



1. Do we need to write a Program Narrative for each treatment program (as in the past)?  
Yes, all programs or allocations will require a Program Narrative. This should also include something similar to General Claims if needed. Please submit a Program Narrative for each of the six System of Care Categories in which your service codes fall including Recovery Supports, Housing, Family Supports and Crisis as well.
2. Prevention Program Description – is there a specific template for this?  
Yes, it will be sent to providers this week.
3. Program Description for each prevention program?  
Yes, please submit a Program Description for each individual program.
4. Do we need to continue to separate Mental Health and Opiate prevention (as required to do now)?  
Yes – The SAMHSA NOMS delineates mental and substance use outcomes.
5. Is there a Cultural Competency Plan template?  
No, please submit responses in a word document.
6. Agency Forms Excel spreadsheet  
This document was sent on 9/29.
7. Do the new BH Re-Design codes start on 1/1/2021 or when we move to SmartCare?  
BH Re-Design code set will be effective for claims starting with 1/01/21 Date of Service.
8. Is the SmartCare launch date still expected to be 3/1/2021?  
Smartcare will have an initial “go live” slated for 1/01/21, however that will be for enrollment and other basic functionalities only. The claims module will “go live” in Phase 2 launch planned for 3/01/21, at which time providers will be able to submit claims for services back to the start of the year.
9. The budget lists the new SmartCare code for SHARES code Z1501 as Z1500. I just want to confirm if this is changing or may be an error.  
As part of the “business redesign” process, ADAMH will be consolidating several codes in 2021. This code consolidation removes population and location indicators from the codes. For example, Z1501 (Outreach and Engagement Acute Adults) will no longer be used. Instead providers will use Z1500 (Outreach and Engagement) for all treatment allocation activities, regardless of the population.
10. Can you provide a crosswalk of what ADAMH considers “Dr., General Supervision and Ind. Professionals” to Medicaid’s definitions?  
The majority of BH Redesign codes have unique rates based on modifiers and/or place of service (office vs. community in the procedure code description). There are approximately 25 codes that have different unit rates based only on the rendering provider.

For example, 90832 (Psychotherapy, 30 minutes) has three different rates depending on the rendering provider (refer to table below).

SmartCare Code	Mod1	Mod2	SmartCare Procedure Code Description	SmartCare Unit Definition	Rate
90832			Psychotherapy, 30 minutes (Dr.)	Encounter	\$66.27
90832			Psychotherapy, 30 minutes (Ind. Professionals)	Encounter	\$56.32
90832			Psychotherapy, 30 minutes (General Supervision)	Encounter	\$47.88

ADAMH has “grouped” these based on the unique rates when applicable (instead of listing each rendering provider individually).

In the example above, the crosswalk is:

- “DR” = MD/DO or PSY
- “Ind. Professionals” = CNS, CNP, PA, LISW, LIMFT, LPCC, LICDC, LI School PSY, LPC (U2), LSW (U4), LMFT (U5), LCDC III (U3), PSY-A/I/T (U1)
- “General Supervision” = SW-T (U9), MFT-T(UA), CDC-A (U6), C-T(U7)

For each of these groupings, Providers can utilize Medicaid’s current coding workbook (BHCodingWorkbook-w8.1.19updates\_9.16.19) to crosswalk the detailed rendering provider as needed. Note that ADAMH’s rates are 5% higher than Medicaid, so Providers will need to add 5% to the Medicaid rates to align with the groupings.

11. During the September 18th provider meeting, Mark stated that “for the most part” group services for a group of 4 [students] would be billed the same as for a group service of 10 [students]. I.e. group services should be billed once for the time of the group, independent of the number of attendees. Mark also stated there would be exceptions. However, no exceptions were specifically mentioned. Are there exceptions? What about services in which there is more than one provider?

Prevention group services have been assigned the same rate as individual services. Each 15 minutes of service rendered should be encounter claimed as one unit, regardless of the group size. If more than one staff is providing prevention services concurrently, then the multiple units can be billed.

For example, if two staff are providing prevention services together for 30 students for one hour, then 8 units (2 staff x 4 fifteen-minute units) should be encounter claimed.

12. The procedure code of Suicide Prevention: Classroom or School-Wide Universal is now labeled Classroom, Small Group or 1:1 Instruction, how does that differ from the procedure code of Classroom or School-wide Universal Prevention or Brief Early Intervention: Individual or Brief Early Intervention: Group?  
Z5107 (Suicide Prevention: Classroom or School-Wide Universal Prevention) was inadvertently assigned to Z5046 (Classroom, Small Group or One on One Instruction) in the budget files.

This service will be correctly assigned to Z5121 (Classroom or School-Wide Universal Prevention) once the budget files are finalized.

13. Can more than one staff bill for same service - for example two staff man a table at a health fair, or two staff run group or a professional development together?  
For Prevention services only, multiple staff can encounter claim the same service concurrently. For example, if two staff are providing prevention services together for 30 students for one hour, then 8 units (2 staff x 4 fifteen-minute units) should be encounter claimed.

14. If we run a group of 5 students for 6 weeks, do we bill for each of the 6 sessions but not x5 students in group?

In Smartcare, prevention service definitions will be based on 15-minute unit increments. ADAMH will no longer be capturing unique client counts with select procedure codes. Encounter claims should be based only on service time rendered in 15-minute increments (except for hotline and flex (\$) services).

If, in the example stated in the question above, one hour of service was rendered by one staff each week for six weeks for 5 students, then 24 units should be encounter claimed (15 minutes x 4 x 6 weeks).