Quality Assurance Bulletin

Quality Assurance Unit
County of Los Angeles – Department of Mental Health
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ORGANIZATIONAL PROVIDER'S MANUAL UPDATES
New Services Available

The Organizational Provider's Manual (Org Manual) has been updated to reflect new Specialty Mental Health Services available under the State Department of Health Care Services (DHCS) Behavioral Health Community Organized Networks of Equitable Care and Treatment (BH-CONNECT) initiative as outlined in DHCS Behavioral Health Information Notices (BHINs) 25-009 and 25-058, Draft BHIN 25-XXX, State Plan Amendments (SPAs) 24-0042 and 24-0052, BH-CONNECT Evidence-Based Practice (EBP) Policy Guide, DHCS Specialty Mental Health Services (SMHS) Billing Manual SFY 2026-27, and DHCS SMHS Service Tables SFY 2026-27.

Please note that DHCS has not yet released the final BHIN for Child EBPs (PCIT, MST, and FFT). To move forward, DMH has incorporated information from the draft BHIN. The finalized BHIN is anticipated to include transition requirements that allow currently certified providers to continue operating without interruption. DMH will issue immediate updates once DHCS releases the final guidance.

The following services have been added to the Org Manual as they are SMHS Medi-Cal benefits, available as of July 1, 2026. Refer to the Org Manual for additional information.

Enhanced Community Health Worker (E-CHW) (Chapter 2 in the Org Manual) are services to 1) prevent disease, disability, and other health conditions or their progression, 2) to prolong life, and 3) promote physical and behavioral health. E-CHW services include health education, health navigation, screening and assessment and individual support and advocacy to clients who meet criteria for SMHS. The services must be recommended by an Authorized Mental Health Discipline and provided by a Certified Community Health Worker (CHW) who has lived experience that aligns with the client's culture. This lived experience may include areas such as incarceration, military service, pregnancy, disability, foster system placement or homelessness. To be considered certified, the CHW must have one of the following:

1. A certificate from an organization that provides training in the following areas: communication, relationship building, service coordination and navigation, capacity building, advocacy, education and facilitation, individual and community assessment, professional skills and conduct, outreach, evaluation and research, and basic knowledge in public health principles, and social determinants of health. The training program must also include a field experience component.
2. 2,000 hours of experience working as a CHW within the past three years and will obtain a certificate in the next 18 months.

Certified CHWs must be set up in the Network Adequacy: Provider and Practitioner Administration (NAPPA) application and claim according to the Guide to Procedure Codes. Any provider site certified to provide Targeted Case Management (TCM) may provide and claim for E-CHW services.

Functional Family Therapy (FFT) (Chapter 2 in the Org Manual) is an intensive, short-term family-based counseling service for youth, ages 11-18. FFT is a multisystemic intervention designed for at-risk youth who experience challenges with externalizing behaviors (e.g., physical aggression, oppositional behavior, substance use) that require the engagement of the youth or family members' social system (e.g., family, teachers, health care providers). The service focuses on reducing adolescent behavioral problems, conduct disorder, substance use and recidivism, and improving parenting behaviors. A critical component of FFT is involvement of the family, caregivers, foster family, or other key home-based influences. FFT may be provided and claimed in accord with the Guide to Procedure Codes by providers who have been approved by DMH and are trained and certified by FFT LLC, the DHCS Center of Excellence (COE). As an Evidence-Based Practice

(EBP), providers must meet fidelity designation standards by the COE. Directly Operated and Contracted providers may refer clients to FFT via the SRTS using the FFT Referral form.

Multi-Systemic Therapy (MST) (Chapter 2 in the Org Manual) is an intensive, family- and community-based intervention for youth (ages 12-17 years) at risk of severe consequences within their family, school or community due to serious externalizing, anti-social, and/or challenging behaviors. MST uses therapy sessions to address emerging high-risk behaviors including criminogenic behavior, anti-social activities, substance use, and other behaviors that may lead to juvenile justice involvement or out-of-home placement. Through MST, caregivers learn skills to independently address difficulties in raising children and adolescents, and skills to cope with other family, peers, and neighborhood problems. MST emphasizes cultural responsiveness and the centering of home and community settings, as well as partnership with law enforcement and the juvenile justice system. MST may be provided and claimed, in accord with the Guide to Procedure Codes, by providers who have been approved by DMH and are both trained and certified by MST Services, the DHCS COE. As an EBP, providers must meet fidelity designation standards by the COE. Directly Operated and Contracted providers may refer clients to MST via the SRTS using the MST Referral form.

Parent-Child Interaction Therapy (PCIT) (Chapter 2 in the Org Manual) is a specialized behavior management intervention for children ages 2-7 and their parents or caregivers. PCIT is appropriate for young children with oppositional or defiant behavior, aggression, frequent or severe tantrums, or symptoms related to child behavioral health conditions such as attention-deficit/hyperactivity disorder, anxiety, and trauma. Through PCIT, caregivers are taught therapeutic strategies to reduce challenging behaviors by a PCIT therapist. PCIT focuses on decreasing child behavior challenges, increasing positive parent behaviors (e.g., therapeutic play, effective prompts), and improving the caregiver-child relationship through structured interactions. PCIT may be provided and claimed, in accord with the Guide to Procedure Codes, by providers who have been approved by DMH and are both trained and certified by PCIT International, the DHCS COE. As an EBP, providers must meet fidelity designation standards by the COE. Directly Operated and Contracted Providers may refer clients to PCIT via the SRTS using the PCIT Referral form.

Clubhouse Services (Chapter 4 in the Org Manual) are services that use a social practice model in which clients voluntarily participate in clubhouse activities and duties alongside providers trained in the model. Clubhouse Services are appropriate for adults, aged 18 and older, who meet SMHS criteria. Clubhouses are inclusive, community-based environments rooted in empowerment that support members living with mental health conditions in their recovery. Key features of the Clubhouse model include:

- Work-ordered day. In a Clubhouse, Mondays through Fridays are structured into a "work-ordered day" in which members participate in Clubhouse functions, in collaboration with staff, using their strengths and talents.
- Evening, weekend, and holiday activities. Clubhouse provides structured opportunities for socialization and recreation on evenings, weekends, and holidays.
- Community support services. Clubhouse staff connect members to physical, behavioral, and social services available outside of the Clubhouse that help improve overall health and independence by addressing needs like meals and personal care.
- Employment programs. Clubhouse supports members in obtaining competitive employment, and helps them manage challenges as they restore, maintain, or sustain employment. Clubhouse often has an employment specialist as one of its core staff to support members in their employment goals.

Clubhouse providers must be Medi-Cal certified to claim clubhouse services and must claim in accord with the Guide to Procedure Codes. Clubhouses must be in the process of or have achieved accreditation by Clubhouse International, the DHCS COE. Directly Operated and Contracted Providers treating clients may refer them to a Clubhouse for Clubhouse Services via the SRTS using the Clubhouse Referral form. Clients referred for Clubhouse Services should remain in treatment with their referring provider. Clubhouse services are considered

adjunct services and should not replace medically necessary mental health services provided by the client's primary treating provider, such as individual therapy, medication management, TCM, or other medically necessary mental health services.

In addition to the new services described above, the prior authorization requirement for Intensive Home-Based Services (IHBS) has been removed within the Org Manual effective July 1, 2026.

Lastly, the Los Angeles County Behavioral Health Member Handbook has been updated and posted on the LACDMH website to account for the addition of the new BH-CONNECT services.

If contracted or directly-operated providers have questions related to this Bulletin, please contact the Quality Assurance Unit at QAPolicy@dmh.lacounty.gov.

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