

# January 9, 2024, PROVIDER MEETING

## FAQ

All slides and the recorded presentation are posted on the SAPC Network Provider site:  
<http://publichealth.lacounty.gov/sapc/NetworkProviders/Regulations.htm>

	QUESTIONS	ANSWERS (AND UNIT RESPONSIBLE)
1.	Where can provider agencies access the resources shared during this meeting?	<ul style="list-style-type: none"> <li>• <a href="#">All Treatment Provider and Sage Advisory Meeting Agenda</a></li> <li>• <a href="#">Clinical Services Division Updates</a></li> <li>• <a href="#">Contracts and Compliance Updates</a></li> <li>• Behavioral Health Information Notices (BHINs)               <ul style="list-style-type: none"> <li>○ BHIN 24-001: <a href="#">Drug Medi-Cal Organized Delivery System (DMC-ODS) Requirements for the Period of 2022 – 2026</a></li> <li>○ SAPC Information Notice 24-01 <a href="#">Attachment C: Patient Eligibility for Addiction Medications</a></li> <li>○ BHIN 23-048: <a href="#">Mental Health Plan and Drug Medi-Cal Organized Delivery System Beneficiary Handbook Requirements and Templates</a></li> <li>○ BHIN 22-011: <a href="#">No Wrong Door for Mental Health Services Policy</a></li> <li>○ BHIN 22-019: <a href="#">Documentation requirements for all Specialty Mental Health Services (SMHS), Drug Medi-Cal (DMC), and Drug Medi-Cal Organized Delivery System (DMC-ODS) services</a></li> <li>○ BHIN 21-073: <a href="#">Criteria for beneficiary access to Specialty Mental Health Services</a></li> </ul> </li> <li>• <a href="#">Network Development &amp; Patient Access</a></li> <li>• <a href="#">SB-43 Behavioral health</a></li> <li>• <a href="#">SAPC Beneficiary Page</a></li> <li>• <a href="#">SAPC Bulletins (Listed by Year)</a></li> <li>• <a href="#">SAPC Tuition Incentive Program (TIP)</a></li> <li>• <a href="#">SUD Agencies 10 Things to Focus on In 2024</a></li> </ul>
<b>Special Programs and Initiatives</b>		
2.	Should provider agencies continue using the 3 <sup>rd</sup> edition of the American Society of Addiction Medicine (ASAM) guidelines? Has a date been set for the transition to the new edition?	Yes, provider agencies should continue following the criteria outlined in the 3 <sup>rd</sup> edition of the ASAM until the Department of Health Care Services (DHCS) clarifies timing for fully transitioning into implementing the 4 <sup>th</sup> edition. DHCS has to make significant changes across policy, licensing, etc. in order to implement the 4 <sup>th</sup> edition of the ASAM Criteria, so SAPC anticipates it will take the State time to incorporate this into their new requirements.
3.	Can Substance Abuse Prevention and Control (SAPC) provide a legal opinion on outpatient program hiring and directly providing medical	SAPC is working on developing an answer to this question.

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	<p>services in the face of California Business and Professions Code section 2400 within the Medical Practice Act which reads:  <i>“Corporations and other artificial entities shall have no professional rights, privileges, or powers”?</i></p>	
4.	<p>Can provider agencies deliver onsite services to patients who test positive for a Sexually Transmitted Infection (STI)?</p>	<p>Yes, provided the note on documentation below.</p> <p>If you are not directly billing for these services and have an external partner, such as a community health center who delivers STI treatment on-site, your agency should document your coordination efforts with them as Care Coordination. However, if you have your own medical clinicians providing this care directly and are billing Drug Medi-Cal Organized Delivery System (DMC-ODS) for it, guidance can be found in page 2 of <a href="#">SAPC IN 24-01</a>, which states that: <i>“Other problems treated by the licensed prescribing clinician (for example, psychiatric care and general medical care, which includes STI treatment) can also be included alongside addiction medication services if the eligible (non-tobacco) SUD was documented as a focus of the visit (it does not need to be the only focus of the visit). Medication services associated with documentation where there is no mention of an eligible (non-tobacco) SUD and no mention of treating the SUD are not billable to SAPC”.</i></p>
5.	<p>Has SAPC determined which outcome measurements will be used as markers of success for value-based reimbursement (VBR)?</p>	<p>SAPC is seeking guidance from DHCS on this matter while also working independently to define how we will be approaching VBR. The State is focusing on high level quality markers such as follow up for substance use disorders (SUDs) treatment from emergency rooms, while SAPC will be focusing on markers that are more closely aligned with our county’s SUD network.</p>
6.	<p>How can provider agencies voice their support for keeping the Department of Mental Health (DMH) and Substance Abuse Prevention and Control (SAPC) as separate entities in delivering behavioral health services in Los Angeles (LA) County?</p>	<p>Agencies who prefer the current LA County structure of its behavioral health systems (DMH and SAPC) can always reach out to their Board Offices to make their opinion known. However, it’s important to note that the State is not requiring Counties to merge their SUD and MH systems from a structural perspective. This will be a local decision, which is why engaging local decision-makers is the first step in making your perspectives known.</p>

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7.	Where can provider agencies access information on the SAPC Tuition Incentive Program (TIP)?	<p>Please visit the <a href="#">SAPC Tuition Incentive Program (TIP) website</a>.</p> <p>Please contact <a href="mailto:tip.ttcc@tarzanatc.org">tip.ttcc@tarzanatc.org</a> for general questions and eligibility criteria. Agencies serving or interested in serving as internship sites can contact Fasiat Agaba at <a href="mailto:fagaba@tarzanatc.org">fagaba@tarzanatc.org</a>.</p>
<b>Contracts</b>		
8.	<p>a. What is the level of severity that requires agencies to investigate complaints according to the provision presented in today's meeting?</p> <p>b. Do complaints also include grievances?</p>	<p>a. All complaints, regardless of the level of severity, received by the agency must be shared with SAPC. Please refer to Paragraph 27 "Complaints" of the DMC Treatment Contract.</p> <p>b. Yes, complaints may also include grievances.</p>
<b>Eligibility and Authorizations</b>		
9.	<p>a. What is the effective date of financial eligibility for patients who enroll in Medi-Cal?</p> <p>b. Do provider agencies need to update the authorization funding source for patients who transfer from My Health LA (MHLA) to Medi-Cal?</p>	<p>a. Please update the financial eligibility for patients who become enrolled in Medi-Cal with the effective date of Medi-Cal enrollment. If the financial eligibility is not updated, it could result in unnecessary denials or delays in processing.</p> <p>b. Provider agencies will not need to update the authorization funding source for patients who transfer from MHLA to Medi-Cal if the dates of the authorization remain valid for the current treatment. The financial eligibility, however, must be updated with the current information.</p>
10.	a. If a patient currently enrolled in SUD treatment suddenly loses their Medi-Cal eligibility, should the provider agency discharge the patient?	a. No. If a patient loses their Medi-Cal eligibility, the provider agency should continue to provide services to the patient and follow these steps to assist them in re-establishing their Medi-Cal: First, provider agencies should withhold from submitting a request for authorization until the Medi-Cal eligibility is re-established. Second, provider agencies will continue to provide services to the patient and use the Care Coordination benefit to work with the patient in assisting them in re-establishing their Medi-Cal eligibility. Third, when the patient's Medi-Cal is re-established, the provider agency will submit an authorization request at that time for the earlier dates of service. The length of time will largely depend on how quickly your staff begins assisting the patient in re-establishing their Medi-Cal; the sooner the staff begin this

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	<p>b. How should provider agencies mitigate lapse in Medi-Cal financial eligibility for 12-month authorizations submitted for OTP treatment?</p>	<p>process under Care Coordination, the shorter the duration an authorization would need to be held.</p> <p>b. The authorization is typically truncated to the end date of the financial eligibility. As soon as the date the patient will lose (or has already lost) Medi-Cal membership, the provider agency should use the Care Coordination benefit to work with the patient in assisting them in re-establishing their Medi-Cal eligibility. Proactively restoring the patient's Medi-Cal back to the date the previous financial eligibility ended mitigates the financial risk of services not being reimbursable by Medi-Cal. Provider agencies should continue to serve the patient even when Medi-Cal eligibility has lapsed, but should hold submission of the authorization until the patient's Medi-Cal is re-established.</p>

### Opioid Treatment Programs and MAT

11.	<p>Can you clarify the timelines included in the Patient Eligibility for Addiction Medications section of <a href="#">SAPC Information Notice 24-01</a>? Is completion of a full ASAM assessment within 24 hours required in order to initiate referral for MAT services?</p>	<p>No, completion of the full ASAM assessment is not required. The only requirement within the first 24 hours of admission is that the patient disclose which substances they are struggling with, defined as DSM-5 SUD symptoms. If the Drug and Alcohol section of the continuum of care has been completed within 24 hours, the full ASAM does not need to be completed or finalized for that information to be acted upon.</p> <p>Refer to <a href="#">Attachment C</a> of SAPC Information Notice 24-01 to review this workflow.</p>
12.	<p>How can patients admitted to residential treatment sites efficiently receive MAT (specifically Methadone)?</p>	<p>Your agency should work with an Opioid Treatment Program (OTP) to arrange for take-home doses that can be stored and dosed on-site. This will limit the number of times the patient would need to leave the residential facility for dosing at an OTP. This can be documented and billed under Care Coordination to help cover the time spent by your staff arranging for this flexibility.</p>

### Capacity Building

13.	<p>Where can provider agencies access more information about the staffing classifications presented today?</p>	<p>Agencies that participated in the <a href="#">Capacity-Building</a> 1A Agency Survey will receive their results and they will include the staffing classifications. Additionally, the California Institute for Behavioral Health Solutions (CIBHS) will be hosting a Virtual Pop-Up Discussion on <b>Friday, January 26, 2024, from 10am-11am</b> with a presentation on unveiling actionable insights from both the 1A Agency and 1B Workforce Surveys, essential considerations for successfully designing your agency blueprint for organizational betterment in recruitment, retention, onboarding, training, and employee supervision.</p>
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14.	Are accounting system server hardware, computers, printers, and routers covered costs under Capacity Building 3A-1?	Yes, those are allowable purchases under the Capacity-Building 3A-1 category.

**Links provided:**

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