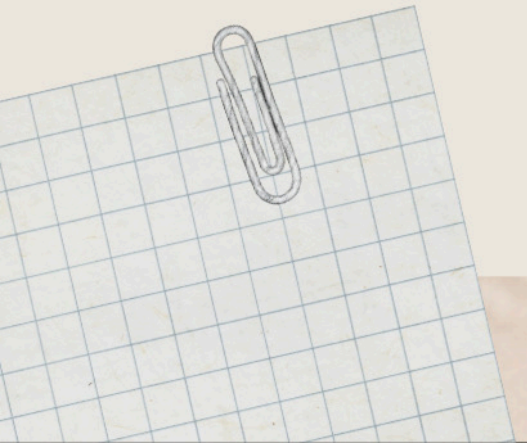
ISL Orientation for County Behavioral Health Plans (BHPs)

Presented by: Amie Miller, Amy Leino, Dawn Kaiser, and Ryan Caceres

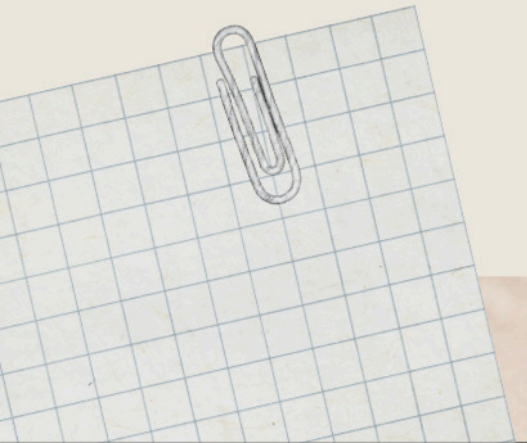
Housekeeping

- Webinar is recorded
- We will share the slide deck
- Questions?
  - Enter in the chat or Q&A
  - Raise your hand to come off mute



Agenda

1. CalMHSA ISL Support Overview
2. Big Picture: BHSA & ISL
3. ISL Overview: What, Why, Who, When
4. ISL Program Inventory (“Start, Stop, Continue”) Exercise
5. Next Steps

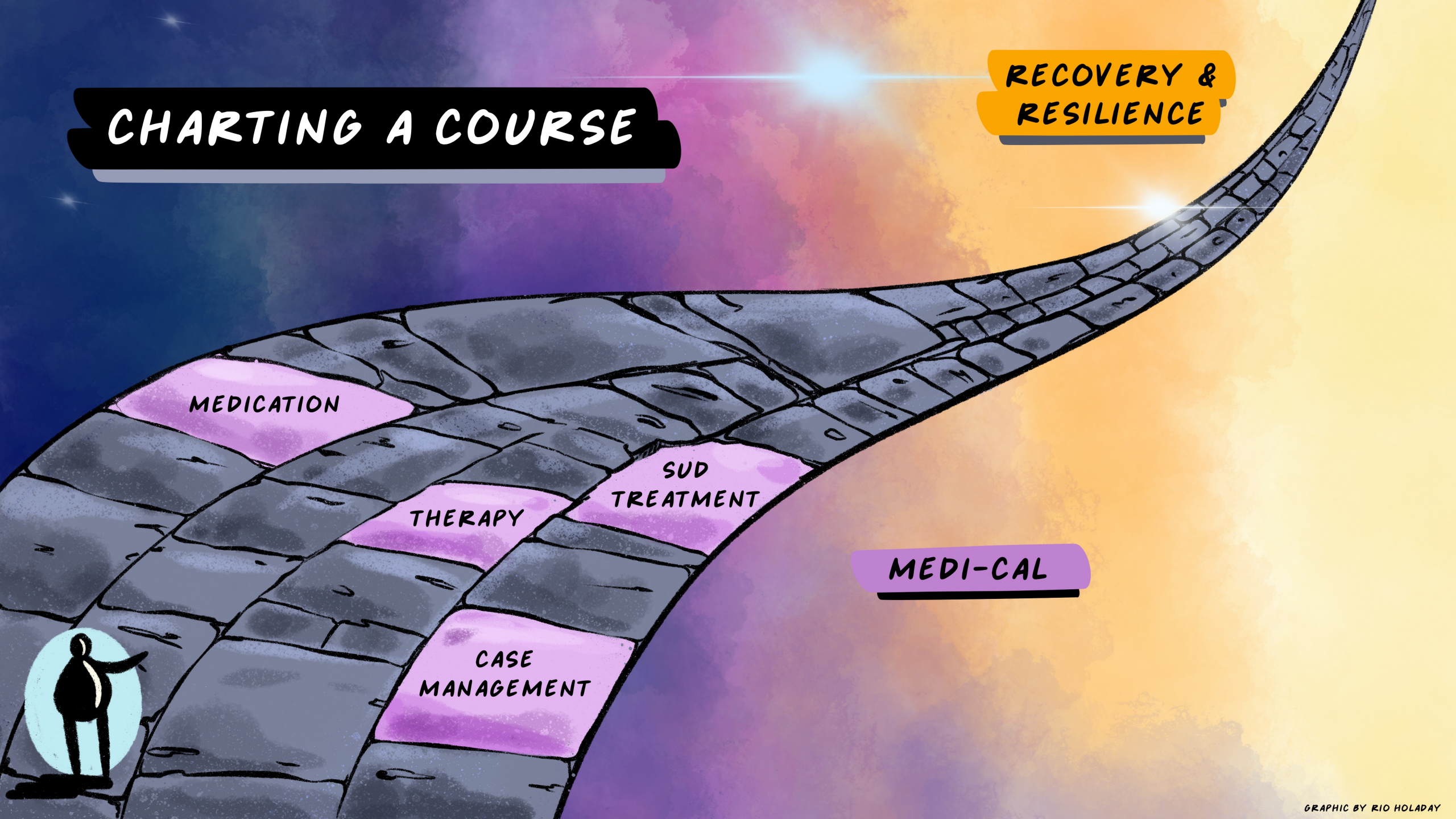


CalMHSA ISL Support Overview

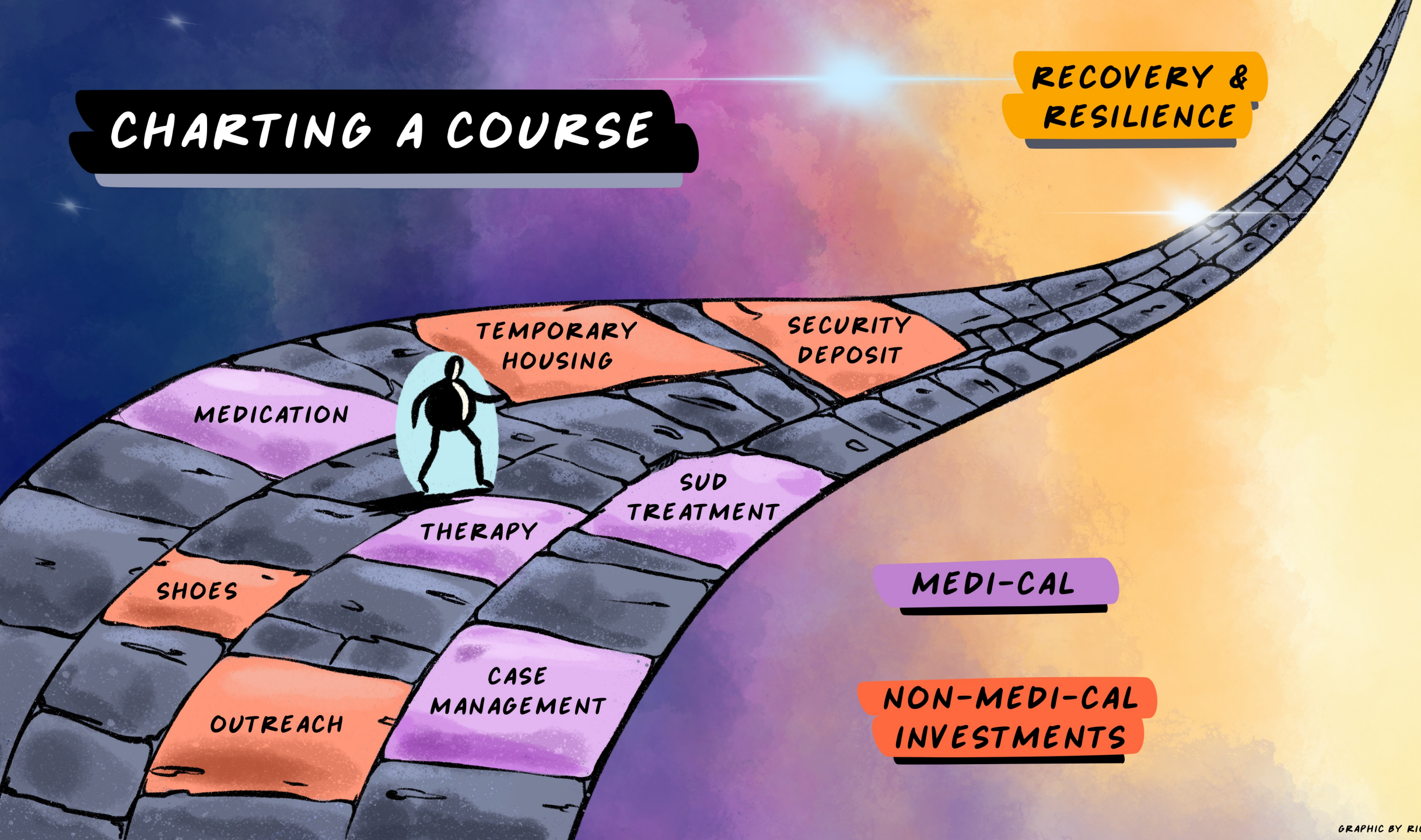
CHARTING A COURSE

RECOVERY & RESILIENCE

GRAPHIC BY RIO HOLADAY


CHARTING A COURSE
RECOVERY & RESILIENCE
MEDICATION
THERAPY
SUD TREATMENT
CASE MANAGEMENT
MEDI-CAL
GRAPHIC BY RIO HOLADAY

CHARTING A COURSE



RECOVERY & RESILIENCE

MEDI-CAL

NON-MEDI-CAL INVESTMENTS

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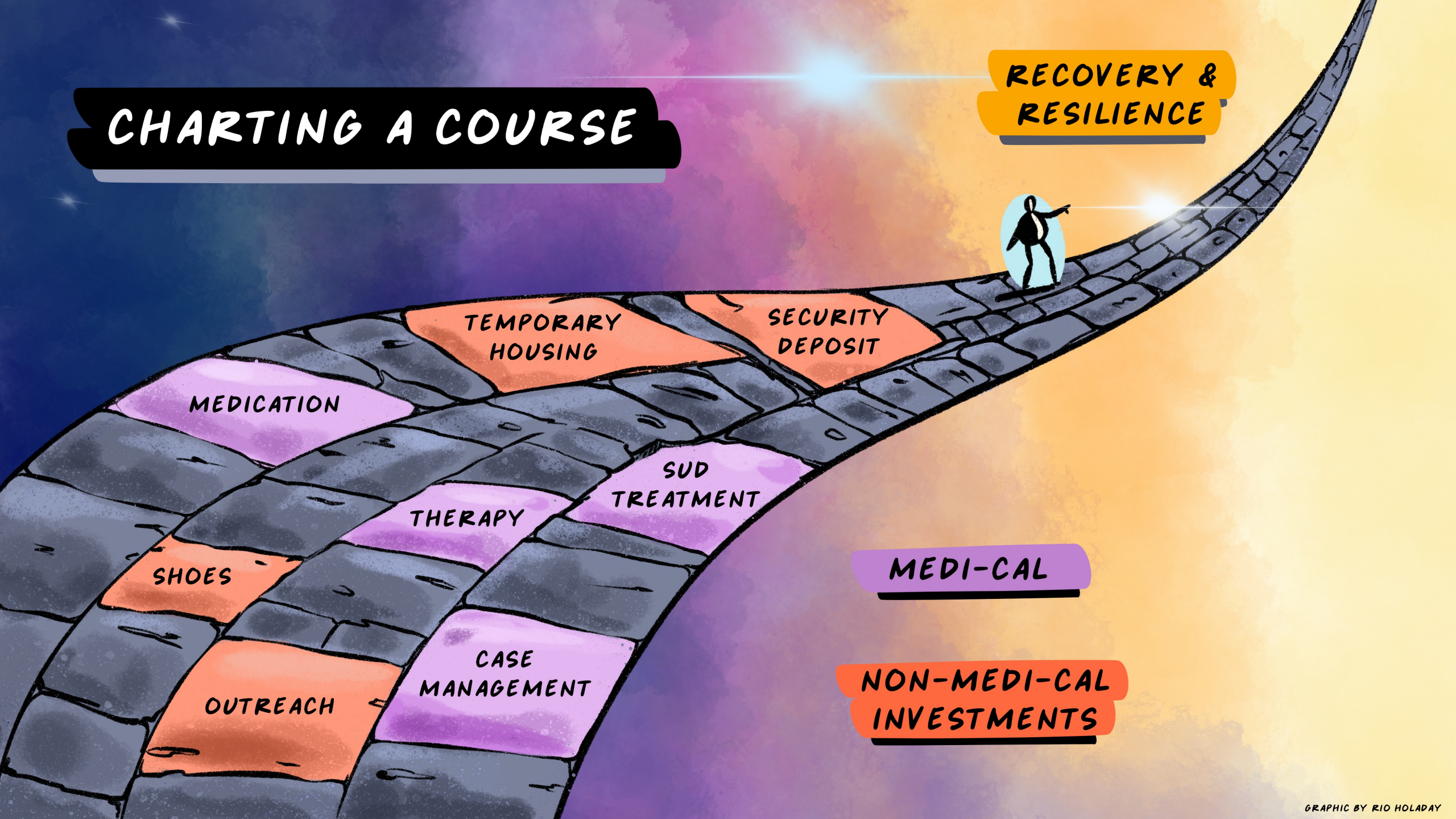
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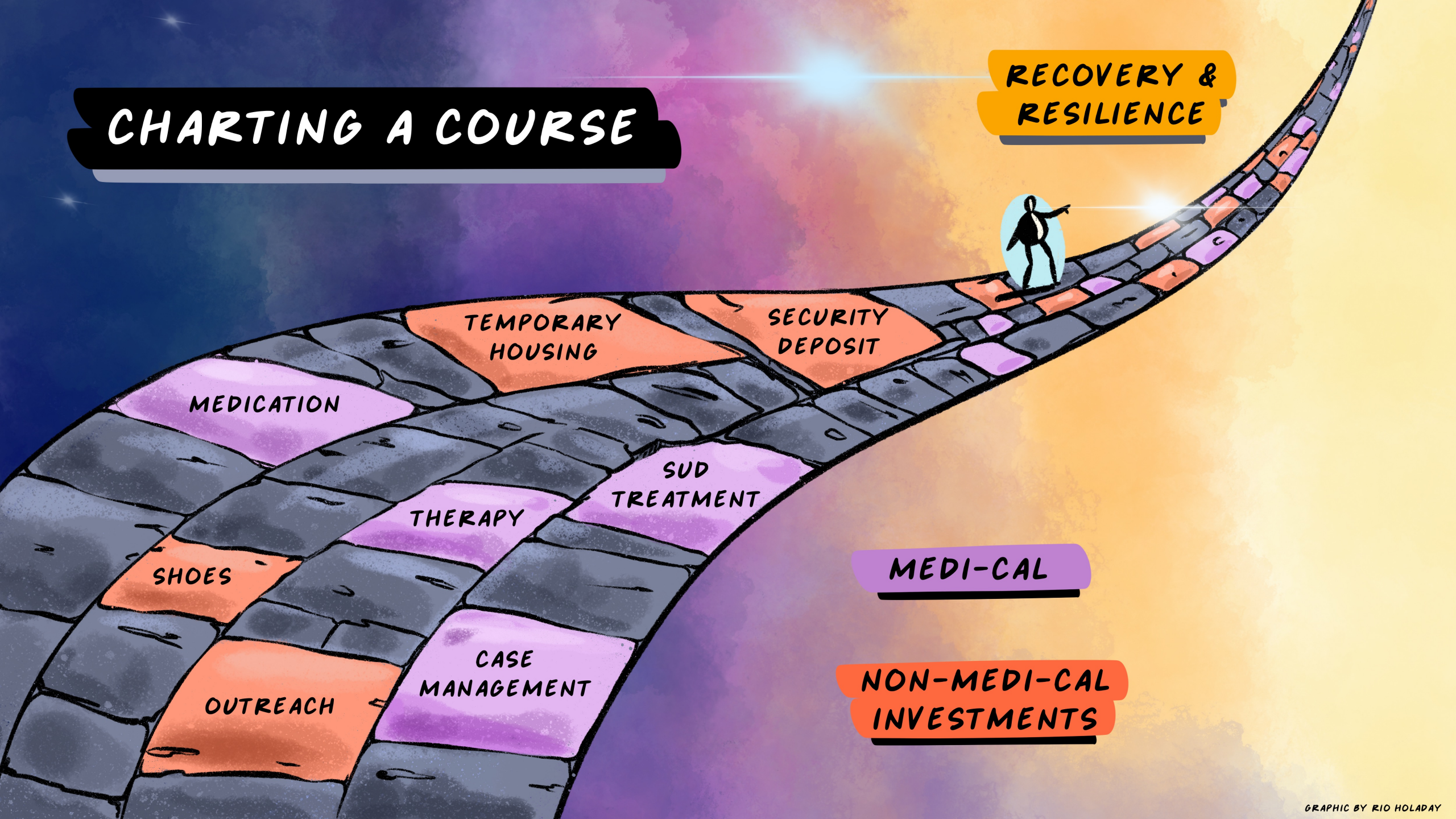
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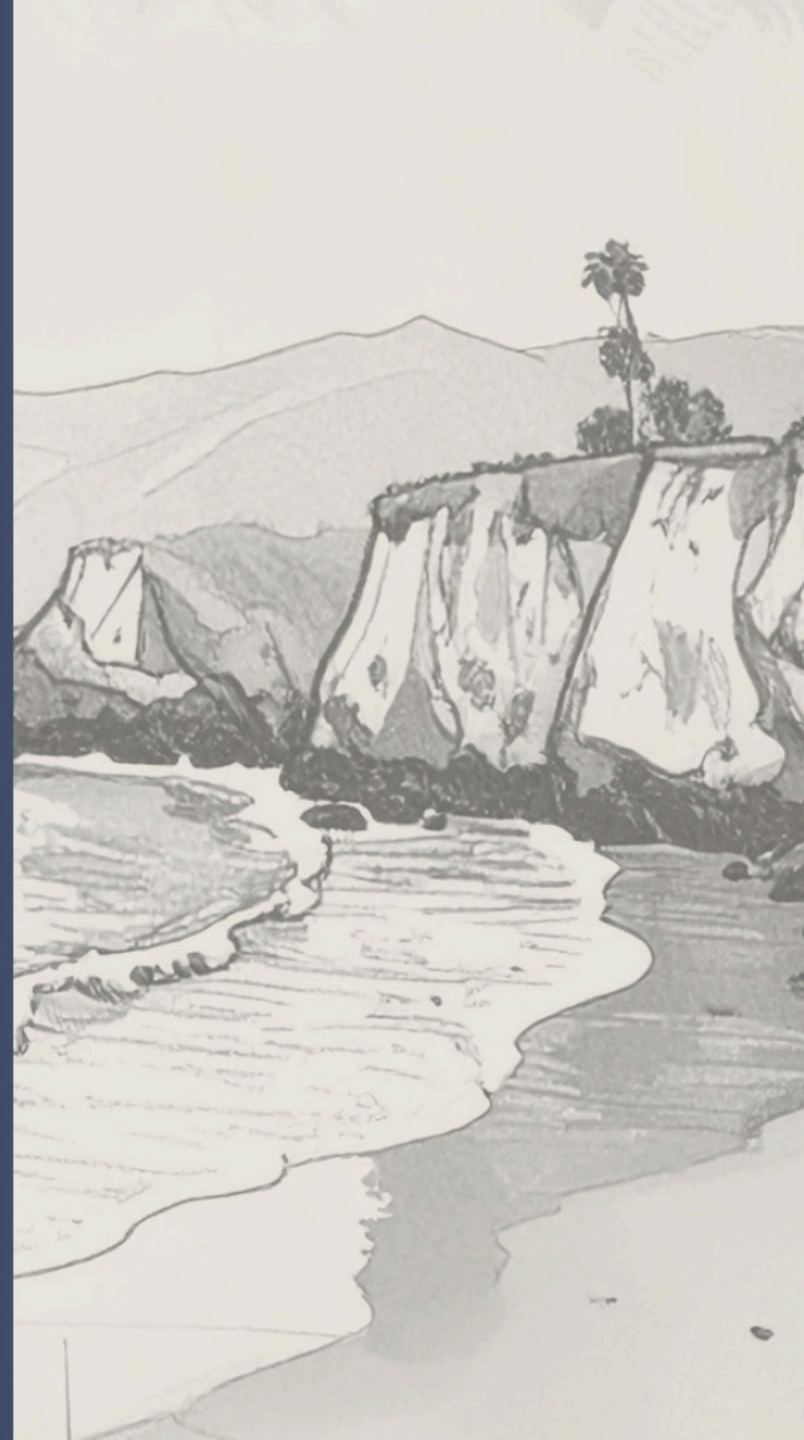
This is a major shift...

...we are here to support



CalMHSA ISL Support

Group Training

- ✓ ISL Orientation (*today*)
- ✓ Web-based ISL Overview + Code Set training
- ✓ Contracting & Invoicing Best Practices webinar

Tools & Templates

- ✓ ISL Program Inventory Spreadsheet
- ✓ ISL Contract templates
- ✓ ISL Invoicing templates
- ✓ ISL FAQs

1:1 Support

- ✓ CalMHSA ISL liaison to provide individualized implementation TA

How support works: Each BHP is assigned an ISL Liaison/Coordinator; questions will route through a centralized ticketing system with additional SMEs supporting as needed.

CalMHSA will develop additional TA content based on BHP needs and as DHCS ISL coding and submission guidance is finalized.

Big Picture: BHSA & ISL

Why ISL Matters Under BHSA

- ✓ **Service scope expanded to SUD** → ISL captures both
- ✓ **Housing is a core focus** → ISL tracks housing services and expenses
- ✓ **New required statewide indicators** → ISL will be used for calculating Phase 2 measures
- ✓ **Unified / holistic reporting** → ISL shows the gap between Med-Cal and non-Medi-Cal investments

**ISL = Individual Service Level data*

Key Shifts from MHSA to BHSA

Change	From MHSA	To BHSA
Population Focus	Counties served individuals across a broad spectrum of mental health needs.	Counties focus on those who need the most critical care, including unhoused populations and those who have serious mental illness and substance use disorders.
Scope of Services	MHSA funds were for mental health services.	BHSA funds can be used for both mental health and substance use disorders.
Role of Housing	Counties spent MHSA funds on housing interventions, but that varied by county.	County Behavioral Health Directors intentionally include housing interventions as 30% of their BHSA budgets, unless they apply for and are approved for an exemption (see Understanding Exemptions).
Allocation to State vs. County	95% of total MHSA funding was dedicated to County allocation. 5% of total funding was dedicated for State allocation (for State Administration).	90% of BHSA dollars will go to counties (10% to the State level). The State level will take on the responsibilities associated with those dollars. 3% will go to State Administration, 4% to Population-Based Prevention, and 3% to Behavioral Health Workforce.
Community Involvement	Counties engaged with many community groups in the Community Planning Process.	Counties engage with expanded community groups and specific populations in the Community Planning Process.
Key Performance Indicators	There were no statewide indicators.	Counties report on required key indicators.
Funding Reported	Counties reported on each funding stream for their Behavioral Health expenditures separately.	The Integrated Plan and annual reports create a unified picture of all Behavioral Health funding sources, beyond the BHSA.
Reporting Requirements	Counties reported across the care continuum, but did not have to show allocations in their plan.	The Integrated Plan shows allocations across the care continuum.

BHT Population Health Strategy

Priority Goals

1. Access to Care ⬆
2. Homelessness ⬇
3. Institutionalization ⬇
4. Justice-Involvement ⬇
5. Removal of Children from Home ⬇
6. Untreated Behavioral Health Conditions ⬇

Additional Goals

1. Care Experience ⬆
2. Engagement in School ⬆
3. Engagement in Work ⬆
4. Overdoses ⬇
5. Prevention/Treatment of Co-Occurring Physical Health Conditions ⬆
6. Quality of Life ⬆
7. Social Connection ⬆
8. Suicides ⬇

BHT Phase 2 Measures

PHASE 1

Use *publicly available, population-level data* for community planning processes and resource allocation in the BHSA Integrated Plan.

Identify interventions to improve areas of low performance relative to statewide rate.

PHASE 2 ⬅ *We Are Here*

Use ***individual client-level data*** to measure performance and identify Plan accountability for BH goals.

Further guidance forthcoming.

BHT Care Continuum

DHCS developed the Behavioral Health (BH) Care Continuum for BHPs to capture BH services across funding sources – there are discrete frameworks for MH and SUD.

SUD Services Framework:

Discrete SUD Service Categories								
	Primary Prevention Services	Early Intervention Services	Outpatient Services	Intensive Outpatient Services	Crisis and Field-Based Services	Residential Treatment Services	Inpatient Services	Housing Intervention Services

MH Services Framework:

Discrete MH Service Categories								
	Primary Prevention Services	Early Intervention Services	Outpatient & Intensive Outpatient Services	Crisis Services	Residential Treatment Services	Hospital/ Acute Services	Subacute/ Long-term Care Services	Housing Intervention Services

Mapping each EHR program to a distinct category within the Care Continuum will support clean reporting (more to come on this when we go over the Program Inventory exercise...)

Image source: DHCS BHSA Policy Manual, Section 3.C

What is ISL?

What Is ISL?

Under BHSA, DHCS has a mandate to collect non-Medi-Cal **person level encounter data.**

Currently, with only Medi-Cal claims data, DHCS sees a fraction of the investments counties make to serve their communities.

*ISL = Individual Service Level data

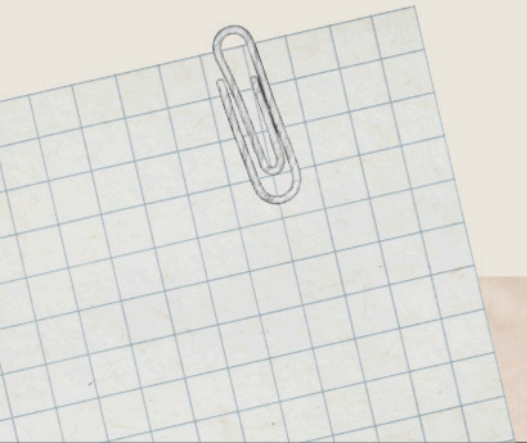
Note: DHCS is in the process of finalizing the ISL coding and submission guidance.

CAPTURING THE FULL CONSTELLATION OF INVESTMENTS REQUIRED – ABOVE AND BEYOND MEDI-CAL – TO HELP THE PEOPLE WE SERVE MEET THEIR GOALS.

GRAPHIC BY RIO HOLADAY

There is a value, as a health plan, to **knowing the full cost of care for each person served**.

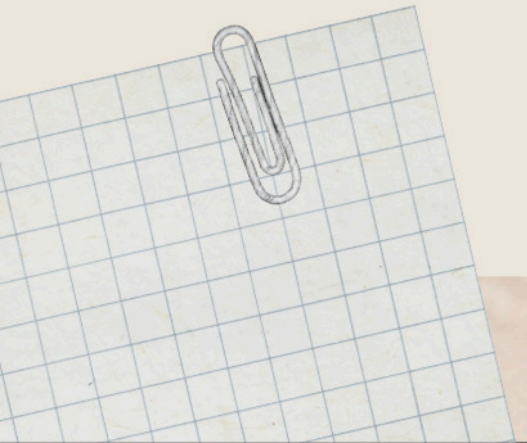
Overlaying this with outcomes empowers counties to better manage care.



Aspiration

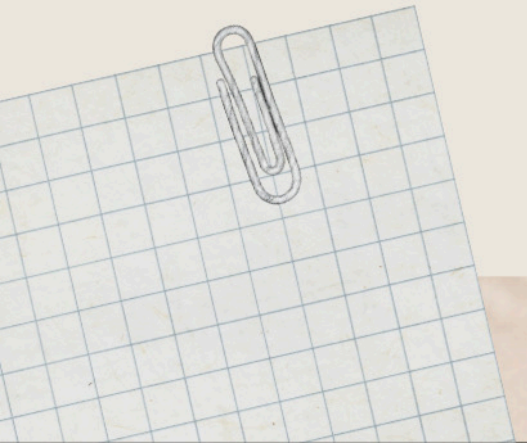
This will move us away from the *“you know one county you know one county”* narrative and help us develop a stronger collective narrative about the important work we do.

We look like a very progressive version of a typical health plan.



ISL will capture the gap between what is claimed in Medi-Cal and other county investments.

Counties will be asked to submit ISL services to **DHCS starting 1/1/2027.**



What are the ISL codes?

ISL

A CLIENT'S JOURNEY

MEDI-CAL

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A CLIENT'S JOURNEY

ISL

OUTREACH

1

MEDI-CAL

GRAPHIC BY RIO HOLADAY

A CLIENT'S JOURNEY

ISL

OUTREACH

1

2

CASE MANAGEMENT

MEDI-CAL

GRAPHIC BY RIO HOLADAY

A CLIENT'S JOURNEY

ISL

OUTREACH

1

2

3

CASE MANAGEMENT

FULL SERVICE PARTNERSHIP

MEDI-CAL

GRAPHIC BY RIO HOLADAY

A CLIENT'S JOURNEY

ISL

OUTREACH

1

2

CASE MANAGEMENT

3

FULL SERVICE PARTNERSHIP

4

HOTEL NIGHTS

HOTEL NIGHTS

MEDI-CAL

GRAPHIC BY RIO HOLADAY

A CLIENT'S JOURNEY

ISL

OUTREACH

HOTEL NIGHTS

1

2

3

4

5

CASE MANAGEMENT

FULL SERVICE PARTNERSHIP

HOTEL NIGHTS

SUBSTANCE USE TREATMENT

MEDI-CAL

GRAPHIC BY RIO HOLADAY

A CLIENT'S JOURNEY

ISL

MEDI-CAL

1 OUTREACH

2 CASE MANAGEMENT

3 FULL SERVICE PARTNERSHIP

4 HOTEL NIGHTS

5 SUBSTANCE USE TREATMENT

6 TRANSITIONAL RENT DAYS 1-60

DAYS 61+ HOUSING PARTICIPANT ASSISTANCE FUNDS

GRAPHIC BY RIO HOLADAY

A CLIENT'S JOURNEY

ISL

MEDI-CAL

1 OUTREACH

2 CASE MANAGEMENT

3 FULL SERVICE PARTNERSHIP

4 HOTEL NIGHTS

HOTEL NIGHTS

5 SUBSTANCE USE TREATMENT

6 DAYS 61+ HOUSING PARTICIPANT ASSISTANCE FUNDS

TRANSITIONAL RENT DAYS 1-60

7 MEDICATION ASSISTED TREATMENT

GRAPHIC BY RIO HOLADAY

A CLIENT'S JOURNEY

ISL

MEDI-CAL

1 OUTREACH

2 CASE MANAGEMENT

3 FULL SERVICE PARTNERSHIP

4 HOTEL NIGHTS

HOTEL NIGHTS

5 SUBSTANCE USE TREATMENT

6 DAYS 61+ HOUSING PARTICIPANT ASSISTANCE FUNDS

TRANSITIONAL RENT DAYS 1-60

7 MEDICATION ASSISTED TREATMENT

GRAPHIC BY RIO HOLADAY

ISL Custom Codes

Acute

- State Hospital Bed Day
- Non-billable Admin Day
- Crisis Stabilization (over 23 hours)
- Monitoring Services (1:1 or 2:1)

Subacute

- Skilled Nursing Facility
- Mental Health Rehab Center
- IMD Basic

Housing

- Board and Care
- Respite Residential
- Rental Subsidies
- Participant Assistance Funds
- Landlord Outreach and Mitigation
- Outreach and Engagement

Outpatient

- Non-billable meetings (school, child welfare, probation, parole)
- Legal (report writing, hearings, Murphy Assessments)
- Outreach and Engagement

Expense

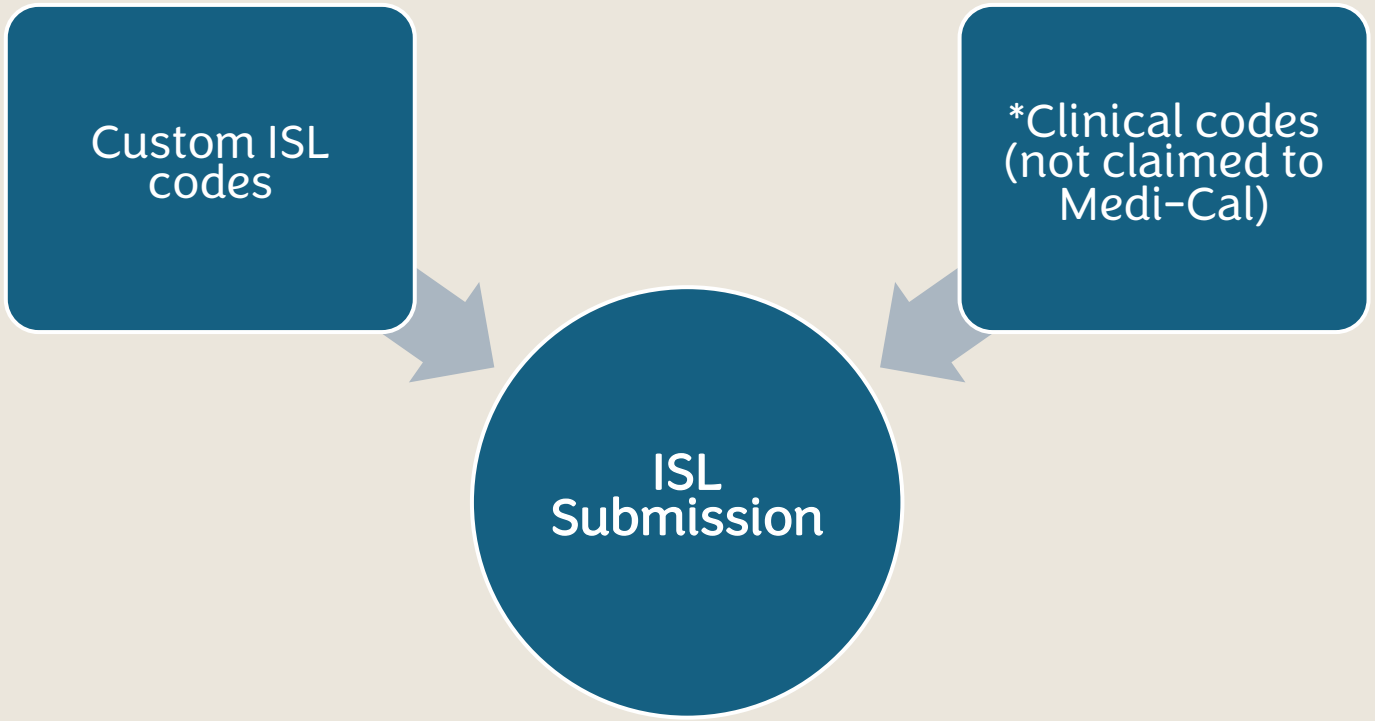
- Food, Clothing, Hygiene Needs
- Travel and Transportation
- Employment and Education
- Child Care Supports
- Medication costs
- Translation/Interpreter Services

Custom codes will be like artificial CPT/HCPCS codes, reflecting things like room and board daily costs which are not billable to Medi-Cal. **These codes do not need to be documented like a Medi-Cal service note.**

****When there is a clinical code (therapy, case management, medication support), that code should be used – this is a legal/ethical issue.*

What Services are Included in ISL Submissions?

- ✓ Individual-level services and expenditures that are ***not*** claimed to Medi-Cal
- ✓ Recorded using either:
  - Custom ISL codes, or
  - Clinical (CPT/HCPCS) codes



*Clinical codes = Medi-Cal CPT or HCPCS codes (not claimed)

Anticipated Impacts on Provider Network

Type: Providers that deliver *Acute and Subacute services

Why: These providers likely already report services/expenses tied to an individual client to the BHP.

Type: Providers that deliver *Housing services & supports

Why: These providers may do individual client-level reporting for some services but not others.

Type: Providers that deliver Early Intervention, Outreach & Engagement, and other non-Medi-Cal *Outpatient services & supports

Why: These providers may not be accustomed to individual client-level reporting.

*Refer to ISL code categories on slide 35

When is a service in ISL?

SHOULD THIS BE SUBMITTED AS ISL?

DECISION FRAMEWORK

GRAPHIC BY RIO HOLADAY

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SHOULD THIS BE SUBMITTED AS ISL?

DECISION FRAMEWORK

GRAPHIC BY RIO HOLADAY

SHOULD THIS BE SUBMITTED AS ISL?

DECISION FRAMEWORK

COST TIED TO SPECIFIC INDIVIDUAL?

NO

STOP! NOT ISL

GRAPHIC BY RIO HOLADAY

SHOULD THIS BE SUBMITTED AS ISL?

DECISION FRAMEWORK

COST TIED TO SPECIFIC INDIVIDUAL?

YES

NO

STOP! NOT ISL

GRAPHIC BY RIO HOLADAY

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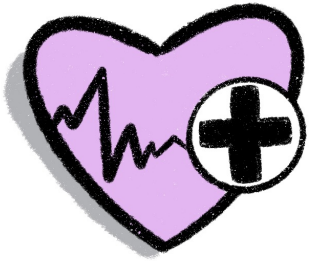
DECISION FRAMEWORK

COST TIED TO SPECIFIC INDIVIDUAL?

YES



NOT CLAIMABLE TO MEDI-CAL?

NO

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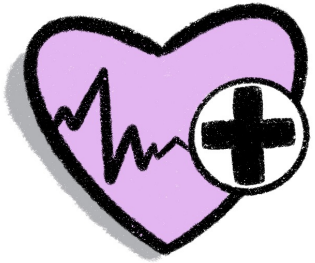
SHOULD THIS BE SUBMITTED AS ISL?

DECISION FRAMEWORK

COST TIED TO SPECIFIC INDIVIDUAL?

YES



NOT CLAIMABLE TO MEDI-CAL?

NO

NO

GRAPHIC BY RIO HOLADAY

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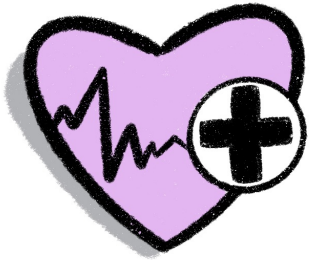
DECISION FRAMEWORK

COST TIED TO SPECIFIC INDIVIDUAL?

YES



NOT CLAIMABLE TO MEDI-CAL?

YES

NO

NO

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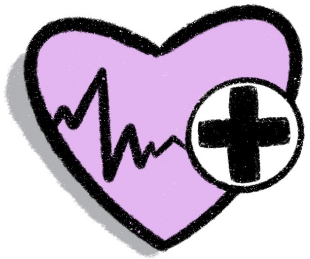
DECISION FRAMEWORK

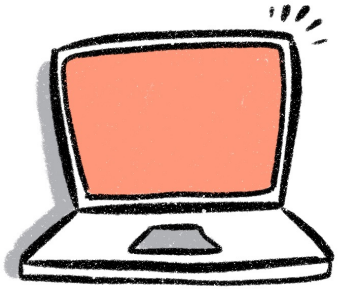
COST TIED TO SPECIFIC INDIVIDUAL?

YES



NOT CLAIMABLE TO MEDI-CAL?

YES



SUBMIT AS ISL

NO

NO

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Preview: ISL Encounter Fields

***Fields include elements about the:**

- ✓ Client
- ✓ Provider
- ✓ Service

*Will leverage X12 837 data element specifications wherever possible (JSON file)

Data Field Name	Description	Data Type (Max Length)	Schema Rul	Reference 837 Element
Encounter ID	County-generated unique encounter ID code generated for each reported individual client service, episode of care, or expense	Numeric code (20)	Required	
Encounter Submission Type	Specifies if the claim is an original, replacement, or void. Default is original.	Enum	Required	2300 | CLM05-3
Sender County Code	Unique identifier of the sending county	String (2)	Required	ISA06 and CN104 are used for the MC plan code (HCP) per the PACES Companion Guide
Client ID 1: Client Medi-Cal CIN	If currently Medi-Cal enrolled, the Medi-Cal client identification number (CIN) of the client that received the service.	String (9)	Situational	2010BA|NM109
Client ID 2: County MRN	County-generated medical record number	String (50)	Situational	
Client ID 3: Client SSN	Client social security number	String (9)	Situational	
Client Last Name	Last name of client that received the service	String (50)	Required	2010BA|NM103
Client First Name	First name of client that received the service	String (50)	Required	2010BA|NM104
Client Middle Name(s)	Middle name(s) of client that received the service	String (50)	Optional	2010BA|NM105
Client Date of Birth	Date of birth of client that received the service	Date (YYYYMMDD)	Situational	2010BA|DMG02
Client Sex	Sex assigned at birth of client that received the service	Enum	Required	2010BA|DMG03
Client Race/Ethnicity	Client race or ethnic group.	String (50)	Required	"Composite Race or Ethnicity Information" field (DMG05 C056) in the "DMG Subscriber Demographic Information" loop
Client Address Line 1	Physical street address of the client that received the service. Homeless or Unknown may be used if appropriate.	String (50)	Required	2010BA|N3,N4

Note: This is not a complete list of encounter fields. DHCS is in the process of finalizing the fields, validation rules, and submission guidance.

Who: What are the jobs to be done for ISL?

County Teams Impacted

Leadership

BHSA Lead

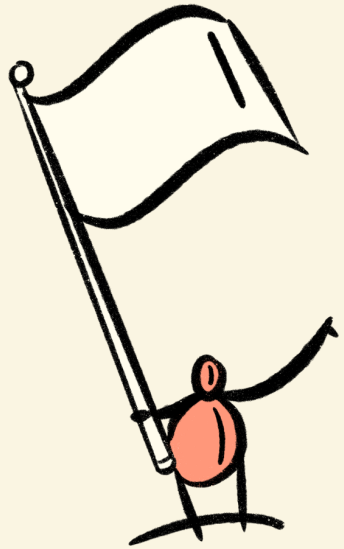
Contract Leadership

Fiscal Lead

Accounting Staff

EHR / Technical Leads

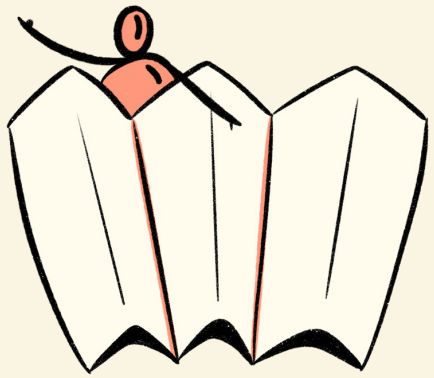
County Teams Impacted



Leadership:

- Decision-making
- Ensure we (CalMHSA) are working with the correct members of your team
- Ensuring alignment with the BHSA plan
- Communicate with impacted contract providers

County Teams Impacted



BHSA Lead:

- Mapping to the care continuum
- Completion of the BHSA Plan
- Help contractors who have not previously completed individual-level claiming

County Teams Impacted

Contract Leadership:

- Updating terms to ensure all impacted contractors have contracts that reflect ISL standards
- Identifying which ISL codes are needed for each program/contract

County Teams Impacted

Fiscal Lead:

- Review and approve ISL-related expenses and expense coding. This may be added to the team's monthly invoice receipt/review process
- Develop a uniform county response to CBO requests for additional funding tied to new ISL documentation and data requirements
- Budget and track incremental ISL implementation costs (EHR configuration, training, device/workflow changes)
- Implement regular review of ISL vs. actual expenditures and, as needed, coordinate with program teams to implement corrections that support stronger ISL adoption

County Teams Impacted

Accounting Staff:

- Processing approved invoices using updated codes, as applicable

County Teams Impacted

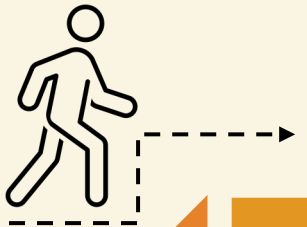
EHR / Technical Leads:

- Setting up ISL codes in electronic health record (EHR)
- Activating ISL codes in each program
- Developing/validating data extracts
- Submit test files to state
- Submit monthly files (within 90 days from date of service)

When: ISL Implementation Milestones & Timeline

ISL Milestones & Timeline

We are here



Kick-Off + Assemble ISL Team

ISL Program Inventory: Start, Stop, Continue Exercise

EHR Updates (programs, codes, providers)

Contract + Invoicing Updates

ISL data entry (CBO direct entry / batch upload / BHP entry)

Test EHR data extracts

Optional Go-Live (early adopters)

Required Go-Live (all BHPs)

February 2026

July 2026

January 2027

Step completion timeline may vary by BHP readiness and priorities. Inflexible date: Required 1/1/27 go-live.

ISL Program Inventory

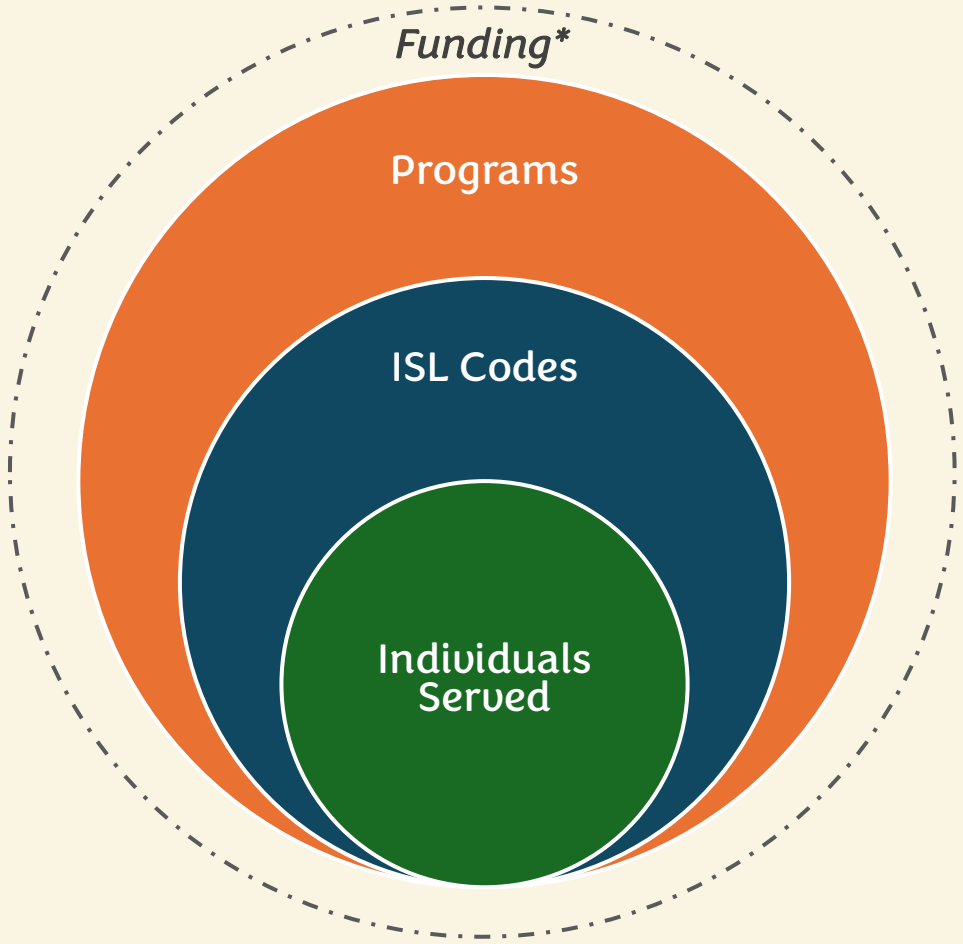
Why are Programs Important?

Programs = Core ISL Reporting Units

Programs are the primary roll-up unit for ISL reporting (how DHCS will summarize services, ISL valuation outputs, and people served).

ISL codes are assigned to programs to capture non-Medi-Cal billable services provided to an **individual**.

BHPs will be asked to complete a tool that identifies each program's **funding sources** to provide greater insight into BHP expenditures and investments.



**Funding sources are mapped at the program level (not on each ISL encounter)*

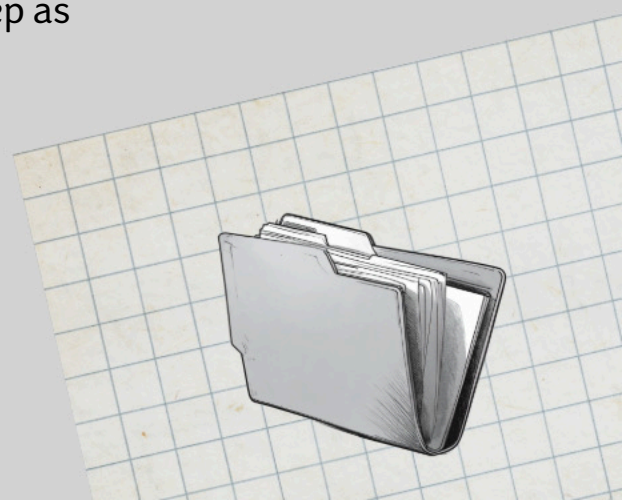
Program Inventory Orientation: "Start, Stop, Continue"

- ✓ **Why:** BHSA reporting and ISL submission require consistent roll-ups of services, costs, and people served across standardized categories.

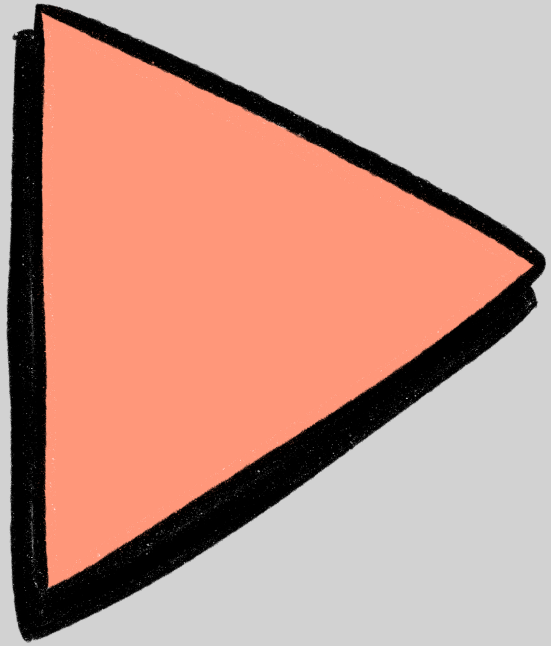
- ✓ **What:** "Programs" are the **EHR reporting unit** used to organize services/expenses (often tied to teams, contracts, settings, or cost centers). **Focus on programs anticipated to be active in FY 2026-27.**

- ✓ **How:** Two key steps:
  1. Categorize *current* EHR programs across four dimensions to determine what needs to ***CONTINUE*** or ***STOP*** (i.e., be evaluated for potential disaggregation):
     1. Delivery System (MH / SUD)
     2. BHSA Care Continuum category
     3. EBPs (if applicable)
     4. Reimbursement Structure
  2. Identify programs missing from the EHR that should be added, and complete same categorization step as above (***START***)

  Rule of thumb: If a program has 2+ attributes within a single dimension and you cannot reliably split for tracking/reporting → ***STOP***/evaluate for potential disaggregation.
  - The "90% rule"→ Capture what the program is primarily designed to do (primary cost category)



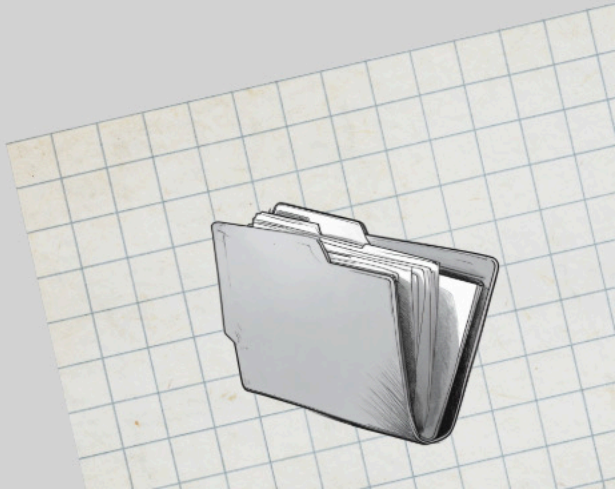
Note*: Stop, Start, Continue = recommendations around EHR program setup. BHPs ultimately decide which services their network delivers.*

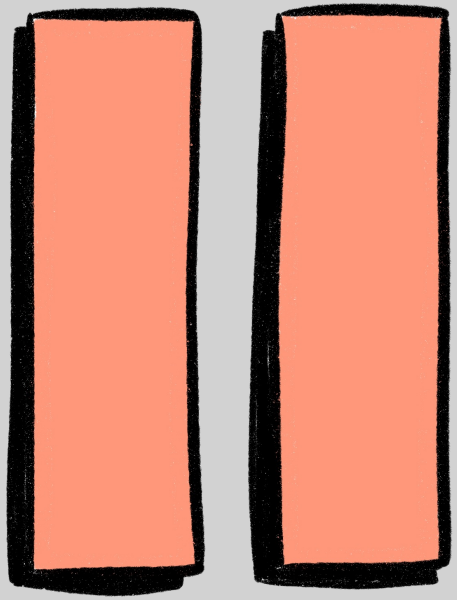


START

What programs need to be added to the EHR?

Signals: Programs that provide individual-level services/expenses aligned with BHSA reporting

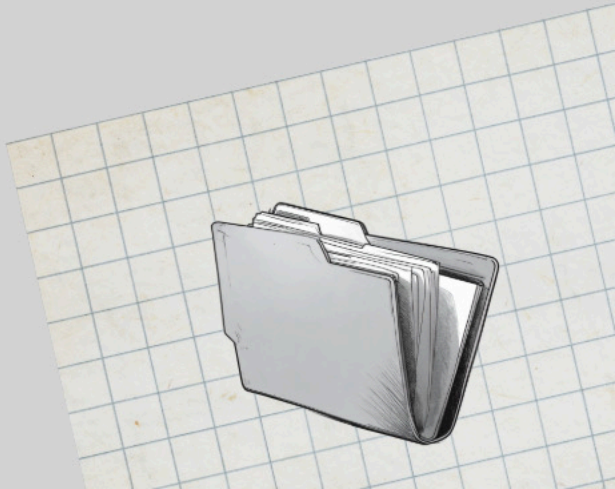


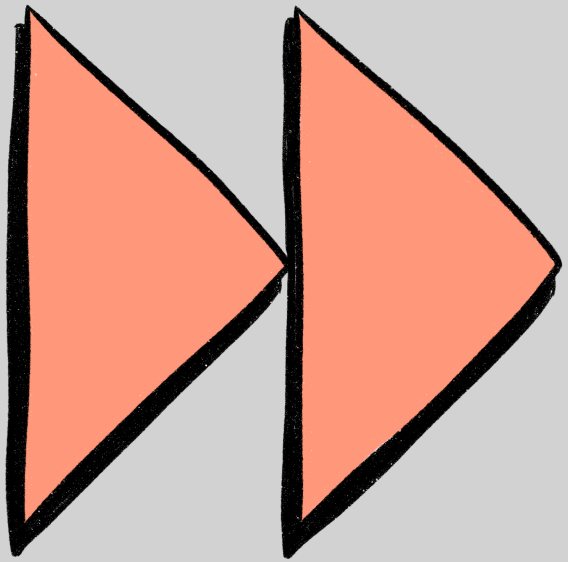


STOP (“evaluate”)

What EHR programs need to be evaluated to determine if they need to be modified (e.g., separated)?

Signals: Programs that map onto multiple items within an ISL Program Inventory Dimension

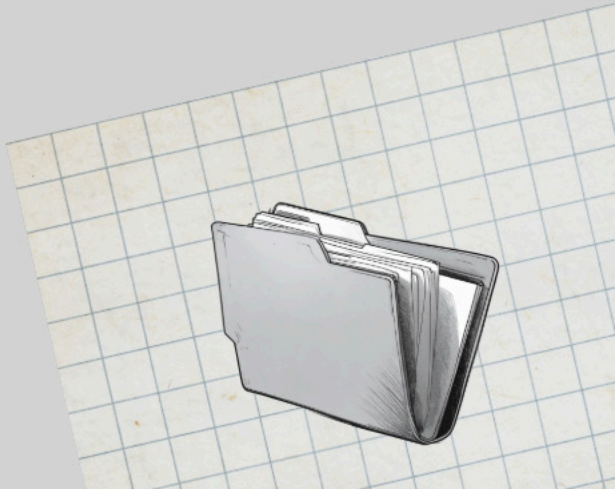




CONTINUE

What EHR programs can continue as structured?

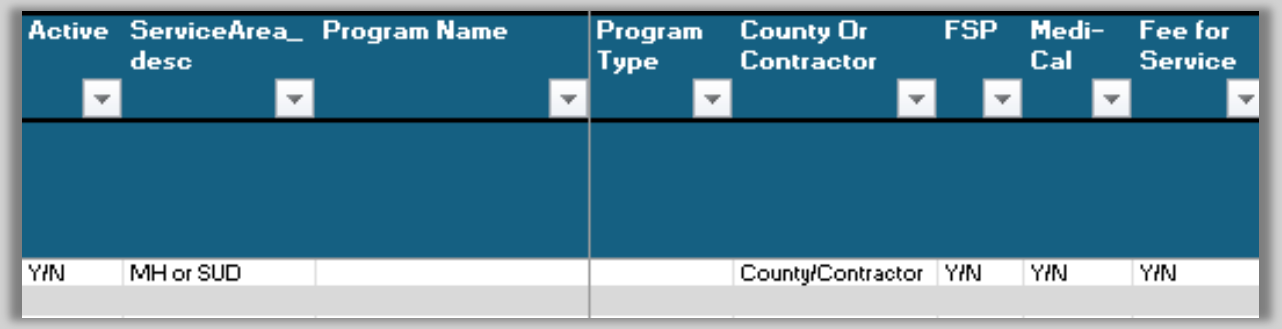
Signals: Programs that readily map into individual ISL Program Inventory Dimension buckets



Preview: Program Inventory Spreadsheet

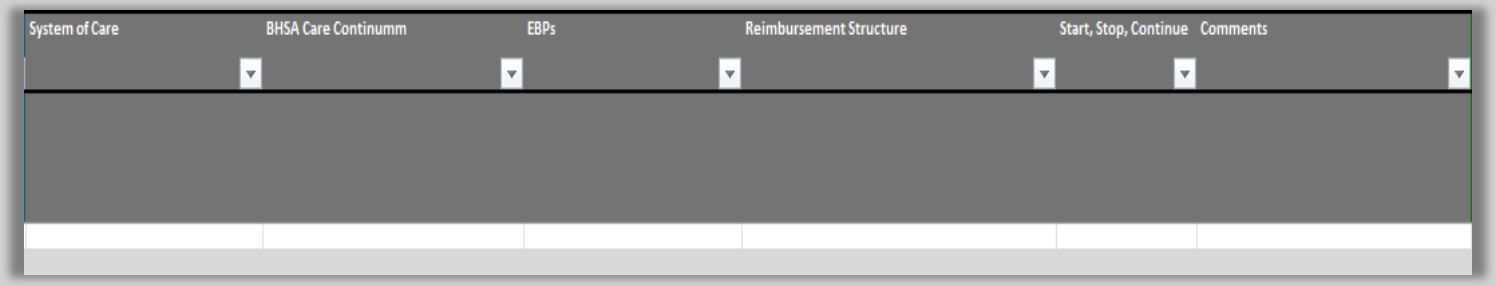
Three Sections

1. *Program details*
   Summarizes key information about each program (based on available data in EHR program extract)



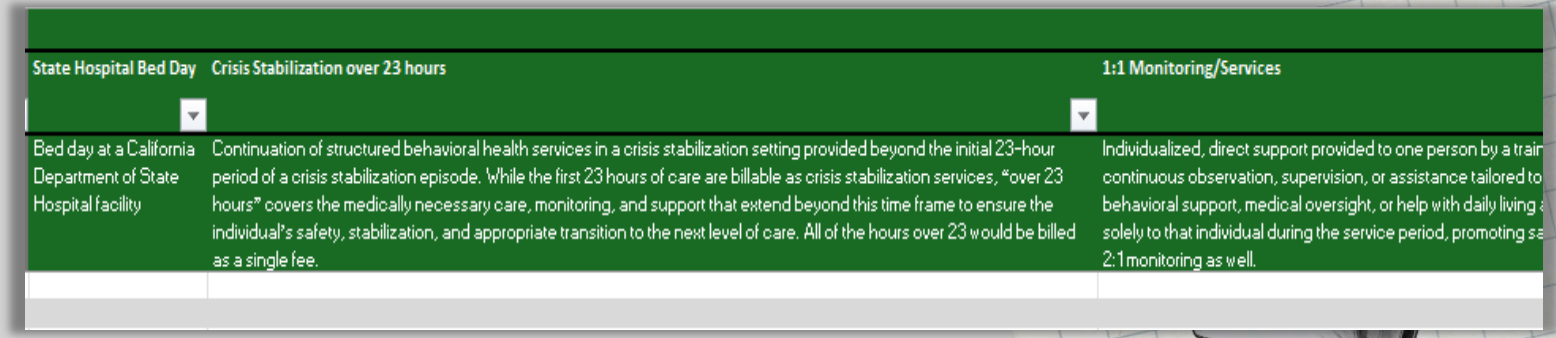
Active	ServiceArea_ desc	Program Name	Program Type	County Or Contractor	FSP	Medi-Cal	Fee for Service
Y/N	MH or SUD			County/Contractor	Y/N	Y/N	Y/N

2. *Program inventory analysis*
   Where to complete your evaluation across the four dimensions, indicate any start/stop/continue action flags, and document notes



System of Care	BHSA Care Continumm	EBPs	Reimbursement Structure	Start, Stop, Continue	Comments

3. *ISL code assignment*
   Where to indicate which ISL codes will be assigned to each program (includes a column for each ISL custom code)



State Hospital Bed Day	Crisis Stabilization over 23 hours	1:1 Monitoring/Services
Bed day at a California Department of State Hospital facility	Continuation of structured behavioral health services in a crisis stabilization setting provided beyond the initial 23-hour period of a crisis stabilization episode. While the first 23 hours of care are billable as crisis stabilization services, "over 23 hours" covers the medically necessary care, monitoring, and support that extend beyond this time frame to ensure the individual's safety, stabilization, and appropriate transition to the next level of care. All of the hours over 23 would be billed as a single fee.	Individualized, direct support provided to one person by a train continuous observation, supervision, or assistance tailored to behavioral support, medical oversight, or help with daily living a solely to that individual during the service period, promoting sa 2:1 monitoring as well.

CalMHSA ISL liaisons will provide additional orientation / TA to support completion, as needed

ISL Program Inventory Dimensions: Delivery System

- ✓ Identify which Delivery System the program operates within
- ✓ If both, STOP/flag for evaluation

Delivery System
• MH • SUD • **Both (FLAG)**

ISL Program Inventory Dimensions: BHSA Care Continuum

- ✓ Identify which Care Continuum service category the program operates within
- ✓ If multiple, STOP/flag for evaluation

BHSA Care Continuum
• MH-Primary Prevention Services
• MH-Early Intervention Services
• MH-Outpatient/Intensive Outpatient Services
• MH-Crisis Services
• MH-Residential Treatment Services
• MH-Hospital/Acute Services
• MH-Subacute/Long-Term Care Services
• SUD-Primary Prevention Services
• SUD-Early Intervention Services
• SUD-Outpatient Services
• SUD-Intensive Outpatient Services
• SUD-Crisis/Field Based Services
• SUD-Residential Treatment Services
• SUD-Inpatient Services
• Housing Intervention Services
• Other (Non-Care Continuum) Services/Activities
• **Multiple (FLAG)**

ISL Program Inventory Dimensions: Evidence Based Practices (EBPs)

- ✓ Identify which core EBP the program delivers (leave blank if N/A)
- ✓ If multiple, STOP/flag for evaluation

EBPs
• Assertive Community Treatment (ACT) • Forensic Assertive Community Treatment (FACT) • Individual Placement and Support model of Supported Employment (IPS) • Full-Service Partnership Intensive Case Management (FSP-ICM) • Assertive Field-Based Initiation for Substance Use Disorder Treatment Services • Coordinated Specialty Care for First Episode Psychosis (CSC) • Clubhouse Services • High-Fidelity Wraparound (HFW) • Multisystemic Therapy (MST) • Functional Family Therapy (FFT) • Parent-Child Interaction Therapy (PCIT) • Other EBP/CDEP • **Multiple (FLAG)**

ISL Program Inventory Dimensions: Reimbursement Structure

- ✓ Identify the program's primary Reimbursement Structure
- ✓ If multiple, STOP/flag for evaluation

Note: This information can be used to identify which programs may need more focused ISL implementation support. Client-level encounters (e.g., FFS, per diem) → easier ISL adoption.

Reimbursement Structure
• Fee-for-Service (FFS)
• Fee-for-Service with Performance Incentives
• Cost-Based
• Bundled Reimbursement
• Deliverable-Based
• Capitation – Per Member Per Month (PMPM)
• Capitation with Quality Adjustments
• Pay-for-Performance
• Shared Risk / Shared Savings
• Alternative Payment Models
• Per Diem / Per Bed-Day Rate
• Tiered Per Diem
• Per Episode / Bundled Service Rate
• Capacity-Based Rate with Minimum Census
• Total Operating Subsidy
• Performance-Based
• **Multiple (FLAG)**

ISL Program Inventory Dimensions

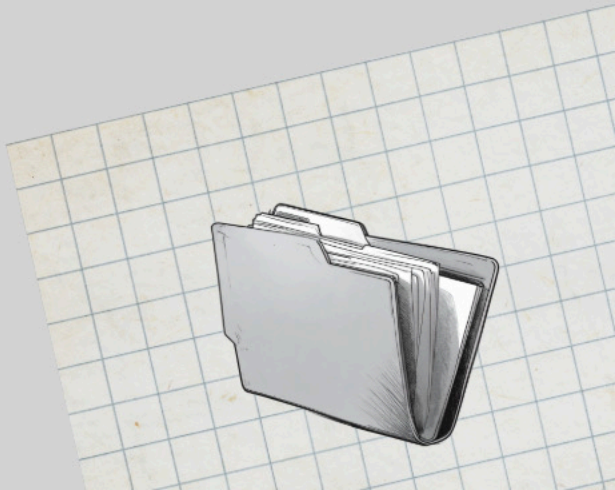
*If a program is identified as having 2+ attributes within a single dimension, this is a **FLAG** to **STOP / evaluate.***

Delivery System	BHSA Care Continuum	EBPs	Reimbursement Structure
• MH • SUD • **Both (FLAG)**	• MH-Primary Prevention Services • MH-Early Intervention Services • MH-Outpatient/Intensive Outpatient Services • MH-Crisis Services • MH-Residential Treatment Services • MH-Hospital/Acute Services • MH-Subacute/Long-Term Care Services • SUD-Primary Prevention Services • SUD-Early Intervention Services • SUD-Outpatient Services • SUD-Intensive Outpatient Services • SUD-Crisis/Field Based Services • SUD-Residential Treatment Services • SUD-Inpatient Services • Housing Intervention Services • Other (Non-Care Continuum) Services/Activities • **Multiple (FLAG)**	• Assertive Community Treatment (ACT) • Forensic Assertive Community Treatment (FACT) • Individual Placement and Support model of Supported Employment (IPS) • Full-Service Partnership Intensive Case Management (FSP-ICM) • Assertive Field-Based Initiation for Substance Use Disorder Treatment Services • Coordinated Specialty Care for First Episode Psychosis (CSC) • Clubhouse Services • High-Fidelity Wraparound (HFW) • Multisystemic Therapy (MST) • Functional Family Therapy (FFT) • Parent-Child Interaction Therapy (PCIT) • Other EBP/CDEP • **Multiple (FLAG)**	• Fee-for-Service (FFS) • Fee-for-Service with Performance Incentives • Cost-Based • Bundled Reimbursement • Deliverable-Based • Capitation – Per Member Per Month (PMPM) • Capitation with Quality Adjustments • Pay-for-Performance • Shared Risk / Shared Savings • Alternative Payment Models • Per Diem / Per Bed-Day Rate • Tiered Per Diem • Per Episode / Bundled Service Rate • Capacity-Based Rate with Minimum Census • Total Operating Subsidy • Performance-Based • **Multiple (FLAG)**

CONTINUE
What EHR programs can continue as structured?

- **Where to look:**
  - Programs that already align to a single care continuum service category
  - Programs that already align to a single core EBP (e.g., FSP-ICM, ACT, FACT, CSC)
  - Programs that represent a contractor's services using a single, consistent reimbursement structure.

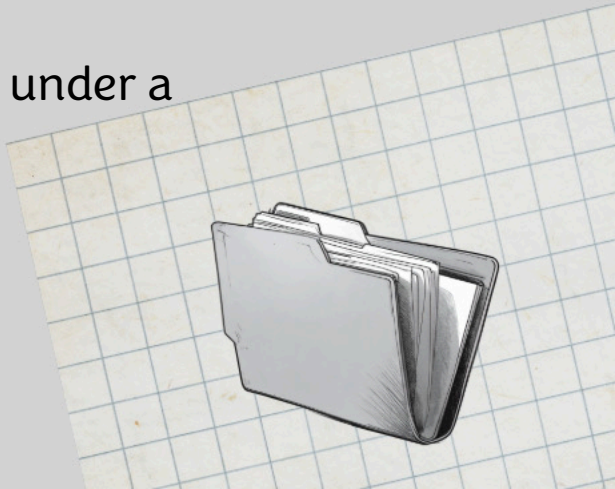
- **Examples:**
  - General Outpatient Mental Health
  - Youth Outpatient Mental Health Clinic
  - ASAM Residential 3.1 Program
  - ACT Program
  - FACT Program
  - HFW Program



STOP ("evaluate")
What EHR programs need to be reviewed to determine if they need to be modified (e.g., separated)?

- **Where to look:**
  - Umbrella / catch-all programs used by multiple teams, settings, or contracts
  - Programs that show up in multiple BHSA care continuum levels
  - Programs that provide multiple core EBPs

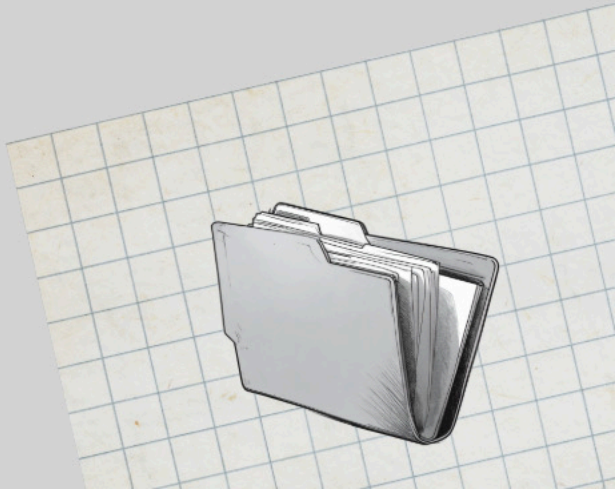
- **Examples:**
  - FSP Program that provides ACT and FACT
  - General Outpatient MH Program that also provides CSC to a subset of clients
  - Children's MH Program that provides HFW to a subset of clients
  - An FSP program that bills services *Fee-for-Service (FFS)* and provides housing under a *Total Operating Subsidy* reimbursement structure



START
What programs need to be added to the EHR?

- ❑ **Where to look:**
  - Department cost centers for client-serving teams/units not set up as EHR programs
  - County organizational charts (teams/units that perform client-facing work)
  - Non-Medi-Cal billable contracts that perform client services

- ❑ **Examples:** Programs you may not have in the EHR
  - Board and Care
  - Housing Services & Supports
  - Outreach & Engagement Teams
  - Early Intervention
  - State Hospitals
  - County-run BH Forensic Units
  - Other Inpatient Services not billed to Medi-Cal



Task At Hand

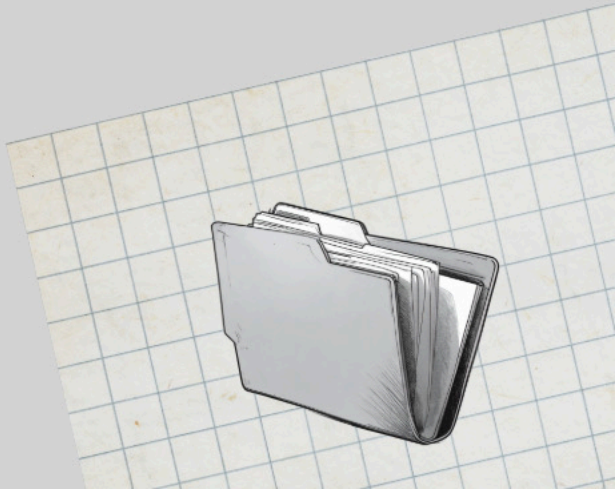
- **Project – Start, Stop, Continue**

Focus: Programs that will be active in FY 2026-27

- ❑ **Exercise 1 –** Review the Program Inventory spreadsheet
  - Evaluate each current EHR program across the four dimensions: Delivery System, BHSA Care Continuum, EBPs, Reimbursement Structure.
  - If a program falls under more than one category within a single dimension, flag for evaluation.

- ❑ **Exercise 2 –** Identify current client-serving programs not in the EHR that need to be added. Add to the bottom of the spreadsheet and go through the same evaluation exercise as above.

- ❑ **Exercise 3 –** Identify which ISL custom codes need to be assigned to each program.



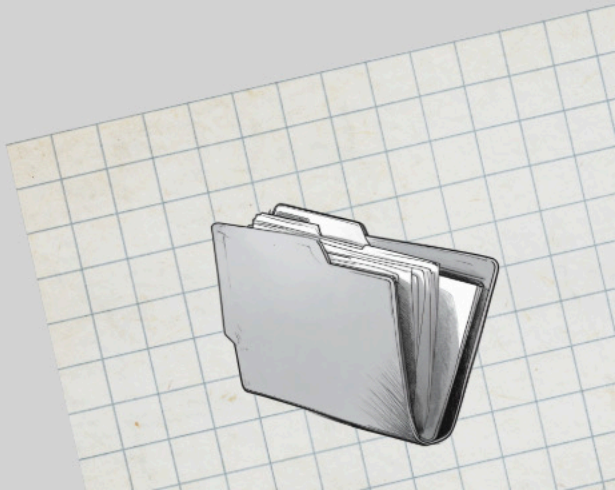
What's Next?

CalMHSA

- ✓ Email BHPs (week of March 2)
  - Today's slide deck + information on how to submit ISL questions to CalMHSA
  - Program Inventory spreadsheets + introduce CalMHSA ISL support liaison
- ✓ Upcoming ISL trainings
  - ISL Boilerplate Contracts & Invoicing Best Practices Webinar (Wednesday, March 4, 11:30 AM)
  - ISL code overview web-based trainings for BHPs and network providers

BHPs

- ✓ Identify local ISL implementation leads / team
- ✓ Complete Program Inventory "Start, Stop, Continue" Exercises 1-3
- ✓ Respond to CalMHSA's email to schedule a 1:1 TA call with your BHP's ISL liaison



Thank You!