Presentation and Video Recording

	QUESTIONS	ANSWERS
1.	Where can providers access the information provided during the 4/26/23 payment reform meeting including the PowerPoint, new rates, incentives, and capacity-building information?	 Information can be accessed by visiting the following links: <u>Payment Reform PowerPoint Presentation</u> <u>Capacity-Building Package</u> <u>Incentives Information</u> <u>Draft FY 23-24 Rates</u> <u>Video Recording</u> SAPC is working on an updated rates matrix which will be posted soon, along with releasing an information bulletin.
2.	 a. What provider types can bill for care coordination? b. How is care coordination bundled for residential and outpatient levels of care (LOC)? c. The rates matrix contradicts DMC-ODS requirements on which providers can bill for care coordination. Which source should the providers reference? 	 a. Care coordination can be done at all levels of care by Substance Use Disorder (SUD) Counselors or Licensed Practitioners of Healing Arts (LPHA). b. Care coordination will be unbundled for FY 23-24, SAPC is awaiting the specific rate used for this service as part of residential treatment and once received the rates matrix will be updated to reflect the correct rate. Within outpatient levels of care, it is a separate service that has rates associated to it. SAPC has updated the rates matrix to include care coordination (code T1017 replaces H0006) for SUD Counselors as well as LPHAs. c. The rates matrix has been updated to expand the allowable disciplines. Since the State codes have changed, the system has been locking out certain provider types. SAPC is reworking the Current Procedural Terminology (CPT)/Healthcare Common Procedure Coding System (HCPC) and revising the rates matrix to fix this issue. The same staff outlined under DMC-ODS can continue to bill for Care Coordination.
3.	 a. Do room and board rates remain unbundled? b. Will care coordination & Medication Assisted Treatment (MAT) be bundled in the bed rate 	 a. Yes, the room and board rate is unbundled. The rate is \$25. b. They will be unbundled for the first few years of payment reform in residential settings. c. SAPC has received non-official notification from the state that both Recovery Support Services and Medications for Addiction Treatment will be unbundled from the residential treatment. SAPC is waiting on an

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	for residential settings? c. Will Recovery Support Services (RSS) and Medical Services rates be unbundled?	update from DHCS on this matter, once received SAPC will update the rates matrix to reflect the appropriate rate.
4.	Will Education Groups be added back to the rates matrix?	Patient education groups are billable under H2014 with the HQ modifier. The rates matrix will be updated to reflect this change.
5.	Are License-Eligible Licensed Practitioners of the Healing Arts (LE-LPHAs) considered registered staff?	Under DMC-ODS, LE-LPHAs are considered LPHAs and can perform the same duties. However, LE-LPHAs still need to be registered with their associated State Boards and follow supervision requirements of the Academy of Certified Social Workers (ACSW), Associate Professional Clinical Counselor (APCC), American Association for Marriage and Family Therapy (AMFT) or a Psychological Associate. Please see the <u>Provider Manual 7.0</u> page 46.
6.	How does SAPC plan to assist providers with the 5-year deadline?	The capacity-building effort is intended to assist Counselors in meeting the education and fee requirements in anticipation of the 5-year deadline for Counselor certification, from the time of becoming a Registered Counselor.
7.	What are "MOUs"?	MOU is the acronym for Memorandum of Understanding.
8.	What does the "Range of Agency Revenue" by the three tiers refer to?	Range of Agency Revenue describes the amount of funding providers may receive from capacity-building or incentives. This is not the contract allocation.
9.	Do Recovery Services (RS) count as a level of care?	 No RS does not count as a tiered level. The following levels of care were used to determine tiers: ASAM 0.5 - Early Intervention ASAM 1.0 - Outpatient ASAM 2.1 - Intensive Outpatient ASAM 3.1 - Residential ASAM 3.3 - Residential ASAM 3.5 - Residential ASAM 3.2 - Withdrawal Management (WM) ASAM 3.7 - Withdrawal Management (WM) - Inpatient ASAM 4.0 - Withdrawal Management (WM) - Inpatient Opioid Treatment Program Recovery Bridge Housing Accreditation

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10.	Do each accreditation under the tier system count for one LOC?	Accreditation will count as one level of care when it comes to Tiering considerations. An agency would only receive credit for 1 additional LOC, even if the agency has multiple accreditations.
11.	Are incentives one-time payments?	Incentives are annual payments. There will be new Incentive payments every year.
12.	Has SAPC contacted provider agencies regarding their tier classification?	Yes, confirmation letters were sent to agencies last month. Please direct any inquiries related to tier assignments to <u>SAPC-Finance@ph.lacounty.gov</u> . Please review the FAQs from the <u>3.29.23 Payment Reform meeting</u> for additional information on how tiered levels are determined.
13.	 a. How will documentation time be reflected and billed? b. Will the documentation process in Sage change? c. Will providers be trained to document appropriately, especially during the initial blackout period? 	 a. Under CalAIM, documentation time will not be paid as a separate service. The increased rates were developed to account for provider staff spending up to 60% of their time on documentation/non-billable activities. b. The way information is entered in Sage will change; however, the information and fields will remain the same. c. SAPC is preparing extensive trainings for providers beginning in June, including live and recorded trainings. SAPC will provide sufficient resources to prepare providers for any changes in Sage.
14.	 a. Are Incentive payments separate from the DMC contract allocation? b. How should providers bill for the Reaching the 95% (R95) initiatives? c. How can providers meet the R95 requirements? 	 a. Capacity Building and Incentives will be included in the DMC contract allocation. SAPC will send out invoicing and billing information in the rate bulletin. b. The rate bulletin will include instructions and attachments on how to bill for Capacity Building and Incentives. c. We encourage providers to review the slides for these requirements.
15.	What is the Supplemental Services/Interactive Complexity Service?	Interactive Complexity and other Supplemental codes are considered Add-On Codes or dependency codes that must be billed alongside other primary codes, I.e. they are not standalone codes. They will provide an additional reimbursement for the service if the service meets specific criteria noted in the billing manual. As we get closer to the implementation, SAPC will have

		additional trainings specific to CPT code utilization for these services and how to use them.
16.	Are the outpatient ASAM 1.0 Level Of Care (LOC) and Residential Bridge Housing (RBH) considered two separate levels of care per tier criteria?	Yes. Please reference the <u>3/29/23 Payment Reform FAQ</u> for LOC tier criteria.
17.	a. Will SAPC provide training on billing under payment reform?	a. Yes. However, SAPC recommends planning and delivering additional agency-level internal trainings to better prepare your staff. We will be developing resources to assist you with this process.
	b. Will the trainings be posted on the <u>SAPC</u> <u>Training Calendar?</u>	 Yes, they will be posted, and notices will also go out to the provider network. Please ensure your agency information is accurate on the SAPC listserv. If you are not sure, please contact <u>SAPCMonitoring@ph.lacounty.gov</u>

Links provided:

DPH COVID-19 Website:

http://publichealth.lacounty.gov/media/Coronavirus/