



## CSC-FEP EBP Monthly Bundled Rate Explanation Guide

The following service activities are included as part of the CSC-FEP EBP Medi-Cal Benefit, as defined in California's [Medicaid State Plan](#):

- Assessment
- Crisis Intervention
- Employment and Education Support Services
- Medication Support Services
- Peer Support Services
- Psychosocial Rehabilitation
- Referral and Linkages
- Therapy
- Treatment Planning

Members may require different service components at different points in their course of treatment.

Working with a member's family and natural support network to provide family support and education is a key component of CSC. FEP can have a significant impact on a member's family and close community which can, in turn, impact the member's recovery. Educating families about psychosis and attenuated psychosis symptoms and treatment is foundational to CSC. CSC teams are expected to proactively engage with a member's family and/or natural support network and include them in the member's treatment and rehabilitative process, according to the preferences of the member and in accordance with applicable federal and state privacy laws.

### Monthly Bundled Rates:

- **Full monthly rate.** For Medi-Cal members that receive at least four contacts on four different days in a month, of which at least three are delivered face-to-face (in-person) to the member. Other contacts may be with a collateral (i.e., family member and/or significant support person) to support the member's recovery. If there are two or more contacts on a day, at least one of which is with the member and one of which is with a collateral, it may be counted as two separate days.
- **Partial monthly rate.** For Medi-Cal members that receive at least two contacts on two different days in a month, of which at least one are delivered face-to-face (in-person) to the member. Other contacts may be with a collateral (i.e., family member and/or significant support person) to support the member's recovery. If there are two or more



contacts on a day, at least one of which is with the member and one of which is with a collateral, it may be counted as two separate days.

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
CSC	H2040	2	1	4	3

### Requirements for claiming monthly bundled rates:

- **A contact is defined as an encounter of at least 15 minutes in duration.** Only one contact per day may be counted for payment purposes.
- **Face-to-Face** is defined as *in-person with the client*.
- **For the BHP to claim the full monthly bundled rate for CSC**, the member must receive a minimum of **4** encounters, and at least **3** of these encounters must be conducted face-to-face with the member.
- **To claim the partial bundled rate for CSC**, the member must receive a minimum of **2** encounters, and at least **1** of these encounters must be conducted face-to-face with the member.
- Additional contacts with the member and/or with a collateral may be conducted via telehealth.
- If a member receives fewer contacts than the minimum required for either the full or partial monthly bundled rate, the BHP may claim for appropriate unbundled Medi-Cal-covered services.
  - Members that repeatedly receive fewer contacts than the minimum for either the full or partial monthly bundled rate may require additional outreach and engagement by the CSC team to ensure they are adequately supported in their recovery.
  - If a member consistently does not require the minimum contacts for the full or partial bundled rate, a less intensive level of care may be more appropriate for that member.
- While CSC teams must deliver the minimum contacts required for the BHP to claim either the full or partial monthly bundled rate, CSC teams are expected to provide as many contacts as needed to support a member's recovery.



### **CSC in Residential Treatment Settings or Inpatient Settings**

- Members who are in inpatient hospital or residential treatment settings may continue to receive CSC services from their CSC team.
  - Inpatient hospital settings include general acute care hospitals, acute care hospitals and psychiatric health facilities. Payment is not available for CSC delivered to members while they reside in inpatient settings that are Institutions for Mental Diseases (IMDs), unless the IMD is participating in the BH-Connect IMD FFP Waiver.
    - Current IMD FFP Waivered settings: SDCHP, Sharp Mesa Vista, Alvarado Parkway Institute
- BHPs may claim the full ACT 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 2 of the 4 required contacts are delivered before admission or after discharge from the inpatient or residential setting.
- While 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

### **CSC in Correction Facilities or 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 and behavioral health clinical consultation services. Through these pre-release services, an individual could be assessed and linked to an CSC team for post-release care, but they could not receive CSC services while in jail or prison.

### **References:**

[BHIN-25-009-Coverage-of-BH-CONNECT-Evidence-Based-Practices.pdf](#)

[EBP Policy Guide 5.1.25](#)