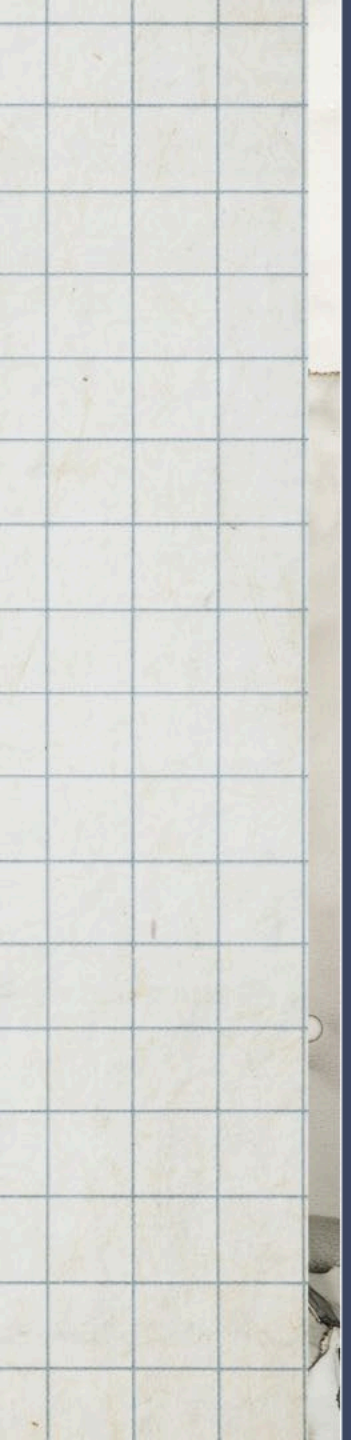
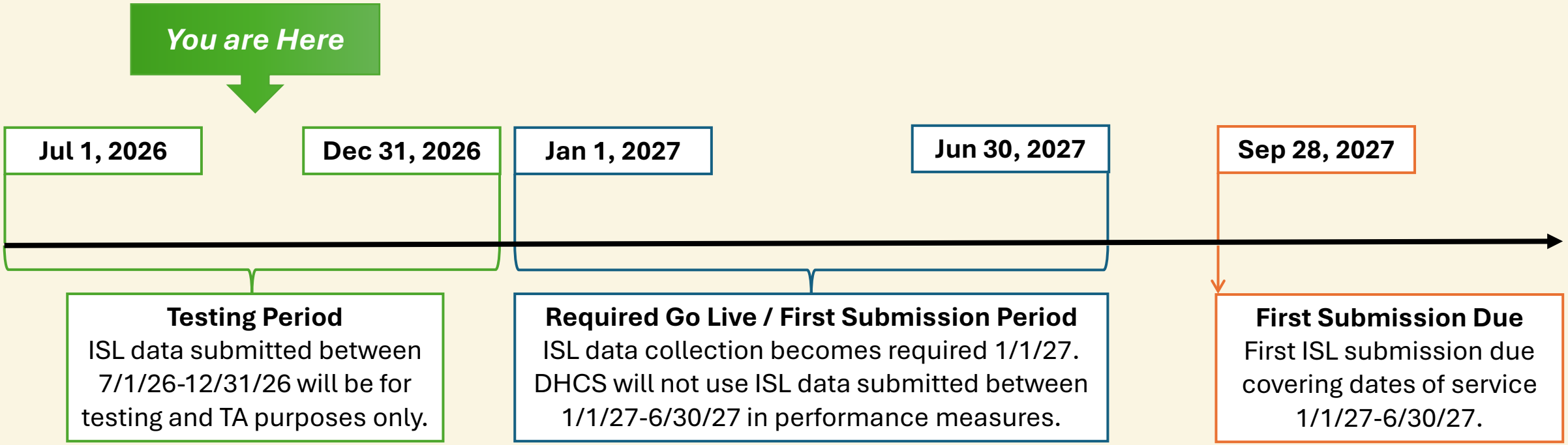


Program Mapping Concepts Workgroup

The Next Step After Start/Stop/Continue

Presented by: Ryan Caceres

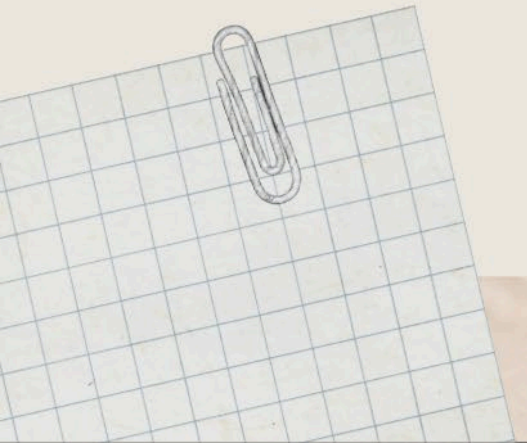
ISL Timeline



ISL reporting follows the state fiscal year. Submissions are required at least annually, within 90 days after the close of the fiscal year.

The Next Step After Start/Stop/Continue

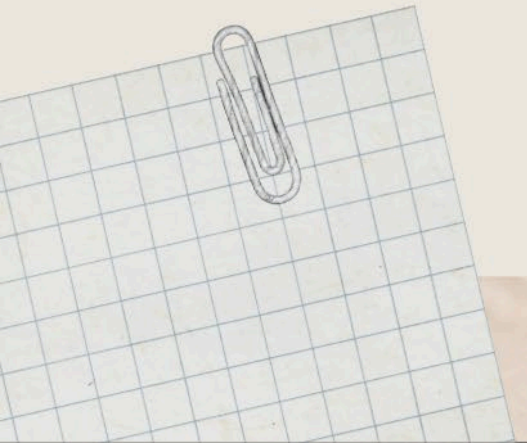
- Counties have begun evaluating EHR programs through the Start/Stop/Continue inventory process.
- Emerging Program Name Mapping concepts introduce new reporting considerations across BHOATR reporting categories.
- Some EHR programs align cleanly to a single reporting pathway, while others may create multiple valid mapping options.
- Today's discussion explores where complexity emerges and how counties may choose to respond.



Why Clear EHR Program Alignment Matters

There are several advantages to having a program aligns cleanly to a single pathway that include:

- Clearer alignment between fiscal tracking and BHOATR reporting
- More transparent reporting for local and state stakeholders
- Easier long-term analysis of expenditures, services, and outcomes



Why We Recommend Tracking ISL Encounters in the EHR

Counties will need a consistent way to capture ISL data fields and produce a DHCS-compliant submission file.

- ISL encounter fields closely mirror how service data is already captured in EHRs (X12 837).
- 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.
- Client coverage can change; using one system for Medi-Cal + non-Medi-Cal reduces the burden of parallel tracking.

Today's Working Session

Objectives

- Review how the Start/Stop/Continue program inventory work established a foundation for future Program Name Mapping
- Explore how programs align across the anticipated BHOATR reporting pathways.
- Identify examples where a single program may align to multiple reporting pathways
- Gather county examples and considerations to help inform ongoing implementation discussions

Discussion Roadmap

1. Where this work started
2. What the inventory process helped us learn
3. How Program Name Mapping builds on that work
4. Where mapping becomes more complex
5. County examples of programs that span multiple reporting pathways
6. Emerging considerations in Program Name Mapping

A Look at What the Program Inventory Stop/Start/Continue Currently Includes

The current Program Inventory design offers a practical framework to help counties begin reviewing EHR program structures for ISL and BHOATR reporting readiness.

- That work established an initial organizing approach for identifying programs that may:
  - Need review as they crossover multiple reporting pathways
  - Need to be added, or
  - Continue as configured

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.*

What Is Coming Next

- The emerging Program Name Mapping framework is anticipated to ask counties to map programs across the following:
  - Care Continuum
  - Care Continuum Service Category
  - BHSA Component
  - BHSA Component Service Category

- Mapping programs in this way is designed to create a more comprehensive alignment with BHOATR reporting.

County Portal - Program Name Mapping

Program Name	Continuum of Care	Care Continuum Service Category	BHSA Component	BHSA Component Service Category
North County One Stop - FSP-ICM	Select...	Select...	Select...	Select...
Central County Children's Outpatient Clinic	Select...	Select...	Select...	Select...
ABC Housing - PSH	Select...	Select...	Select...	Select...
Central County ACT	Select...	Select...	Select...	Select...

Conceptual portal mockup for discussion purposes

Conceptual portal mockup for discussion purposes only

Applying the Inventory Foundation to Updated Mapping Guidelines

- Start/Stop/Continue does not go away.
- The inventory process helped counties identify:
  - Programs that align cleanly to reporting expectations
  - Programs that may need additional review
  - Programs that may warrant greater structure or separation
- As Program Name Mapping comes into focus, that same inventory work provides a starting point for evaluating alignment across the anticipated four reporting categories.
- The next step is not to redo the inventory work, but to build from it.

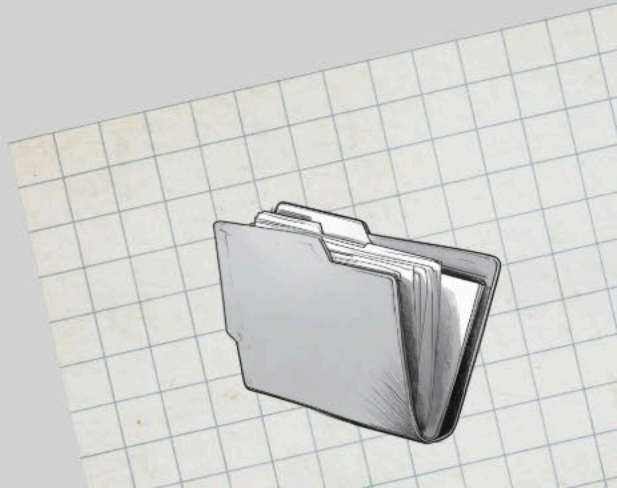
BHSA Continuum & Continuum Service Category Mapping

Building on the Start/Stop/Continue foundation: where component mapping stands today

Established mapping, ready to apply
Additional mapping expected pending forthcoming guidance

Behavioral Health Care Continuum Category	MH	SUD	Housing
MH	Primary Prevention Services	Primary Prevention Services	Housing Services *
SUD	Early Intervention Services	Early Intervention Services	
Housing	Outpatient and Intensive Outpatient Services	Outpatient Services	
	Crisis Services	Intensive Outpatient Services	
	Residential Treatment Services	Crisis and Field-Based Services	
	Hospital and Acute Services	Residential Treatment Services	
	Subacute and Long-Term Care Services	Inpatient Service	

**While Housing was not a separate Delivery System category in the original Start/Stop/Continue inventory, counties were asked to identify Housing Intervention Services. As a result, programs flagged as Housing Intervention Services already have a clear starting point for alignment to the Housing Care Continuum.*



Building From Continuum Mapping to Component Mapping

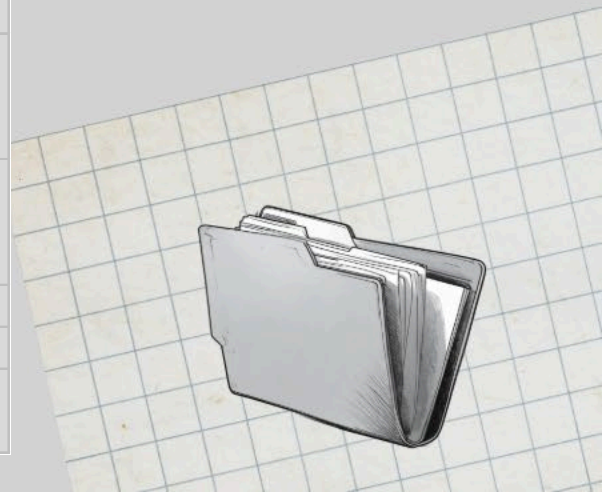
- The Care Continuum side of the mapping framework aligns well with the Start/Stop/Continue work
- Counties have already been reviewing programs against:
  - Care Continuum
  - Care Continuum Service Category
- The Housing category includes some nuance, but Housing Services generally provides a clear pathway into the Housing Care Continuum
- The next step is to evaluate how programs align to the remaining two categories:
  - BHSA Component
  - BHSA Component Service Category
- This is where the mapping discussion becomes more layered

BHSA Component & Service Category Mapping

Building on the Start/Stop/Continue foundation: where component mapping stands today

Established mapping, ready to apply
Additional mapping expected pending forthcoming guidance

BHSA Component	Full Service Partnership	BHSS	Housing Interventions
Full Service Partnership	Assertive Community Treatment (ACT)	Children's System of Care-Non FSP	Non-Time Limited Permanent Settings - Rental Subsidies
BHSS	Forensic Assertive Community Treatment (FACT)	Adult and Older Adult System of Care, Excluding Populations Identified in 5892(a)((1) and 5892(a)((2)-Non FSP	Non-Time Limited Permanent Settings - Operating Subsidies
Housing Interventions	FSP Intensive Case Management	Early Intervention	Non-Time Limited Permanent Settings - Bundled Rental and Operating Subsidies
	High Fidelity Wraparound	Coordinated Specialty Care for First Episode Psychosis (CSC for FEP)	Time Limited Interim Settings - Rental Subsidies
	Individual Placement and Support (IPS) Model of Supported Employment	Outreach and Engagement	Time Limited Interim Settings - Operating Subsidies
	Assertive Field-Based Initiation for SUD Treatment Services	Innovative BHSS Pilots and Projects	Time Limited Interim Settings - Bundled Rental and Operating Subsidies
	Other mental health or supportive services…(e.g., outreach, other recovery-oriented services, peers, etc.): Please define		Other Housing Interventions - Landlord Outreach and Mitigation Funds
	Other substance use disorder treatment services… (primary SUD FSP programs, innovation, etc,.): Please define		Other Housing Interventions - Participant Assistant Funds
			Other Housing Interventions - Housing Transition Navigation Services and Housing Tenancy Sustaining Services
			Housing Supports: Outreach and Engagement
			Capital Development Projects
			BHSA Innovative Housing Intervention Pilots and Projects



Programs That May Align to Multiple Reporting Pathways

We'll cover some examples we've seen that

- Provide both housing and behavioral health services
- Serve both MH and SUD populations
- Span multiple Care Continuum service categories
- Contain multiple BHSS activities

Working Session Goal

- Identify real county examples where a single EHR program may align to more than one valid reporting pathway

County-Reported Combined Program Examples

1. Programs that deliver both **housing and treatment** services:
   - Housing services provided within an Outpatient program (e.g., security deposits for clients receiving outpatient services)
   - Housing services provided within an EBP program (e.g., moving expenses for FSP clients)
2. Programs that serve **both MH and SUD** within a single Care Continuum or EBP category:
   - Crisis response and mobile crisis programs
   - 24/7 Access Line, access / screening / urgent care programs, wellness centers, peer-run programs
   - Co-occurring FSP programs (ACT, FACT, ICM)
   - Justice-Involved Linkage Program
3. Programs that deliver **multiple EBPs/CDEPs**:
   - Children's programs where clients transition between FFT, PCIT, MST, and other youth-focused EBPs over relatively short periods of time
4. Programs that deliver **multiple Care Continuum service categories**:
   - Outpatient and Crisis Services
   - Residential Treatment and Early Intervention Outreach

County Discussion

Multiple Mapping Pathways

- Let's discuss other, real county examples.

Discussion Questions

- What programs currently exist that may align to multiple reporting pathways?
  - Care Continuum → Care Continuum Service → BHSA Component → BHSA Component Service
- Which examples are most difficult to represent through a single program mapping?

Existing Technical Assistance: When Might a Program Remain Combined?

Existing CalMHSA TA has expressed:

Rule of thumb: A program does not need to be split if the county can reliably separate housing vs. outpatient services for reporting using a different method (e.g., procedure codes).

For example:

1. *Housing program that also delivers some outpatient services: Use housing ISL codes for housing supports and appropriate CPT/HCPCS codes for outpatient services, within the same program.*

Does this remain aligned with new operational realities? ~ We believe this guidance remains valid.

- The key consideration is whether activities can be differentiated for reporting purposes.
- The State's forthcoming Program Name Mapping Guidance is anticipated to accommodate complex programs that may align to multiple reporting pathways.

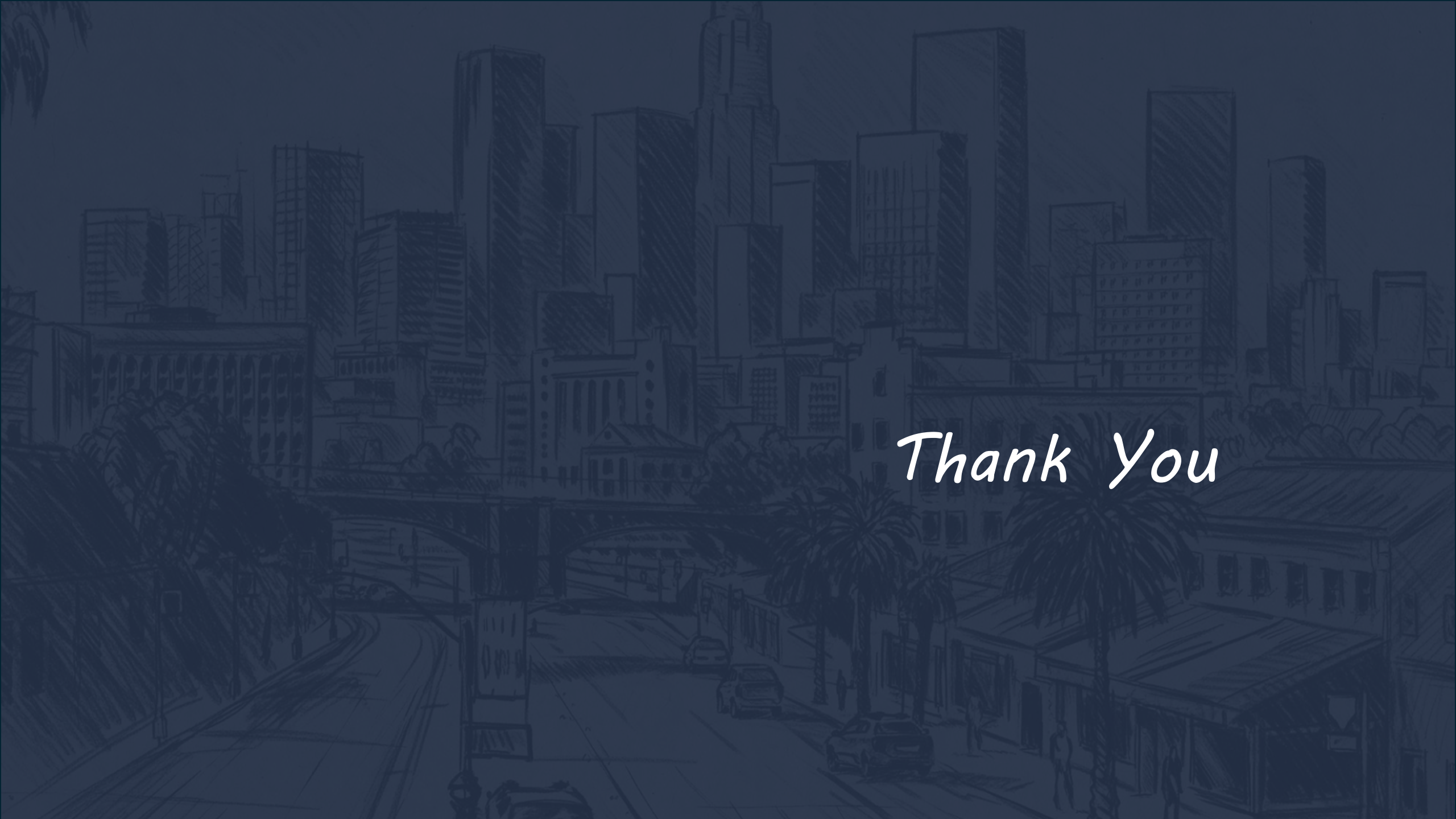
How the State Is Thinking About Complex Programs

Emerging Flexibility in Program Name Mapping

- Early Program Name Mapping discussions contemplated a "best-fit" approach in which each program would align to a single reporting pathway.
- The State is currently considering a shift that will:
  - Allow counties to associate a program with multiple reporting pathways
  - Assign percentages to distribute the program across those pathways
- This concept is intended to support programs that contain services aligning to multiple reporting pathways.

Our Recommendation

- Programs should be designed to align cleanly to a single BHOATR reporting pathway.
- Build from the Start/Stop/Continue work.
- Separate programs support clearer reporting.
- Using analytic and service-level attribution to separate activities within complex programs should be viewed as a contingency strategy for BHOATR reporting, not a preferred starting point.


Thank You