



SmartCare Guide

BH Connect EBP Programs: Coordinated Specialty Care – First Episode Psychosis

Entering Monthly Bundled & Unbundled Services Workflow Version 2.0



BHC EBP Monthly Bundled Rate & Unbundled Service Entry in SmartCare

Open Client to Program

Follow SmartCare Workflows when receiving referral(s) and opening clients to your program and requesting prior authorization.

[SmartCare Workflow for MH-SUD 10.08.24.pdf](#)

Entering BHC EBP Services in SmartCare using the Bundled Rate Mode of Delivery

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”**

The screenshot shows the 'Progress Note' form in SmartCare. The 'Service' tab is active. The 'Status' dropdown is set to 'Show'. The 'Mode of Delivery' dropdown is highlighted with a red circle and contains the text 'BHC - ACT/FACT Monthly Bundle'. Other fields include 'Start Date' (05/07/2026), 'Start Time', 'Travel Time', 'Documentation Time', 'Service Time', 'Attending', and 'Referring'. The 'Evidence Based Practices' dropdown is set to 'No'.

- Enter the actual procedure code for the service provided and Place of Service
- The BHC Monthly Bundled MOD is what will “bundle” the service and attach the Monthly 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 in the monthly bundled rate claims.

- All billable services should be “bundled” using the BHC Monthly Bundled Rate MOD when initially entering services.
 1. Services that may require unbundling will be done at the end of the month.
 - Non-billable services entered via non-billable procedure codes are not considered when determining threshold to claim the bundled rate and do not need to use the BHC Monthly Bundled Rate MOD.
- c. **Confirm the Start Date is accurate and complete the time fields.**
- Travel Time – any time spent traveling to or from this service appointment. This will not be billed but is used for tracking.
 - Documentation Time – any time spent documenting the service or related forms.
 - Service Time – the length of the service time, even if the client was not present.
- d. Leave **Attending** and **Referring** blank.
- e. **If you are in a Mental Health program, you may enter any Evidenced Based Practices you provided.** This is used for CSI reporting, so you can only select up to 3 and the options are limited to CSI reporting values.
- f. **Enter whether Transportation Service was provided or not.** If the client does not have the Transportation Service checkbox checked in the Client Information, this will automatically populate as “No”. For services done via phone or telehealth, this may be marked “N/A.”
- g. **Check Interpreter Services Needed if applicable.**

Progress Note

Effective 10/29/2025 Status To Do Author Vera, Monique 10/28/2025 Sign

Service Note Billing Diagnosis Add-On Codes Warnings Disposition

Service

Status Show a

Program MH Adult Outpatient b

Procedure Assessment LPHA f

Location Community Mental Health Center

Clinician Vera, Monique

Mode Of Delivery

Cancel Reason

Evidence Based Practices e

Transportation Service No f

Start Date 10/29/2025 c

Start Time 8:00 AM

Travel Time 0 Minutes

Documentation Time 15 Minutes

Service Time 45 Minutes

Attending d

Referring

Interpreter Services Needed g

h. In the Custom Fields section, enter Interpreter and Language information if applicable.

- Was Interpreter Utilized – If you mark Yes, indicate who the interpreter was. This could be an agency name or the name of a person. If an interpreter was not needed because you, the provider, did the service in the client’s native language, you can leave this blank.
- **Indicate the language the service was provided in.**

i. In the Custom Fields section, there is a section for Comments. This is usually used for no-shows and cancellations. Your Front Desk staff may also put notes for you in this section, such as “the client called and will be 5 minutes late to the appointment.” Keep in mind that anything entered in this section will be considered part of the client’s record and can be viewed by the client at any time.

Custom Fields

Interpreter/Bilingual Service Information

Was an interpreter utilized? Yes No Language service was provided in h

Interpreter Agency/Name

Other

Comments i

3. If the status of the service is **“Show”**, you may now click on the Note tab. **Complete the progress note tab**. This note type may look different depending on the procedure code you have chosen. Most will include 3 fields: the Problem List section, the Note section, and the Care Plan section.
 - a. If you want to add problems to the problem list, you can do so here. Search for the problem using either the Code or Description field, enter the start date, and select your program. Then click Insert.

- b. **Select which problems you addressed** in today’s session. If you added a problem in step 3a above and don’t see the problem on this list, click the Refresh button.

- c. **Enter your note** in the Information section. This should include all your usual clinical information, such as your interventions and the client’s response to the interventions.
 - d. **Enter your plan of care** in the Care Plan section. For services that require a treatment plan with specific items, this is where the treatment plan is entered. This information will pull forward from the most recent service note in the same program. There may be text templates available for specific treatment plan requirements.

Service **Note** Billing Diagnosis Add-On Codes Warnings Disposition

General

Information

Describe current service(s), how the service addressed the beneficiary's behavioral health need (e.g., symptom, condition, diagnosis, and/or risk factors).
 Summary of needs/Rationale that supports the level of care determination: c

Client's current needs:

Client's goals:

Transition/discharge planning:

Recommendations/Plan of Care:

Care Plan

Indicate the goals, treatment, service activities, and assistance to address the objectives of the plan and the medical, social, educational, and other services needed by the beneficiary. Include how the beneficiary or their representative helped to develop the goals, and the progress toward meeting the established goals. Indicate transition plan if the individual has achieved the goals of the care plan. d

Providing resources for finding housing

- The Billing Diagnosis tab will show you which diagnoses will be pulled onto the billing. You should generally ignore this tab for ongoing services. However, if you need to change the billing order, for example you want this note to focus on the secondary diagnosis, you can re-order the diagnoses to match your service without changing the overarching diagnosis form.

Progress Note GoTo ☆ ☆ 📅 ? i 🗑️ 🖨️ 📄 💾 Save

Effective 10/29/2025 📅 Status To Do Author Vera, Monique 10/28/2025 🔍 🔍 Sign 👁️ 🔄

Service **Note** **Billing Diagnosis** Add-On Codes Warnings Disposition

4

Billing Diagnosis ICD 10...

| Order | ICD/ DSM - Description |
|-------|---|
| 1 | F15.180 - Caffeine-induced anxiety disorder, With mild use disorder |

[Re-Order Diagnosis](#) [Refresh Diagnosis](#)



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.

Review of EBP Services for Bundled Rate Threshold and Claiming

EBP services are claimed and billed under either a Full Monthly Rate Bundle or a Partial Monthly Bundled Rate based on the ***services provided during a single calendar month.***

At the end of each calendar month, Programs will:

- Run the **COSD Client Services Report (My Office)** for all services provided for the calendar month no later than 5th of the month following the month in which you are claiming services. *(See Pg 11 for Guidance on running COSD Client Services Report)*
 - Providers are reminded that DHCS requires all services to be documented within 3 days of date of service; all services for the month must have been entered before running the COSD Client Services Report (My Office).
- **Review all services** provided to the client to determine if the encounters meet the criteria to claim the Full or Partial bundled rate.
 - The bundled rate will cover the first 12 encounters for the EBP in a month.
 - Services over 12 may be “unbundled” and submitted to DHCS separately from the bundled service rate.
 - Example: client receives 15 contacts in a month; program can bill the bundled rate for contacts 1-12 and bill the unbundled FFS rate for contacts 13-15.
 - If the client received less than the minimum required services to meet threshold for the Partial Bundled Rate, all services should be “unbundled” and billed to DHCS at the FFS rate.
- **Edit all services** using the Edit Service button to create new version of service and change the MOD to unbundle the service if needed and change the status from Pending to Show. Complete these edits no later than the 15th of the month following the month to be claimed.

End of Month – Review and Unbundle Services (if applicable)



1. Run the COSD Client Services Report for all clients at the end of the month – reminder - all services for the month being reviewed for billing must be entered before running this report.
 - a. Providers are reminded that DHCS requires all services to be documented within 3 days of date of service.
 - b. Recommend to run report on 5th of month to ensure all services have been entered into SmartCare for the previous month.
2. Filter Report by client and review service details to determine whether client contacts meet threshold for Full or Partial Month Rate.

| 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 |

3. Depending on the number of contacts provided during the month – the following actions will be needed for each service:
 - a. **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:
 - i. Leave MOD for BHC Monthly Bundle unchanged
 - b. **Full Monthly Bundle Rate:** Client received 6-12 service encounters, at least 4 of these services were face to face with the client.
 - i. Leave MOD for BHC Monthly Bundle unchanged
 - ii. Unbundled services will bill separately at the individual FFS rates for the service type provided in addition to the monthly bundled rate.
 - c. **Client received less than 4 service encounters for the month**
 - i. Threshold not met to claim a bundled rate – all services must be unbundled and submitted as unbundled services.

- ii. Change MOD to remove BHC Monthly Bundle and select appropriate MOD

Editing the Service Note to change MOD*

1. Select Client
2. Open **Services (Client)** List Page
3. Open Service Note to be edited

| 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 | | | |

4. Select **Override Service Detail** Icon

Service Detail

Programs/Notes Change

Service Detail | Billing Diagnosis | Add-On Codes | Authorization(s)

Service

Client: Wobblstone, 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: 11073355

Billable Do Not Complete

Mode Of Delivery: BHC - ACT/FACT Monthly Bundle

Travel Time: 0 Minutes Note

5. Change the **MOD*** from the BHC Monthly Bundle to the appropriate MOD for services that should be excluded from the bundled rate.



6. Select **Save** - do NOT select the “Regenerate Charge” button.

* 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.

7. Once your program has changed the MOD for any services that should be billed as unbundled, 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.

8. No additional changes or edits 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 Unit directly.

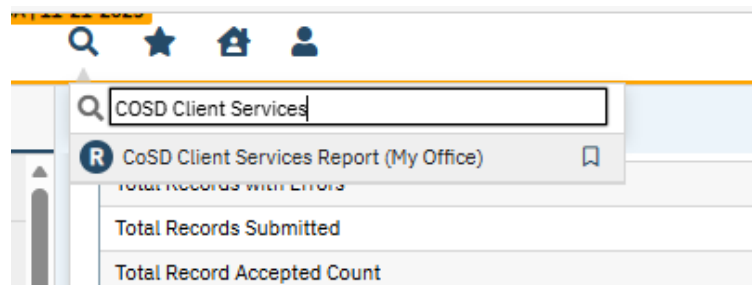
*Changes to service notes to correct the MOD will be made by designated program staff (clinical supervisors, billing/medical records staff) who have been designated by program and provided access by MIS.

How to Run the COSD Client Services Report (My Office)

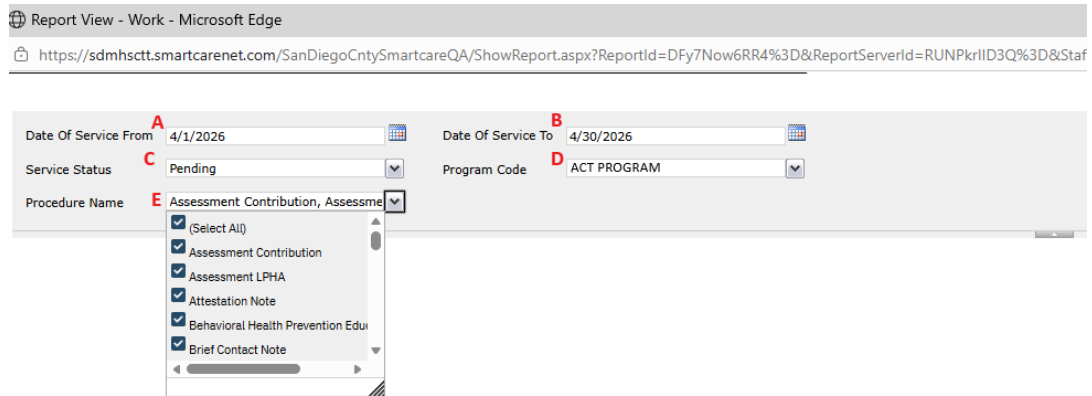
The COSD Client Services Report (My Office) provides a comprehensive view of client service activities, encompassing details on service delivery, client demographics, program participation, and staff involvement over the specified date range. This report will be used to review all services provided to the client for the specified month in order to determine if the threshold was met to claim the Full or Partial Monthly Bundled rate and to identify those services which may should be unbundled and claimed separately as FFS. **CalMHSA is developing and testing a BH-Connect EBP Monthly Bundled Rate Report, however timeline for release is pending.*

How to Run the COSD Client Services Report (My Office)

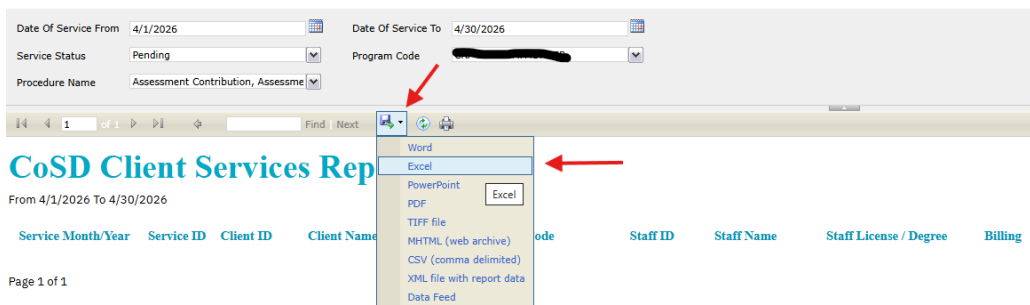
1. Click the Search Icon.
2. Type the Name of the report in the search bar.
3. Click to select the report.



4. A new window will open, **enter the parameters for the report:**
 - a. Enter Date of Service From (1st of month, i.e.: 4/1/2026)
 - b. Enter Date of Service To (last date of month, i.e.: 4/30/2026).
 - c. Enter Service Status as Pending
 - d. Enter Program Code (Name of Your Program)
 - e. Select All for Procedure Name(s)
 - i. you will want all services provided to the client by your program included to determine criteria for Full or Partial Month bundled rate and identify any services that may need to be unbundled.



5. **Click View Report.**
6. The report will be displayed. To export the report, **click the Save/Export button** drop down arrow.
7. **Select Excel** or other export option.



8. **Filter Report by Client Name**
 - a. This will allow you to count the number of encounters/contacts provided to the client and whether the service is eligible for the bundled rate.
 - i. Was the encounter Face to Face with the client or was the contact a collateral contact or non-face to face encounter with client?



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

- b. Once you have identified whether the client will meet for the Full or Partial Bundled Rate and if there are services that will need to be unbundled, you will need to edit the service details for these service notes to prepare the services to be submitted by the billing unit for reimbursement.