



EBP Monthly Bundled Services Workflow For CSC-FEP Programs

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Monthly Bundled Rates

BH Connect Monthly Bundled Rates will be effective for the following Evidence-Based Practices on July 1, 2026:

- Assertive Community Treatment (ACT) – H0040
- Forensic Assertive Community Treatment (FACT) – H0039
- Coordinated Specialty Care for First Episode Psychosis (CSC) – H2040
- Individual Placement and Support/Supported Employment (IPS) – H2023
- Multisystemic Therapy (MST) – H2033

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



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
CSC	H2040	2	1	4	3
Supported Employment	H2023	2	1	4	3
MST	H2033	4	3	6	4



Monthly Bundled Rates

- **Supported Employment (IPS) – H2023**
 - Claims must include POS 99 (other place of service)
 - Full Rate: ≥ 4 units/month (3+ face-to-face)
 - Partial Rate: 2-3 units/month (1+ face-to-face)
- **Coordinated Specialty Care (CSC) - H2024**
 - Full Rate: ≥ 4 units/month (3+ face-to-face)
 - Partial Rate: 2-3 units/month (1+ face-to-face)

If a member receives fewer contacts than the minimum required for the partial rate, program may bill for appropriate, unbundled Med-cal covered service(s) at the FFS rate. (CSC Only)

Monthly Bundled Rates – Inpatient & Residential Settings



- **Coordinated Specialty Care (CSC) and Supported Employment (IPS)**
 - Full rate may only be claimed during the month of a member's admission or discharge
 - If a member is in the residential or inpatient setting for the entirety of the month, only the partial rate can be claimed
 - ***For IPS only – all contacts are delivered in a community-based setting for clients residing in a residential or inpatient setting***
- 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 settings are included in the IMD FFP waiver:
 - San Diego County Psychiatric Hospital
 - Sharp Mesa Vista
 - API

Billing for Other Health Coverage 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.



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Medicare/Medi-Medi Clients

BH Connect Service	Service Component	Medicare Coverage
Coordinated Specialty Care	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
	Therapy	Yes
	Treatment Planning	No

Entering the Services



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"**

A screenshot of a "Progress Note" form. The form has a header with "Effective" date (05/07/2025), "Status" (New), and "Author" (Nichols, J). Below the header are tabs for "Service", "Note", "Billing Diagnosis", "Add-On Codes", and "Warnings". The "Service" section contains several fields: "Status" (dropdown menu set to "Show"), "Program" (dropdown menu), "Procedure" (dropdown menu with a green icon and text "Crisis Intervention"), "Location" (dropdown menu), "Clinician" (dropdown menu with "Nichols, J" selected), "Mode of Delivery" (dropdown menu with "BHC - ACT/FACT Monthly Bundle" selected and circled in red), "Start Date" (calendar icon set to 06/07/2024), "Start Time" (input field), "Travel Time" (input field with "Minutes" label), "Documentation Time" (input field with "Minutes" label), "Service Time" (input field with "Minutes" label), "Attending" (input field), "Referring" (dropdown menu), "Evidence Based Practices" (input field), "Transportation Service" (dropdown menu set to "No"), and a checkbox for "Interpreter Services Needed".

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



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 required service encounters and face to face encounters with the client:
 - Leave MOD for BHC Monthly Bundle unchanged
 - **Full Monthly Bundle Rate:** Client received minimum required encounters with minimum required face to face encounters with the client.
 - Leave MOD for BHC Monthly Bundle unchanged

End of Month Review for Bundling



- **Client received less than the required 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
- 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 and Status



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

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/JCC 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/JCC 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 - Indl...		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

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: 11079355

Billable Do Not Complete

Mode Of Delivery: BHC - ACT/FACT Monthly Bundle

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 shows a web application interface for editing service details. The top toolbar includes a 'Regenerate Charge' button, which is circled in red with an arrow pointing to it. The main form area is titled 'Service Detail' and contains several tabs: 'Service Detail', 'Billing Diagnosis', 'Add-On Codes', and 'Authorization(s)'. The 'Service Detail' tab is active, showing fields for Client (Gurdy, Hurdy), Status (Complete), Start Date (04/22/2026), Program (CRF S BAY IMPACT FSP), Procedure (TCM/ICC), Clinician Name (Michalski, Jill), Location (Telehealth - Audio and Video), and Service Time (15 Minutes). A table below shows a charge of \$373.99 with a balance of \$373.99 and a rate ID of 10795325. The 'Documentation Type' dropdown menu is open, showing 'Face-to-face' as the selected option and 'BHC - ACT/FACT Monthly Bundle' as an alternative option, with a red arrow pointing to it. Other options include 'Telephone', 'Video Conference', and 'Written'. There are also checkboxes for 'Override Charge Amount', 'Override Errors', and 'Interpreter Services Needed'.

Editing services for MOD



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

The screenshot shows a web application interface for editing a service. The main form is titled "Service Detail" and contains various fields for client information, procedure details, and billing. A red "X" is drawn over the "Regenerate Charge" button in the top right corner of the form area. The "Save" button is visible in the bottom right corner of the form area.

Group...	Charge	Balance	Rate ID
	\$373.99	\$ 373.99	10795325

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.

DHCS resources:

- [BH-CONNECT Initiative | DHCS](#)
 - [Frequently Asked Questions | DHCS](#)
 - [Adult Evidence-Based Practices | DHCS](#)
- [EBP Policy Guide 5.1.25](#)
- [BHIN-25-009-Coverage-of-BH-CONNECT-Evidence-Based-Practices.pdf](#)

The following resources can be found on the Optum Website:

- *BHS EBP Monthly Bundled Rate Explanation Guidance Tip Sheets and BHS EBP Monthly Bundled & Unbundled Service Entry Workflows will be uploaded to Optum Website.*