trained, and able to administer naloxone.
<b>Mobile Crisis Team Requirements</b>	<b>Pg. 6</b>	Added clarifying language that at least two providers shall be available for the duration of the initial mobile crisis response.
<b>Mobile Crisis Team Requirements</b>	<b>Pg. 7</b>	Removed requirement that “the onsite mobile crisis team shall have access to an individual who can prescribe medications for addiction treatment and psychotropic medications, as needed. The prescriber may be accessible via telehealth, and shall be available either during the initial mobile crisis response or as part of the follow-up process.”
<b>Mobile Crisis Team Requirements</b>	<b>Pg. 7</b>	Removed requirement to request approval from DHCS to deliver mobile crisis services with one team member onsite and one team member participating via telehealth or telephone.
<b>Initial Face-to-Face Crisis Assessment</b>	<b>Pg. 12</b>	Removed requirement that the face-to-face crisis assessment be provided immediately upon initial contact with the beneficiary.
<b>Mobile Crisis Response</b>	<b>Pg. 13</b>	Added clarifying language that the mobile crisis response should occur where the crisis occurs, unless the beneficiary requests to be met in an alternate location in the community.
<b>Crisis Planning</b>	<b>Pg. 13</b>	Removed language requiring mobile crisis teams to “create or update a crisis safety plan for the beneficiary” and added clarifying language to engage in crisis planning when appropriate.
<b>Follow-up Check-Ins by Mobile Crisis Team</b>	<b>Pg. 15</b>	Added clarifying language that “Medi-Cal behavioral health delivery systems shall ensure that beneficiaries receive a follow-up check-in within 72 hours of the initial mobile crisis response.”

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<b><i>Follow-up Check-Ins by Mobile Crisis Team</i></b>	<b><i>Pg. 16</i></b>	Added clarifying language that “Follow-up may be conducted by any mobile crisis team member who meets DHCS’ core training requirements and may be conducted in-person or via telehealth, which includes both synchronous audio-only (e.g., telephone) and video interactions. Follow-up may be conducted by a mobile crisis team member that did not participate in the initial mobile crisis response. If the mobile crisis team member conducting follow-up is not part of the mobile crisis team that provided the initial crisis response, the individual providing follow-up shall coordinate with the team members that participated in the initial mobile crisis response to gather information on the recent crisis and any other relevant information about the beneficiary.”
<b><i>Documentation</i></b>	<b><i>Pg. 16</i></b>	Added requirements of mobile crisis teams to include documentation in the progress note on any follow-up check-ins, crisis planning, or facilitation of a warm hand off.
<b><i>Documentation</i></b>	<b><i>Pg. 16</i></b>	Removed requirement that mobile crisis teams must complete progress notes within 24 hours of providing mobile crisis services.
<b><i>Documentation</i></b>	<b><i>Pg. 16</i></b>	Removed requirement that the encounter must include documentation of the four minimum components specified in this section to be considered a qualifying mobile crisis service for Medi-Cal reimbursement.
<b><i>Response Times</i></b>	<b><i>Pg. 18</i></b>	Added language stating that DHCS will provide ongoing technical assistance to Medi-Cal behavioral health delivery systems to review response times and adjust timeliness standards, as needed.
<b><i>Transportation</i></b>	<b><i>Pg. 20</i></b>	Added clarifying language that if EMS, NMT, or law enforcement is utilized to transport the beneficiary directly to a higher level of care, the mobile crisis team shall remain onsite until the transportation provider arrives.
<b><i>July 2023 Onwards</i></b>	<b><i>Pg. 25</i></b>	<p>Added language recognizing “there are administrative activities associated with implementing mobile crisis services. Administrative costs should be billed through the existing administrative claiming process. Administrative activities associated with mobile crisis services include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Time to coordinate with other Medi-Cal behavioral health delivery systems;</li> <li>• Time to coordinate with community partners;</li> <li>• Time to coordinate with law enforcement;</li> <li>• Time to conduct dispatch activities;</li> <li>• Time to complete data reporting; and</li> </ul>

<b><i>BHIN Section</i></b>	<b><i>Page Number (BHIN 22-064)</i></b>	<b><i>Key Update</i></b>
		<ul style="list-style-type: none"> <li>Time to develop a mobile crisis implementation plan and other required policies and procedures.”</li> </ul>
<b><i>July 2023 Onwards</i></b>	<b><i>Pg. 25</i></b>	Removed “On call” time for specialized practitioners (e.g., psychiatrist, psychiatric nurse practitioner) to support the mobile crisis response.
<b><i>Implementation Process</i></b>	<b><i>Pg. 25</i></b>	<p>Added language that “Medi-Cal behavioral health delivery systems in the following counties shall have the benefit fully implemented by June 30, 2024:</p> <ul style="list-style-type: none"> <li>Alpine</li> <li>Amador</li> <li>Colusa</li> <li>Del Norte</li> <li>Glenn</li> <li>Inyo</li> <li>Mariposa</li> <li>Modoc</li> <li>Mono</li> <li>Plumas</li> <li>Sierra</li> <li>Trinity”</li> </ul>
<b><i>Implementation Process</i></b>	<b><i>Pg. 25</i></b>	Added clarifying language that “Medi-Cal behavioral health delivery systems in all other counties shall have the benefit fully implemented by December 31, 2023.”
<b><i>Standard Implementation Process</i></b>	<b><i>Pg. 26</i></b>	Added clarifying language that the implementation plan shall be submitted “no later than April 30, 2024, for counties who are required to have the benefit fully implemented by June 30, 2024, and no later than October 31, 2023, for all other counties.”
<b><i>Enhanced Training Requirements</i></b>	<b><i>Pg. 27</i></b>	Removed all language in this section.
<b><i>Training and Technical Assistance</i></b>	<b><i>Pg. 28</i></b>	Removed the requirement to complete both core and enhanced training curricula.
<b><i>Medi-Cal Behavioral Health Delivery Systems’ Required Oversight</i></b>	<b><i>Pg. 29</i></b>	Updated email where questions about the BHIN can be submitted to: <a href="mailto:MCBHPD@dhcs.ca.gov">MCBHPD@dhcs.ca.gov</a>