- MEMORANDUM -

DATE: June 30, 2023

TO: All Alameda County Behavioral Health (ACBH) SUD Residential Programs

FROM: Torfeh Rejali, Division Director, Quality Assurance *Torfeh Rejali*

Brion Phipps, Interim Quality Assurance Associate Administrator *Brion Phipps*

SUBJECT: Changes to Claiming for Substance Use Disorder (SUD) Residential Services (ASAM LOCs 3.1, 3.2-WM, 3.3, and 3.5)

The purpose of this memo is to notify providers of changes to the way SUD residential programs will claim for services. The changes described in this memo override all previous ACBH direction on this subject and are effective 7/1/23.

Background

SUD residential providers are contracted to provide an array of services as described in DHCS Behavioral Health Information Notice 23-001 (page 13). Those services, sometimes referred to as the residential bundle, are claimed via day service procedure codes (HCPC H0019).

Due to CalAIM payment reform changes[1] and concern by DHCS, counties, and providers that existing SUD residential reimbursement rates do not accurately reflect costs associated with residential services, for the next two (2) years, DHCS is changing the way SUD residential services will be claimed.

Over the past few years, DHCS has changed SUD residential reimbursement methodology several times due to county and provider feedback. ACBH is hopeful that this change will be the last until the two (2) year review period is over.

The ACBH Contracts unit will update provider contracts and rates to reflect these changes.

Changes to the SUD Residential Claiming

Effective 7/1/23, SUD residential providers will complete hybrid documentation to claim for services. As long as at least one (1) service is provided daily, and at least five (5) hours are provided weekly, residential providers may claim the per diem day rate. A daily note is required for each day of residential claiming. All progress notes must meet requirements as described in DHCS BHIN 22-019. Clinician's Gateway (CG) will be updated to allow for accurate documentation of residential services.

For ASAM LOCs 3.1, 3.3, and 3.5, the services listed below will be reimbursed as part of the per diem daily rate and shall be documented and claimed using the Service Note Daily.

- Assessment
- Counseling (individual and group)
- Patient Education (individual and group)

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[1] DHCS DMC-ODS Billing Manual Effective 7/1/23

- Family Therapy
- Medication Services
- SUD Crisis Intervention Services

For ASAM LOC 3.2-WM, the services listed below will be reimbursed as part of the per diem daily rate and shall be documented and claimed using a Service Note Daily.

- Assessment
- Observation
- Medication Services
- Counseling (individual and group)
- Family Therapy

For services allowed at all residential LOCs (3.1, 3.2-WM, 3.3, and 3.5) but not included in the daily per diem rate, separate documentation and claiming is required. Providers shall use the Progress Note Single Service in CG for documentation of the following services:

- Care Coordination
- Recovery Services
- Medications for Addiction Treatment (MAT)
- Peer Support Services (existing)
- Clinician Consultation (existing)

DHCS Recalculation of Residential Rates

DHCS has indicated they will use data collected over the next two (2) years to inform ongoing SUD residential rates. During that time, DHCS will gather data to incorporate these services into the per diem rate thereafter. As a result, it is in SUD residential providers' short and long-term financial interests to separately claim for services when they are provided. Failing to claim for provided medically necessary services will reduce total reimbursement amounts now and may impact reimbursement rates upon recalculation.

Action Required

Please share this information with you staff and implement the changes to documentation effective July 1, 2023.

For questions, please contact QATA@acgov.org.