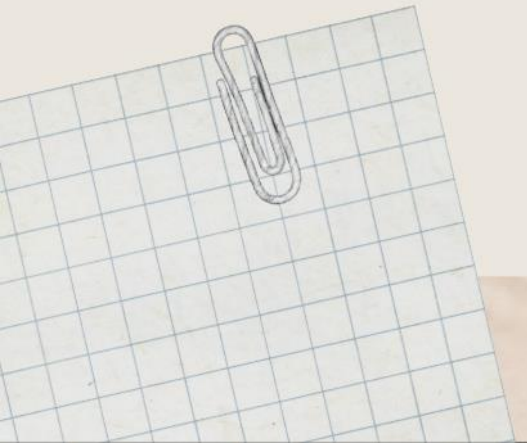
BHP-CalMHSA 1:1 ISL Support Kick-Off Meeting

Introductions

- ✓ Name
- ✓ Title
- ✓ Role in ISL implementation

Agenda

1. Check-in & reminders
2. Confirm shared understanding – the ***What*** and ***Why*** of:
   - ISL data collection and reporting
   - Program Inventory exercises
3. Align on next steps:
   - Completing Program Inventory exercises
   - Confirming ISL data collection / entry approach



Check-In: ISL Resources

- ❑ Did you receive the BHP Program Inventory spreadsheet?
- ❑ Have you reviewed the ISL Code Set?
- ❑ Have you reviewed other ISL Resources?

CalMHSA ISL Resources website: link

How to submit ISL inquiries to CalMHSA

- ✓ Complete online ISL Ticket (preview link)
  or
- ✓ Email your assigned lead and coordinator

CalMHSA ISL Ticket: link

CalMHSA ISL Support

Group Training

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

Tools & Templates

- ✓ ISL Program Inventory Spreadsheet
- ✓ ISL Contract templates
- ✓ ISL Invoicing templates
- ✓ ...and more!

1:1 Support

- ✓ CalMHSA ISL team will provide individualized implementation TA

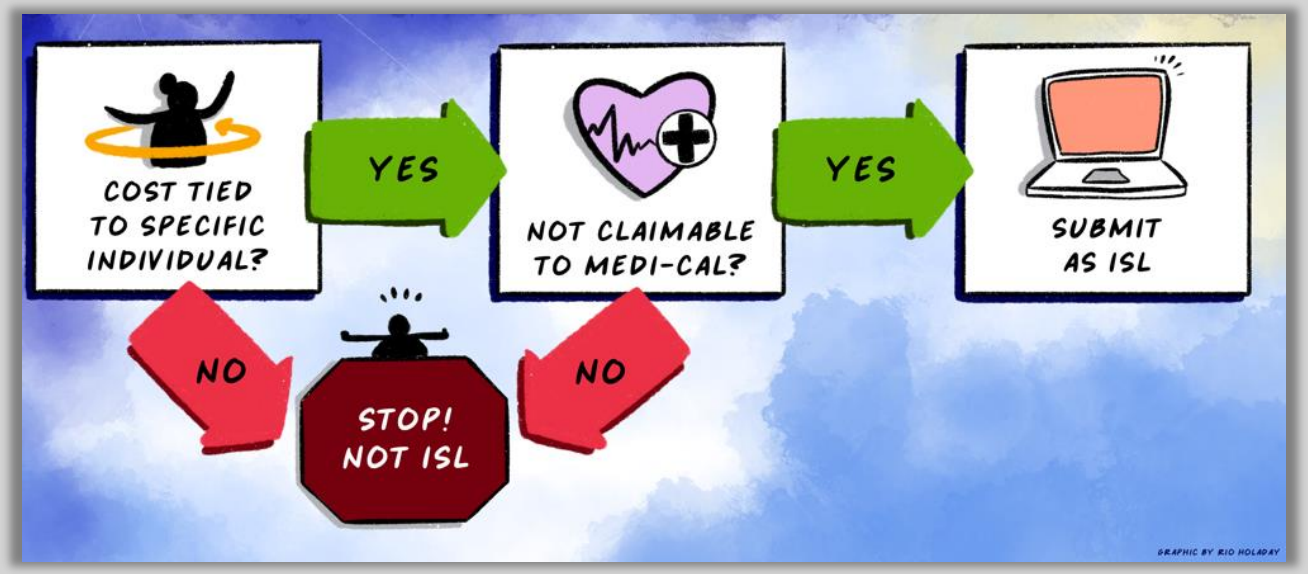
How support works: Each BHP is assigned an ISL support team; questions will route through a centralized ticketing system with additional SMEs supporting as needed.

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

ISL Refresher

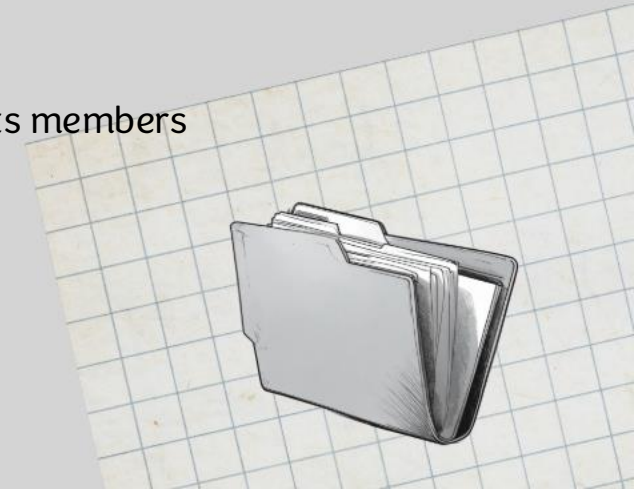
WHAT it is

- Effective **January 1, 2027**, BHPs must capture and submit all behavioral health **individual service-level (ISL)** encounter data to DHCS pursuant to applicable DHCS guidance (W&I §§ 5610(b), (d), 5664(a).)
- ISL submissions will include BHP services / expenses that are ***not claimable to Medi-Cal*** using non-Medi-Cal "DHCS-defined" ISL codes or Medi-Cal CPT/HCPCS codes, when appropriate
- ISL encounters will not generate payment from DHCS; they are used solely for reporting



WHY it matters

- DHCS currently only sees a fraction of BHP investments via Medi-Cal claims; ISL fills in the gap
- Understanding the full constellation of BHP services allows the BHP to understand the full cost of serving its members
- Statewide indicators (Phase 2 measures) will use individual-level data to evaluate BHP performance
- Housing is a core focus under BHSA; ISL has multiple codes for tracking housing services and expenses

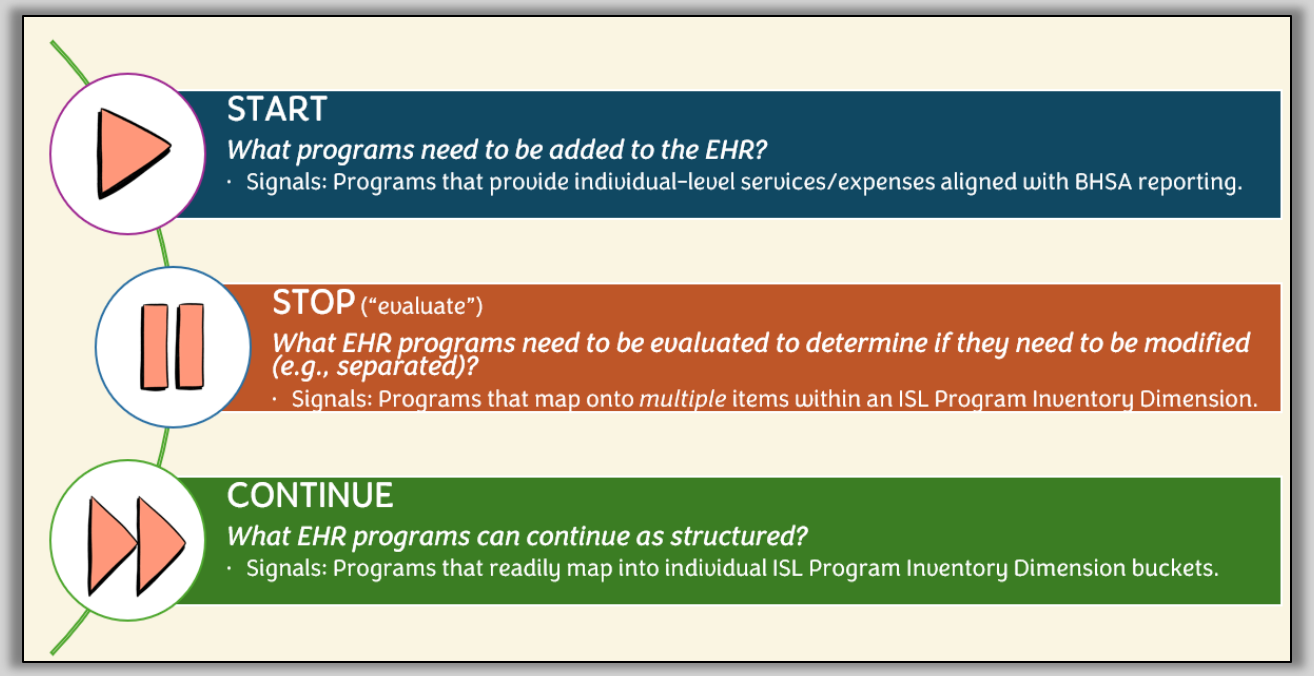


Note: DHCS released the ISL Code Library in the BHT Newsletter

Program Inventory Refresher

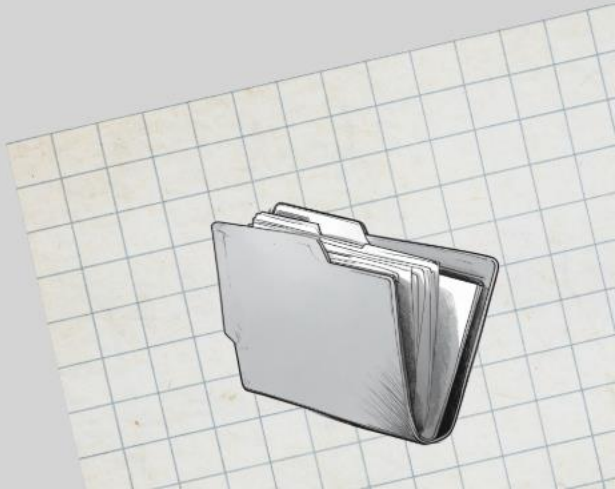
WHAT it is

- A tool to help BHPs think through whether their current EHR program structure supports BHSA/ISL reporting requirements. It can help BHPs identify where adjustments could reduce burden later.
- Focus: Active programs in **FY26-27**
- BHP exercises to complete:
    1. Evaluate current EHR programs across key dimensions
    2. Identify client-serving programs that are not in the EHR and evaluate across same dimensions
    3. Assign ISL codes to each program



WHY it matters

- *DHCS has indicated that programs are a core ISL reporting unit (how they will summarize services/costs/people served)
- *BHPs will be asked to complete a tool that identifies each program's funding sources and budgets to provide greater insight into BHP expenditures and investments



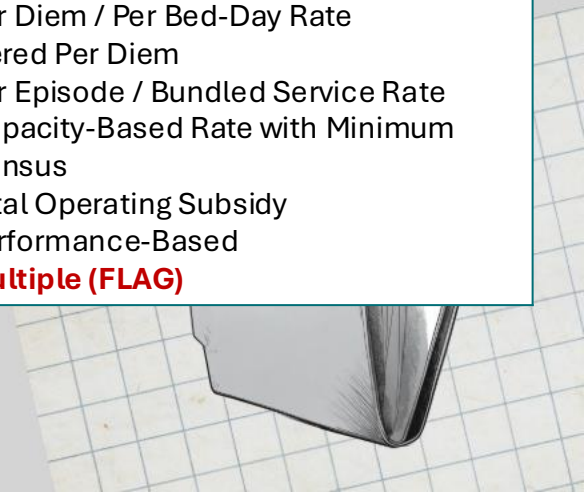
**DHCS guidance forthcoming*

ISL Program Inventory Dimensions

If a program has 2+ attributes within a single dimension, this is a flag to ***STOP***/evaluate for potential disaggregation (e.g., split into separate programs) if you cannot reliably split for reporting using a different method.

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)**

**Reimbursement Structure method 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.*



Does ISL data have to be entered in the BHP's EHR?

Ultimately, it is up to the BHP. However, we recommend using the EHR because:

1. ISL encounter fields closely mirror how service data is already captured in EHRs (X12 837).

2. ISL submissions will include CPT/HCPCS-coded services that are not claimed to Medi-Cal (e.g., gaps in coverage). Using the EHR helps maintain consistent coding and documentation.

3. Client coverage can change; using one system for Medi-Cal + non-Medi-Cal reduces the burden of parallel tracking.

BHPs will need a consistent way to capture ISL data fields and produce a DHCS-ready extract.

*Preview: ISL Encounter Fields

Data Field Name	Description	Data Type (Max Length	Rule	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
Client Address Line 2	Additional address information (e.g., apartment, unit, building) of client that received the service, if applicable.	String (50)	Optional	
Client City	City associated with physical residence of client that received the service. If homeless or unknown, enter the city of the billing provider.	String (50)	Required	
Client State	State associated with physical residence of client that received the service. If homeless or unknown, enter the state of the billing provider.	String (50)	Required	
Client Zip Code	Zip code associated with physical residence of client that received the service. If homeless or unknown, enter the zip code of the billing provider.	5-digit numeric	Required	
Client Phone Number	Phone number of client that received the service	String (10)	Optional	2010BA|PER*IC
Client Insurance Status	Insurance enrollment status of the client	Enum	Required	
Program Name	The county assigned name of the program	String (100)	Required	NM103 Service Facility Name
Rendering Provider Type	Type of entity (person or non-person entity) rendering the service	Enum	Situational	837P - 2310B NM102 837I - 2310D NM102
Rendering Provider Name	Individual or entity that directly provided the service or product to the client	String (100)	Situational	837P - 2310B NM103 (last or org name) NM104 (first name) 837I - 2310D NM103 (last or org name) NM104 (first name)
Rendering Provider ID	Nationally assigned provider identification (NPI) number. Providers without NPIs will be required to obtain them.	String (10)	Situational	837P 2310B|NM109 837I 2310D|NM109
Rendering Provider Taxonomy Code	10-character alphanumeric codes identifying a healthcare provider's type, classification, and specialization	String (10)	Situational	
Billing Provider Name	Name of entity, organization, provider or facility that was paid to provide the reported expense or service.	String (100)	Situational	2010AA NM103 Can be Last Name or Organization Name (determined by NM102)
Billing Provider ID	Nationally assigned provider identification (NPI) number. Providers without NPIs will be required to obtain them.	String (10)	Situational	NM109=NPI
Billing Provider Taxonomy Code	10-character alphanumeric codes identifying a healthcare provider's type, classification, and specialization	String (10)	Situational	
Service or Procedure Code	DHCS identified service or procedure codes that describe the delivered service	String (10)	Required	X12 standard accomodates several external code types at both the claim header and service line level. Procedure/service: 837P 2400| SV101-2 837I 2400| SV201-2 Service line revenue: 837I 2400 SV201

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

Ways ISL Data can be Entered into the EHR

Options

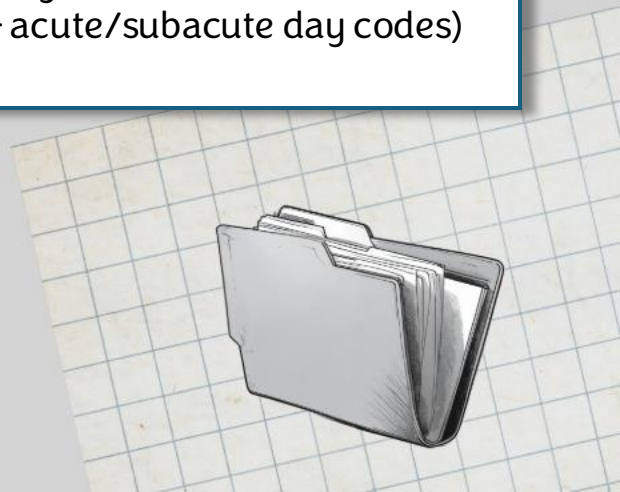
1) Batch service uploads into EHR

2) BHP data entry using provider invoices

3) Provider direct entry into EHR (service line or progress note)

Considerations

- ✓ To minimize burden, align data entry with current provider workflows around client-level service tracking, where possible
- ✓ Non-billable clinical services (using CPT/HCPCS codes) should have a progress note, either in the provider's EHR (service data can be exported for BHP batch upload) or in the BHP's EHR (via provider direct entry)
- ✓ Some ISL codes may be more amendable to progress note direct entry (e.g., minute-based codes), while others may be more amenable to batch uploads or invoices (e.g., expense + acute/subacute day codes)



Let us know: What additional training / guidance would be helpful as you are preparing for ISL data entry into the EHR?

Reminder: Custom ISL codes do not need to be documented like a Medi-Cal service note.

Example ISL Timeline

Apr
- Complete Program Inventory Exercises 1-3

May
- Confirm approach for ISL data entry into EHR

Jun
- Update provider contracts + invoice templates, as applicable

Jun-Jul
- EHR updates (add ISL codes, add new programs, assign codes to programs)

***Jul-Aug**
- Develop workflows / train on ISL data entry (may require adding new EHR users)

Aug-Sep
- Start collecting ISL data in EHR for testing

Oct-Dec
- Testing / validation of EHR data extracts

Jan 1, 2027
- Go-Live: **Required** ISL data collection for submission

July 1, 2026:* *Optional Go-Live. DHCS clarified that ISL data submitted **7/1/26-12/31/26 is for DHCS internal testing only. BHP data will not be used for public reporting or monitoring during this period.*

Align on Next Steps

What is your plan / timeline for:

- ❑ Completing the Program Inventory exercises?
- ❑ Confirming your preferred approach for collecting / entering ISL data?

ℹ *Let us know:*

- *What support do you need from CalMHSA?*
- *What type and depth of training would be helpful for the ISL code set?*
- *What other ISL TA will be helpful?*