COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

ACT/FACT Bundled Rate Rules – Counting Contacts

Key rule for all scenarios:

A contact = **at least 15 minutes**.
Normally **only one contact per day** may be counted, **except** when you have:

- **One contact with the member AND one with a collateral on the same day**
  → This day may count as **two separate contact days** if both contacts meet the 15-minute requirement.

Same Day Duplication Rule

- The **same day duplication rule** applies **only to contacts counted toward the monthly bundled rate**, which includes all contacts numbered **1 through 12.**

  Why?

  •Contacts **1–12** are all part of determining bundle eligibility AND part of the bundled claim itself. The rule is specifically defined for determining the **number of qualifying "days"** for the **full** (6 days) or **partial** (4 days) rate.

  Where the rule stops applying

  After the member reaches **12 total contacts**, anything **13+** is billed **individually as unbundled FFS services**, not as part of the monthly bundle.

  Once contacts are in the **unbundled category**, the "same-day counts twice" logic is **irrelevant**, because each service is billed individually rather than counted toward a day requirement.

  Therefore:

  ✓ **Yes — same-day duplication applies for contacts 7–12** (because they are still part of the bundled count calculation).

  ❌ **No — it does not apply for contacts 13+** (unbundled billing).

Midpoint or "8 Minute Rule"

Midpoint or "8-minute" rules **do not apply** to ACT/FACT bundled services. Here's what that means for billing and documentation:

ACT/FACT contacts are billed as a **single unit** regardless of duration beyond the minimum

Why Midpoint Rules Don't Apply

- The **SMHS Billing Manual** states that **midpoint or 8-minute rules** only apply to codes where minutes determine unit count.
- For bundled services (e.g., ACT/FACT in Medi-Cal), **time is not used to calculate units**—so additional minutes don't equate to additional billing units.
    - 1 15-minute contact = 1 unit for bundled rate

Does a service count toward bundled services if it is less than 15 minutes?

No.
A service must be at least 15 minutes to count as an ACT bundled "contact."

- Contacts under 15 minutes **cannot** be counted toward the 4-day or 6-day bundled-rate thresholds,
- And they **cannot** be selected as one of the 12 bundled services.

What happens if a contact is less than 15 minutes?

A service **under 15 minutes** may still be clinically meaningful or documented for care coordination—but it **does NOT qualify as a "contact"** for ACT bundled billing and:

- Cannot be included in bundled count (contacts 1-12)
- Cannot count as one of the required face-to-face contacts
- Cannot be used for same-day duplication count
- Must be documented as a **non-billable** service or billed, if allowable, as an **unbundled** service, depending on the service type.

Do bundled services (1–12) need to be in chronological order?

No.
Bundled services **do NOT need to be the first 12 services chronologically.**

Programs may **include any 12 qualifying services** delivered within the month—*even if they occurred later in the month*—as long as they meet:

- the **6-day / 4-day** minimum,
- the required **face-to-face minimum**, and
- other ACT bundled-rate rules.

Example:

If 15 services provided, can contact number 15 be included in bundle instead of an earlier service in order to meet required number of face-to-face contacts for bundled rate?

Yes—if service #15 is:

- clinically appropriate,
- within the month,
- meets contact definition (15+ min), and
- is needed to reach **4 face-to-face contacts** (Full rate) or **3 face-to-face contacts** (Partial rate).

You may designate it as one of the bundled 12 **even though it happened later in the month**.

What cannot be included?

Contacts **#13 and above cannot be included in the bundle *if* you are already at 12 bundled services.**

ACT/FACT guidance makes clear:

The "12 bundled services" are chosen during end-of-month review.

Programs decide which services are part of the bundle—this is NOT strictly based on chronological sequence.

Bundled vs. unbundled is determined AFTER reviewing all services.

So if earlier services lack the required face-to-face count, later services (e.g., #15) **can fill the requirement** as part of the 12 bundled services.

Plain-language summary

You are allowed to choose which services make up the first 12 bundled services.
They **do not have to be**:

- the earliest 12 contacts,
- ordered by date, or
- labeled #1–12 in chronological sequence.

Instead, the program selects **any combination of 12 services** that best meets the bundled criteria.
Everything beyond the **selected** 12 is billed unbundled.

What Staff must do at month end:

- Review all contacts for the month
- Identify which 12 services qualify as bundled services
    - They may be ANY 12 – chronology does not matter
- Ensure bundled set meets:
    - Required number of contact days (4 or 6)
    - Required number of face-to-face contacts (3 or 4)
    - Required contact time (15min)
- Change all services **beyond** the ***selected 12*** to unbundled services
- If <4 contacts, unbundle all services

See next pages for Full and Partial Monthly Rate Scenarios

Full Monthly Rate Examples (6+ days, 4+ in-person)

Scenario	Example Breakdown	Billing Outcome
Standard pattern	Mon: Member in-person (1) Tue: Member in-person (2) Wed: Member in-person (3) Thu: Member in-person (4) Fri: Collateral call (5) Sat: Member phone (6)	**Full monthly rate**
Multiple contacts same day creates 2 countable days	Mon: Member in-person (1) Tue: Collateral call (2) **Wed: 1 member visit + 1 collateral visit → counts as "day 3" and "day 4"** Thu: Member in-person (5) Fri: Member phone (6)	**Full monthly rate**
Using multiple same-day duplication to reach full rate	Tue: Member in-person (1) Thu: Member in-person (2) **Fri: Member visit + collateral call → counts as day 3 & 4** Sat: Member in-person (5) Sun: Collateral call (6)	**Full monthly rate**

Partial Monthly Rate Examples (4+ days, 3+ in-person)

Scenario	Example Breakdown	Billing Outcome
Standard partial	Mon: Member in-person (1) Wed: Member in-person (2) Fri: Member in-person (3) Thu: Collateral call (4)	**Partial monthly rate**
Using same-day duplication	Tue: Member in-person (1) Thu: Member in-person (2) **Fri: Member visit + collateral call → counts as day 3 & 4**	**Partial monthly rate**
Reaching partial with just one collateral	Tue: Member in-person (1) Thu: Member in-person (2) Sat: Member in-person (3) Sun: Collateral call (4)	**Partial monthly rate**

12+ Contacts in a Month

Scenario	Example Breakdown	Billing Outcome
High-engagement member	12+ total contacts (any mix of member and collateral; at least required face-to-face included)	**Bundled rate up to 12 contacts** + **unbundled billing for contacts 13+ separately**

Below Minimum Thresholds

Scenario	Example Breakdown	Billing Outcome
Fewer than required in-person	4 contacts but only 2 in-person	**Unbundled billing only**
Fewer than required total contacts	3 contacts total	**Unbundled billing only**
Unable to engage member	Only occasional phone attempts	**Unbundled billing only**, plus ACT team should increase outreach efforts; consider level-of-care reassessment if ongoing