



# **ACT/FACT Monthly Bundled & Unbundled Services Workflow**

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# 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 3<sup>rd</sup> 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 12<sup>th</sup> 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.

# 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”** – service must be in Show status until step 5.
  - b. **Confirm the Program, Procedure, Location, Clinician, and Mode of Delivery** are accurate.
    - **Mode of Delivery must be selected for “BHC-ACT/FACT Monthly Bundle”**

Progress Note

Effective: 05/07/2026 Status: New Author: Michalski, Jill

Service Note Billing Diagnosis Add-On Codes Warnings

Service

Status	Show	Start Date	05/07/2026
Program		Start Time	*
Procedure	Crisis Intervention	Travel Time	* Minutes
Location	*	Documentation Time	* Minutes
Clinician	Michalski, Jill	Service Time	* Minutes
Mode Of Delivery	BHC - ACT/FACT Monthly Bundle	Attending	
Cancel Reason		Referring	
Evidence Based Practices			
Transportation Service	No	<input type="checkbox"/> Interpreter Services Needed	

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

# Entering the Services – Pending Status



- After completing your note, you will return to the Service Details tab and **change the status to Pending and sign your note.**
- Notes will remain in Pending Status to prevent them from going through the Nightly Job and Completing.
- At the end of the month, Providers will review the services provided to determine if they should be bundled or unbundled.

The screenshot displays the 'Progress Note' interface. At the top, there is a header with 'Effective 05/07/2026', 'Status New', and 'Author Michalski, Jill'. Below this is a navigation bar with tabs for 'Service', 'Note', 'Billing Diagnosis', 'Add-On Codes', and 'Warnings'. The 'Service' tab is active, and a dropdown menu is open, showing options: 'Show', 'Scheduled', 'Pending' (highlighted with a red circle), 'Cancel', 'No Show', and 'Error'. A red arrow points to the dropdown menu. To the right of the dropdown, there are fields for 'Start Date' (05/07/2026), 'Start Time' (2:00 PM), 'Travel Time' (0 Minutes), 'Documentation Time' (10 Minutes), 'Service Time' (30 Minutes), 'Attending', and 'Referring'. There is also a checkbox for 'Interpreter Services Needed'.



# 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-ACT/FACT Bundle unchanged
    - Change Status from **Pending** to **Show**
  - **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-ACT/FACT Bundle unchanged
    - Change Status from **Pending** to **Show**



# End of Month Review for Bundling

- **Client received > 12 service encounters** and met minimum for Full Bundled Rate – for Services #13 and beyond
  - **Change MOD** to remove BHC-ACT/FACT Bundle and select appropriate MOD
  - Change Status from **Pending** to **Show**
  - 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-ACT/FACT Bundle and select appropriate MOD
  - Change Status from **Pending** to **Show**

# Editing Services for MOD and Status



- All Services will require the Status to be changed to Show but 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-ACT/FACT Bundle MOD removed and changed to appropriate MOD in addition to changing the status to SHOW

# Editing Services for MOD and Status

- Open Service Note to be edited

Services/Notes (16)

All Clinician All Statuses All Procedures Other Apply Filter

Show Services and Care Mgmt Claims Past 12 Months From 05/15/2025 To All Programs

Include Services created from Claims  Only include Services with Add On Codes All Program Assignment

Auth	DOS	Status	Document	Group Name	Procedure	Mode Of Delivery	Clinician	Program	Comment	Add On Codes	Attachment(s)	Recurrence
	05/14/2026 09:00	Pending	<a href="#">Progress Note</a>		Psychosocial Rehab - In...	BHC - ACT/FACT Monthly ...	Michalski, Jill	TELECARE VIDA AC...				
	05/05/2026 10:00	Show	<a href="#">Progress Note</a>		Individual Therapy 45.0...	Telephone	Michalski, Jill	TELECARE VIDA AC...				
	05/05/2026 09:00	Show	<a href="#">Progress Note</a>		Individual Therapy 45.0...	BHC - ACT/FACT Monthly ...	Michalski, Jill	TELECARE VIDA AC...				

- Select Edit Icon

Progress Note

Effective: 05/14/2026 Status: Signed Author: Michalski, Jill 05/05/2026

Document

Client ID: [REDACTED] Page 1 of 1

SanDiegoCntySmartcareQA | 11-21-2025

Progress Note

Client Name: [REDACTED] Client ID: 200388753 Status: Pending

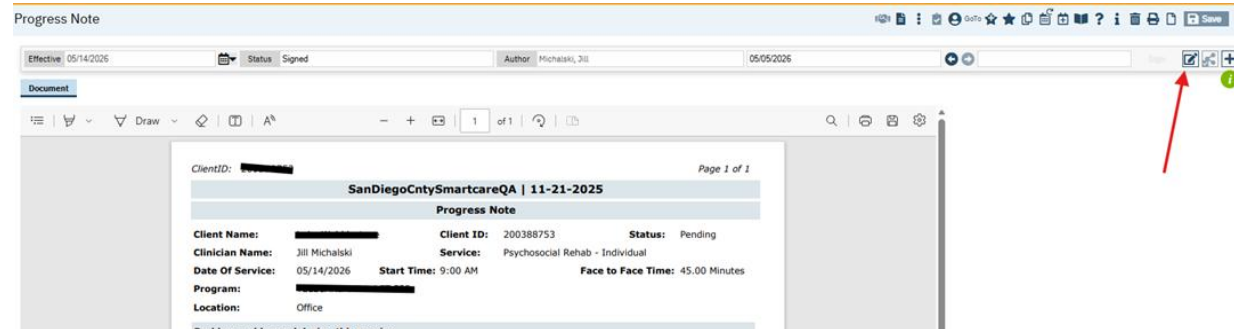
Clinician Name: Jill Michalski Service: Psychosocial Rehab - Individual

Date Of Service: 05/14/2026 Start Time: 9:00 AM Face to Face Time: 45.00 Minutes

Program: [REDACTED]

Location: Office

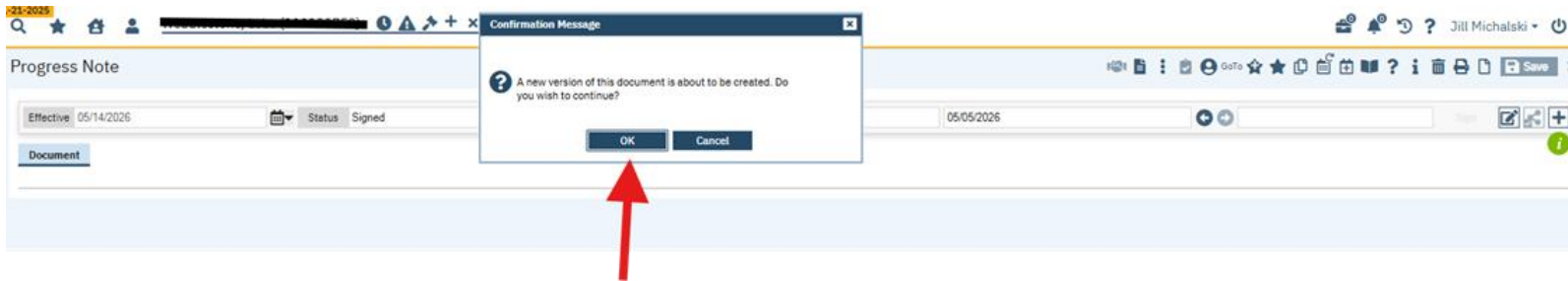
Problems addressed during this session:



# Editing Services for MOD and Status



- Pop Up Message *“A new version of this document is about to be created. Do you wish to continue?”*
- Select **Yes**



# Editing Services for MOD and Status



- **Change Status to Show** and if applicable, **change the MOD\*** from the ACT/FACT Monthly Bundle to the appropriate MOD for services that should be excluded from the bundled rate.
- Sign Note.
- Services will now run through Nightly Job and Billing Job and Bundled Services will bill to state on separate claim from the bundled services.

The screenshot displays a 'Progress Note' form with the following fields and values:

- Effective: 05/14/2026
- Status: In Progress
- Author: Michalski, Jill

The 'Service' tab is active, showing the following details:

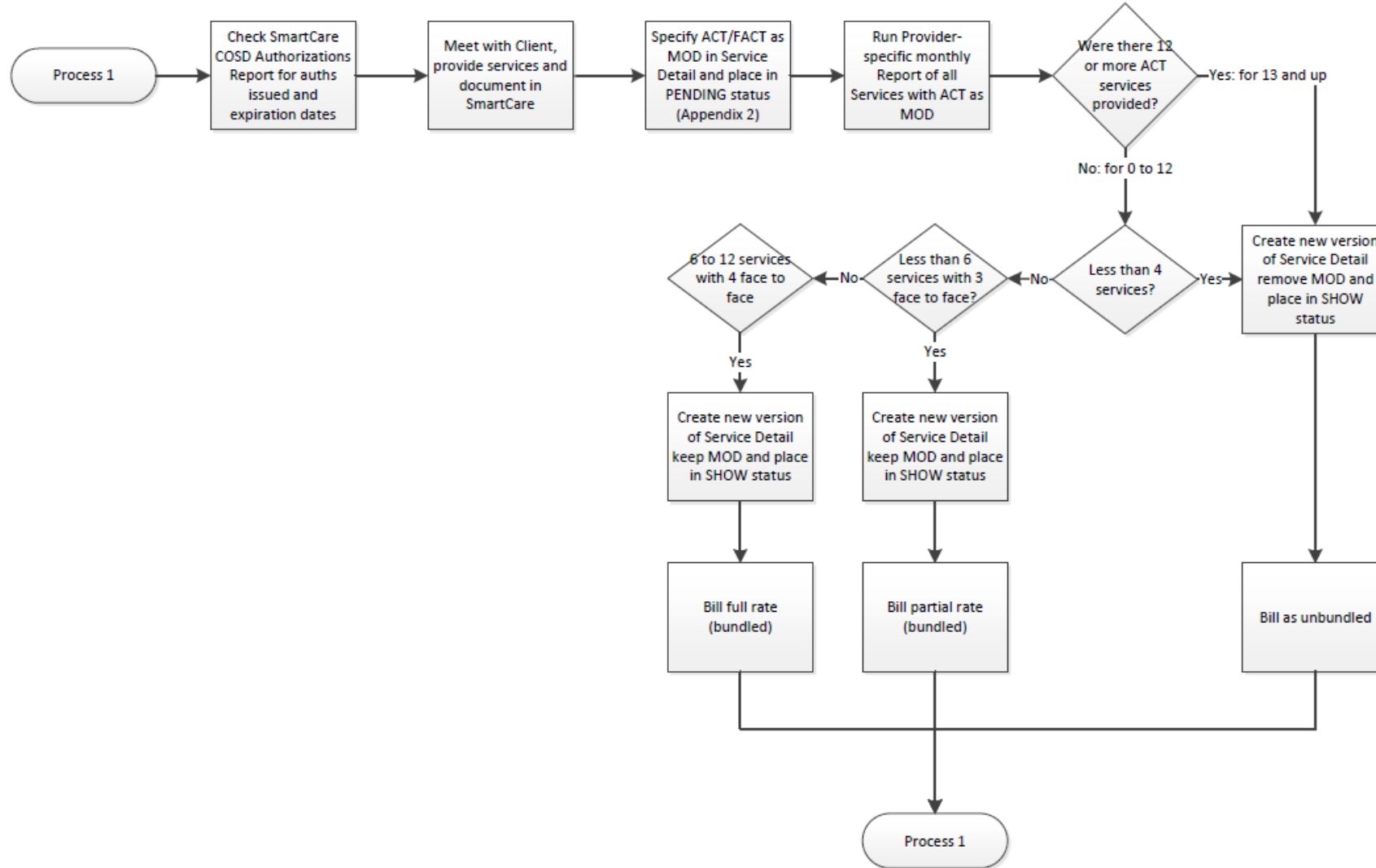
- Status: Pending
- Program: TELECARE VIDA ACT FSP
- Procedure: Psychosocial Rehab - Individual
- Location: Office
- Clinician: Michalski, Jill
- Mode Of Delivery: BHC - ACT/FACT Monthly Bundle (dropdown menu is open)
- Evidence Based Prac: Face-to-face
- Transportation Service: Telephone

The dropdown menu for 'Mode Of Delivery' is open, showing the following options:

- BHC - ACT/FACT Monthly Bundle
- BHC - ACT/FACT Monthly Bundle
- Face-to-face
- Telephone
- Video Conference
- Written

Other fields include Start Date (05/14/2026), Start Time (9:00 AM), Travel Time, Documentation Time, Service Time (45 Minutes), and an 'Interpreter Services Needed' checkbox.

# Process Map



The following resources can be found on the 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
- Accessing the COSD Authorizations Report in SmartCare guide – *pending*
- BHS ACT/FACT Monthly Bundled Rate Guidance -- *pending*
  - High Level Overview Guide for Bundled Rates
- BHS ACT/FACT Monthly Bundled Rate & Unbundled Service Entry in SmartCare – *pending*
  - Step by Step workflow
- BHS ACT/FACT Authorization and Claiming Services Process Map - *pending*