

Applications

Do current Centers of Excellence (COE) have to apply?

Yes.

Must all requirements be fulfilled at time of application or by January 2021?

The application must demonstrate a plan to operationalize each of the requirements by January 2021 if they have not operationalized the requirement at the time of the application.

When submitting the applications, which NPI should an applicant use?

Please use the NPI of the provider entity or group that is applying for the designation, not an individual NPI.

Which application will need to be done: the new enrollment; revalidation; or reactivation for COE?

Please submit a new enrollment, since it is for a new specialty type.

Should the supplemental provider agreement be submitted first?

It can be submitted as an attachment to the application all at the same time.

Will applicants need to re-apply annually?

No, there will be no requirement to submit annual applications to maintain the specialty designation. will be required to submit revalidation applications every five years.

Who submits the application in the PROMISe portal?

Each provider has staff responsible for provider enrollment applications. Those staff members should be equipped to submit the application. The person who signs the supplemental provider agreement must have the authority to legally bind the provider organization.

Do applicants need to specify provider type?

Applicants will apply for the specialty designation within the underlying provider type that the COE's location is enrolled as. For example, an FQHC will apply under Provider Type 08: Clinic, selecting the Specialty Type 232: Opioid Center of Excellence under that provider type.

Did the COEs submit a provider application in the past?

All providers that are enrolled in the Medical Assistance (MA) program have executed provider agreements. This supplemental provider agreement will be in addition to the provider agreement already in effect and will need to be executed again by all applicants regardless of their current designation as a COE.

Will the Department look at how many COEs they designate in one location, such as urban vs. rural?

Any applicant who can demonstrate the ability to fulfill all requirements will be designated, regardless of location.

Can Single County Authorities Apply?

Yes, if they are enrolled in the MA program as one of the provider types that is eligible to submit an application.

Do applicants need a letter of support from their Single County Authority?

No.

Caseload

Is there a staff-to-patient ratio requirement?

Literature suggests that case managers should not carry a caseload of more than 30:1. However, this is not a program requirement.

Community Partners

If an applicant already has a Memorandum of Understanding (MOU) in place with community providers, can that be used, or is a new Letter of Support required?

Any evidence of existing or planned relationship with provider is acceptable. An existing MOU can be used.

Certified Recovery Specialists (CRS)

Must a CRS be directly employed by the COE or may their services be contracted?

The CRS may be an employee or a contract employee but must be dedicated to serving COE clients.

Does a Certified Family Recovery Specialist (CFRS) qualify as a CRS?

Yes.

Data

Will monthly reporting still be required? If so, will it be all the same data that is currently reported?

Yes, monthly data reporting will still be required, using the data reporting spreadsheet template developed by the Department. This template will be provided to all providers enrolled with the COE specialty designation, along with instructions for uploading the data to DocuShare, the Department's platform for data submissions.

Will the Department provide the monthly care management reports submitted by COEs to the Managed Care Organizations (MCO)?

Yes, the MCOs will receive all data submitted by COEs to the Department related to the MCOs' enrolled members on a quarterly basis through a file transfer. Primary Contractors will receive this data for their county residents.

Will the Department provide quality data for each COE to the SCAs?

The Department will provide SCAs with summary-level data by county of residence of the COE client as well as by county in which the COE is located, as it has in the past.

Level of Care Assessments (LOCAs)

Is it sufficient to be able to refer for level of care assessments?

Yes, Level of Care Assessments may be completed by referrals. The COE remains responsible for ensuring that assessments are completed within seven calendar days of the date of initial contact with the client. If the client consents to sharing the results of the assessment, the COE should coordinate with the assessing organization to obtain those results for care planning purposes.

Does a COE or COE staff have to be licensed by Department of Drug and Alcohol Programs (DDAP) to administer an ASAM LOCA, or may a physical health provider complete a LOCA if they have been trained? What about a CRS?

Centers of Excellence designated by the Department of Human Services, will not be required to be licensed by the Department of Drug and Alcohol Programs in order to complete the LOCA. The LOCA must be completed by an individual who meets the qualifications and minimum experience and training requirements identified in Part 5.08 of DDAP's [Case Management & Clinical Services Manual](#) or who is a licensed individual trained in administering LOCAs. The minimum experience and training requirements for the applicable classifications are as follows:

D&A Case Management Specialist Trainee: A Bachelor's Degree in Chemical Dependency, Sociology, Social Welfare, Psychology, Nursing or a related field; **OR** a Bachelor's Degree which includes or is supplemented by successful completion of 18 college credits in sociology, social welfare, psychology, criminal justice or other related social sciences; **OR** an equivalent combination of experience and training.

D&A Treatment Specialist Trainee: One year of experience as a Social Worker; **OR** a bachelor's degree that includes 18 college credits in the behavioral sciences; **OR** certification by the PA Chemical Abuse Certification Board as a "Certified Addictions Counselor"; **OR** a master's degree with major course work in addictions science, psychology or social work; **OR** an equivalent combination of experience and training which includes 18 college credits in the behavioral sciences.

A CRS may not complete LOCAs. A CRS may complete a screening, as defined in Part 5.01 of DDAP's [Case Management & Clinical Services Manual](#), but a trained Case Manager or Counselor must complete the assessment. If a CRS has the required training and meets the minimum education and training as a Case Manager or Counselor, they should be acting in the role of a Case Manager rather than the role a CRS.

Must the SCA perform the Level of Care Assessment?

No.

Must the COE be licensed as a 0.5 ASAM Level of Care?

No, COEs do not need to be licensed by DDAP.

Medication Assisted Treatment (MAT)

Must MAT be provided in the same office location as care management services?

At least one form of medication approved by the Food and Drug Administration for use in MAT at the enrolled service location that bears the Opioid Center of Excellence specialty designation. This may be

provided by a contracted, MA-enrolled provider operating onsite. If the COE is applying to enroll multiple service locations, each enrolled service location that bears the Opioid Center of Excellence specialty designation must offer at least one form of medication approved by the Food and Drug Administration for use in MAT.

If the facility is only open Monday through Friday, how can they provide MAT on weekends?

The COE could coordinate with another MAT program to allow for induction during weekend hours, or it could expand its mobile engagement capabilities so that induction can occur outside of office hours.

Must the applicant be able to perform 24/7 mobile engagement in-house or may it be accomplished through collaboration with a contracted partner?

Ideally, this would be performed by COE staff, but it could be accomplished through a referral/contract. The COE must ultimately take responsibility for ensuring that all clients and potential clients receive a Level of Care Assessment within seven days of the date of initial contact, as well as treatment at the appropriate level of care in accordance with timelines prescribed by the HealthChoices Program's Service Access Standards for emergency, urgent, and routine situations.

Can the Department provide a clarification of the 24/7 mobile engagement requirement?
Can a COE accept referrals 24-hours by phone, then contact the individual during regular business/office hours?

The COE must have care management staff available 24/7 to meet or speak with the client at the time that they request services in order to facilitate introduction to COE services. An initial screening may be performed over the phone. For example, if the COE receives a call at 2:00 AM on a Saturday and conducts the initial screening telephonically but waits to respond at 8:00 AM on Monday in person, that would be acceptable. A full intake assessment does not need to be a part of the initial engagement.

MCO Contracting

Should applicants include references to any MCOs that do not currently administer the HealthChoices program but might in the future?

Please use only the MCOs listed on the Department's website in your zone as of the time of your application submitted.

What are some examples of county contractors or primary contractors?

Counties, multi-county entities, or BH-MCOs that enter into agreements with the Department to administer the Behavioral Health HealthChoices program are considered to be "primary contractors" or are sometimes called county contractors. A few examples of a Primary Contractor would be Southwest Behavioral Health Management (SWBHM), Blair HealthChoices, Erie County and Northwest Behavioral Health Care Consortium (NBHCC).

The most recent Bulletin does not include any information about new COEs becoming part of an MCO network. Will MCOs be expected to follow their usual process for bringing providers into network or for current providers adding services to their delivery system?

The Department will continue to implement the directed payment arrangement approved by Centers for Medicare and Medicaid Services (CMS). This means that the Department will provide each MCO a list of all providers enrolled with the specialty type, and the MCOs will be required to contract with each enrolled provider that operates in the zone/counties in which the MCO operates. This is currently reflected in the 2020 HealthChoices Agreements and the Program Standards & Requirements and will be reflected in 2021's agreements.

Will the COEs be asked to send the Service Description to the MCO that covers their geographic area?

MCOs may request approved service descriptions from the COE directly during the contracting process. The Department will send MCOs a list of providers enrolled as COEs.

Are the terms of Appendix G/Exhibit G still in effect?

Yes. The terms of Appendix G to the Program Standards & Requirements and Exhibit G to the HealthChoices Agreements will remain in effect.

How long will the Department require that MCOs pay claims for COE care management services to any provider enrolled as specialty type 232 that serves the county/ies or HealthChoices Zone(s) in which the MCOs operate?

This is required for 2021; no decision has been made yet about future years.

Multiple Locations

Does a provider with multiple locations need to submit a Supplemental Agreement, Service Description, and Promise Enrollment Application for each location?

If the provider will be providing services at different service locations, an application must be submitted for each location. There must be an approved service description and supplemental provider agreement on file with the Department for each location.

To the extent that your centers are located in different geographic areas, it is important that the applicant demonstrate its partnerships with community resources and providers in those specific areas. For example, a submission for a Williamsport location will be different from a Philadelphia location, because the applicant must demonstrate its relationships with providers in those very different communities. Therefore, the service description will likely differ for those locations.

Is a provider limited to the number of centers that can receive COE designation?

No. Any application that can meet the requirements can be enrolled as a COE.

Opioid Use Disorder Diagnosis

Is there a requirement of secondary diagnosis for COE clients?

No. The patient must only have a diagnosis of Opioid Use Disorder to receive COE care management services.

Payment to COEs

Are there plans to implement value-based payment (VBP)?

There are currently no plans. MCOs remain able to negotiate VBP with COEs as long as the encounter data shows that claims for procedure code G9012 were paid at exactly \$277.22 pursuant to the CMS-approved directed payment arrangement.

Is the COE responsible for submitting one G-code claim each month? Can a provider bill for more than one client?

Please refer to the billing-specific Frequently Asked Questions document available at https://www.theDepartment.pa.gov/about/Documents/Find%20COEs/c_291269.pdf.

Will start-up funding be provided to newly designated COEs?

No.

How long will the Per Member Per Month be mandated at the current rate?

It is mandated at least through 2021; no decision has been made yet about future years. All claims for care management services using procedure code G9012 must be paid at exactly \$277.22 per member per month.