Lunch & Learn 2025 Series

Behavioral Health Webinar
Frequently Asked Questions

With the new insourcing, does this mean that Alliance staff will be providing direct client service such as therapy or medication management services?
No, the Alliance will be insourcing the non-specialty mental health benefit effective July 1, 2025. Behavioral health providers will be contracted with us and members will be referred to providers that are within our behavioral health network.

Can you help us understand what the continuity of care will look like on the ground level or application level?
Members transitioning under the care of a Carelon-contracted provider will be eligible to request COC for up to 12 months, provided they meet the established criteria. Approved COC requests will allow members to keep previously authorized and scheduled appointments, ensuring no disruption to ongoing care and maintaining the Alliance's commitment to high quality service delivery.

The Alliance will honor all active authorizations issued before July 1, 2025, from providers until the expiration date, the full authorized benefit is provided, the provider withdraws treatment, or a new assessment is completed—whichever occurs first, but not exceeding 90 days.

Where do we submit the referrals to CCAH?
Referrals can be submitted for different behavioral health services; however, most services do not require a referral.

For Medi-Cal members, members can self-refer to most outpatient behavioral health services. Including the most used behavioral health services: individual, group and family therapy. The exception to this is for Behavioral Health Treatment (BHT/ABA services), which does require a recommendation from a licensed psychologist or medical practitioner and authorization for services.

Currently referral forms can be found on our provider facing behavioral health landing pages. These referral forms will be updated as of 7/1/25 to remove Carelon forms and include internal forms. Behavioral Health - Central California Alliance for Health

Members or Providers can also call in to the Alliance to get connected.

Updated 05/22/25.

Lunch & Learn 2025 Series

Regarding follow-up on a referral that is submitted, are we able to receive automatic updates on the status or be provided information when calling?
For behavioral healthcare management, providers can call in to see if the member has been seen. We currently do not have an automated system but are in conversations to potentially offer that in the future.

Is there a workflow for getting patients connected with a follow-up appointment after visiting the emergency department for behavioral health or substance abuse concerns?
Yes. The Alliance works closely with our county Emergency Departments and our county Behavioral Health departments to identify members in the EDs for behavioral health or substance abuse concerns and implementing workflows for outreach efforts.

Currently, Carelon assists in these outreaches. This will be transitioning to our Behavioral Health Care Management team starting 7/1/25, in tandem with coordinated outreach efforts from county partners.

Will Integrated Behavioral Health (IBH) programs that are integrated into a primary care clinic be alerted to schedule follow up for a member that was seen in an Emergency Room for behavioral health or substance abuse problems?
The goal would be to connect members who are already seeing an Alliance behavioral health provider back to that provider. The benefit of the behavioral health services being managed in house, is we will also have a whole person view of their current care team, including at IBH or PCP clinics based off claims, and would likely be able to reach out to that provider for follow-up for that member. The limitation here is timely data from emergency departments and accurate claims information on ED visit for this to trigger our internal workflows for this type of follow-up.

Is your data shared and accessible to us? Are you on SCHIO or other shared data exchange with the Alliance?
Currently there is a lot of movement happening in this space. We have data through SCHIO, and we are currently working with many emergency departments to discuss data sharing. Agreements are currently in progress, but we recognize that without proper bi-directional data sharing we will not properly understand the needs of our members.

Updated 05/22/25.

If a member comes into one of the Alliance offices, will they receive a screening?
If they agree to complete a screening, they will be offered support from our behavioral health care coordinators. This will determine the level of care needed and they will be using the DHCS state mandated Screening Tool.

Does CCAH have access to ADT plan data feeds from the local hospitals? If so, are you able to share the data with local Mental Health Plans?
For many we do. We do not for all hospitals in all our five counties. We have a core team working on this and working with our five MHPS on coordination of this currently through data sharing agreements. We share some with MHPS for FUA/FUM but right now primarily on claims.

How do you highlight that a session was done with the client's preferred language?
Member language is captured in the medical record and updated monthly based on DHCS Medi-Cal enrollment files.

Will behavior health provider lists be updated?
Yes, our BH CM team will reach out to contracted providers for communication and to discuss provider's capacity to accept members.

I would think that the $50 incentive would be given to a visit within 7 days not for a visit within 30 days (referring to the FUM measure)?
The incentive time limit is related to our performance monitoring and thresholds DHCS wants us to achieve. 30 days offers a more reasonable amount of time for our providers to make that follow up.

The incentive slide reflected that there will be an incentive for members seen in community settings. Do you or will you have an incentive for members seen in residential treatment facilities?
The "Increase Access – Community Settings" fee-for-service incentive referenced in slide twenty-five of the webinar provides $25 per visit within community settings. Although this does not specify RTC's, all community settings with qualifying codes would qualify such as assisted living facilities and group homes. This incentive will be paid out quarterly to providers. This is not a member incentive.

We conducted a thorough assessment to identify gaps in access specific to community settings, bilingual staff availability, and services outside traditional office hours—such as Behavioral Health Therapy (BHT). Based on these identified gaps, we established targeted incentives prior to Behavioral Health Insourcing 7/1/25 from

Carelon. This approach helps us better meet member needs while encouraging providers to address those areas. We will continue to evaluate ongoing needs using feedback from both members and providers after implementation.

How does this change apply to patients at a Skilled Nursing Facility (SNF)?
In relation to our insourcing from Carelon, there are not many process changes that should occur. Only that given that we have both physical and behavioral health the process should be more streamlined.

How will Autism assessments for both children and adults work after the change? Will referral for Neuropsych testing continue like it has been going under Carelon?
Referrals for Psychological testing is not required currently under Carelon and will not be required under the Alliance. While utilization may be monitored, this is a service that does not require a referral.

How do we submit paperwork for providers already trained in ACEs and attested?
ACE attestations for BH providers will be the same as PCPs, where the completion of the training and attestation needs to be completed on the DHCS ACEs Aware website. Once submitted, in the following month CCAH will receive a monthly file of all providers with current ACE attestations and the date of the attestations to use against future billing for screenings.

What training and ongoing support will be provided to our billing and clinical staff to ensure a smooth transition and understanding of the new processes and requirements.
All new contracted providers will be invited and/or attend a provider training that is specific to BH care that covers many topics including billing, reimbursement, coding, and credentialing as well as open office hours for provider support.

If you are a BH provider and you have not gotten that invite yet, please email listbh@thealliance.health and we can get you connected to our Provider relations team scheduling those!

If you are a behavioral health provider and not currently in our network but would like to join, please contact us at joinus@thealliance.health.

To discuss capacity and establish a line of communication with our BH CM team. Please reach out to, rogas@ccah-alliance.org

Updated 05/22/25.