

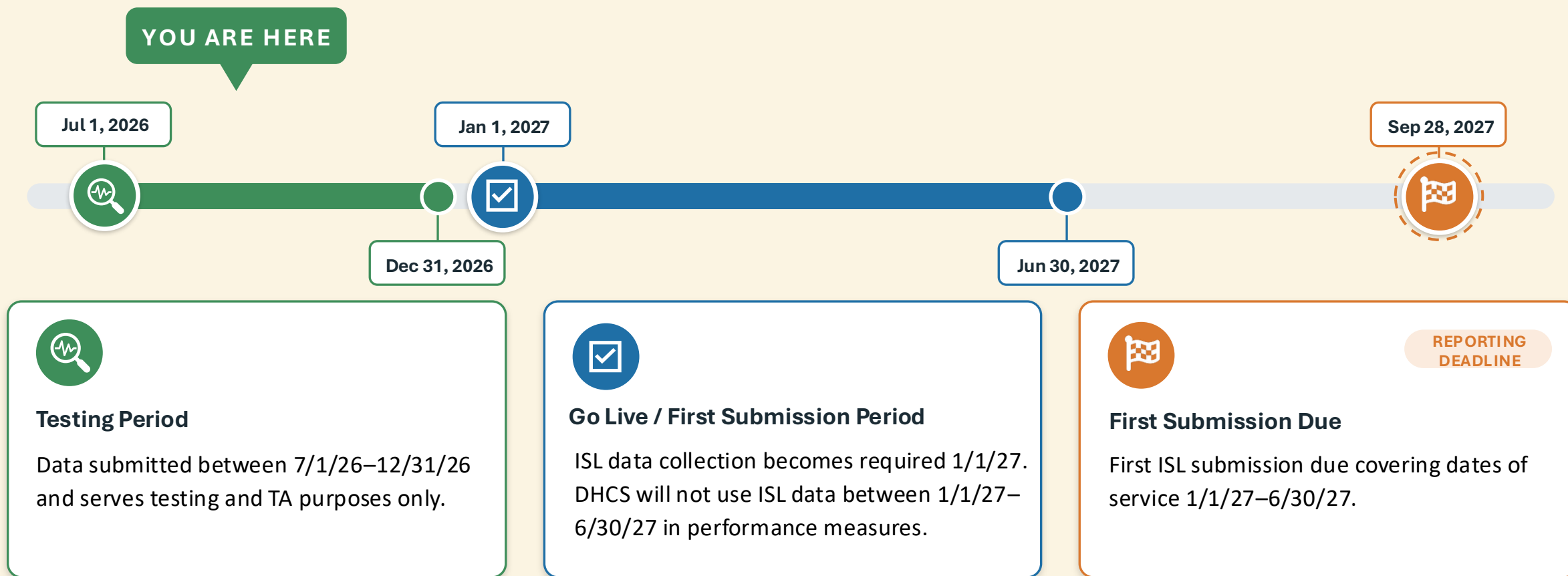
Enhanced Program Inventory Mapping Guidance

Program Mapping, BHOATR Reporting, and ISL
Implementation

*Guidance & Reference for County and City
Behavioral Health Departments*

CONTEXT

Key ISL dates counties should plan around. Program mapping should be completed as early as possible to support testing and reporting readiness.



Note: refer to the ISL Project Plan for the most current dates.

How to Use These Materials

This guidance accompanies the Program Inventory Configuration Template Version 3 and builds on the county's previous Start/Stop/Continue inventory.

1

Start with your existing inventory

Bring forward the programs and Start/Stop/Continue, then confirm that program names and descriptions still reflect the county's current EHR configuration.

2

Complete the new mapping fields

Use this guidance to complete the BHSA Component, Component Service Category, and BHSA Modifier fields included in Version 3.

3

Review programs that are flagged

Use the examples and review guidance to evaluate programs with Multiple (FLAG) selections or combinations that may require additional documentation.

4

Use the FAQ for detailed questions

Refer to the companion FAQ for additional explanation of individual fields, combined programs, housing considerations, and the connection to BHOATR and ISL reporting.

Before You Start

- ✦ Have the county's previously completed Start/Stop/Continue inventory available.
- ✦ Confirm that program names and descriptions reflect the current EHR structure.
- ✦ Include staff familiar with program operations, EHR configuration, BHSA, and reporting.

Four Separate Processes

Program mapping, BHOATR reporting, ISL reporting, and encounter-level coding each operate at a different level of the behavioral health system. Although they are related, they answer different questions and should be evaluated separately.

Understanding how these processes relate to one another is important.



Program Mapping Sets Up Reporting - It Doesn't Decide It.

A program's BHOATR mapping tells you how the program is organized for planning and reporting purposes. Whether all or only some of the program's services are reportable in a BHSA Component View or through ISL is a separate question.



Program Mapping Categories – What’s Been Added?

BHSA Component and Component Service Category

The DHCS program mapping framework will ask counties to map every program across these four categories. Two already exist in the earlier template and two have been added to v3.

ALREADY
CAPTURED

Care Continuum

System of Care field: MH or SUD

ALREADY
CAPTURED

Care Continuum Service Category

BHSA Care Continuum field, e.g. Outpatient, Crisis, Residential

NEW IN v3

BHSA Component

FSP / BHSS / Housing Interventions

NEW IN v3

BHSA Component Service Category

One selection or Multiple (FLAG)

Program Mapping Categories – What’s Been Added?

BHSA Modifiers

The v3 includes a **BHSA Modifiers** field which allows the county to identify the modifier the county expects may apply within the program. If multiple BHSA Modifiers are expected, Multiple (FLAG) is an available option.

HX

BHSS Early Intervention EBP and Community-Defined Evidence Practices (CDEPs)

WB

BHSS Early Intervention Programs (not EBPs or CDEPs)

WA

Assertive field-based initiation for SUD services

WI

Full Service Partnership (FSP) Intensive Care Management (ICM) - unbundled service components

WF

Other FSP services

WD

Individual Placement and Support model of Supported Employment (IPS)

WJ

Assertive Community Treatment (ACT)

WK

Forensic Assertive Community Treatment (FACT)

WC

Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP)

FLAG

Multiple (FLAG) - more than one modifier may apply; review services, EBPs, and EHR capability

Bundled EBP Coding & Modifiers: An Open Question

Bundled EBP coding for services such as ACT, FACT, IPS, need separate consideration from ordinary modifier mapping. Counties should refer to DHCS guidance on when EBP modifiers apply for counties that have and have not using bundled billing should follow the applicable bundled-code requirements.

Open question: how should a distinct non-Medi-Cal activity performed inside a bundled EBP program be represented through ISL? DHCS is developing an update to the ISL FAQ that will help provide clarity around this.

Pending final DHCS FAQ direction.



■ When a Program Belongs in a BHSA Component View

Not every program mapped to a BHSA Component should be reported in a Component View. Whether a program is included in a Component is expected to depend on one of the two conditions below.



Condition 1: It's funded with BHSA dollars

The program is funded in whole or in part with BHSA funds.

OR



Condition 2: It has to be reported for compliance

It must be reported to demonstrate compliance with a BHSA component requirement, even if fully funded from non-BHSA sources. ACT and FACT are two examples of BHSA component requirements.



OUTCOME

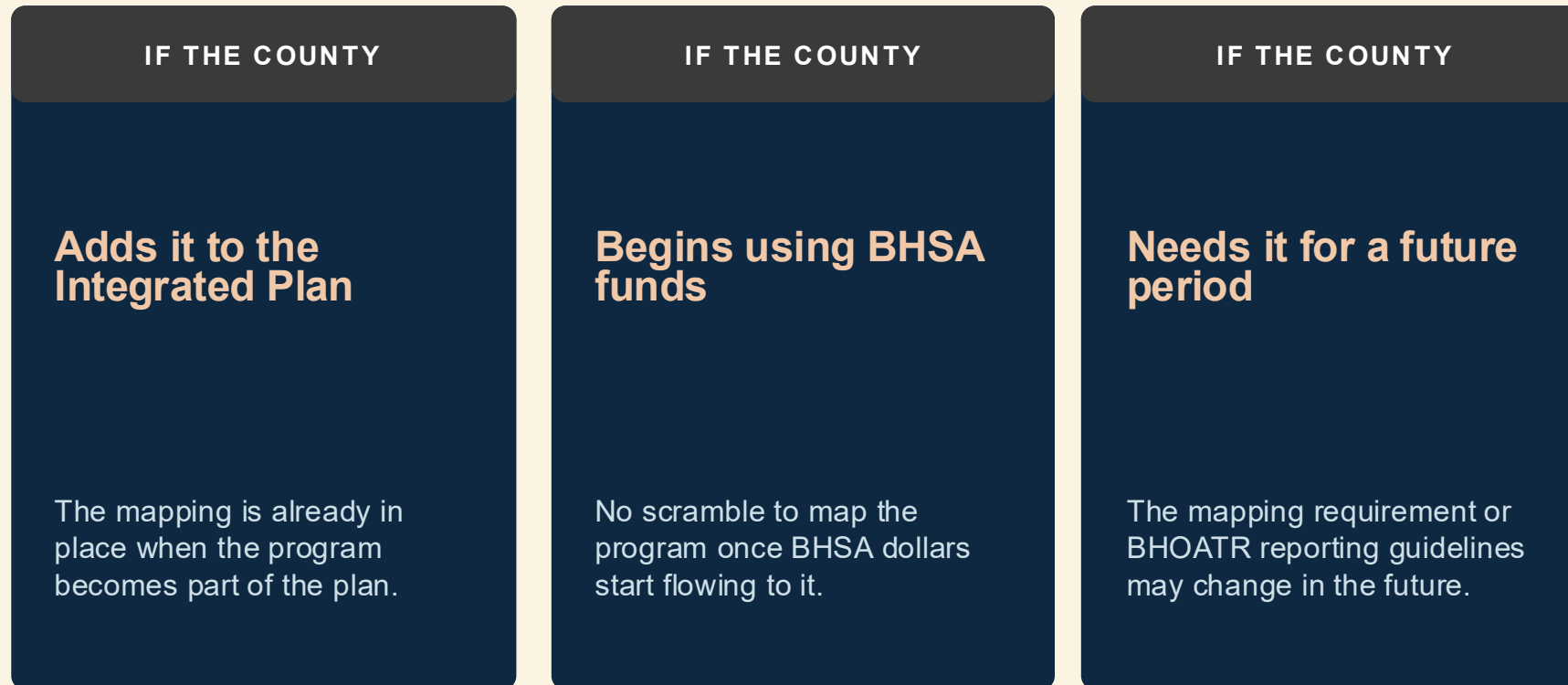
Result: Included in the Component View

Once either condition is met, the Component View includes the expenditures and other applicable reporting data from the program.

■ Mapping to BHSA Components for Future Readiness

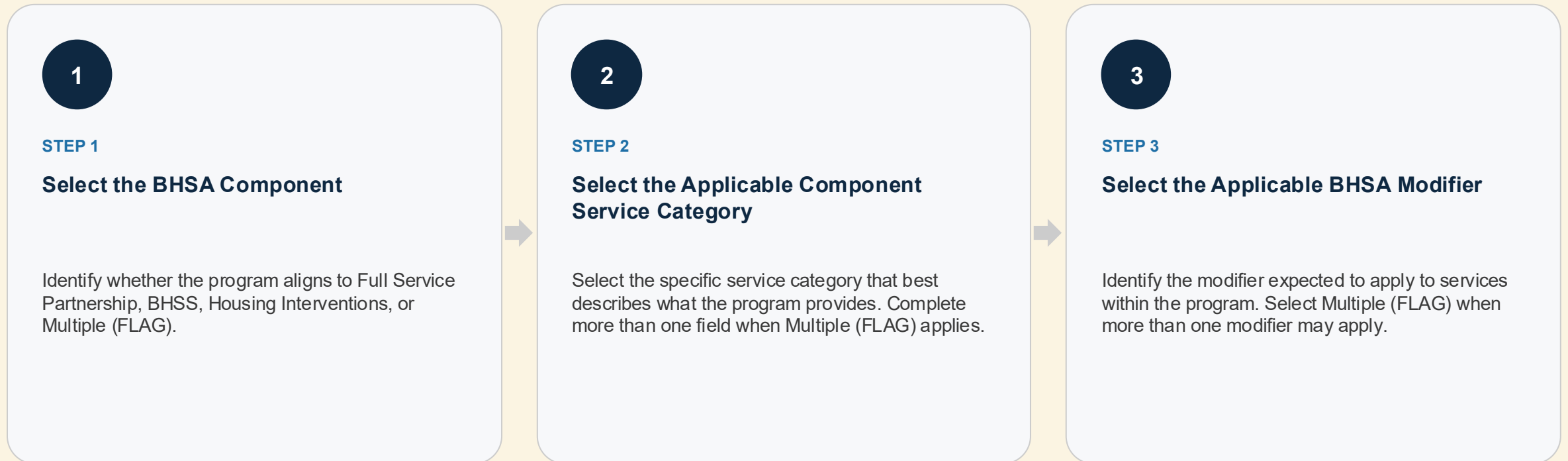
Regardless of whether a program meets the two BHSA Component reporting conditions, counties should still map every relevant program to the BHSA Component it logically fits.

Map broadly for readiness. Report based on the applicable BHOATR requirements.



How to Complete the Additional Program Inventory Fields

Version 3 adds three mapping decisions for counties to complete. Work through the fields in the order shown below, using the program's services and operational structure as the basis for each selection.



The selections should be reviewed together so they tell a coherent program story.

Select the BHSA Component

Choose the BHSA Component that best describes the services the program delivers.

Full Service Partnership

Intensive, team-based service models for individuals with the highest acuity (e.g., ACT, FACT, HFW, ICM, IPS).

BHSS

Behavioral Health Services and Supports: the broader system-of-care, including early intervention.

Housing Interventions

Housing supports, subsidies, and related housing expenses.

Multiple (FLAG)

Select this when a program's services span more than one BHSA Component.

Reminder: A completed EBP field from a county's earlier Stop/Start/Continue mapping template may provide a strong indication as to which BHSA Component a program belongs.

Select a Component Service Category

Full Service Partnership

- Assertive Community Treatment (ACT)
- Forensic Assertive Community Treatment (FACT)
- FSP Intensive Case Management
- High Fidelity Wraparound
- IPS Model of Supported Employment
- Assertive Field-Based Initiation for SUD Treatment
- Other MH / SUD service not listed – please define
- **Multiple (FLAG)**

BHSS

- Children's System of Care – Non-FSP
- Adult & Older Adult System of Care – Non-FSP
- Early Intervention
- Coordinated Specialty Care for FEP (CSC)
- Outreach and Engagement
- Innovative BHSS Pilots and Projects
- **Multiple (FLAG)**

Housing Intervention

- Non-Time Limited Permanent – Rental Subsidies
- Non-Time Limited Permanent – Operating Subsidies
- Non-Time Limited Permanent – Bundled Rental & Operating
- Time Limited Interim – Rental / Operating / Bundled Subsidies
- Landlord Outreach & Mitigation Funds
- Participant Assistance Funds
- Housing Transition Navigation & Tenancy Sustaining Services
- Outreach and Engagement
- Capital Development Projects
- Innovative Housing Intervention Pilots and Projects
- **Multiple (FLAG)**

STEP 3

Select the Applicable BHSA Modifier

Select the modifier expected to apply to services within the program. If more than one modifier may apply, select Multiple (FLAG).

Modifier	Short description
HX	BHSS Early Intervention EBPs and CDEPs
WB	BHSS Early Intervention Programs, not EBPs or CDEPs
WA	Assertive field-based initiation for SUD services
WI	FSP Intensive Care Management, unbundled service components
WF	Other FSP services
WD	Individual Placement and Support
WJ	Assertive Community Treatment
WK	Forensic Assertive Community Treatment
WC	Coordinated Specialty Care for First Episode Psychosis
Multiple (FLAG)	More than one modifier may apply within the program

The modifier is selected at the program-inventory level, but the applicable modifier is ultimately reflected on the individual service or encounter.

Modifier applicability depends on the services or evidence-based practices delivered through the program.

Enhanced Program Mapping Examples

Example 1

Assertive Community Treatment (ACT) Team

Program description

County-operated ACT team serving high-acuity adults.

BHSA Component selection

Full Service Partnership

Component Service Category Selection

Full Service Partnership - Assertive Community Treatment (ACT)

BHSA Modifier: WJ

The Assertive Community Treatment modifier is selected

Example 2

Adult Outpatient Program Providing Occasional Housing Support

Program description

General outpatient clinic serving adults that occasionally covers a client's security deposit, an identifiable housing support.

BHSA Component selection

Multiple (FLAG) – BHSS + Housing Interventions

Component Service Category Selection

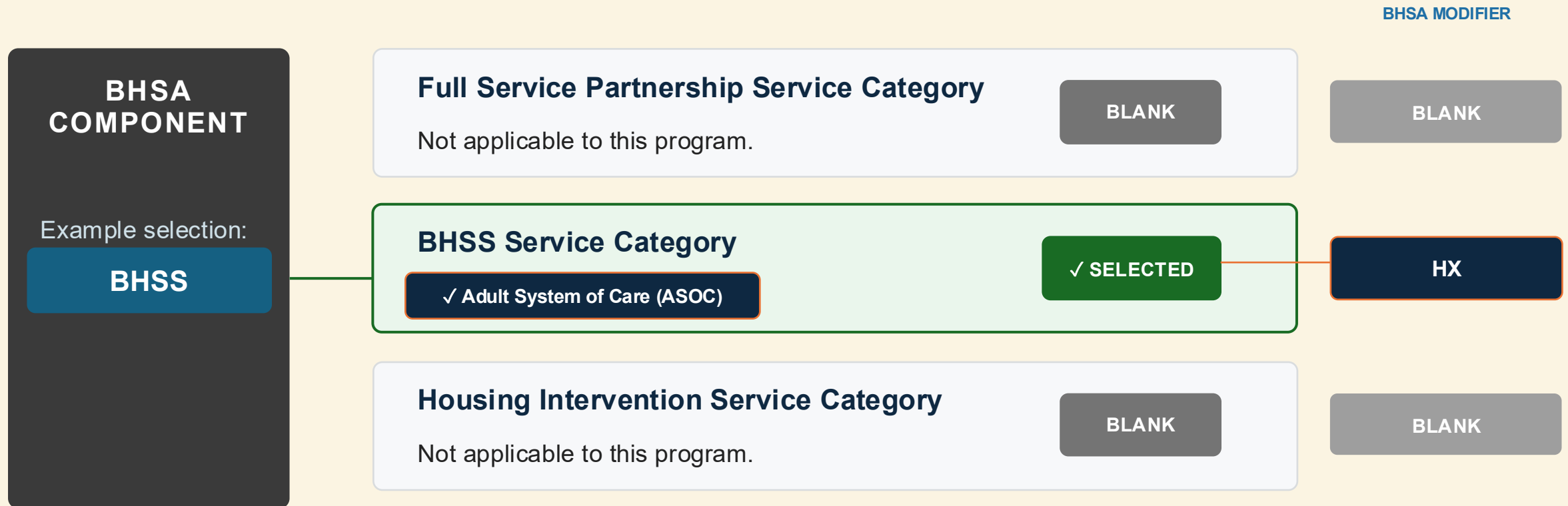
1. BHSS: Adult System of Care (ASOC)
2. Housing Intervention: Other Housing Interventions - Participant Assistance Funds

BHSA Modifier: Multiple (FLAG)

Multiple (FLAG) is used because more than one modifier may apply to services delivered within the combined program.

Clean Program Alignment

This example shows a program with one BHSA Component, one selected Component Service Category, and one anticipated BHSA Modifier.

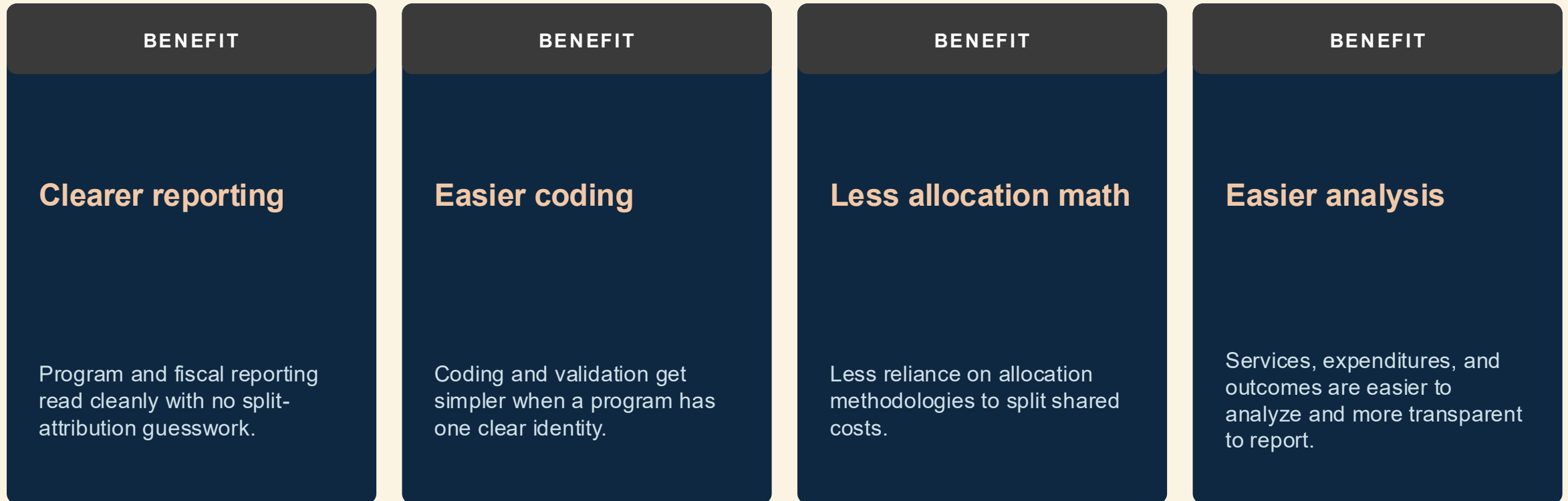


Clear alignment makes the program's mapping, expected coding, and reporting structure easier to understand.

The example is illustrative. The modifier selected for an actual program must reflect the services or evidence-based practices delivered through that program.

■ The Benefits of Clean Program Alignment

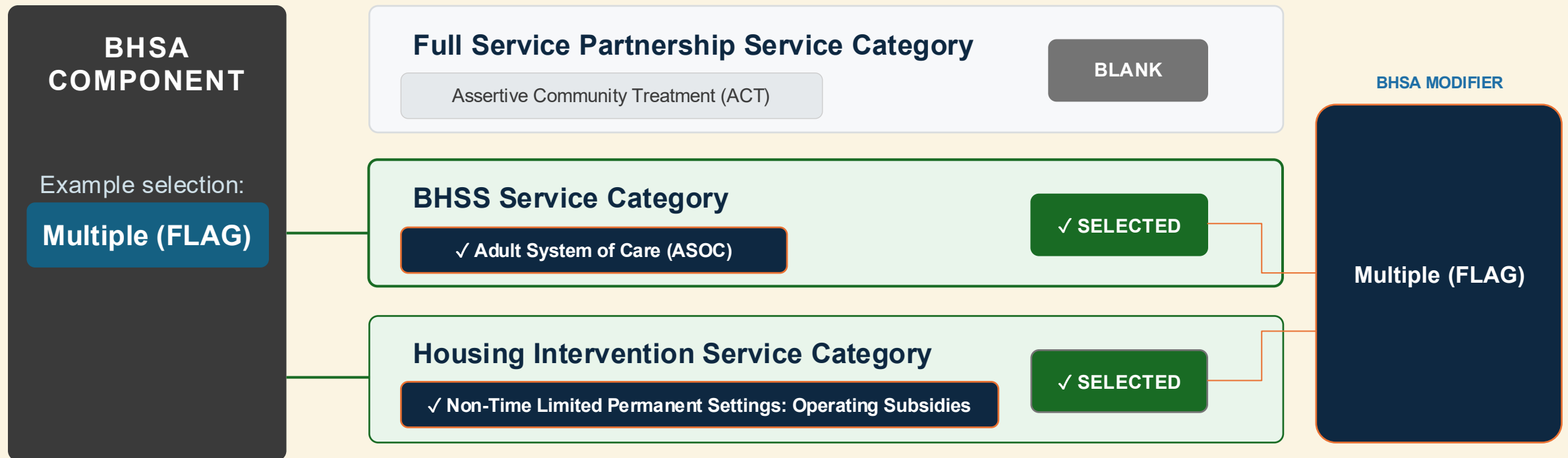
When a program aligns to one BHSA Component, one Component Service Category, and one anticipated modifier, the resulting structure may provide several practical benefits.



Multiple (FLAG) in Practice

Mapping a Program Across More Than One BHSA Component

A combined program provides permanent housing operating support and Adult System of Care behavioral health services.



When Multiple (FLAG) is selected it makes a program's mapping, expected coding, and reporting may be more challenging

Multiple (FLAG) does not mean every service receives a modifier. Housing activities may have no applicable BHSA modifier; qualifying behavioral health services may require different modifiers based on the service delivered.

Multiple (FLAG): A Review Signal

Multiple (FLAG) indicates that more than one selection may apply within a mapping field. It is a prompt to review the program's structure and anticipated coding, not an automatic error or direction to split the program.

1

BHSS + Housing Interventions



Housing activities may be distinguished from BHSS activities through their respective service-level codes. When the activities can be identified separately, counties may find it reasonable to keep them within the same program.

2

FSP + Housing Interventions



Housing activities may also be distinguished from FSP activities through their respective service-level codes. Counties may find it reasonable to keep these activities within the same program when each can be reliably identified.

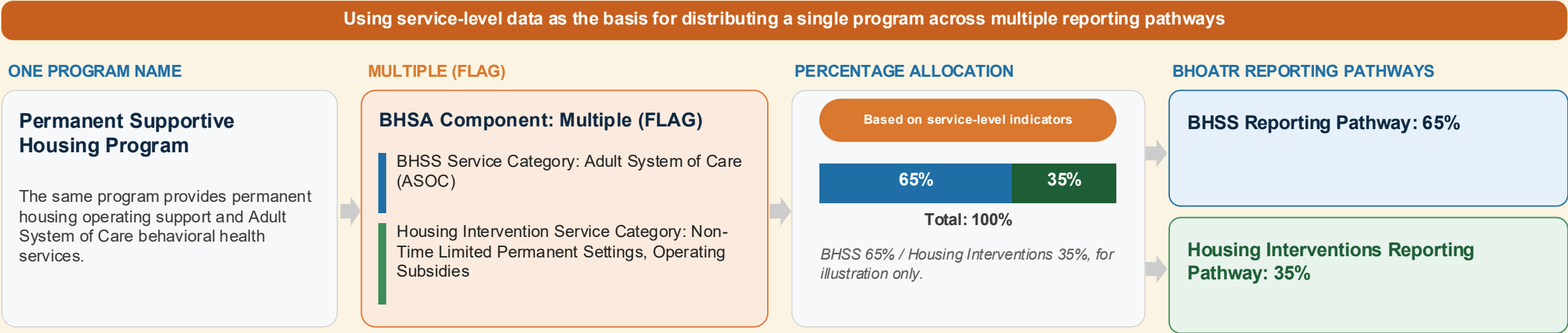
3

The Key Consideration

The key consideration is not simply whether a program spans multiple BHSA Components, it's whether the program's service level indicators offer a means of reliably identifying a distribution of the program's activities for the purposes of mapping in the county portal.

Multiple (FLAG) & County Portal Allocation

DHCS is developing a County Portal approach that is expected to allow a single Program Name to be mapped to more than one reporting pathway when the program legitimately supports multiple objectives. Under the anticipated approach, counties may apply a documented methodology to distribute a single program across multiple reporting pathways.



The county would apply a documented methodology to determine the percentage assigned to each reporting pathway. Service-level indicators, such as claims, ISL encounters, service codes, or other structured program data, may provide the basis for the distribution when permitted by final DHCS guidance.

Pending final DHCS guidance and County Portal functionality

*Let's shift over now to reviewing the new
template*



Before You Finalize Your Inventory

✓ Every program mapped to a BHSA Component has a selection in each applicable Component Service Category field. Non-applicable fields remain blank.

✓ The BHSA Modifiers field identifies the modifier expected to apply within the program, or Multiple (FLAG) when more than one modifier may apply.

✓ Each Multiple (FLAG) selection has a note explaining why it applies and how the relevant activities or encounters will be distinguished.

✓ The Component, Service Category, and Modifier selections have been reviewed together to confirm that they tell a coherent program story.

■ Items Pending Final Direction

Plan with what's known today. Keep configurations adaptable where DHCS direction is still evolving.

1

Mapping and allocation methodology

- Final BHOATR program mapping instructions
- Percentage-based allocation methodology and application

2

Program Name and bundled coding

- Final Program Name implementation and claiming requirements
- Bundled EBP and non-Medi-Cal ISL coding treatment

3

Modifiers and systems

- Final modifier implementation expectations
- Related EHR and County Portal configuration requirements

Resources & Next Steps

FAQ

Companion FAQ Document

The Enhanced Program Inventory FAQ answers the questions counties raise most: what each field means, Component Service Category and Modifier mechanics, Multiple (FLAG) programs, housing nuances, and how this connects to BHOATR and ISL reporting.

Use it as a self-service reference during data entry, and talking points for county leadership questions.

Where to Get Help

- ✦ Bring specific program examples, especially Multiple (FLAG) programs, to your ISL coordination discussions or send them to CalMHSA for review.
- ✦ Reference the BHOATR Report Instruction Manual, the BHSA County Policy Manual, and the DHCS ISL Guidance, FAQ, and Code Library for the underlying policy.
- ✦ Watch for updated DHCS Program Name guidance, including the percentage-based allocation methodology.
- ✦ Contact your CalMHSA Implementation Lead with field-specific questions not covered in the FAQ.

Questions?

Bring your program examples and questions to your assigned CalMHSA ISL Liaisons



Thank You!

