

May 30, 2023  
 DPH-SAPC CAL-AIM PREPARATION  
 PROVIDER PAYMENT REFORM MEETING

[PowerPoint Presentation and Video Recording](#)  
 New Email for all Capacity Building & Incentives: [SAPC-CBI@ph.lacounty.gov](mailto:SAPC-CBI@ph.lacounty.gov)

	QUESTIONS	ANSWERS
1.	How can providers access the presentation slides and resources shared during this meeting?	<p>Information can be accessed by visiting the following links:</p> <ul style="list-style-type: none"> <li>• <a href="#">PowerPoint Presentation-Updated</a></li> <li>• <a href="#">Capacity Building Package Final (6/21/23)</a></li> <li>• <a href="#">Incentive Metrics Package Final (6/21/23)</a></li> <li>• <a href="#">Standards Matrix FY 23-24 Final (6/21/23)</a></li> <li>• <a href="#">Invoice 1 SAPC FY 23-24 Capacity Building Start-Up Funds Attestation Final (06/21/23)</a></li> <li>• <a href="#">Invoice 2 SAPC FY 23-24 Capacity Building Deliverable-Based Efforts Final (06/21/23)</a></li> <li>• <a href="#">Invoice 3 SAPC FY 23-24 Incentives Verification Final (06/21/23)</a></li> <li>• <a href="#">Video Recording</a></li> <li>• <a href="#">OHC Billing Manual</a></li> <li>• <a href="#">List of SAPC's Contracted Harm Reduction Providers</a></li> </ul>
2.	When is the <i>ProviderConnect NX (PCNX) For Secondary Sage Users</i> training series being held?	The <i>PCNX For Secondary Sage Users</i> training is being held on June 28 <sup>th</sup> and 29 <sup>th</sup> . Both trainings have been posted to the <a href="#">SAPC Training Calendar</a> . You can register for the trainings <a href="#">here</a> .
3.	When is the in-person training for the Financial Billing component of CalAIM Payment Reform? Where will it be held?	The All Treatment Provider & Sage Advisory Meeting scheduled for July 11 <sup>th</sup> will be held in-person (with an online option) at the Almansor Court (Alhambra). The Financial Billing training will be held in the afternoon on the same day and is only available in person
4.	Who is the point of contact for providers who are interested in a walk-through of the Capacity Building and Incentives process?	<p>DPH-SAPC is coordinating trainings and technical assistance on the elements included in the Capacity Building and Incentives Process. Initial guidance and training will be provided at the June 27<sup>th</sup> Payment Reform meeting and will continue during the July 11<sup>th</sup> All Treatment Provider meeting. Additionally, an in-person listening session will be held in the afternoon of the July 11<sup>th</sup> after the All Treatment Provider Meeting.</p> <p>If you would like to discuss capacity building efforts for your agency, please email <a href="mailto:SAPC-CBI@ph.lacounty.gov">SAPC-CBI@ph.lacounty.gov</a>.</p> <p>Weekly trainings notices of CIBHS-led trainings are sent out to the Provider Network or the SUDTransformation ListServ. If you are not receiving the notices, please send an email to <a href="mailto:SUDTransformation@ph.lacounty.gov">SUDTransformation@ph.lacounty.gov</a> to be added to that listserv and receive the notices.</p>

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<b>RATES</b>		
5.	Are the rates going to be practitioner based within the residential levels of care for Care Coordination, Medication Assisted Treatment (MAT), and Recovery Services (RSS)? Or will there be one rate for each service under each tier?	The rates for Care Coordination, MAT Services, and Recovery Services will be based on tier and practitioner levels.
<b>CONTRACTS</b>		
6.	Will funds that are received under Capacity Building and Incentives be included in the contract amount?	Capacity Building and Incentive funds will be paid through the DMC contract. We are issuing guidance on how to submit invoices and attestations, including detailed instructions on the upfront funding opportunities at the June 27 <sup>th</sup> Payment Reform meeting. These funds will be included in your FY23-24 contract allocation.
7.	Where can providers locate the amount of their contract allocation for the full Fiscal Year?	SAPC is currently reviewing all FY23-24 Treatment Contracts and determining the new allocations. The allocations will be based on FY22-23 utilization, tier, rate increases, capacity building, incentives and contingency management. Providers will be notified in early July of the new allocation and Contracts will then work to execute the amendments.
8.	Will the maximum contract amount for Recovery Bridge Housing (RBH) be adjusted to compensate for the increased day rate?	Yes. SAPC is reviewing all allocation amounts and will implement increases based on the new rates, as well as the utilization information of the prior year.
9.	How can providers inquire about which tier they fall under?	In March 2023, DPH-SAPC mailed tier notification letters. Inquiries can be submitted to <a href="mailto:SAPC-Finance@ph.lacounty.gov">SAPC-Finance@ph.lacounty.gov</a> .
<b>BILLING &amp; SAGE</b>		
10.	Have any changes been made to the claiming process?	An updated Companion Guide will be made available to the network to provide additional information on the claiming process. The only change noted thus far is the addition of Taxonomy Codes required on claims.
11.	How will the required elements of the claim template change in lieu of the addition of new services?	The required claim elements will continue to be shared through the 837P/I Companion Guides.
12.	When will the new 837P/I Companion Guides be available?	SAPC is finalizing the guides and will share them soon. We will notify the network once the guides are posted.

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13.	Will MAT Services, Care Coordination, and Recovery Services remain in the outpatient tier tab?	MAT Services, Care Coordination, and Recovery Services now have their own tabs.
14.	How can Licensed Practitioner of the Healing Arts (LPHAs) bill for time spent completing the psychiatric diagnostic assessment?	LPHAs can bill for the psychiatric diagnostic assessment as time spent completing the American Society of Addiction Medicine (ASAM) assessment. This is an allowable Current Procedural Terminology (CPT) code. This service does not require a different code.
15.	Will documentation and travel time continue to be billable for SAPC programs after 7/1/23?	No. DHCS policy states that only direct patient care should be counted toward selection of time. Direct patient care does not include: travel time, administrative activities, chart review, documentation, utilization review and quality assurance activities or other activities a provider engages in either before or after a patient visit. See <a href="#">page 63 DHCS DMC ODS Billing Manual v1-3</a> . In accordance with the Draft Rates provided, documentation is not separately billable. However, increased rates account for 40% direct services – which would allot 60% for activities including documentation within the updated rate.
16.	Will SAPC allow for testing of the claiming process for secondary users in Sage?	SAPC is in the process of configuring the TRAIN environment to allow testing for secondary users. This feature will be ready within the next few months, however, SAPC does not have a definitive date for when this feature will be LIVE in Sage.
17.	<ul style="list-style-type: none"> <li>a. How can providers bill Medicare?</li> <li>b. Which CPT codes do providers need to use when billing Medicare.</li> <li>c. Once verified through DHCS, would Medicare billing only apply to Outpatient/Inpatient/Medical (OIM) services?</li> <li>d. How can non-Medicare providers bill SAPC?</li> </ul>	<ul style="list-style-type: none"> <li>a. You will need to use a billing clearing house such as Availity, Office Ally or Noridian to bill Medicare. Medicare is considered Other Health Coverage (OHC), hence billing for Medicare follows the same process as billing for any other OHC claim. If you prefer to submit paper claims, you will have to identify the proper method through Centers for Medicare &amp; Medicaid Services (CMS).</li> <li>b. Providers should use the CPT codes listed under Medicare Coordination of Benefits (COB) in the Rates and Standards Matrix document. They are primarily assessment and E and M codes. All performed services must be delivered and billed by the appropriate LPHA.</li> <li>c. This is currently being researched.</li> <li>d. If you are not a Medicare provider, you will receive a denial, and then you would enter that denial information on the claim submitted to</li> </ul>

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	<p>e. Do non-Medicare SAPC providers need to request authorization from the Medicare provider to bill Medicare for services?</p> <p>f. Can SAPC offer trainings on the Medicare claiming process?</p>	<p>SAPC. Please follow the <a href="#">OHC billing manual</a> for additional instructions.</p> <p>e. Providers do not need to request an authorization for patients with Part B coverage. However, some Part C carriers may require authorization.</p> <p>f. Providers are encouraged to take advantage of the resources provided in the May 30<sup>th</sup> Sage Updates related to Billing/Claiming Presentation titled: <i>Where Can I Go for Additional Assistance</i>. This presentation includes information on Medicare Provider Enrollment, as well as reference to online courses in medical billing which are meant to help enhance staff knowledge on how to bill different private insurance carriers, including Medicare. SAPC also recommends reviewing the OHC Billing Manual thoroughly. At this time, there are no DPH-SAPC sponsored OHC billing trainings.</p>
18.	<p>Are specialized treatments such as Eye Movement Desensitization and Reprocessing (EMDR) considered an <i>interactive complexity</i>?</p>	<p>Specialized treatments are not considered an interactive complexity. Interactive complexities are specific to communication impediments to treatment, not types of treatment or modalities.</p>
<b>CAPACITY BUILDING &amp; INCENTIVES PROGRAM QUESTIONS</b>		
19.	<p>Do capacity plans and budgets require pre-expenditure authorization for reimbursement?</p>	<p>No. As outlined in the <a href="#">Capacity Building Package</a> document, providers will be required to submit attestations for startup-funds using the finalized version of <a href="#">Invoice 1 – SAPC FY 23-24 Capacity Building Attestation</a>. To receive startup funds, providers are required to submit Invoice 1 and sign the attestation field associated with selected efforts and agree to submit the required deliverable to avoid future recoupment. Providers will receive start-up funds based on their FY 23-24 tier level assignment at the time of attestation submission.</p> <p>To avoid recoupment of startup funds, providers who choose to participate will need to create a long-term workforce development and retention sustainability plan by June 30, 2024. Refer to the Capacity Building 1C Payments section in page 5 of the <a href="#">Capacity Building Package document</a>.</p>
20.	<p>a. Under the workforce development area 1C-1, what does it mean agency to plan for retirement accounts? Matching funds on 401(k) plans? Are those for administrative staff too as included on agency wide plan? How much should a</p>	<p>a. Capacity building efforts related to workforce development are designed to address challenges of recruiting and retaining qualified staffing. The 1C-1 Sustainability Plan will look different for each of our providers and will be informed by surveys (currently in development)- see Section 1A and 1B. DPH-SAPC and CIBHS will be providing optional listening sessions and collaborative opportunities to identify successful strategies for recruitment and retention and how capacity and DMC rates revenue can support sustainability of salary, benefits and other compensation efforts (such as retirement accounts, 401k plans,</p>

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	<p>bilingual bonus be? What languages would be included</p> <p>b. Under the workforce development area 1D-1, SAPC is paying a \$2,500 incentive per employee and \$2,500 for employer's expenses for the employee certification, correct?</p>	<p>bilingual bonuses, etc.) so that the SUD system can continue to push to be competitive in the job market and resist loss of workforce to other sectors.</p> <p>b. The funds in both instances are for the employee, not the employer. For agencies who opt to participate, SAPC will make a \$2,500 payment to be reimbursed by the employer to each selected registered counselor employed and delivering services as of April 1, 2023 to pay the employee for tuition/books costs and/or paid time off with the purpose of expediting certification. An additional payment of \$2,500 per selected registered counselor who complete certification by the deadline to also reimburse the employee/employer for any remaining certification costs.</p>
21.	<p>Where should providers start in preparation of utilizing the R95 and workforce development incentives?</p>	<p>Providers should review the Capacity-Building Package and Incentive Metrics Package documents. These documents outline the purpose, suggested activities, deliverables and due dates so that providers can decide what their priorities are for their agency and select accordingly.</p> <p>After reviewing the packages to consider which of the initiatives your agency will be participating in: update, sign and submit <a href="#">Invoice 1 – SAPC FY 23-24 Capacity Building Attestation</a> to SAPC-CBI@ph.lacounty.gov before July 15, 2023.</p>
22.	<p>Can you please verify what “<i>verified engagement claims</i>” means when it comes to R95?</p>	<p>Please reference the <i>Access to Care</i> section, 2-C of the <a href="#">Capacity Building Package</a> document. The “<i>verified engagement claims</i>” refers to claims submitted under an initial engagement authorization for patients who received services during the 30-day to 60-day initial engagement perms for non-residential LOCs prior to completion of the ASAM assessment. These initial engagement authorizations were described during prior provider meetings and are illustrated in <a href="#">Slides 5-6 of our August 2021 All Provider Meeting</a>. These initial engagement authorizations are meant to help leverage the State allowance to establish medical necessity and complete the ASAM assessment within 30 days for adults (21+), and 60-days for youth (12-20) &amp; adults experiencing homelessness in non-residential settings (early intervention, outpatient, intensive outpatient, outpatient withdrawal management). The intent is to engage individuals who need substance use disorder (SUD) services but may be ambivalent in committing to a full course of care.</p> <p>Not only can this allowance be used for individuals who need more time to complete the assessment process given individualized circumstances, but it also enables agencies to expand outside of their treatment programs to engage</p>

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		individuals in the community and perform limited services (e.g., individual sessions, care coordination) while the individual decides whether to commit to a full course of care at a certified or Field-Based Service site.
23.	What is the LPHA to Counselor ratio required to qualify for incentives?	SAPC has specified that agencies would need to maintain at least a 1:15 ratio of LPHA-to-SUD Counselor in order to receive the incentive payment.
24.	Can License Eligible-Licensed Practitioners of the Healing Arts (LE-LPHA) fulfill the Licensed Practitioner of the Healing Arts (LPHA) ratio requirement?	Yes, any classification of license-eligible that are included in the LPHA definition can fulfill the ratio requirement.
25.	Are there any capacity-building funds offered for providers who cover the training costs of their staff for them to become registered SUD counselors?	No, if these are costs for individuals to become registered only (e.g, the 9 hours of required training). Capacity building funds are offered for registered SUD Counselors to become Certified SUD Counselors. DPH-SAPC's goal is to increase the percentage of qualified, Certified Providers in the network.
26.	Do Memorandum of Understanding (MOUs) need to be established for harm reduction providers?	Yes, Capacity Building Package Deliverable 2F (Establish Bidirectional Referrals- SUD Treatment and Harm Reduction Services) requires MOUs. See Question 28 for how to certify harm reduction service programs.
27.	Would an MOU established with a school district help treat first time users (instead of penalizing them with suspension), constitute a harm reduction program or model?	Care Coordination for Children and Youth, including MOUs with school districts to coordinate SUD services for youth to receive services in lieu of school sanctions, is an important and worthwhile project. However, it is not a harm reduction program or model. The harm reduction Fiscal Year (FY) 2023-2024 Capacity Building Package Incentive Deliverable 2F (Establish Bidirectional Referrals – SUD Treatment and Harm Reduction Services) requires MOUs with LA County certified harm reduction syringe services programs, described below.
28.	Who qualifies as a harm reduction provider?	<p>Harm reduction providers are LA County certified harm reduction syringe services programs, which include the Engagement and Overdose Prevention Hubs listed on the <a href="#">SAPC website (LA County EOP Hubs)</a> and <a href="#">certified harm reduction syringe services programs</a> listed on <a href="#">RecoverLA.org</a>.</p> <p>SAPC programs can also consider operating their own harm reduction syringe services program to meet the Fiscal Year (FY) 2023-2024 Capacity Building Package Incentive Deliverable 2F by certifying their own harm reduction services program; This process is described <a href="#">SAPC Information Notice 22-09 Harm Reduction Syringe Exchange Program Certification</a> and <a href="#">Application</a> on the <a href="#">SAPC Bulletins Page</a>.</p> <p>For questions, email <a href="mailto:harmreduction@ph.lacounty.gov">harmreduction@ph.lacounty.gov</a>.</p>

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29.	<p>a. In the Access to Care (R95) category, can you please specify how the 2C-2 , 2D-1 and 2D-2 will work and what is the due date?</p> <p>b. For the customer walkthrough (2E-2), is the \$200 per site or per level of care? Also, can you clarify the reference to 'contracted sites' means SAPC sites?</p>	<p>a. Due dates for the Reaching the 95% (R95) are listed on Table 2- Access to Care Capacity Building Summary and range from 12/31/23 to 6/24/24. The R95 initiative is geared towards funding to adapt program services to serve more people by engaging patients at various stages in their recovery, including individuals not yet ready for abstinence and providing individualized care including field-based services. It encompasses creating formal strategic partnerships in the community to provide bidirectional referrals, informing both admission and discharge policies with processes that remove barriers to care by completing customer walk throughs as part of the service design. Details of each of these focus areas can be found beginning on page 9.</p> <p>b. For 2E-2 the Table 2 indicates invoices by sites. Contracted sites does mean contracted with DPH-SAPC to be eligible for payment.</p>
30.	<p>a. In area 3A-1, would funds be accepted to be used for upgrading Quickbooks (accounting system), our new EHR , and/or a new billing staff person specialized on the new Medicare ( or Medicare coding) most often to be billed?</p> <p>b. In area 3B-1, how many hours of training and staff required to complete training is necessary to access the funds?</p>	<p>a. For area 3A-1, (page 16) indicates funds are to invest in new accounting systems and/or strengthen existing accounting systems and organizational capacity. Examples provided would meet this threshold.</p> <p>b. SAPC is currently working with CIBHS to develop the trainings that will be offered to meet this requirement. More information about the Revenue/Expenditure training is forthcoming.</p>
31.	<p>Slide #17 of Payment Reform slides did not include an explanation on how to request the indicated amounts and how to calculate the Agency Survey, Staff Survey, Planning, 30-60 Day Policy, Admit/DC Policies, Low Barrier Care.</p>	<p>The presentations are to provide a brief overview. For detailed information in each of the categories, please visit the Capacity Building Draft document. DPH-SAPC will be finalizing these documents in the very near future. Funding as indicated on Question #6 will be paid through the DMC contract. The FY 23-24 allocations will include potential utilization. For providers who opt to participate, the amounts for startup and/or deliverable-based payments will be based on their tier assignment.</p>
32.	<p>When will the incentive surveys be available?</p>	<p>There are no surveys offered in the <a href="#">Incentives Metrics Package</a>. However, DPH-SAPC is currently developing the Capacity Building 1-A Agency-Level Survey on Workforce for the Provider Network. This survey is a pre-</p>

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		<p>requisite if you plan to participate in any Workforce Development activities. Instruction will be forthcoming and Survey responses will be due to SAPC by August 30, 2023.</p> <p>To participate in this and any capacity building efforts, the <a href="#">Invoice 1 – SAPC FY 23-24 Capacity Building Attestation</a> will need to be updated, signed and submitted to SAPC-CBI@ph.lacounty.gov before July 15, 2023.</p>

**Links provided:**

DPH COVID-19 Website: <http://publichealth.lacounty.gov/media/Coronavirus/>