

## Spring Provider Meeting for Mental Health & Substance Use Disorder Providers Follow-up: Questions and Answers

**Meeting Dates:    Monday, April 18, 2022  
                                 Tuesday, May 10, 2022**

### Table of Contents

ACBH Finance Division Updates .....	2
Cost of Living Allowance (COLA) .....	2
County Contract Maximum Rate (CCMR) .....	2
Payment Transformation Initiative Pilot .....	3
Multi-year Contracts .....	3
Medi-Cal Administrative Activities (MAA) Incentive Program .....	3
SmartCare .....	4
Contract Renewal .....	4
Contracts Lifecycle Management (CLM) .....	5
Substance Use Disorder Exhibit A Requirements .....	6
Quality Assurance .....	8
Exhibit B .....	8





## ***ACBH Finance Division Updates***

### Cost of Living Allowance (COLA)

1. **Question from 4/18:** There has been at least a 5% increase in inflation, why only 3% COLA?

**Response by:** Rickie M. Lopez, Assistant Director Finance

**Answer:** The COLA of 3% is what can be included in the Maintenance of Effort stage of the budget as directed by the County Administrator. As Dr. Tribble shared there are additional plans in process, this was step one.

2. **Question from 4/18:** Just to make sure I understand correctly, the agency will get an additional 3% of total contract value as COLA for fiscal year 2022-23?

**Response by:** Rickie M. Lopez, Assistant Director Finance

**Answer:** The 3% COLA applies to programs funded with county general funds, Mental Health Service Act (MHSA) and 1991 or 2011 realignment. When you receive your contract renewal package, review the allocation worksheet. Communicate any questions you may have to your Contract Managers for additional clarification.

### County Contract Maximum Rate (CCMR)

3. **Question from 5/10:** Can you give us any intentions/reasons/goals for the CCMR increase for fiscal year 2022-23? How do you recommend the provider/program to incorporate this information/opportunity?

**Response by:** Rickie M. Lopez, Assistant Director Finance

**Answer:** We are still within the pandemic, so there still are some additional flexibilities. The intent of the increased CCMR is to ensure that it is not a barrier for programs that settle to cost. Ensure support for the system versus looking to actively adjust your rates to that cap of the CCMR. To take everyone's attention back to the California Advancing and Innovation Medi-Cal (CalAIM) initiative, what the state will do is somewhat in alignment with the State Maximum Allowance (SMA) of the past. The state will set rates for counties. With that coming down the pike, the intent of the flexibility in the CCMR for the upcoming fiscal year is to ensure the sustainability of the programs.





## ***Payment Transformation Initiative Pilot***

### **Multi-year Contracts**

4. **Question from 4/18:** For those that receive multi-year contracts, if we felt that small adjustments were needed, is there an opportunity for a budget revision in the following year?

**Response by:** Rickie M. Lopez, Assistant Director Finance

**Answer:** Multi-year contracts may require annual amendments. For example, the subsequent year COLAs are unknown and will require amendments. Amendments are often simpler and easier to execute while maintaining the goal of reduction of overall administrative effort.

5. **Question from 4/18:** For multi-year contracts, can funds unspent in Year 1 be rollover to Year 2 in the event something we expected to take place in June but was postponed until July, which is a new fiscal year?

**Response by:** Rickie M. Lopez, Assistant Director Finance

**Answer:** As a broad response, it may be nuanced based upon your specific programs. Generally speaking, the multi-year contracts that ACBH is moving towards with the goal of administrative efficiency has firewalls around each of the individual years of funding. There may be some exceptions, however, generally speaking it will be a new contract allocation for each fiscal year. An unspent dollar in one year is not necessarily able to be carried forward in the subsequent year. Refer to the terms and conditions of your contract or consult your Fiscal Contract Manager for specifics on your organization's contract.

## ***Medi-Cal Administrative Activities (MAA) Incentive Program***

*Disclaimer: MAA incentives allocations may not have been included in the initial contract renewal documents and will be included in subsequent contract renewal updates.*

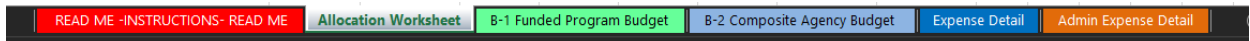




6. **Question from 4/18:** When it references the "program allocation" where do we get that number?

**Response by:** Rickie M. Lopez, Assistant Director Finance

**Answer:** The program allocation is as indicated on the Allocation worksheet, this is a tab in the budget workbook.



7. **Question from 4/18:** Our MAA funds have never been part of our Allocation worksheet or budget workbook. Perhaps what you are referring to is different than what we do as we contract directly with the County MAA or TCM program for MAA?

8. **Response by:** Rickie M. Lopez, Assistant Director Finance

**Answer:** This is applicable to programs with an ACBH managed MAA plan.

## ***SmartCare***

9. **Question from 4/18:** What is the new system that will replace InSyst? And what is the timeline?

**Response by:** Rickie M. Lopez, Assistant Director Finance

**Answer:** The new system is SmartCare and the timeline aligns with CalAIM payment reform, with a go-live date of 7/1/2023.

10. **Question from 4/18:** Will there be a new code created for case consultation?

**Response by:** Wendi Vargas, Assistant Director Contracts Unit

**Answer:** Referring to the new SUD service types of Care Coordination and Clinician Consultation, it has not yet been determined whether these will be new codes or changes to existing codes. More details should be forthcoming soon from our partner units.

## ***Contract Renewal***

11. **Question from 4/18:** For those of us who just received our contract renewal package, is there a way to get an extension, since it is due next Monday, 4/25/2022? With new fiscal staff that is very tight since we only received it a few days ago! And how is it submitted differently, if for 3 years?





**Response by:** Wendi Vargas, Assistant Director Contracts Unit

**Answer:** Contact the assigned Fiscal Contract Manager(s) with your organization's specifics for an extension. Keep in mind, if the extension is for a large amount of time, we may not be able to accommodate it.

As you are reading through the specific instructions for your contract renewal, reviewing the Budget and Allocation Worksheet and the Exhibit A Scope of Work (SOW), it should be clear how to complete the renewal for multi-year. However, if there are additional questions follow-up with the assigned Contract Managers.

The Exhibit B-2 should include the contract in question that your organization is submitting the response for multi-year allocation, and any other known allocations within that multi-year period. ACBH is aware that your organization may not have allocations from other funders for the later years in the multi-year contract period.

12. **Question from 4/18:** We have not received any allocation information yet. When should that arrive?

**Response by:** Rickie M. Lopez, Assistant Director Finance

**Answer:** Contract Renewals are rolling out in batches, check in with your contract managers for specific questions and draft timelines.

## ***Contracts Lifecycle Management (CLM)***

13. **Question from 5/10:** Question regarding Exhibit A and how it will be incorporated into the CLM. Do providers need to update Exhibit A to some specific format to be aligned with CLM?

**Response by:** Belinda Davis, Administrative Support Manager

**Answer:** No special formatting or changes are needed from providers for migrating these documents into CLM. Providers should respond on the contract renewal documents provided in your Contract Renewal package regarding Exhibit A. Our Program Contract Manager Team will be integrating your *Exhibit A: Table of Contents* and *Exhibit A: Scope of Work (SOW)* information into CLM after vetting any needed content changes for the new fiscal year.





## ***Substance Use Disorder Exhibit A Requirements***

14. **Question from 4/18:** Upon reviewing the *Exhibit A-1 Standard Requirements* document, I see that “annual” was added. It is not applicable for the ASAM training, which is not an annual requirement as noted in the [Standard Requirements for Substance Use Disorder \(SUD\) Contracts, Section IV.D.](#)

**Response by:** Wendi Vargas, Assistant Director Contracts Unit

**Answer:** We have confirmed with our partner units in SUD Operations and Quality Assurance that the requirement for training in American Society of Addiction Medicine (ASAM) is not currently an annual requirement.

15. **Question from 4/18:** Is the requirement about “*treatment programs shall have designated staff for Care Coordination as identified in the job descriptions*” linked to [BHIN 21-075](#) (page 23) about Care Coordination requiring that “*Certified Counselors may assist with some aspects of the care coordination, however a licensed provider is responsible for this service component*”? Why, as Care Coordination is definitely one of the competencies one must master to become certified? Making this function the responsibility of a licensed individual will not be conducive to seamless services as all providers are having issues hiring and retaining LPHAs.

	DMC-ODS Services										
	Assessment*	Care Coordination**	Crisis Intervention	Family Therapy	Counseling (Individual & Group)	Medical Psychotherapy	Medication Services	Patient Education	Peer Support Services	Observation	Recovery Services
Practitioner Qualifications	C, L*	C, L	C, L	L	C, L	M	C, L	C, L	P	C, L***	C, L





**C = Counselors**

An Alcohol or other Drug (AOD) counselor that is 1) either certified or registered by an organization that is recognized by the Department of Health Care Services and accredited with the National Commission for Certifying Agencies (NCCA), and 2) meets all California State education, training, and work experience requirements set forth in the Counselor Certification Regulations, Title 9, Division 4, Chapter 8.

**L = Licensed Practitioner of the Healing Arts**

A Licensed Practitioner of the Healing Arts (LPHA) includes any of the following: Physician, Nurse Practitioner (NP), Physician Assistant (PA), Registered Nurse, Registered Pharmacist, Licensed Clinical Psychologist (LCP), Licensed Clinical Social Worker (LCSW), Licensed Professional Clinical Counselor (LPCC), and Licensed Marriage and Family Therapist (LMFT), and licensed-eligible practitioner registered with the Board of Psychology or Behavioral Science Board working under the supervision of a licensed clinician.

**M = Medical director of a Narcotic Treatment Program**

The medical director of a Narcotic Treatment Program is a licensed physician in the State of California.

**P = Peer Support Specialist**

A Peer Support Specialist is an individual in recovery with a current State-approved Medi-Cal Peer Support Specialist Certification Program certification and must meet all other applicable California state requirements, including ongoing education requirements. Peer Support Specialists provide services under the direction of a Behavioral Health Professional. For additional guidance, please refer to [BHIN 21-041](#).

**Notes**

\* The physical examination by an LPHA in accordance within their scope of practice and licensure. An SUD diagnosis may only be made by an LPHA.

\*\* Certified counselors may assist with some aspects of this service, however, a licensed provider is responsible for this service component.

\*\*\* All personnel performing observations must comply with applicable California State withdrawal management training requirements.

**Response by:** Wendi Vargas, Assistant Director Contracts Unit

**Answer:** Per Quality Assurance, the State has clarified that SUD Counselors can provide this service, it just needs to be overseen by a LPHA.

16. **Question from 4/18:** Can clinician consultation services between a provider's LPHA and ACBH MD be billed by providers?

**Response by:** Wendi Vargas, Assistant Director Contracts Unit

**Answer:** This is the new service replacing what was formerly termed as physician consultation.

This is a service that providers can bill for consultation that occurs between a provider's LPHA and an ACBH MD.

17. **Question from 4/18:** In the Exhibit A(x) for SUD Residential Treatment, the process measure reads "*Percent of business days on which Contractor updates the ACBH Bed Availability Google Sheet*" has a 100% objective. Can the Google Sheet reference be removed as the system now uses SurveyMonkey? It should also have a footnote stipulating that it is a Monday through Friday requirement.

**Response by:** Wendi Vargas, Assistant Director Contracts Unit

**Answer:** The SUD Operations Team has clarified that the bed tracking mechanism is now the *ACBH SUD Daily Bed Availability Survey*, which should be completed by SUD residential and recovery





residence programs by 10:00 am every weekday. ACBH will be issuing a memo to clarify this more concretely.

## ***Quality Assurance***

18. **Question from 4/18:** Can you confirm that the site certification you referred to are for outpatient services?

**Response by:** Torfeh Rejali, Quality Assurance Administrator

**Answer:** Yes, these site certifications are for mental health outpatient services, including Short-Term Residential Therapeutic programs (STRTP) and crisis stabilization units.

19. **Question from 4/18:** Can we contact you for QA assistance as we are enhancing our QA division?

**Response by:** Torfeh Rejali, Quality Assurance Administrator

**Answer:** For questions related to Site Certification, please contact: [SiteCertification@acgov.org](mailto:SiteCertification@acgov.org).

For general Quality Assurance questions, please contact the Technical Assistance email at [QATA@acgov.org](mailto:QATA@acgov.org).

## ***Exhibit B***

20. **Question from 4/18:** Is there a plan to combine multiple school site [Reporting Units (RUs)] with separate budgets in the contract, into one consolidated budget?

**Response by:** Wendi Vargas, Assistant Director Contracts Unit

**Answer:** There are many types of contracts, some have a broad cross-section of programs, that are very different and some that may have one program type at several sites. The child and young adult system of care will assess a pilot roll-out of RU consolidation for fiscal year 2022-23 and potentially more rollout as we move forward. Currently, it is focused on the child and young adult providers that have a very large number of school sites. In terms of the budget, ACBH is planning to reflect RU consolidation in the budget, with a consolidated number of budget columns for providers involved in the pilot roll-out of RU consolidation.

