

Alameda County Behavioral Health Care Services Annual Provider Presentation Spring 2021

Mental Health, May 18, 2021

Presented by: ACBH Finance/Contracts Team



2021 Spring Provider Meeting Presentation for Mental Health Services Programs Table of Contents

Meeting Date: May 18, 2021

	Agenda Topic	Presenter	Slide #	Timeline (hh:mm:ss)
1	ntroduction Edilyn Velasquez, Interim Contracts Director		1	00:00:03
2	Welcome	Dr. Karen L. Tribble, PsyD, LCSW, ACBH Director		00:00:55
3	Agenda Overview	Edilyn Velasquez	3-4	00:05:30
4	ACBH Finance Updates Cecilia Serrano, Finance Director		5-6	00:10:30
5	Payment Reform Update	Rickie M. Lopez, Assistant Finance Director	7	00:18:05
6	Contracts Unit Updates	Edilyn Velasquez	8-17	00:20:44
7	Procurement Updates	Rachel Garcia, Interim Procurement & MHP FFS Manager	18-21	00:36:20
8	Contract Renewal Reminders Exhibit A Review	Wendi Vargas, Assistant Contracts Director	22-23 24-30	00:45:45 00:50:40
9	Privacy & Security Requirements	Sophia Lai, ACBH Privacy Officer	31-34	01:01:50
10	Key Security RequirementsPrivacy Incident StepsPrivacy & Security Contact Information	Priya Bala, ACBH Security Officer	35-36 37 38	01:10:40 01: 19:40 01:22:50
11	Quality Assurance MH Site Certification ACBH Quality Assurance (QA) Office Provider Resources ACBH Quality Assurance Medical Site Certification June 2020 Key Highlights	Shannon Benson, Program Specialist	39-40	01:25:00



MENTAL HEALTH & SUBSTANCE USE SERVICES

12	 Quality Assurance Medi-Cal Site Certifications During COVID-19 Emergency 4-13-2020 COVID-19 Waiver Site Certification Form ACBH Quality Assurance (QA) Office Provider Resources NPI Instructions 	Kim Coady, Interim Quality Assurance Manager	41-42	01:27:45
13	 Exhibit B-1 Review Invoice Processing Cash Advance Additional Reports Requests 	Bede Anunne, MH Fiscal Supervisor	43-47 48-20 51 52	01:30:55 01:43:25 01:46:45 01:47:45
14	Other Resources	Belinda Davis, Administrative Support Manager	53-54	01:48:50
15	Questions and Answers	Belinda Davis, Administrative Support Manager	55	01:52:00
16	Thank you	Edilyn Velasquez		02:06:30



Alameda County Behavioral Health Care Services

Annual Provider Presentation Spring 2021

Mental Health, May 18, 2021 Substance Use Disorder, May 26, 2021

Presented by: ACBH Finance/Contracts Team



Welcome

Dr. Karyn L. Tribble, PsyD, LCSW

ACBH Director



Our Current Environment

- Cautious optimism amidst slow and careful re-opening
- Resilience
- Acknowledge good work when we collaborate
- Encourage self-care
 - o Self-Care & Supportive Resources during COVID-19



Agenda

- Welcome
- ACBH Finance Updates
- Payment Reform Update
- Contracts Unit Updates
- Procurement Updates/Reminder
- Contract Renewal Reminders
- Exhibit A Review
- Privacy & Security Requirements
- Quality Assurance (QA)
- Exhibit B Review
- Other Fiscal Reminders
- Other Resources and Questions



ACBH Finance Division Updates

Finance Organizational Restructure

Pending transition of functions within Finance

ACBH FY 21-22 Maintenance of Effort (MOE) Budget

- \$570M appropriations with \$514M of offsetting revenue
- \$19M net county increased mainly due to the Santa Rita Jail positions
- \$2.6M of CBO COLAs
- \$9.3M of revenue reduction (\$4.7M in Realignment including the match to Medi-Cal of \$4.6M)



ACBH Finance Division Updates (cont'd)

- Values-Based Budgeting (VBB) Reduction Plans
 - County MOE budget gap is \$49.3M
 - For FY 21-22, CAO recommended mid-year budget adjustments combining budget strategies of decreasing cost or increasing revenue vs budget balancing formula options
 - Pending VBB guidance and instructions from the CAO
- FY 21-22 Governor's May Revised Budget
 - ACBH/HCSA is providing CAO an analysis of the proposed budget and the May budget revision including potential funding, program, and service impacts to the Department



Payment Reform Update

- Payment Transformation Pilot with Full Service Partnership Programs
- Updates for FY 21-22
 - o Four year implementation plan:
 - Blended rate year FY 2021-22
 - Full Fee-for-Service implementation FY 2022-23
 - Planning for SUD Pilot
- CalAIM California Advancing and Innovating Medi-Cal
 - Billing Code Changes
 - o Payment Reform
- Alameda County leading discussions at the State



Medi-Cal Administrative Activities (MAA) Incentive Program

Memo dated August 17, 2020

- Share the Savings Incentives
- o CBO partners will retain 5-15% of the MAA revenue generated
 - Generate less than 10% of program allocation, receive 5% of revenue generated
 - Generate 10% or more of program allocation, receive 5% of revenue generated
 - Generate 20% of program allocation, receive 5% of revenue generated

FY 21-22 Programs with MAA

- o Incentives earned from revenue generated in FY 19-20 will be included in the FY 21-22 program allocation
- O No action needed for program already participating in MAA Billing for FY 21-22



Contracts Unit Projects/ Updates

FY 20-21 Contract Finalization

- o SUD 100% finalized and executed
- MH 100% finalized; 96% executed

Medi-Cal Final Rule Compliance

- o OIG Exclusion P&P refinement
- NACT increased compliance requirements
- Provider Directory cultural competency training

Technology Upgrades

- o Contract Lifecycle Management (CLM) Year 2 Build phase
- o DocuSign

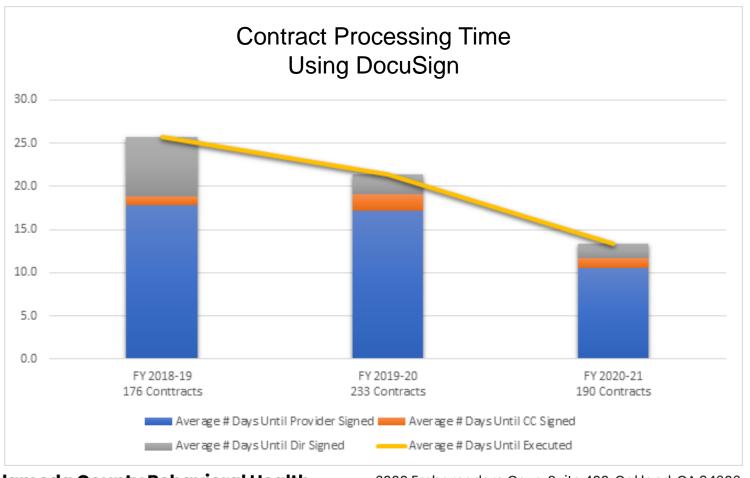


DocuSign by the numbers

FY	Total # of Contracts DocuSigned	Average # Days Until Provider Signed	Average # Days Until CC Signed	Average # Days Until Dir Signed	Average # Days Until Executed
FY 2018-19	176	17.8	1.0	6.9	25.8
FY 2019-20	233	17.2	1.9	2.3	21.4
FY 2020-21	190	10.6	1.2	1.7	13.4



DocuSign cont'd...





Contracts Unit Projects/ Updates (cont'd)

- Newly Awarded Programs/Services
 - Primary Prevention for Youth + Friday Night Live
 - PHF and CSU + Outpatient @ Willow Rock Center
 - Expanded contractor pool for Housing Support, Eating Disorder and SNF supportive services
- Backfilling staff vacancies and new staff onboarding
 - o 23% vacancy in 2020
 - Reduced to 10% as of May 2021



Program Team



Ju Hong Program Contract Manager



Laura Rankin Program Contract Manager



Eileen Hamlin Program Contract Manager



May Fung Program Contract Manager



Mental Health Fiscal Team



Bede Anunne Fiscal Supervisor



Jimmy Yi Senior Fiscal Contract Manager



Lena Fletcher Senior Fiscal Contract Manager



Mental Health Fiscal Team



Ronald Reyes Fiscal Contract Manager



Maria Araujo Medina Fiscal Contract Manager



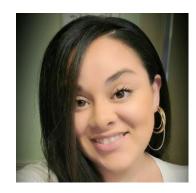
• Procurement and MHP FFS Provider Network Team



Rachel Garcia Interim Procurement & MHP FFS Provider Manager



Ariana Frazier Administrative Specialist II



Rosalinda Gomez Gonzalez Administrative Assistant



Other Team Members



Tiana Jordan SUD Fiscal Contract Manager



Karin Vosgueritchian Management Analyst



Upcoming FY 21-22

- FY 21-22 Contract Renewal Package sent to CBOs
 - o MH 53% sent to-date; rest will go out by 2nd week of June
 - ACBH minimized contract changes
 - o Flexibility to use approved FY 20-21 rates to finalize contract
 - Other requested changes need contract negotiation
- Finance restructuring
- Leverage technology to streamline contracting
- Staff hiring, onboarding and retention



Procurement Updates

Active Procurements				
Procurement	Status			
RFPQ #21-01 Eating Disorder Treatment Services	Review and Evaluation Phases			



Procurement Reminders

Before responding to RFPs:

- ORead RFP and instructions
- OAttend Bidder's Conferences to get clarification
- OSubmit questions to Procurement Lead no later than 5 pm on 2nd Bidder's Conference

When responding to RFPs:

- OBidders may submit bids electronically
- o Pay attention to **strict bid submission deadlines** (bids received even 1 minute after deadline will not be accepted)
- OUse of MS Word Bid Response Template is optional but all Bidders **must** adhere to the overall page maximum
- Communicate with the Procurement Lead only to avoid disqualification



Procurement Reminders (cont'd)

When responding to RFPs:

- Review Minimum Qualifications
- O Submit a realistic program budget that:
 - Stays within maximum contract allocation
 - Supports proposed program model
 - Matches the budget narrative
 - Does not duplicate administrative costs
- Provide thoughtful references
- Some funding does not allow for subcontracting, please carefully review instructions



Procurement Reminders (cont'd)

After RFP award:

- o Bid becomes the basis of the contract
- o Post award exclusion checks at the employee level
- OSubmit requested contract information timely
- O Contract start date after BOS approval; no costs allowed prior to start date
- ONew programs will often be in a stand-alone contract
- OCounty has the right to invite next highest ranked Bidder within 60-day initial contract period, if initial awardee fails to meet County requirements



Contract Renewal Updates/Reminders

What are Key Points from Contract Renewal Cover Letter?

- Still under Public Health Emergency (PHE)
- Trying to process contracts with minimal changes where possible
- When PHE rescinded: memo on policy changes/next steps

Coordination/communication is essential

- Between Program/Fiscal Staff within your organization and ours
- Goal to communicate/negotiate changes proactively
- Reach out to Contract Managers with questions/concerns



Contract Renewal Updates/Reminders

When will CBOs receive Contract Renewal Packages?

Batch 1: Mid-April

Batch 2: Early May

• Batch 3: Late May

Batch 4: Early June

What do I do with my Contract Renewal Package?

- Review: Contract Renewal Letter, Allocation, Exhibit A Documents
- Complete: Budget, Exhibit A Input Table
- Submit in accordance to Table of Contract Renewal Requirements



Exhibit A Documents

- Exhibit A: Table of Contents
- Exhibit A-1: Standard Requirements
 - Across all programs/Medi-Cal programs
- Exhibit A-2: Lobbying Restrictions
- Exhibit A-Program Requirements (Exhibit A-P)
 - Additional requirements across a group of similar programs
 - Not all programs will have a corresponding Exhibit A-P
- Exhibit A-Scope of Work (Exhibit A-SOW)
 - Additional requirements for a specific program as it will be delivered for your organization



Exhibit A Documents

- For more specific changes to Exhibit A-1 and Exhibit A-Ps:
 - Please see our website at: <u>http://www.acbhcs.org/providers/network/forms.htm#contract</u>
- For more specifics about your Exhibit A and Exhibit A-SOWs:
 - Please see the custom documents in your contract renewal



Exhibit A-1 Review

- Scope of Service (reminders)
 - o Comply with all applicable requirements from:
 - ACBH Policy Manual http://www.acbhcs.org/providers/PP/Policies.htm
 - ACBH QA Manual http://www.acbhcs.org/providers/QA/qa_manual.htm
 - ACBH State County Plans and Grant Agreements http://www.acbhcs.org/providers/network/cbos.htm#resources



Staffing

- Notify ACBH IS of staff changes
- Exclusion checks needed for additional programs
- Credentialing/Certification of License
 - Ensure staff profiles with CAQH-Pro View
 - Ensure staff registered in PAVE
 - o Printouts from CA BreEZe do not suffice for credentials



Staffing (continued)

- Retention of Staff Records
 - Contractor shall retain employee files for credentials and training for the period of at least ten years from date of service, end of Medi-Cal or Medicare Advantage or Medicare Part D contract period, or audit completion, whichever is later.
 - ACBH recommends a record retention period of at least 15 years from the date of service for programs billing to Medi-Cal and Medicare. Evidence of credentials and training shall be furnished to ACBH upon request.



Other

- CBOs using Electronic Health Records (EHR):
 - Maintain all parts of clinical record not stored in the EHR.
- Participate in QI activities, including PIPs as requested ACBH
 - In relation to state/federal responsibilities.
- Updated threshold languages:
 - English, Spanish, Arabic, Chinese (spoken: Cantonese/ Mandarin; written: Traditional/Simplified), Tagalog, Vietnamese.



Other (continued)

- Submit any updates to provider/program/staff information, as well as attestation of accuracy of information on file
 - O By the 15th of each month
 - As requested by ACBH
 - For required publications, submissions and monitoring including Provider Directory and Network Adequacy Reporting.



Privacy & Security Requirement Sources

Federal & State Laws & Regulations

Health Information Portability & Accountability Act (HIPAA) (All health)

42 CFR Part 2 (SUD)

California Welfare & Institutions Code 5328 (Mental Health)

Contract Provisions

Exhibit A-1: Standard Requirements, VI. Client Records, Data, Privacy, and Security Requirements

Exhibit E: Business Associate Agreement

Exhibit A-3: Qualified Service Organization Agreement (SUD Only)



Privacy & Security Requirement Sources (cont'd)

ACBH Policies & Procedures

#350-3-1: Privacy, Security, and Confidentiality Statement of Client Services, Records, and Information

#1704-1-1: Privacy & Security Incident Reporting Policy



Key Privacy Requirements

- Protect all individually identifiable health information
- Minimum necessary rule: limit the use, disclosure of, and requests for PHI to the minimum necessary to accomplish the intended purpose
 - Exceptions: treatment, disclosures to client, authorization (Release of Information)
- When in doubt, obtain a valid Release of Information to disclose Protected Health Information (PHI)
- Train all workforce and require Oath of Confidentiality for all staff at onboarding and annually



Key Privacy Requirements (cont'd)

- Report ALL privacy/security INCIDENTS, not just breaches, to Privacy Officer
- Mitigate any harmful effect as a result of a breach
- Require any agent or subcontractor to follow Privacy Rule, Security Rule, and contractual requirements through written contracts through Business Associate Agreement/Qualified Service Organization Agreement
- Upon request of client or client representative:
 - Make PHI available in designated record set
 - Make accounting of disclosures available
 - Allow amendments to designated record set
- If contract is terminated, PHI must be returned or destroyed



Key Security Requirements

- Follow all Security Rule & HIPAA Security Regulations
 - o Implement administrative, physical, and technical safeguards
 - Perform risk analysis and management
 - Must have Security Officer
 - Must manage information access to follow minimum necessary requirement (i.e. role-based access)
- Electronic Health Records must have warning banner concerning PHI
- Emails with PHI must be sent in a secure, encrypted manner
- Password management policies should include requiring passwords be changed every 90 days



Key Security Requirements (cont'd)

Notify ACBH IS immediately if any staff with access to PHI or PII through ACBH's applications (e.g., Clinician's Gateway, InSyst, Yellowfin) depart from the organization or change functions and no longer need this access so that ACBH can terminate/amend access.



Privacy Incident Steps

- Notify ACBH Privacy Team within 24 hours of any suspected or actual breach of security, intrusion, and/or use/disclosure of PHI in violation of federal/state laws/regulations
- Submit Privacy Incident Reporting Form to ACBH via email breachnotification@acgov.org; will change to online format soon
- Investigate breach and take prompt corrective action to address deficiencies and as required by laws/regulations
- Provide written report of investigation to ACBH Privacy Officer, including identification of each individual whose PHI has been breached within 15 working days of discovery of breach
- Notify individuals of breach following directions of ACBH



ACBH Privacy & Security Team

- ACBH Privacy Officer: Sophia Lai, Sophia.Lai@acgov.org
- ACBH Security Officer: Priya Bala, Priya.Bala@acgov.org
- ACBH Privacy Administrative Support: TBD
- HCSA Chief Compliance & Privacy Officer: Ravi Mehta, Ravi.Mehta@acgov.org



QA: When is MH Site Certification needed?

- New Sites
- Re-certification* is required at a minimum every three years
- Program moves, including partial moves
- Program name changes
- Adding a new mode of service
- New provider to ACBH
- Structural changes to the facility (major renovation)
- Out of county certification (piggyback)

^{*} Beyond re-certifications, the above changes are communicated via the Program Change Request Form



QA: MH Medi-Cal Site Certification

• Link to Policy:

http://www.acbhcs.org/providers/QA/docs/qa manual/16-1 MEDI-CAL CERT MHS.pdf

- Notify Contracts Unit
- Submit requested materials to QA
 - Valid Fire Clearance
 - NPI Number
 - Provider Policies and Procedures
- For Questions, email QA Site Certification Team: SiteCertification@acgov.org



QA: MH Medi-Cal Site Certifications During COVID-19 Emergency

Refer to April 13, 2020 Memo

- ODHCS Temporary Streamlined Process
- Waiving onsite review and fire clearance
- OWe are requesting providers submit missing items 90 days postemergency to complete their application

COVID-19 Waiver Site Certification Insert

OQA memorializes items that will be due upon lifting of the public health emergency (i.e. onsite review, fire clearance)



QA: MH Provider Resources

- COVID-19 Guidance
- QA Website http://www.acbhcs.org/providers/QA/QA.htm
 - QA Manual
 - Audit Notices, Reports and Tools
 - Training Schedules and Handouts
 - Clinical Forms Templates
 - ACBH Grievance System

For Technical Assistance Contact:

QATA@ACgov.org



Ex B Review

If CBO Requests:

- To finalize FY 21-22 using approved FY 20-21 rates
 - Inform your contract managers (PCM & FCM)
 - FCM will send FY20-21 final budget planning workbook after updating FY21-22 allocations to CBO
 - CBO will review the budget workbook for concurrence, make any required changes, & return to contract managers.
- Changes need to be negotiated and approved by System of Care Directors/Operations and/or Finance Leadership
 - Reduced allocation
 - Higher rates/lower units of service
 - Lower rates/higher units of service



Ex B Review

- Exhibit B: Payment Terms and Conditions Change
 - CalWORKS invoicing
 - Multiple Procurement Contracts combined for most CBO Master Contract
 - O RFP'd programs indicated in Exhibit B-3
- Very little changes to the Budget Planning Workbook
- One rate for each Mode and Service Function code for similar services with the same source of funds
 - o Example: School-Based programs funded with EPSDT
- Costs must be reasonable and comply with regulatory requirements and any restrictions of funding source



County Contract Maximum Rate (CCMR)

- No CCMR for FY 21-22 due to COVID-19
- Impacts MH programs or portion of programs which are rate-based and funded by:
 - o 2011 Realignment
 - Including Early Periodic Screening Diagnosis and Treatment (EPSDT)
 - Mental Health Services Act
 - Medi-Cal



Exhibit B-1: Budget Review – Allocations

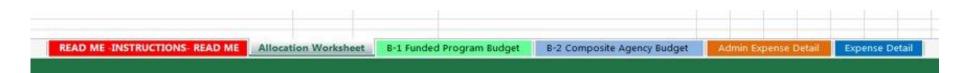
- Allocations are included for all programs
- Continued split for Medi-Cal and Non Medi-Cal Services
- Programs with one-time funds are highlighted
- Exhibit A number is referenced (when applicable)

	ALAMEDA COUNTY ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES (ACBH) MENTAL HEALTH PROGRAMS FISCAL YEAR 2021-2022 ALLOCATION			
	Contractor:	Enter Pro	Enter Provider's Name	
	DISCLAIMER: ALL program allocations are pending Board approval			
Ex A- SOW	Program Name	RU#	Program Allocation	
а	ABC Outpatient	12x3	\$700,000	
а	ABC Program Outreach	345Y	\$410,000	
а	XYZ Program (one time funding)	567K	\$100,000	
	Contract Maximum:		\$1,210,000	



Exhibit B Review: Forms

- Budget instructions included with the budget template
 - Walkthrough of the budget template
 - Definitions & Acronyms
 - o Rate & Unit Calculation
- Budget Template: Three (3) required sections
 - B-1 Funded Program Budget (Personnel & Operating Expenses)
 - O B-2 Composite Budget
 - O Admin Expense Detail





Invoice Processing

- Process between three Units
 - o Contracts -ACBH
 - Accounts Payable ACBH
 - Disbursement Division Alameda County Auditor Controller's office
- CalWORKS programs invoices due 10 Days from end of service month



Invoice Processing (cont'd)

- Payment remitted within 30 days
 - o ACBH average processing time: 7.6 days
 - MH Master invoices 5.7 Days
 - SAN invoices 9.6 Days
 - SED SAN invoices 9.5 Days
 - ACBH and Auditor Controller average processing time: 11.4 Days
- Supplemental Claims
 - Contract Finalization
 - o End of Year
- Automatic Clearing House (ACH) Conversion to Payment Mode X (PMX)



Invoice Processing

- Processed between three Units
 - o Contracts ACBH
 - Accounts Payable ACBH
 - Disbursements Division Alameda County Auditor-Controller's Office
- Payment remitted within 30 days
- Supplemental Claims
 - Contract Finalization Rate Differential
 - Fiscal Year End Missed Units



Cash Advances

- County Policy
 - O No more than 1/12 of the annual contract allocation
 - Non-profit organizations only
 - Repayment terms as approved by ACBH
- Employee Dishonesty and Crime (EDC) insurance coverage limits must be greater than or equal to the requested cash advance amount
- EDC insurance coverage must include a **Loss Payee Endorsement**
- **New Form** (Excel format) on provider website http://www.acbhcs.org/providers/network/forms.htm



Additional Reports Requests

INSYST reports sent to print queue

- o 3rd business day of the month following the month of service
- o 15th day of the month following the month of service
- Last day of the month following the month of service



Other Resources

• FY 21-22 Governor's Proposed Budget and May Budget Revision

www.ebudget.ca.gov

Contracts webpage for CBO Providers

http://www.acbhcs.org/providers/network/cbos.htm

- Provider or Program Change Notification Form
 - Notify ACBH of routine changes, e.g., Leadership
- Program Change Request Form
 - Request ACBH approval of changes, e.g., sites or services



Other Resources (cont'd)

- Standard Contract Exhibits
 - Some still being updated for next fiscal year
 - Exhibits A-1, A-2, B and others
 - o Copies of key forms and policies, letters, and definitions
- ACBH Policy Manual http://www.acbhcs.org/providers/PP/Policies.htm



Questions & Answers

- Answers will be posted on the Providers
 website http://www.acbhcs.org/providers/network/cbos.htm
- Presentation and handouts will also be posted online



Alameda County Behavioral Health Care Services thank you.