

THE PULSE

What you need to know
about system-level
changes and critical
issues since the last All
Provider Meeting



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LOS ANGELES AL-IMPICS

IN THE MIDST OF THE STORM...

Hope

SATURDAY, SEPTEMBER 15, 2018

LOS ANGELES HARBOR COLLEGE

1111 FIGUEROA PLACE

WILMINGTON, CA 90744

We encourage SUD Treatment Providers, Recovery Houses, Sober Living Centers
and Transitional (Recovery) Housing Programs to participate

INQUIRIES: EMAIL US AT ALIMPICS@HOPICS.ORG OR CALL (323) 948-0444 x 772

Sponsored by Los Angeles County Department of Public Health, Education, Alcohol, Prevention, and Control



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UPCOMING SAPC TRAININGS

- August 28, 2018: QI & UM Provider Meeting (in afternoon)
- August 29, 2018: ASAM CONTINUUM Users Group Meeting
- September 18, 2018: Community Prevention Initiative Cultural Competence Training
- September 20, 2018: Cultural Competence in Working with Homeless
- September 21, 2018: SAPC-UCLA Lecture Series: Opioid Crisis
- September 2018: Language and Disability Access Workgroup
- October 20, 2018: Buprenorphine Waiver Training

Available At: SAPC Website, Upcoming Provider Trainings, Conferences, and Important Events

NEW/UPCOMING DHCS INFORMATION

Medication for Addiction Treatment (MAT): DHCS has clarified that “residential and outpatient providers **cannot** deny a patient utilizing or needing MAT from program participation.”

NOTE: SAPC strongly recommends residential providers obtain Incidental Medical Service (IMS) approval from the State.

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PATIENT- VS. PROGRAM-CENTERED CARE: *Make Care Accessible to All in Los Angeles County*

Accessing care for any SUD patient can be difficult. Our system of care is meant to EXPAND services for patients, not **restrict them.**

Example 1: A patient should not be turned away from services because they currently receive MAT services nor be required to meet program-specific requirements such as: historical experience with other withdrawal management program, continuous use of medication, or possess a prescription in order to receive treatment.

Example 2: A patient with a co-occurring mental health condition should not be excluded from residential services solely because they report a suicide attempt in the past 12 months, particularly if they are actively receiving mental health services and are stable.

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PATIENT- VS. PROGRAM-CENTERED CARE:
Make Care Accessible to All in Los Angeles County

- **Service and Bed Availability Tool (SBAT) Survey Updates**
 - About 90% of providers have submitted at least one completed SBAT survey.
 - We are still missing updated surveys for specific locations.
 - If your CPA contacts you, please respond with the requested information.
 - **NOTE:** For residential providers, business hours means the **office hours** when there is someone available to answer business calls (i.e. not 24 hours).
- **Intake Hours:**
 - Update the SBAT in the "Intake Appointment" column to ensure that the intake hours listed are actually the time in which staff are available to conduct intakes, and not simply your business hours.
 - Providers are expected to answer calls during lunch hours and during the intake hours listed on the SBAT.

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PATIENT- VS. PROGRAM-CENTERED CARE:
Treatment Standard Reminders

- **Documenting Patient-Centered Care:**
 - Language on Treatment Plans for either the same or different patients **MUST** reflect “individualized care” to justify ongoing services. Verbatim language should not be copy and pasted for Treatment Plans and Updates without modifications.
 - Justifying the need for a specific level of care (LOC) **MUST** include a detailed explanation of why a LOC is necessary, **NOT** just a simple summary of the case.
 - For Example: Simply because someone has used heroin for 2 years does not mean that residential 3.1 treatment is necessary; there should be an explanation of the specific circumstances of the individual case that necessitate residential treatment as opposed to outpatient treatment, and this should be explained in the clinical documentation.

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PATIENT- VS. PROGRAM-CENTERED CARE:
Treatment Standard Reminders

- **Client Contact Form:** Must complete and update the Client Contact Form in Sage so SAPC staff know who to contact to ensure efficient responses.
- **Adverse Events and Complaints/Grievances:** These processes occur outside of Sage, on the SAPC Website and are still REQUIRED.
[See SAPC Website: Network Providers/Provider Manual and Forms/Clinical Forms-AQI](#)
- **Notice of Adverse Benefits Determination (NOABD)**
 - Recent changes to DHCS requirements
 - To be addressed in this afternoons QI & UM Provider Meeting.

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Patient Handbook - *Make Sure Each New Patient has Access!*

- Treatment Providers MUST distribute within 5 Days of First Service:**
 - Send to the patient's mailing address; **OR**
 - Send to the patient's email (with e-communication consent); **OR**
 - Post on the agency's website.

Translated into the Following Languages

Available Here: <http://publichealth.lacounty.gov/sapc/PatientPublic.htm>

Arabic	Armenian	Cambodian/Khmer
Chinese Traditional	Chinese Simplified	Farsi
Hmong	Korean	Russian
Spanish	Tagalog	Vietnamese

- Treatment Providers MUST document receipt using the SAPC form:**

Available Here: <http://publichealth.lacounty.gov/sapc/NetworkProviders/ClinicalForms/TS/PatientHandbookSummary.pdf>

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DIRECT YOUR QUESTIONS TO THE RIGHT PLACE:
SAPC is Here to Support You!

For the latest information, please visit the SAPC Webpage at:

<http://publichealth.lacounty.gov/sapc/>

Refer general questions to:

SUDTransformation@ph.lacounty.gov

Questions about contracts and compliance:

SAPCMonitoring@ph.lacounty.gov

QI & UM related questions: SAPC.QI.UM@ph.lacounty.gov

Call the Sage Help Desk at (855) 346-2392 to open a ticket