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JUST THE FAX

September 11, 2023

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THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:

COUNTIES:

- □ Riverside/San Bernardino
- □ Orange
- ⋈ Sacramento

LINES OF BUSINESS:

- ☐ Molina Medi-Cal Managed Care
- ☐ Molina Medicare

PROVIDER TYPES:

- ☑ Medical Group/ IPA/MSOPrimary Care
- ☑ IPA/MSO
- □ IPA/MSU
 □ Directs
 □ Direc

Specialists

- □ Directs
- ⊠ TPA
- □ CBAS
- ⋈ SNF/LTC
- ⊠ DMF
- □ Other

Implementation of Senate Bill 1338 APL 23-016

This is an advisory notification to Molina Healthcare of California (MHC) network providers on the Community Assistance, Recovery, and Empowerment (CARE) Act.

This notification is based on the Department of Managed Health Care (DMHC) All-Plan Letter (APL) 23-016, which can be found in full on the DMHC website at: https://www.dmhc.ca.gov/LinkClick.aspx?fileticket=qTrsRLK3Evo%3d&portalid=0.

BACKGROUND

The CARE Court Program and the CARE Act created a system allowing certain people to file a petition in civil court seeking behavioral health treatment on behalf of an individual diagnosed with a schizophrenia spectrum disorder and/or a psychotic disorder and who meets other specific requirements. If the individual meets the CARE criteria, they will receive an individualized and court-ordered treatment plan (called a CARE agreement or CARE plan), which may include a requirement for the individual to receive services from county behavioral health departments (CBHDs).

WHEN THIS IS HAPPENING:

CARE will be implemented throughout California in multiple phases:

- 1. By October 1, 2023: Glenn, Orange, Riverside, San Diego, Stanislaus, and Tuolumne counties, along with the City and County of San Francisco.
- 2. By December 1, 2023: Los Angeles County.
- 3. By December 1, 2024: All other counties.

Beginning July 1, 2023, the CARE Act requires health plans to fully cover healthcare services pursuant to a CARE agreement or CARE plan (CARE Services) without a utilization review. MHC will not charge copayments, coinsurance, deductibles, or any other form of cost-sharing for services provided to an enrollee pursuant to CARE Services. However, MHC may charge cost shares in accordance with an enrollee's evidence of coverage for prescription drugs associated with CARE Services.

WHAT YOU NEED TO KNOW:

- Upon request by a provider, a CBHD, or the DMHC, MHC will provide instructions (within one business day of the request) about how to submit a claim for CARE Services to the health plan for processing and payment.
- MHC will not require claims for CARE Services to be processed in the same automated manner as standard claims and shall accept claims for CARE Services outside its standardized claims process.
- MHC will reimburse claims for CARE Services within the claims processing timeline provided by the Knox-Keene Act.

- MHC will not require CBHDs or providers to submit additional or different information than it requires to process claims for standard behavioral health services.
- MHC may require CBHDs or providers to affirm or specify whether specific claims are for CARE Services.
- MHC will accept and pay claims for CARE Services that were rendered by providers qualified to provide such services under their professional license or credential in the State of California.
- MHC will not require CARE Services providers to enroll through MHC's provider enrollment process.

WHAT YOU NEED TO DO:

For inquiries about claims that arise from CARE Services or about an enrollee who is the subject of a pending CARE petition, CBHDs and providers may call the Molina Provider Contact Center at: (855) 322-4075. Molina will return the call by 5 p.m. the next business day.

For more information on the CARE Act, please refer to the DHCS webpage: https://www.dhcs.ca.gov/Pages/CARE-ACT.aspx.

WHAT IF YOU NEED ASSISTANCE?

If you have any questions regarding the notification, please contact your Molina Provider Services Representative below:

Service County Area	Provider Services Representative	Contact Number	Email Address
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