



ACT/FACT Monthly Bundled & Unbundled Services Workflow

Jill Michalski, LCSW, BHPC
EHR Project Clinical Lead

June 29, 2026

SPOA Referral – Referral Authorization



- Prior Authorization
 - SPOA will notify Optum UM for ACT/FACT BHP Referral Authorization at time of client referral to ACT/FACT Program
 - Program must open client to their program in either Requested or Enrolled status within 2 business days of receipt of the referral
 - Optum UM will enter the ACT/FACT BHP Referral Authorization in SmartCare on 3rd business day
 - Authorization will be dated to align with date client was opened to program
 - Authorization will cover first 21 days of services to allow for client engagement and completion of intake and assessment processes

Prior Authorization



- Services provided without an authorization cannot be included towards the monthly bundled rate and can only be claimed as unbundled services.
- Program will submit request for Prior Authorization to Optum by Day 14 from date of receiving SPOA referral/date client was opened to program.
(Calendar Days)
 - Optum will review and authorization determination will be faxed back to program within 5 business days from receipt of Authorization Request.
 - Initial Prior Authorization covers all ACT/FACT services and bundled rates for duration of 6 months
- Programs should run the COSD Authorizations Report (My Office) to verify that a valid authorization is in place for the client.
- Clients that cannot be engaged in that time or are determined to not meet ACT/FACT criteria, should be transferred to the ICM Program.

Monthly Bundled Rates

EBP Service (Abbrev.)	Code	Minimum No. of Total Units per Month for Partial Rate	Minimum No. of Face-to-Face Units per Month for Partial Rate	Minimum No. of Total Units per Month for Full Rate	Minimum No. of Face-to-Face Units per Month for Full Rate
ACT	H0040	4	3	6	4
FACT	H0039	4	3	6	4

- Full Monthly Rate: minimum of 6 contacts with at least 4 face to face (in person) with client
- Partial Monthly Rate: minimum of 4 contacts with at least 3 face to face (in person) with client
- 12 or more services in a month: claim the bundled rate for services up 12th service, services 13 or more claimed unbundled at FFS rate
- Less than required number of contacts/face to face contacts: claim all services as unbundled.

Monthly Bundled Rates Inpatient & Residential Settings



- BHPs may claim the full ACT/FACT rate during the month of a member's admission or discharge to the inpatient or residential treatment setting.
 - Services must meet all requirements for the full monthly rate
 - At least 3 of the 6 required contacts must be delivered before admission or after discharge from the inpatient or residential setting.
- If the member is in the inpatient or residential treatment setting for the entirety of a month, BHPs may only claim the partial rate.
 - Services must meet all requirements for the partial rate
- Payment is not available for services delivered to members while they reside in inpatient or residential settings that are IMDs unless the IMD is participating in the BH Connect or DMC-ODS (SUD) option to receive FFP for IMD short-term stays.
 - Currently only the following psychiatric settings are included in the IMD FFP Waiver:
 - San Diego County Psychiatric Hospital
 - Sharp Mesa Vista
 - API

ACT/FACT Correctional/Jail settings



The primary Medi-Cal services available to individuals while incarcerated are the targeted pre-release services authorized under the CalAIM Justice-Involved Initiative (which can be provided in the 90 days prior to release).

These include (but are not limited to) reentry care management services (TCM/ICC) and behavioral health clinical consultation services. Through these pre-release services, an individual could be assessed and linked to an ACT or FACT team for post-release care, but they could not receive ACT or FACT services while in jail or prison.

Billing for OHC or Medicare/Medi-Medi Clients



- Medi-Cal is payer of last resort. Providers must submit claims to member's other health coverage for eligible services before submitting claim to Medi-Cal.
 - Claim must include OHC information
 - If OHC does not respond within 90 days, provider may submit claim to Medi-Cal on the 91st day.
- Medicare reimbursable services provided by Medicare-recognized providers to clients who are enrolled in Medicare or are Medi-Medi must be billed to Medicare and the Medicare COB must be submitted whether a service is bundled or unbundled.
 - Example:
 - LCSW provides an assessment service (90791) to client – this should be billed to Medicare and COB submitted to BU before services can be billed to DHCS/Medi-cal
 - Unlicensed clinician provides assessment service (H0031), this is not billable to Medicare.

Billing Medicare/Medi-Medi



BH Connect Service	Service Component	Medicare Coverage
Assertive Community Treatment (ACT)/Forensic Assertive Community Treatment (FACT)	Assessment	Yes
	Crisis Intervention	Yes
	Employment and Education Support Services	No
	Medication Support Services	Yes
	Peer Support Services	No
	Psychosocial Rehabilitation	No
	Referral and Linkages	Yes

Entering the Services



LIVE WELL
SAN DIEGO

1. Open the service note screen. **Review and complete the service details**
 - a. **Change the status to “Show”**
 - b. **Confirm the Program, Procedure, Location, Clinician, and Mode of Delivery are accurate.**

- **Mode of Delivery must be selected for “BHC Monthly Bundle”**

The screenshot shows a 'Progress Note' form with the following fields:

- Effective: 05/07/2025
- Status: New
- Author: MCHESKI, JI
- Service: [Dropdown]
- Note: [Dropdown]
- Billing Diagnosis: [Dropdown]
- Add-On Codes: [Dropdown]
- Warnings: [Dropdown]
- Service Section:
 - Status: Show
 - Program: [Dropdown]
 - Procedure: [Dropdown]
 - Location: [Dropdown]
 - Clinician: [Dropdown]
 - Mode of Delivery: BHC - ACT/HCT Monthly Bundle (highlighted with a red circle)
 - Start Date: 05/07/2025
 - Start Time: [Dropdown]
 - Travel Time: [Dropdown] Minutes
 - Documentation Time: [Dropdown] Minutes
 - Service Time: [Dropdown] Minutes
 - Attending: [Dropdown]
 - Referring: [Dropdown]
 - Evidence Based Practices: [Dropdown]
 - Transportation Service: No
 - Interpreter Services Needed: [Checkbox]

- Enter the actual procedure code for the service provided and Place of Service

The BHC Monthly Bundled MOD is what will “bundle” the service(s) and attach the Bundled Rate billing procedure code to the service. Services that do not have the BHC Monthly Bundle MOD will be treated as “unbundled” services and will not be included for bundled rate claims



Completing Service Note

- After completing your note and ensuring all information is accurate. Sign Note.
- ***Services will go through the Nightly Job and “pend” on the back end in specific billing EBP Bundled Rate billing plans until end of month review and edit of services provided to the client based on whether they meet threshold for either the Full or Partial Monthly Bundled Rate or should be edited to remove the BHC Monthly Bundled Rate MOD.***
- Not all services will require the MOD to be changed. MOD is dependent on whether the service will be part of the bundle or will be claimed separately as an unbundled service.



End of Month Review for Bundling

- At the end of each calendar month programs will need to review all services for all clients to determine whether any services need to be unbundled or if they meet for one of the bundled rates.
- Programs will run the **COSD Client Services Report (My Office)** for all services/all clients to determine the following possible claiming options:
 - **Partial Monthly Bundle Rate:** Client received minimum of 4 service encounters and at least 3 of these services were face to face with the client:
 - Leave MOD for BHC Monthly Bundle unchanged
 - **Full Monthly Bundle Rate:** Client received 6-12 service encounters, at least 4 of these services were face to face with the client.
 - Leave MOD for BHC Monthly Bundle unchanged



End of Month Review for Bundling or Unbundling of Services

- **Client received > 12 service encounters** and met minimum for Full Bundled Rate – for Services #13 and beyond
 - **Change MOD** to remove BHC Monthly Bundle and select appropriate MOD
 - Unbundled services will bill separately at the individual FFS rates for the service type provided in addition to the monthly bundled rate.
- **Client received less than 4 service encounters for the month**
 - Threshold not met to claim a bundled rate – all services must be unbundled and submitted as unbundled services.
 - **Change MOD** to remove BHC Monthly Bundle and select appropriate MOD



Editing Services for MOD

- Not all services will require the MOD to be changed. MOD is dependent on whether the service will be part of the bundle or will be claimed separately as an unbundled service.
- Services that do not meet the Bundled Rate thresholds or that are over 12 services should be claimed as unbundled and will require the BHC Monthly Bundle MOD removed and changed to appropriate MOD
- *Changes to service notes to correct the MOD will be made by designated program staff (clinical supervisors, billing/medical records staff) who have been designated by program and provided access by MIS.*

Editing Services for MOD



- Open Service Note to be edited via Services (Client) list page

Services (5)

Show Services Only: All Statuses: All Clinician: Apply Filter

All Programs: DOS From: 04/01/2026: DOS To: Include Services created from Claims: Only Include Services with Add On Codes: All Program Assignment

DOS	Procedure	Group Name	Units	Status	Clinician/Provider	Program	Location	Charge	Payment	Client Bal	3rd Party Bal	Add On Codes	Attachment(s)	Recurrence
04/22/2026 09:00 AM	TCM/ICC 15 Minutes		1.00	Complete	Michalski, Jill MD Me...	CRF S BAY IMPAC...	Telehea...	\$373.99			\$373.99			
04/14/2026 02:00 PM	TCM/ICC 20 Minutes		1.00	Complete	Michalski, Jill MD Me...	CRF S BAY IMPAC...	Telehea...	\$373.99			\$373.99			
04/09/2026 09:00 AM	Individual Therapy 30 Min...		1.00	Complete	Michalski, Jill MD Me...	CRF S BAY IMPAC...	Office	\$747.99			\$747.99			
04/08/2026 10:00 AM	Individual Therapy 30 Min...		1.00	Complete	Michalski, Jill MD Me...	CRF S BAY IMPAC...	Office	\$747.99			\$747.99			
04/02/2026 09:00 AM	Psychosocial Rehab - Indi...		3.00	Complete	Michalski, Jill MD Me...	CRF S BAY IMPAC...	Office	\$1,121.97			\$1,121.97			

- Select Override Service Detail Icon

Service Detail

Service Detail | Billing Diagnosis | Add-On Codes | Authorization(s)

Service

Client: Wobblestone, Lu... Status: Show Start Date: 05/05/2026 Program: TELECARE VIDA ACT FACT

Procedure: Individual Therapy Modifier... Start Time: 10:00 AM Service Time: 45 Minutes

Clinician Name: Michalski, Jill End Date: 05/05/2026

Location: Office Attending Referring

Client was present (unused) Other Person(s) Present: Cancel Reason:

Group... Charge: \$1121.98 Balance: Rate ID: 11079385

Billable Do Not Complete

Mode Of Delivery: BHC - ACT/FACT Monthly Bunk

Travel Time: 0 Minutes Note:

Editing Services for MOD



- **Change the MOD*** from the BHC Monthly Bundle to the appropriate MOD for services that should be excluded from the bundled rate.

The screenshot displays a software interface for editing service details. The top navigation bar includes a search icon, a star icon, a user profile icon for 'Gurdy, Hurdy (200388767)', and a '+ x' icon. The main content area is titled 'Service Detail' and contains a form with the following fields:

- Client: Gurdy, Hurdy
- Status: Complete
- Start Date: 04/22/2026
- Program: CRF S BAY IMPACT FSP
- Procedure: TCM/ICC
- Start Time: 9:00 AM
- Service Time: 15 Minutes
- Clinician Name: Michalski, Jill
- End Date: 04/22/2026
- Location: Telehealth - Audio and Video
- Attending: [Empty]
- Referring: [Empty]
- Client was present (unused): [Checked]
- Other Person(s) Present: [Empty]
- Cancel Reason: [Empty]
- Charge: \$373.99
- Balance: \$ 373.99
- Rate ID: 10796326
- Mode Of Delivery: Face-to-face
- Travel Time: [Empty] minutes
- Documentation: Face-to-face (Dropdown menu open showing 'BHC - ACT/FACT Monthly Bundle')
- Evidence Based P: [Empty]
- Transportation Se: Written

The top right toolbar contains a 'Regenerate Charge' button, a red circle around a refresh icon, and other utility icons. A red arrow points to the 'Regenerate Charge' button. Another red arrow points to the 'BHC - ACT/FACT Monthly Bundle' dropdown menu in the 'Documentation' field.

Editing Services for MOD



- Once you have changed the MOD, select Save.
- **Do NOT select the “Regenerate Charge” button.**

11-21-2025

Gurdy, Hurdy (200388767)

Service Detail

Regenerate Charge

Save

Service Detail Billing Diagnosis Add-On Codes Authorization(s)

Service

Client... Gurdy, Hurdy Status Complete Start Date 04/22/2026 Program CRF S BAY IMPACT FSP

Procedure TCM/ICC Start Time 9:00 AM Service Time 15 Minutes

Clinician Name Michalski, Jill End Date 04/22/2026

Location Telehealth - Audio and Video Referring

Client was present (unused) Other Person(s) Present Cancel Reason

Group... Charge \$373.99 Balance \$ 373.99 Rate ID 10796325

Billable Do Not Complete

Mode Of Delivery Face-to-face

Travel Time 0 Minutes Note

Documentation Time 0 Minutes

Evidence Based Practices

Transportation Service No

Override Charge Amount Overridden By

Override Errors Overridden By

Interpreter Services Needed

- ** Not all services will require the MOD to be changed. MOD is dependent on whether the service will be part of the bundle or will be claimed separately as an unbundled service.*

Editing Services for MOD



- Once you have changed the MOD for any services that should be billed as unbundled services at the FFS rate, notify MH Billing Unit that monthly services have been completed. This should occur no later than the 10th of the month following the month the services were provided.
- No additional changes should be made to service notes after the 10th of the month. If additional service corrections are needed, please reach out to the MH Billing directly.

Optum Website:

- [Authorization for Services Process in SmartCare](#) – SMH & DMC-ODS Health Plans → SmartCare Tab
- [SmartCare Workflow for MH-SUD 10.08.24.pdf](#) -- SMH & DMC-ODS Health Plans → SmartCare Tab
- [Adult FSP ICM & ACT Criteria 5.26.26](#) – SMH & DMC-ODS Health Plans → MH Resources Tab
- [BH Connect ACT/FACT FAQs](#) – SMH & DMC-ODS Health Plans → MH Resources Tab
- [ACT/FACT Prior Authorization Request Form](#) – SMH & DMC-ODS Health Plans → MH Resources Tab
- [Accessing the COSD Authorizations Report in SmartCare guide](#) – SMH & DMC-ODS Health Plans → Smartcare Tab → Workflows & Documentation
- BHS ACT/FACT Monthly Bundled Rate Guidance -- *pending upload*
- BHS ACT/FACT Monthly Bundled Rate & Unbundled Service Entry in SmartCare – *pending upload*

DHCS Resources:

- [SMHS-Billing-Manual-SFY2026-27](#)
- [BHIN-25-009-Coverage-of-BH-CONNECT-Evidence-Based-Practices.pdf](#)
- [EBP Policy Guide 5.1.25](#)