

THE COMMONWEALTH OF VIRGINIA (COMMONWEALTH) REDESIGN STAKEHOLDER MEETING

QUESTION AND ANSWER

Assertive Community Treatment (ACT)

1. There are not specific rates for doctorate level clinicians/therapists – how are they paid?
 - A. *The per diem is based on the average wages and staffing of an ACT team meeting fidelity requirements. The actual provider wages and staffing may vary slightly so long as the State's forthcoming billing guidance is met. Managed Care Organizations (MCOs) have the ability to pay higher rates than the fee-for-service (FFS) fee schedule.*
2. What does the term fidelity mean?
 - A. *Fidelity refers to ensuring that an evidence-based practice, with a specific delivery model, is delivered as it was designed by the model. For example, ACT is an evidence-based practice with fidelity reviews conducted consistent with tools for the measurement of assertive community treatment (TMACT) to ensure it is provided following the recommended model of the treatment. Evidence-based practices that follow the recommended model closely are considered to have high-fidelity.*
3. Why was northern Virginia picked as the area to set ACT rates?
 - A. *As wage costs were being analyzed, it was determined that the statewide wage costs were lower than this specific urban region. The Commonwealth determined it was more reasonable to use wage costs from this region in the development of ACT rates in order to compensate providers for wages in that area and incent providers to deliver the evidence-based practice.*
4. What does per diem mean?
 - A. *A per diem rate is a specific amount of money paid to provide that service that day. If the service is provided, the per diem rate may be billed one time that day.*
5. What is involved in setting the per diem rate?
 - A. *In the case of ACT, the expected cost of an ACT team is divided by the average number of days that a service is expected to be provided to the number of clients served by the team. Thus, if there are 100 individuals served by 10.7 staff including physicians, nurses, therapists, nurse*

practitioners, peers, substance use and vocational specialists and a team leader, the total cost of that team is divided by the expected number of service days provided to the individuals.

6. Could more than one staff bill the per diem if there was more than one contact in a day?
 - A. *No, this specification will be described in forthcoming billing guidance.*
7. Will the MCOs pay the same rates?
 - A. *MCOs are required to pay these rates at a minimum.*
8. Why are large team rates smaller?
 - A. *There are no exact economies of scale as a team serves more people. A team serving 100 individuals needs about 10.7 staff, a small team serving under 50 individuals needs about 6.4 staff.*
9. What are the numbers for the small, medium and large teams?
 - A. *Small teams serve up to 50 clients.*
 - B. *Medium teams serve 51–75 clients.*
 - C. *Large teams serve 76–120 clients.*

Multi-Systemic Therapy (MST)/Functional Family Therapy (FFT)

1. Please define what a unit is for the proposed rates of MST/FFT as well as Crisis and Crisis Stabilization.
 - A. *For MST/FFT, a unit is a 15-minute increment which corresponds with the AMA code of H2033 for MST and H2036 for FFT. Mobile Crisis Intervention and Community-Based Crisis Stabilization also utilize a 15-minute increment.*
2. How do FFT supervisors bill?
 - A. *Supervisors bill at the Master's rate.*
3. Will Medicaid allow a Qualified Mental Health Professional (QMHP) to bill for the FFT service?
 - A. *QMHPs with certification in FFT will bill according to their education. Bachelor's-level staff will bill the BA level rate and Master's/Licensed staff will bill the MA level rate.*

4. Why are there different rates for new versus established teams?
 - A. *New teams require additional startup costs, including training, travel and technical assistance, which have been factored into the rates in order to incent new providers to enroll and provide this clinically-effective and cost-effective service.*
5. How long are you considered a new team?
 - A. *The Department of Medical Assistant Services (DMAS) intends to pay the new team rate for 12 months; additional guidance will be forthcoming.*
6. Will there need to be an International Classification of Diseases (ICD) Diagnostic code for FFT? If so, can it be a Z code?
 - A. *The discussion today focused on procedure codes used by providers for children receiving MST and FFT. The State's forthcoming guidance will address the medical necessity/target/admission criteria for the evidence-based practice.*
7. Could you simulate the cost for a complete course of FFT or MST treatment, and how many hours or units are expected?
 - A. *The average cost for a course of FFT treatment is \$3,800 and MST is \$7,800; these figures are based on historical Commonwealth data. An individual child may cost more or less than these averages based upon the length of treatment and effectiveness of the team.*
8. How do the proposed rates for FFT and MST compare to what the current providers are billing now in Virginia?
 - A. *The average cost for a course of FFT treatment is \$3,800 and MST is \$7,800; these figures are based on historical Commonwealth data. An individual child may cost more or less than these averages based upon the length of treatment and effectiveness of the team.*
9. There is a current rate of \$70 per day paid by DJJ. Why was H2033 chosen and not a daily rate?
 - A. *The AMA code for MST is H2033. Medicaid agencies are required to utilize standard AMA coding for FFS. MCOs may negotiate alternative payment arrangements that equal or exceed these rates.*
10. What will service time authorization look like?
 - A. *The typical course of treatment is 3–6 months (MST) and 3–4 months (FFT), depending upon the treatment and effectiveness of the team. The actual service authorization timelines and documentation required will be outlined in billing guidance.*

11. How long are services for MST and FFT?

A. *MST: 3–6 months is an average course of treatment.*

B. *FFT: 3–4 months is an average course of treatment.*

12. Can providers bill for 15-minute increments on dates when there was no face-to-face encounter?

A. *DMAS is evaluating that option and the decision will be clarified in the billing guidance.*

13. What is the maximum number of units that can be billed per day?

A. *This information will be included in the billing guidance.*

Crisis Services

1. How do the redesigned crisis services intersect with REACH?

A. *REACH providers will bill under these new rates and codes.*

2. There is a long-term Commonwealth goal that there will be a crisis continuum dispatched through a single crisis line. How would you verify benefits to bill for the crisis line?

A. *The crisis line is not a billable service. The rates for billable services includes consideration for both the face-to-face costs and crisis line costs.*

3. Is there a concern that members won't call the crisis line because they are worried about an associated bill?

A. *There will be no billing for calling the crisis line.*

4. Peer training is 72 hours, not 40 (page 5 of the assumptions).

A. *The Commonwealth will review this assumption.*

5. Are Bachelor's level QMHPs paid at the Master's level?

A. *Services reimbursed by QMHPs (including Bachelor level QMHPs) that meet service standards will be reimbursed at Master's level rates.*

6. Is it assumed that all crisis services can be provided by public and/or private providers?

A. *All crisis services may be provided by any provider enrolled in Medicaid and meeting Medicaid crisis provider standards. The rates set assume that predominately public providers will provide crisis services. Private providers are not excluded from providing crisis services if they meet the provider qualifications and are enrolled.*

**Partial Hospitalization Program (PHP)/Intensive Outpatient Program (IOP)
(IOP will be a VA specific program)**

1. What type of accreditation is required?

A. *The type of accreditation has not been determined and will be included in the guidance. However, the average cost of COA, CARF and TJC accreditation was included to address this anticipated requirement.*

2. How many hours per week is IOP?

A. *The minimum number of hours required will be outlined in the final billing guidance. For the rates, the Commonwealth assumed that the sessions would be five (5) hours a day for three (3) days a week with each session providing three (3) hours of group therapy and two (2) hours of individual therapy. As therapists work with individuals in individual therapy, it is assumed that the staff to individual group ratios do not drop below 1:5.*

General Questions

1. Are there any Phase 1 services that can't be provided by a public or private sector provider?

A. *No, either type of provider can deliver the service.*

2. Is there any consideration to include the use of virtual visits or tele-psychiatry?

A. *The Commonwealth is currently considering how tele-health requirements will apply to these services. However, it should be noted that Virginia is only considering tele-health provided in an office setting, not in an individual's home.*

B. *The Commonwealth is working with the national purveyors of MST to develop a pilot with a virtual component.*