

Spring Provider Meetings Mental Health & Substance Use Disorder Follow-up: Questions and Answers

**Meeting Dates: Tuesday, May 18, 2021 (MH)
Wednesday, May 26, 2021 (SUD)**

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Fiscal Year (FY) 20-21 InSyst Reports

1. **Question from 5/18:** When will the end of the FY20-21 InSyst reports come out? Also, when is the final deadline for Community-Based Organizations (CBOs) to enter additional billables in InSyst for FY 20-21?

Response by: Belinda Davis

Answer: The first report will come out the week of August 16, 2021. The deadline for CBOs to enter services for the end of FY 20-21 is July 23, 2021.

2. **Question from 5/18:** If the final InSyst reports will be sent to our printer's queue by August 16, 2021 and the supplemental invoice is due 45 days after the end of FY 20-21, does this mean we cannot submit our supplemental invoice? Will this be considered late? Will CBOs be allowed to submit the supplemental invoice for FY 20-21?

Response by: Edilyn Velasquez

Answer: Due to the timing of the final InSyst reports, ACBH will allow CBOs to submit invoices within 60 days after the end of FY 20-21. This information was also included in the InSyst Input Deadline memo that was sent out on Friday, May 28, 2021.

3. **Question from 5/18:** Can you please clarify the timeline for submission of supplemental claims and the timeline for when they would be paid?

Response by: Edilyn Velasquez

Answer: Per the Exhibit B – Terms and Conditions of Payment included in your contract, *“ACBH will authorize payment to Contractor no later than 45 County business days after receipt of a monthly claim/service report.”* See Question and Answer for #2 for FY 20-21. This has been extended to *“no later than 60 days”*.





Maintenance of Effort (MOE) Budget County Budget Gap

1. **Question from 5/18:** What is the MOE budget gap for ACBH?

Response by: Rickie M. Lopez

Answer: To clarify, the FY 21-22 MOE budget was submitted to the County Administrator's Office (CAO) last February. The MOE is the cost of providing the same services as in prior year. After the CAO receives the MOE budgets submitted by all the County Agencies/Departments, the County budget gap was determined at \$49.3 million. The major driver of the gap is from the additional positions at Santa Rita Jail, of which about \$14.4 million is from ACBH and \$38.9 million from the Sheriff's Office. In regards to the ACBH budget gap, the Health Care Services Agency has not received its share of the budget gap. Based on the Board of Supervisors Budget Workgroup, the County Administrator is recommending a mid-year budget adjustment of decreasing costs or increasing revenue versus budget balancing formula options used in the past years. ACBH is still waiting for further guidance and instructions from the CAO re next steps to close the budget gap.

FY 21-22 Early Periodic Screening and Diagnosis Treatment (EPSDT) Rates

1. **Question from 5/18:** The EPSDT rate per unit will not be changing in the FY 21-22 contract year then? I think that is what you said until the Governor's budget is finalized?

Response by: Edilyn Velasquez

Answer: The County Contract Maximum Rate (CCMR) for FY 21-22 has not been determined. This applies to any programs that are rate-based and funded with 2011 Realignment including EPSDT, Mental Health Services Act (MHSA) and Medi-Cal. The Public Health Emergency (PHE) is still in effect, and if the CBO is amenable to finalizing the FY 21-22 contract using the approved final FY 20-21 rates in the Exhibit B-3, please contact your Fiscal Contract Manager.





Governor's Proposed May Revised Budget - Continuum of Care \$2.4 Billion Investment

1. **Question from 5/18:** Can you provide more details about the \$2.4 billion investment in continuum of care? Is continuum of care in all areas of health or specific to mental/behavioral health?

Response by: Rickie M. Lopez

Answer: The \$4 billion is for five years to transform the behavioral health system for children and youth. It includes approximately \$2.3 billion of one-time funds, \$300 million of general funds, and ongoing federal matching funds.

Payment Reform Update

1. **Question from 5/26:** You mentioned that SUD is moving from provisional rates with cost settlement to Fee-For-Service (FFS) starting next year. Will the cost settlement component be removed?

Response by: Rickie M. Lopez

Answer: To clarify, there is a pilot within the mental health part of our system with our Full-Service Partnership (FSP) programs that is moving from provisional rates to FFS in FY 22-23. Currently, this is not applicable to the SUD system. When that pilot group does transition to FFS, it will remove the cost settlement component with that contractual requirement.

2. **Question from 5/26:** As a follow-up, how will we tie quality and value to the FFS payments in the coming years for SUD providers? Any idea what that will look like and which outcomes will be incentivized so that we can put the groundwork in place now?

Response by: Rickie M. Lopez and Edilyn Velasquez





Answer: In FY 21-22, we will be planning and working towards a pilot for the payment reform and payment transformation within the SUD system. Currently, the information that has been released on Cal-AIM is that payment reform statewide could potentially take place as soon as July 1, 2022. There are a lot of details that still need to be put in place for that to officially happen on July 1, 2022. ACBH anticipates that timeline may be pushed back just a bit which will coincide with the planning ACBH intends to do with the SUD System.

The takeaway is that we want to be as transparent as possible and give you an early heads-up of the efforts locally in terms of aligning ourselves with the bigger Cal-AIM initiative. As we have more information to tease out the details, and learn from our pilot effort, we will share them with you. At this point, this is an early heads-up for our SUD providers.

Contract Renewal and Negotiating Contract Allocations

[Contract Renewal Packet](#)

- 1. Question from 5/18:** Is it possible to receive this information prior to receiving the contract renewal packet? We received the contract packet on 5/5 and have been working on it since. The information presented in the meeting about the contract was very useful, so I wished I had that information earlier. I particularly did not understand we had the option of using the FY 20-21 rate for FY 21-22 until I attended the meeting. Although it was indicated in the cover letter, I did not think it was possible to use our FY 20-21 rate as I saw the CCMR on the budget sheet was lower than our FY 20-21 rate and there were no CCMR increase for the FY 21-22. I greatly appreciated that provider meeting.

Response by: Wendi Vargas and Edilyn Velasquez

Answer: Thank you for your feedback. We will try to provide more information next FY and include it in the contract renewal package. For your FY 21-22 contract, if you would like to use your approved FY 20-21 rates included in the Exhibit B-3 Rate Sheet of your FY 20-21 final contract (different from the CCMR), please let your Fiscal Contract Manager know and they will help guide you on what is needed to complete your FY 21-22 budget.





ACBH will also try to host these meeting in advance of the contract renewal deadlines going forward.

Negotiating Contract Allocations

1. **Question from 5/18:** Are we able to negotiate contract allocation before submitting the contract budget workbook?

Response by: Rickie M. Lopez

Answer: CBOs who are requesting a higher allocation than what is included in their contract allocation worksheet can submit their request with a detailed justification in your contract renewal submission. This is a reminder that both the workbook and the provider input form (part of Exhibit A) should be aligned with the allocation.

B percentage of Exhibit B (MH Contracts only)

1. **Question from 5/18:** What is the B% in Exhibit B? Is it percentage of Full-Time Equivalent (FTE) that is direct service or the percentage of the position that is Medi-Cal (rather than non-Medi-Cal) direct service?

Response by: Edilyn Velasquez

Answer: For the CBO's fiscal staff who will most likely receive the budget planning documents, there is a tab within the Exhibit B budget planning workbook including instructions in completing it. There is a section around the B% column and it applies to outpatient programs only. It lists the plan percentage billable hours for each classification by line. This varies by classification and it does not count any Paid Time Off (PTO) due to vacation, sick leave or holidays. The budget planning workbook provides a formula on how to calculate the B%.

Full-Time Equivalent (FTE) Requirement

2. **Question from 5/26:** Can we ask for an adjustment of the FTE requirement in the provider input form?

Response by: Wendi Vargas

Answer: Within your contract, you have the opportunity each year to revisit specific items and requirements. In order to understand the specifics of your request, justification should be provided





along with the requested changes. This will help us review and vet the changes with our internal System of Care Directors, Operational Leads, and/or Finance Leadership.

For example, if your organization is proposing changes in FTE, that is an important place for the program and fiscal teams within your organization to be in alignment and ensure that the request is clearly and consistently communicated to ACBH in both the Exhibit A Input Form and Budget.

Including a very clear justification and rationale in the Exhibit A input form will help ACBH to be able to move forward more quickly and efficiently on the evaluation of your request.

Verifying License Credentials

1. **Question from 5/26:** Did I hear correctly that BreEze is NOT the direct portal for printing License credentials or its Information Systems (IS)? If it is not, where are we being pointed to?

Response by: Wendi Vargas and Edilyn Velasquez

Answer: The expertise in this area is the Quality Assurance (QA) Unit. The guidance provided is included in the Exhibit A-1 of the FY 21-22 contracts which requires CBOs to continue checking their licensed staff's credentials, not from BreEze printout but to verify and obtain a copy of the actual staff's current registration, certification or licensure certificate issues to them, and to be kept in the individual personnel file for audit purposes. A printout of BreEze cannot substitute the actual copy of the license/registration/certification for verification purposes.

