



## **7.2.20 BRONZAN-MCCORQUODALE ACT (1991 REALIGNMENT) SERVICES**

Issue Date: 08/17/2020

Revision History: 01/13/2026

References: Welfare and Institutions Code Section 5600 et. seq.; DHCS MHSUDS Information Notice No: 18-008.; Social Security Act, Section 1905(a)(29)(B); Social Security Act, Section 1905(i); California Code of Regulations, Title 9, Sections 1830.205, 1830.215

Policy Owner: Behavioral Health Quality Assurance and Performance Improvement (QAPI), Quality Assurance Manager

Director Signature: **Signature on File**

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### **I. Policy Statement**

The purpose of this policy is to ensure that, under the Bronzan-McCorquodale Act (1991 Realignment), the Sonoma County Department of Health Services – Behavioral Division (DHS-BHD) Mental Health Plan (MHP) pays for an array of community mental health services and acute psychiatric inpatient hospital services, including acute psychiatric inpatient hospital services, when said services are provided in a facility considered an Institution for Mental Disease (IMD).

### **II. Scope**

This policy applies to all DHS-BHD Covered Persons including employees (full-time, part-time, extra-help), unpaid interns, paid interns, temporary agency workers, registered volunteers, and all individual providers contractually designated as covered persons. Covered Persons do not include Community Based Organization (CBO) staff.

### **III. Definitions**

A. 1991 Realignment: Refers to the Bronzan-McCorquodale Act, enacted by the California State Legislature to realign responsibility for the provision of community mental health services to counties, and providing a dedicated funding source – sales tax and vehicle license fee revenues.

- B. Client: Refers to an individual of any age who is receiving or has received Specialty Mental Health Services (SMHS), regardless of Medi-Cal enrollment or eligibility.
- C. IMD Exclusion: Established by Section 1905(a)(29)(B) of the Social Security Act, the IMD Exclusion prohibits Medicaid "payments with respect to care or services for any individual who has not attained 65 years of age and who is a patient in an institution for mental diseases." Individuals over the age of 65 have always been excluded from this restriction, and a separate provision enacted in 1972 excludes patients under 21 from it.
- D. Institution for Mental Diseases (IMDs): An institution for mental diseases is defined in the law as any "hospital, nursing facility, or other institution of more than 16 beds, that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services."
- E. Medical Necessity Criteria: A clinical determination of a member's eligibility for Medi-Cal SMHS, that are the responsibility of the MHP, based on the California Code of Regulations, Title 9, Sections 1830.205 and 1830.215. If a member's condition meets medical necessity criteria, they are eligible for SMHS provided by the MHP, and Medi-Cal reimbursement may be provided for authorized services.
- F. Member: Individual(s) who are enrolled in Medi-Cal and receive free or low-cost health insurance coverage.
- G. Pronoun Usage: Throughout this policy, the singular "they/their" is used as a gender-neutral pronoun to promote clarity, readability, and inclusivity.

#### **IV. Policy**

- A. In 1991, through the Bronzan-McCorquodale Act, the Legislature realigned responsibility for the provision of community mental health services to counties and provided a dedicated funding source known as Realignment funding—sales tax and vehicle license fee revenues.
- B. In accordance with 1991 Realignment, the Sonoma County DHS-BHD MHP will pay for an array of community mental health services and acute psychiatric inpatient hospital services, including acute psychiatric inpatient hospital services when said services are provided in a facility considered an IMD.

#### **V. Procedures**

- A. The DHS-BHD MHP will use 1991 Realignment funding and other available local resources to provide reimbursement for services to members meeting the criteria for SMHS. As resources allow, the MHP will use these funds to provide an array

of community mental health services and acute psychiatric inpatient hospital services, including when such services are provided in a facility considered an IMD.

- B. DHS-BHD MHP will provide reimbursement for community mental health services and acute psychiatric inpatient hospital services to applicable clients, including; emotionally disturbed children or adolescents, and adults and older adults who have a serious mental disorder, as defined in WIC Section 5600.3, whether or not the client is a Medi-Cal member. The MHP will also provide reimbursement for psychiatric inpatient hospital services delivered in an IMD to Medi-Cal members under the age of 21 or 65 years or older.
- C. Additionally, DHS-BHD MHP will pay for acute psychiatric inpatient hospital services provided in an IMD to eligible residents, including Medi-Cal members between the ages of 21 and 65. Due to the IMD Exclusion, federal financial participation on the part of the MHP is not available for acute psychiatric inpatient hospital services provided in an IMD to Medi-Cal members between the ages of 21 and 65. However, the availability of federal financial participation is not a factor in determining the county's responsibility to provide these services.
- D. Referrals or linkages with other social services agencies (e.g., homeless shelters, veteran services, law enforcement, churches) will be made based on the individual's assessed needs, whether or not they meet criteria for services.
- E. Assertive outreach by DHS-BHD MHP, using 1991 Realignment and Mental Health Services Act (MHSA) funding, will make mental health services available to homeless and treatment-reluctant individuals with mental health treatment needs. A number of common strategies for increasing access to services for these individuals have been identified. These person-centered approaches include but are not limited to using harm reduction techniques; practicing cultural humility, being trauma-informed, courteous, and respectful; establishing trust; offering service flexibility; and partnering with other organizations to increase client involvement.

**VI. Forms**

None

**VII. Attachments**

None