SAN MATEO COUNTY HEALTH
**BEHAVIORAL HEALTH
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PIVOT - Program Improvements for Valued Outpatient Treatment

Frequently Asked Questions (FAQs)

About PIVOT and Medi-Cal Billing

1. What is PIVOT and why is this important?

PIVOT is a multi-county Mental Health Services Act (MHSA) innovation project to "re-imagine" and evaluate new strategies needed to prepare for the transition to Behavioral Health Services Act (BHSA). BHRS opted-in to one of five components focused on supporting early intervention and peer-based service contracted providers in exploring whether Medi-Cal billing may be appropriate for their community-based organizations (CBOs) and what the impact of Medi-Cal billing would be on their program, staffing, and clients.

Under Prop. 1 – Behavioral Health Services Act (BHSA) legislation[1], *counties must require providers delivering BHSA-funded non-specialty mental health services (NSMHS) and non-specialty substance use disorder (SUD) services to make a good faith effort to seek reimbursement from Medi-Cal Managed Care Plans. Counties must meet these requirements by July 1, 2027.*

Beyond meeting this new BHSA requirement, Medi-Cal billing helps community providers sustain and expand vital services for those who need them most and ensures alignment with statewide behavioral health reforms. It ensures BHSA dollars are targeted to services and populations that are not otherwise covered, and that counties can accurately report activities and improved performance outcomes for early intervention and peer-based services. PIVOT advances the BHRS Transformation Journey as it helps CBOs align on strategy and fiscal stewardship through Medi-Cal billing. PIVOT also works to support services that reflect the voices, needs, and aspirations of those being served by considering the impact of Medi-Cal billing on community-defined service delivery models and vulnerable client populations served.

Specifically, PIVOT is designed to help:

- Understand Medi-Cal billing requirements and potential opportunities for billing.
- Assess operational readiness (staffing, documentation, billing, technology, and finances).
- Evaluate the potential impact of Medi-Cal billing on service models and sustainability.
- Identify appropriate next steps for CBOs, with technical assistance available when billing is feasible and aligned.

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[1] Department of Health Care Services. (2025). Behavioral Health Services Act County Policy Manual, Chapter 6, Section C: Promoting access to care through efficient use of state and county resources.

2. What if PIVOT determines that Medi-Cal billing is or is not feasible?

PIVOT is focused on assessing whether Medi-Cal billing makes sense for your program based on your services, staffing model, documentation practices, client population, and costs. At the end of Phase 1, the PIVOT team will share findings regarding feasibility and appropriateness with BHRS and each CBO. Next steps, including participation in Phase 2 if applicable, will be a collaborative

- **If billing is determined to be feasible**, and the CBO chooses to move forward with Phase 2, the CBO will receive technical assistance with implementation activities and be eligible for one-time incentive funding to support Medi-Cal billing infrastructure (e.g., certification fees, training, on-site technical implementation, software, etc.).

- **If billing is determined to be feasible**, but the CBO chooses **not** to move forward with Phase 2, BHRS will not be able to justify continued funding. BHRS will communicate ongoing funding decisions in a timely manner.

- **If billing is determined to be not feasible**, continuation of BHSA funding will be determined by BHRS based on the PIVOT's findings for why billing is not feasible and availability of funding. BHRS will share these determinations with CBOs in a timely manner once decisions are finalized.

PIVOT will also inform the broader direction of BHSA early intervention and peer-based services including future funding allocations, requests for proposals (RFPs), and contract and program requirements.

3. What could lead to a determination that Medi-Cal billing is not feasible?

PIVOT will explicitly examine how billing requirements could affect service delivery models. Impacts to programs are core considerations in determining feasibility and appropriateness for Medi-Cal billing. Circumstances where Medi-Cal billing may be determined not feasible could include:

- When applying Medi-Cal billing requirements would create barriers to access, limit engagement with priority populations, or compromise the program's low-barrier or community-based model.

- When the administrative effort to establish and maintain billing infrastructure exceeds the anticipated reimbursement (e.g., clients are largely ineligible for Medi-Cal).

- When the services provided are not covered benefits under Medi-Cal or do not meet medical necessity criteria.

- When the provider organization lacks the operational capacity or infrastructure to integrate Medi-Cal billing—such as documentation, claiming, or compliance systems—without significantly disrupting service delivery.

4. **What timeline will BHRS expect for Medi-Cal implementation once feasibility is established and if a CBO decides to pursue billing?**

For CBOs that are determined feasible to bill Medi-Cal <u>and</u> decide to pursue Medi-Cal billing, the expectation is that billing begin July 1, 2027, as is required by BHSA.

5. **Will BHRS provide transitional funding while programs pursue Medi-Cal enrollment or build billing capacity?**

BHRS will continue to fund CBOs that opt-in to participate in PIVOT through fiscal year (FY) 2026-27. Ongoing funding decisions including funding to cover non-billable services and/or additional transitional needs beyond FY 2026-27 are to be determined and will be informed by PIVOT findings and available BHSA funding.

6. **Will there be feedback loops where CBOs can review and comment on findings before conclusions are finalized?**

Yes, the PIVOT consulting team will review findings with your organization and provide opportunities to clarify, correct, and contextualize information before conclusions are finalized. We will have multiple meeting checkpoints to review data collected and initial findings.

CBO Participation in PIVOT

7. **What CBOs are participating in PIVOT Phase 1 and how were they selected?**

The first cohort of CBO participants include Heart & Soul, Ayudando Latinos a Soñar (ALAS), Puente de la Costa Sur, Peninsula Family Service, Peninsula Health Care District, Jefferson Union High School, and North East Medical Services (NEMS). CBOs were identified to participate if they are currently providing MHSA-funded early intervention or peer-based services, not billing Medi-Cal and based on their interest and readiness to explore feasibility for Medi-Cal billing.

BHRS and Phase 1 CBOs will learn together, build shared understanding, and inform future CBO cohorts and planning for ongoing early intervention and peer-based services requirements for contracting.

8. **How is participation in PIVOT beneficial?**

Participation in PIVOT is highly encouraged for current MHSA-funded early intervention and peer-based services providers. PIVOT is BHRS' effort to meet the Prop. 1 – BHSA mandate to "make a good-faith effort to seek reimbursement from Medi-Cal". PIVOT will inform future funding allocations, requests for proposals (RFPs) and program requirements.

If an eligible CBO chooses not to participate, it will impact our ability to meet the BHSA requirement for funding. If you have concerns about timing or capacity, please reach out to Doris Estremera, MHSA Manager at destremera@smcgov.org.

9. **If we are unable to participate in PIVOT now due to capacity, is there another option?**

Yes, there will be a second cohort of organizations starting mid to late summer 2026 during Phase 2 Implementation and Technical Assistance.

10. Will participation focus on one program or our whole organization?

Participation focuses on the specific MHSA-funded early intervention or peer-based program(s) identified in your invitation. Information about broader organizational systems may be requested only to the extent that they support or impact funded early intervention or peer-based program(s) identified- in your invitation.

11. Who should be the point of contact for each program?

Each CBO is asked to designate one primary point of contact to coordinate scheduling and data submission for their program. This person should involve others internally as needed (e.g., finance, program leads, billing or IT staff), but a single point of coordination helps streamline communication.

PIVOT Expectations for CBOs

12. What is the overall timeline of PIVOT?

PIVOT is a multi-phase, multi-year initiative. We are currently in Phase 1. Please see a summary of the PIVOT phases and tentative timelines below.

- **Phase 0**: Discovery and lessons learned (completed)
    - Timeframe: October 2025 – February 2026
    - Details: Completed background research on Medi-Cal billing requirements and potential opportunities for billing and preparation activities prior to the launch of PIVOT Phase 1.
- **Phase 1**: Feasibility and readiness assessment (current phase)
    - Timeframe: March 2026 – June 2026
    - Details: Work with initial cohort of CBOs to assess feasibility and impact of Medi-Cal billing for the early intervention and peer-based services.
- **Phase 2**: Targeted implementation and technical assistance
    - Timeframe: July 2026 – June 2027
    - Details:
        - Provide technical assistance to CBOs determined feasible to pursue Medi-Cal billing, from Phase 1 cohort.
        - CBOs determined feasible to bill Medi-Cal will also be eligible for one-time incentive funding to support activities for Medi-Cal billing infrastructure (e.g., certification fees, training, on-site technical implementation, software, etc.).
        - Develop performance outcome and sustainability measures.
        - Work with a second cohort of CBOs to assess feasibility and impact of Medi-Cal billing for their early intervention or peer-based services.

- **Phase 3**: Assessment and sustainability
    - Timeframe: July 2027 – June 2028
    - Details:
        - Assess progress and operations of CBOs implementing Medi-Cal billing and identify opportunities for improvement.
        - Implement performance outcome and sustainability measures.
        - Evaluate impact of billing implementation

13. What technical assistance is included throughout the three PIVOT phases?

Phase 1 technical assistance may include:

- Support with understanding Medi-Cal enrollment and certification/credentialing requirements
- Support with understanding Medi-Cal documentation, staffing, and program requirements
- One-on-one technical assistance meetings to support understanding of data requests

For programs that pursue Medi-Cal billing, Phase 2 may include:

- Support with development of Medi-Cal program applications and documentation
- Workflow or process planning support
- Training or guidance on documentation and outcome reporting standards
- Staffing or supervision considerations

PIVOT Phase 1 Requests

14. What are the specific Phase 1 activities expected of CBOs?

The focus of Phase 1 is on collaboratively understanding the feasibility and impact of Medi-Cal billing for each program. As such, Phase 1 activities include:

- Participating in a group kickoff meeting with other Phase 1 CBOs
- Participating in one-on-one technical assistance meetings
- Engaging in interviews or working sessions to understand your program
- Submitting a structured set of existing documents and summary data
- Reviewing and validating preliminary findings with the PIVOT team

15. What is the time expectation of leadership and program staff?

The total estimated time commitment across all staff is approximately 8-10 hours, plus 2–4 hours for document preparation. CBO program leadership participation will include:

- Participating in the PIVOT kick-off meeting
- Participating in one-on-one discussions about program goals, operation, sustainability, and decision -making

Program and administrative staff may support:

- Providing requested documents and data
- Clarifying service delivery, staffing, billing, or technology workflows

16. Are you asking for client-level data, aggregated data, or both? (If client-level: what fields?)

Please do not send us personally identifiable client information or PHI. Aggregate or summary-level data is sufficient.

17. What if we do not currently track a requested metric for Phase 1?

Not all organizations track the same data, and not all requested items may be relevant for each program. If a requested item is not available, please note that and describe how the program currently operates for that particular area.

18. Who will have access to the data we share?

Information shared during Phase 1 will be reviewed by:

- BHRS project leadership
- The PIVOT implementation team
- An independent evaluation partner supporting required innovation reporting
- Access will be limited to project purposes and handled in accordance with county confidentiality and data security requirements.