



EBP Monthly Bundled Services Interim Workflow For High Fidelity Wraparound

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HFW Determination

- Completion of CANS for youth ages 6 years and older
- Comparison of CANS scoring against HFW Decision Support Criteria (DSC) by a licensed or license-eligible mental health professional to inform clinical decision-making for appropriateness of HFW

CANS Domain (with CANS Domain #, for reference)	Rating
Behavioral Emotional Needs (3.1) AND	At least one rating of 2 or 3
Caregiver Needs (3.5)	At least one rating of 2 or 3
AND AT LEAST 1 OF THE FOLLOWING:	
Risk Behavior (3.2) OR	At least one rating of 2 or 3 or Three or more ratings of 1
Life Functioning (3.3) OR	One rating of 3 or Two or more ratings of 2 or 3
Strengths Indicators (3.4)	Five or more ratings of 2 or 3

Monthly Bundled Rate

Pending Final Guidance



BHPs must provide access and cover HFW as an EPSDT service through the SMHS delivery system for all Medi-Cal members under age 21 if determined medically necessary and clinically appropriate.

DHCS will implement a monthly bundled rate for HFW services for specified activities that all youth must receive as part of HFW.

- The HFW Monthly Bundled Rate covers all HFW service activities provided by HFW staff
- There must be at least **one contact or encounter** per month for the HFW monthly rate; at current time DHCS does not require a minimum number of contacts each month by HFW team in order to claim monthly bundled rate
- ***While DHCS does not require a minimum number of contacts each month by a HFW team for the BHP to be claim the HFW monthly rate, acknowledging that a youth's needs will vary in intensity across phases of HFW and the expectation is that HFW will provide as many contacts as needed to support a youth's recovery.***
- Encounter data will be included in claiming process and providers must be prepared to document each encounter with the youth and family in the clinical record and report data in accordance with applicable claiming guidance. (BHIN 23-068)

HFW Inpatient or residential settings



- HFW teams provide continuity of care and coordination of services while youth are admitted to inpatient/residential care and must coordinate with these providers to support discharge planning.
- HFW monthly bundled rate may be claimed when a youth is receiving inpatient SMHS or admitted to a PRTF for purposes of care coordination and discharge planning in the month of admission or discharge.

HFW

Inpatient or residential settings



- For youth needing care in a CTF, STRTP, or CCRP, ongoing coordination by the HFW Facilitator and HFW team may be delivered to youth throughout the stay and to support the youth's transition home.
 - HFW monthly bundled rate may be claimed concurrently during stays in these settings.
 - Inpatient SMHS, PRTF, STRTP, CTF or CCRP staff may **not** provide HFW
 - BHP shall offer at least one alternative HFW provider when the BHP contracts for HFW services with the same organization that provides the youth's services in the inpatient, PRTF, CTF, CCRP or STRTP
 - Programs should reach out to your COR to review and assist in coordination with alternate HFW program/organization.

HFW Juvenile Justice Settings



- Youth in Juvenile Justice settings who received HFW prior to their incarceration should continue HFW in the post-release period if needed.
- Youth who *may* meet criteria for HFW should be assessed to identify whether HFW is medically necessary and clinically appropriate in the post-release period
- CalAIM Justice Involved Reentry Initiative – requires BHPs and Correctional facilities to work in partnership to facilitate behavioral health links which includes professional to professional clinical handoffs.

Monthly Bundled Rate

- All Medi-Cal services not provided by HFW team must be claimed outside the HFW monthly rate.
- DHCS will provide additional information and technical assistance to help address questions about activities included in the Monthly rate and those that can be claimed separately.
- Examples:
 - Medication Management/Support Services
 - Youth Partner/Youth Peer Services
 - Individual, Group, Family Therapy

HFW Service Package	
HFW Monthly Rate	Services Billed/Claimed Outside of HFW Monthly Rate
Encompasses services specified in Enclosure 1 when provided by the HFW team, as defined in California's Medicaid State Plan : <ul style="list-style-type: none"> » Targeted Case Management » Psychosocial Rehabilitation » Caregiver/Parent Peer Support Services » Crisis Intervention 	<ul style="list-style-type: none"> » Any SMHS, DMC or DMC-ODS service youth may need for which the BHP must provide or arrange⁷ » Any Medi-Cal Managed Care Service youth may need for which the BHP must refer consistent with MHP/MCP Memorandum of Understanding (MOU) requirements » Any Medi-Cal services covered in the Fee-for-Service delivery system, for youth not enrolled in Medi-Cal managed care

HFW Service Components



- **Targeted Case Management:**
 - Comprehensive assessment and periodic assessment of individual needs
 - Development and periodic revision of a Specific Care Plan
 - Monitoring and follow up activities
 - Referral and related activities to help the individual obtain needed services
- **Peer Support Services:**
 - Educational skill building groups
 - Engagement, peer-led coaching and support
 - Therapeutic activities to promote recovery, wellness, self-advocacy, development of natural supports, community living skills, etc
- **Psychosocial Rehabilitation**
 - service activity provides assistance in restoring, improving, and/or preserving a member's functional, social, communication, or daily living skills to enhance self-sufficiency or self-regulation in multiple life domains relevant to the developmental age and needs of the member
- **Crisis Intervention**
 - An unplanned, expedited service, to or on behalf of a beneficiary to address a condition that requires more timely response than a regularly scheduled visit
 - goal of crisis intervention is to stabilize an immediate crisis within a community or clinical treatment setting.

Monthly Bundled Rate – Pending Guidance



- The HFW Monthly Bundled Rate covers all HFW service activities provided by HFW staff
- Team Lead/NPI is required to be on claims – one per program to be identified and submitted to MIS any time there is a staff change.
- **Pending final guidance on the following:**
 - Billing Procedure Code for HFW Bundled Rate – H2022
 - Number of service encounters required to claim monthly bundle
 - Current guidance indicates at least one contact or encounter per month and/or as many contacts as needed to support a youth's recovery.
 - *Pending if DHCS will provide a single monthly bundled rate or align with other EBPs that offer a partial or full monthly bundled rate based on number of service encounters provided*
 - Claiming for services outside of HFW component services by HFW providers at individual FFS rates.

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.

Entering the Services

Pending Final Guidance from DHCS



1. Open the service note screen. **Review and complete the service details**
 - a. **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 various fields. The 'Mode of Delivery' dropdown menu is highlighted with a red circle, and the selected option is 'BHC - ACT/FACT Monthly Bundle'. Other visible fields include Status (New), Effective Date (05/07/2025), Author (Michael, D), Start Date (05/07/2025), and various time fields (Start Time, Travel Time, Documentation Time, Service Time).

- 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 the 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 Pending Final Guidance from DHCS

- 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 the bundled rate.
- Programs will run the COSD Client Services Report (My Office) for all services/all clients to determine the following possible claiming options:
 - *Pending guidance from DHCS regarding changes to minimum threshold requirements to claim monthly bundled rate or if HFW will be provided partial and full bundled rates based on number of contacts provided.*
 - Ensure that any unbundled services provided outside of the HFW Activities are claimed at FFS rate without the BHC Monthly Bundled MOD
 - **Remove** BHC Monthly Bundle MOD and change to appropriate MOD for service provided
 - **Monthly Bundle Rate met:** Client received minimum required service encounters and face to face encounters with the client:
 - Leave MOD for BHC Monthly Bundle unchanged

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

Regenerate Charge: [Refresh] [User] [Print] [Star] [Share] [Settings] [AB] [Save] [Close]

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: 11079355

Billable Do Not Complete

Mode Of Delivery: BHC - ACT/FACT Monthly Bundle

Travel Time: 0 Minutes Note: [Info] [Share] [Print]

Editing services for MOD

Pending final guidance



- **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 managing service details. At the top, there is a navigation bar with a search icon, a star icon, a home icon, and a user profile icon for 'Gurdy, Hurdy (200388767)'. To the right of the navigation bar is a 'Regenerate Charge' button, which is circled in red with an arrow pointing to it. Below the navigation bar is a 'Service Detail' section with tabs for 'Service Detail', 'Billing Diagnosis', 'Add-On Codes', and 'Authorization(s)'. The 'Service Detail' tab is active, showing 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, Referring, and a checkbox for 'Client was present (unused)'. Below these fields is a table with columns for Group, Charge, Balance, and Rate ID. The 'Documentation Type' dropdown menu is open, showing options like 'Face-to-face', 'Telephone', and 'Video Conference'. A red arrow points to the 'BHC - ACT/FACT Monthly Bundle' option in this menu. At the bottom of the form, there are checkboxes for 'Override Charge Amount', 'Override Errors', and 'Interpreter Services Needed'.

Editing services for MOD

Pending final guidance



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

The screenshot shows a web application interface for a 'Service Detail' form. The form is titled 'Service Detail' and has tabs for 'Service Detail', 'Billing Diagnosis', 'Add-On Codes', and 'Authorization(s)'. The 'Service Detail' tab is active. The form contains the following fields and options:

- Client: Gurdy, Hurdy
- Status: Complete
- Start Date: 04/22/2026
- Program: CRF 9 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):
- Other Person(s) Present: [Empty]
- Cancel Reason: [Empty]
- Group: [Empty]
- Charge: \$373.99
- Balance: \$ 373.99
- Rate ID: 10795325
- Billable: Do Not Complete:
- Mode Of Delivery: Face-to-face
- Travel Time: 0 Minutes
- Note: [Empty]
- Documentation Time: 0 Minutes
- Evidence Based Practices: [Empty]
- Transportation Service: No
- Override Charge Amount: Overridden By: [Empty]
- Override Errors: Overridden By: [Empty]
- Interpreter Services Needed:

The 'Regenerate Charge' button is circled in red with a large red 'X' over it, indicating it should not be used. The 'Save' button is visible in the top right corner of the form.



Editing services for MOD

Pending final guidance

- 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:

- [HFW Policy Manual](#) (Draft April 2026)
- [HFW BHIN 26-XXX Medi-Cal Coverage of High Fidelity Wraparound \(HFW\) for Children and Youth.pdf](#) (Draft 4/14/26)
- [BH-CONNECT Initiative | DHCS](#)
 - [Frequently Asked Questions | DHCS](#)

The following resources can be found on the Optum Website:

- [SmartCare Workflow for MH-SUD 10.08.24.pdf](#) -- *Optum webpage: SMH & DMC-ODS Health Plans → SmartCare Tab*
- BHS EBP Monthly Bundled Rate Guidance -- *pending upload to Optum webpage*
- BHS EBP Monthly Bundled Rate Service Entry in SmartCare – *pending upload to Optum webpage*