



DATE: June XX, 2026

Behavioral Health Information Notice No: 26-0XX

TO: California Alliance of Child and Family Services
California Association for Alcohol/Drug Educators
California Association of Alcohol & Drug Program Executives, Inc.
California Association of DUI Treatment Program
California Association of Mental Health Peer Run Organizations
California Association of Social Rehabilitation Agencies
California Consortium of Addiction Programs and Professional
California Behavioral Health Association
California Hospital Association
California Opioid Maintenance Providers
California State Association of Counties
Coalition of Alcohol and Drug Associations
County Behavioral Health Directors
County Behavioral Health Directors Association of California
County Drug & Alcohol Administrators

SUBJECT: Medi-Cal Claiming for Evidence-Based Practices (EBPs), Other Full Service Partnership (FSP) Services, and Other Behavioral Health Services and Supports (BHSS) Early Intervention Services

PURPOSE: To provide guidance for claiming Medi-Cal for evidence-based practices (EBPs), other Medi-Cal-covered Full Service Partnership (FSP) services, and other Behavioral Health Services and Supports (BHSS) Early Intervention services consistent with Behavioral Health Services Act (BHSA) requirements.

REFERENCE: California Welfare and Institutions Code (WIC) § 5898; WIC § 5887; WIC § 5891; WIC § 5892; WIC § 5963.05



BACKGROUND:

The Department of Health Care Services (DHCS) is committed to increasing access to and strengthening the continuum of community-based behavioral health services for Californians living with significant behavioral health needs. Central to this effort is the implementation of evidence-based practices (EBPs) and other behavioral health services that have been shown to improve health outcomes for individuals living with mental health conditions and/or substance use disorders (SUDs).

Pursuant to the Behavioral Health Services Act (BHSA), counties¹ must implement specified EBPs and other behavioral health services in their Full Service Partnership (FSP) and Behavioral Health Services and Supports (BHSS) Early Intervention (EI) programs. In addition, the BHSA requires counties to claim Medi-Cal for Medi-Cal-covered services delivered to Medi-Cal members.

This BHIN clarifies how counties must claim for Medi-Cal-covered EBPs, other FSP and other BHSS EI services, effective January 1, 2027. Identifying these services in Medi-Cal claims data will enable DHCS to accurately calculate relevant BHT performance measures and monitor county implementation of BHSA requirements.

More information about FSP and BHSS EI requirements is available in the [BHSA Policy Manual](#).

POLICY:

Required Services

¹ "County" is inclusive of county mental health plans (MHPs), Drug Medi-Cal (DMC) programs and Drug Medi-Cal Organized Delivery System (DMC-ODS) plans that are responsible for Medi-Cal specialty behavioral health services and county BHSA programs.

All counties are required to provide the following services in their FSP and BHSS EI programs:^{2,3,4}

FSP

- Assertive Community Treatment (ACT)
- Forensic ACT (FACT)
- Individual Placement and Support (IPS) Supported Employment
- FSP Intensive Case Management (ICM)
- High Fidelity Wraparound (HFW)
- Assertive Field-Based Initiation for SUD
- Other FSP Services, such as other mental health services, supportive services, and SUD services

BHSS EI

- Coordinated Specialty Care (CSC) for First Episode Psychosis
- Other BHSS EI Services, such as EBPs, community-defined evidence practices (CDEPs) and other programs and services

Counties also have the option to cover ACT, FACT, CSC, and/or IPS as bundled Medi-Cal services using unique billing codes and monthly rates. Additional information about coverage of EBPs as bundled Medi-Cal services is available in [BHIN 25-009](#) or subsequent guidance.

² State law permits counties with a population of less than 200,000 to request exemptions from offering ACT, FACT and/or IPS in their FSP programs under the BHSA. More information is available in the [BHSA Policy Manual](#).

³ See Sections A.7.5 and B.3.3 of "BHSA Components and Requirements" in the [BHSA Policy Manual](#).

⁴ Under the BHSA, counties are also required to provide Housing Interventions; however, no Housing Interventions are claimed in Short Doyle Medi-Cal. More information on Housing Interventions is available in the [BHSA Policy Manual](#).

Claiming Medi-Cal for BHSA Services

Under the BHSA, counties are required to claim Medi-Cal for Medi-Cal-covered services delivered to Medi-Cal members.⁵ This means counties must claim Medi-Cal for applicable “unbundled” Specialty Mental Health Services (SMHS), Drug Medi-Cal (DMC), and DMC-ODS (Drug Medi-Cal Organized Delivery System) services delivered to Medi-Cal members as part of EBPs and other FSP and other BHSS EI services, even if the county has not opted to cover EBPs as bundled Medi-Cal services.

Effective January 1, 2027, counties must use the specified codes and modifiers when claiming for “unbundled” SMHS, DMC and DMC-ODS services delivered to Medi-Cal members as part of EBPs. All counties, including those that have opted to cover EBPs as bundled Medi-Cal services, must use the specified codes and modifiers to identify other FSP and other BHSS EI services.

The specified codes and modifiers will enable DHCS to:

- Identify which members are receiving EBPs and other FSP and other BHSS EI services in Medi-Cal claims;
- Ensure all services are captured in calculations for relevant BHT performance measures; and⁶
- Monitor county implementation of BHSA requirements.

Table 1 summarizes the codes and modifiers counties must use when claiming Medi-Cal for ACT, FACT, CSC and IPS, based on whether the county has opted to cover each EBP as a bundled Medi-Cal service.

Table 2 summarizes the codes and modifiers all counties must use when claiming Medi-Cal for HFW and other FSP and other BHSS EI services.

Modifiers should be used on claims with dates of service of January 1, 2027 or later. The Short-Doyle Medi-Cal system will be updated to include the specified modifiers prior to January 1, 2027. DHCS will notify counties when modifiers are available in Short-Doyle Medi-Cal.

⁵ See Section C.2.3 of “BHT Fiscal Policies” in the [BHSA Policy Manual](#).

⁶ See Section C.3.3 of “Behavioral Health Transformation” in the [BHSA Policy Manual](#).

Table 1. Medi-Cal Claiming for ACT, FACT, CSC and IPS

Service	Codes and Modifiers: County Opted to Cover Bundled Medi-Cal Service	Codes and Modifiers: County Has <u>Not</u> Opted to Cover Bundled Medi-Cal Service
ACT	H0040 ⁷	Appropriate unbundled SMHS + modifier GB
FACT	H0039	Appropriate unbundled SMHS + modifier WJ
CSC	H2040	Appropriate unbundled SMHS + modifier WC
IPS	H2023	Appropriate unbundled SMHS + modifier WD

Table 2. Medi-Cal Claiming for HFW and Other FSP and Other BHSS EI Services

Service	Codes and Modifiers: All Counties
HFW	H2022 ⁸
FSP ICM	Appropriate unbundled SMHS + modifier WI
Assertive Field-Based Initiation for SUD	Appropriate unbundled DMC/DMC-ODS services + modifier WA
Other FSP Services	Appropriate unbundled SMHS/DMC/DMC-ODS services + modifier WF
BHSS EI EBPs and CDEPs	Appropriate unbundled DMC/DMC-ODS services + modifier HX
Other BHSS EI Services	Appropriate unbundled SMHS/DMC/DMC-ODS services + modifier WB

⁷ Counties that opt to cover ACT and/or FACT as bundled Medi-Cal services may also claim for appropriate unbundled SMHS using modifier TS (ACT) or X1 (FACT) for members that receive ACT or FACT services on 12 or more days in a month.

⁸ HFW is a required Medi-Cal service. All counties must use the specified code.

Counties should consult the applicable Short-Doyle Medi-Cal billing manual for detailed claiming requirements.

Please contact BH-CONNECT@dhcs.ca.gov for questions regarding this BHIN.

Sincerely,

Original signed by

Ivan Bhardwaj, Chief

Medi-Cal Behavioral Health – Policy Division

DRAFT