Clinical Services Division: Utilization Management & Quality Improvement Updates

Los Angeles County Department of Public Health
All Provider Meeting Sept 10, 2024
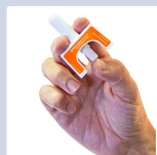Substance Abuse Prevention & Control

Agenda

Addiction Medication Services

Naloxone Requirements

COVID-19 Reporting Updates

Addiction Medication Services

Code Type	Sage Service Code Description	Code	Medical Assistant	Licensed Psychiatric Technician/ Clinical Trainee	Licensed Vocation Nurse/ Clinical Trainee	Occupational Therapist/ Clinical Trainee	Psychologist /Psychological Associate/ Clinical Trainee	Registered Nurse/ Clinical Trainee	Physicians Assistant/ Clinical Trainee	Pharmacist/ Clinical Trainee	Nurse Practitioner/ Clinical Trainee	Physician (MD/DO)/ Medical Student in Clerkship/ Physician Clinical Trainee
Assessment / Medication Services / MAT	Psychiatric Diagnostic Evaluation with Medical Services, 60 mins	90792	NA	NA	NA	NA	NA	NA	$ -	NA	$ -	$ -
Assessment / Medication Services / MAT	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	99202	NA	NA	NA	NA	NA	NA	$ 154.64	NA	$ 171.46	$ 344.80
Assessment / Medication Services / MAT	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	99203	NA	NA	NA	NA	NA	NA	$ 259.84	NA	$ 288.10	$ 579.36
Assessment / Medication Services / MAT	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	99204	NA	NA	NA	NA	NA	NA	$ 365.04	NA	$ 404.74	$ 813.92
Assessment / Medication Services / MAT	Office or Other Outpatient Visit of a New Patient, 60+ mins	99205	NA	NA	NA	NA	NA	NA	$ 470.24	NA	$ 521.38	$ 1,048.48
Assessment / Medication Services / MAT	Office or Other Outpatient Visit of an Established Patient, 10-19 mins	99212	NA	NA	NA	NA	NA	NA	$ 105.20	NA	$ 116.64	$ 234.56
Assessment / Medication Services / MAT	Office or Other Outpatient Visit of an Established Patient, 20-29 mins	99213	NA	NA	NA	NA	NA	NA	$ 157.80	NA	$ 174.96	$ 351.84
Assessment / Medication Services / MAT	Office or Other Outpatient Visit of an Established Patient, 30-39 mins	99214	NA	NA	NA	NA	NA	NA	$ 245.12	NA	$ 271.77	$ 546.52
Assessment / Medication Services / MAT	Office or Other Outpatient Visit of an Established Patient, 40+ mins	99215	NA	NA	NA	NA	NA	NA	$ 329.28	NA	$ 365.08	$ 734.17
Medication Services	Oral Medication Administration, Direct Observation, 15 Minutes	H0033	$ 34.43	$ 43.04	$ 50.13	$ 81.26	NA	$ 95.28	$ 105.20	$ 112.28	$ 116.64	$ 234.56
Medication Services	Medication Training and Support, per 15 Minutes (Group Service, must use HQ modifier) Residential	H0034R	$ 7.65	$ 9.56	$ 11.14	NA	NA	$ 21.17	$ 23.38	$ 24.95	$ 25.92	$ 52.12
Medication Services	Medication Training and Support, per 15 Minutes Residential	H0034R	$ 34.43	$ 43.04	$ 50.13	NA	NA	$ 95.28	$ 105.20	$ 112.28	$ 116.64	$ 234.56

Subject	Date
24-04 - Fiscal Year 2024-2025 Rates and Payment Policy Updates *(New - July 2024)*	07/18/24
– Rates and Standards Matrix FY 24-25 *(New - July 2024)*	07/18/24
– FY 24-25 Service Codes & Rates and Standards Matrix Changes *(New - July 2024)*	07/18/24

Incentive Tracking Billing Codes

H2010M   H2010N

| Manuals & Guides | Bulletins | Clinical | Beneficiary | Contracts & Compliance | Finance | CRLA |

Contract Bulletins

Close All

Bulletins 2024 −

Subject	Date
24-02 - Requirements for Ensuring Culturally and Linguistically Appropriate Service *(New - May 2024)*	05/16/24
24-01 - Addiction Medication Access in the SAPC Treatment Network	01/05/24
– Attachment A - Patient Information About Addiction Medications	01/05/24
– Attachment B - Required Addiction Medications	04/01/24
– Attachment C - Patient Eligibility for Addiction Medications	01/05/24
– Attachment D - Administration, Storage, and Disposal of Addiction Medications	01/05/24
– Attachment E - Addiction Medication Training Requirements for Staff	01/05/24
– Attachment F - Accessing Addiction Medications in Los Angeles County	01/05/24
– Attachment G - Incidental Medical Services	01/05/24
– Optional Policy Template A for Non-Residential Non-OTP Treatment Sites	01/05/24
– Optional Policy Template B for Residential and Inpatient Treatment Sites	01/05/24
– Optional Policy Template C for Opioid Treatment Program Sites	01/05/24

Workforce Development

SAPC Home / Providers / Payment Reform / Workforce Development

Capacity-Building

http://publichealth.lacounty.gov/sapc/providers/payment-reform/workforce-development.htm

1E. Addiction Medication Prescribing Clinician

Supports financial cost-sharing with Network Providers to recruit, retain and utilize (1 FTE) addiction medication (MAT) prescribing clinician per agency regardless of tier level. Clinician must provide the full range of applicable addiction medication services as outlined in SAPC Information Notice 24-01. Start-up funds for up to 75% of funds to support implementation planning (FY 23-24) and up to 25% once implementation completed (FY 24-25).

1E-1 Start-up of up to 75% of funds disbursed once addiction medication prescribing clinician implementation plan has been approved.

- 1E MAT Prescribing Clinician Cost-Sharing Meeting Video Recording - March 1, 2024
- 1E Addiction Medication Prescribing Clinician Cost Sharing Meeting - March 1, 2024
- 1E MAT Prescribing Clinician Cost-Sharing Meeting Video Recording - March 27, 2024
- 1E Addiction Medication Prescribing Clinician Cost Sharing Meeting - March 27, 2024
- Invoice 1 SAPC FY 23-24 Capacity Building Start-Up Funds Attestation   Due 04/19/24
- 1E Instructions for MAT Prescribing Clinician Start-Up Cost Sharing   Due 04/19/24
- 1E Implementation Plan MAT Prescribing Clinician Start-Up Cost Sharing non-OTP   Due 04/19/24
- 1E Implementation Plan MAT Prescribing Clinician Start-Up Cost Sharing OTP-only   Due 04/19/24

1E-2 – Start-Up funds of up to 25% of funds disbursed Year 2- per 40 hours per week of prescribing clinician services. Requires Quarterly implementation updates and verification of addiction medication (MAT) prescribing clinician staffing.

# Addiction Medication Prescribing Clinician Funding Opportunity

- Start-up funding is available to all SAPC-contracted treatment agencies
  - Ratio of $200,000 per 40 hours/week of clinician time
  - $200,000 per FTE one-time start up funding spread over two years:
    - $150,000 per 40 hours/week during Year 1 (FY23-24)
    - $50,000 per 40 hours/week during Year 2 (FY24-25)
- Designed to be combined / matched with local agency funds, and sustained beyond two years through SAPC billing for medication services
- Cap has been removed FY24-25 and additional funding can be requested in a ratio of $200,000 (per 40 hours/week, regardless of Tier)

Addiction Medication Prescribing Clinician Funding Opportunity

- Capacity Building Payment: Optional and strongly recommended. This project is for start-up funds.

- Providers will be paid once an addiction medication (MAT) prescribing clinician implementation <u>plan</u> has been submitted and approved and can be paid before the implementation has been initiated / completed.
  - Agencies with a plan approved prior to 9/1/2024 can submit an addendum application to request additional start-up funding
  - Not-previously-participating agencies submit a full implementation plan

- Agencies will need to submit quarterly addiction medication (MAT) prescribing clinician implementation updates for approval to avoid recoupment. Expenditure verification is not required.
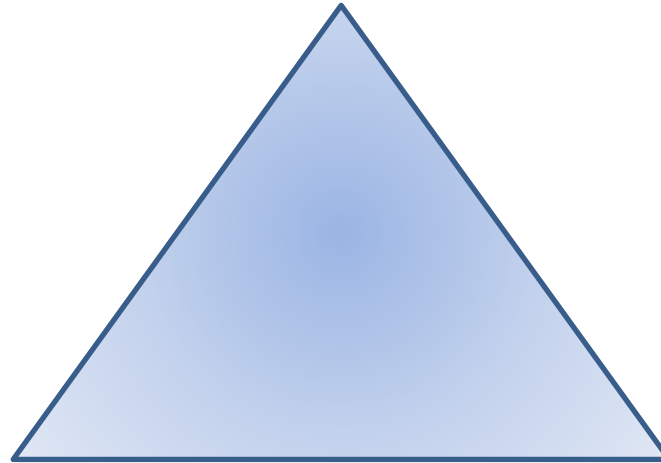
CLINICAL GUIDANCE

Integrating Tobacco Use Disorder Interventions in Addiction Treatment

A guide for addiction treatment clinicians and programs.

DOWNLOAD →   READ A STORY ABOUT THE PROJECT →

http://www.asam.org/quality-care/clinical-recommendations/tobacco
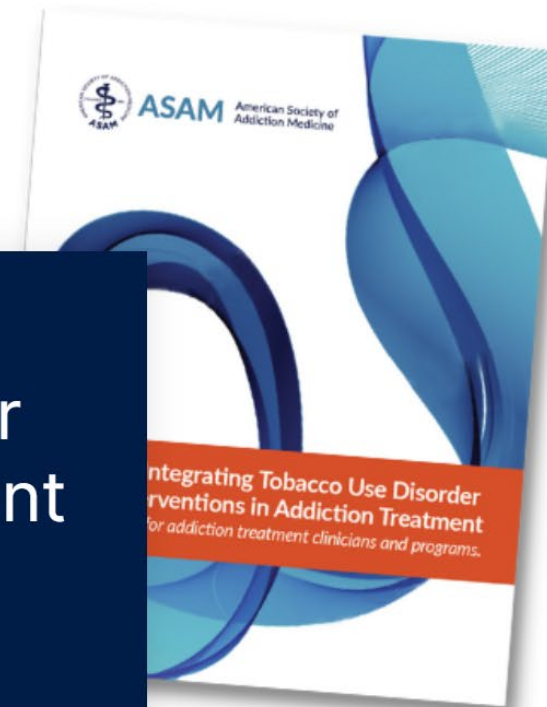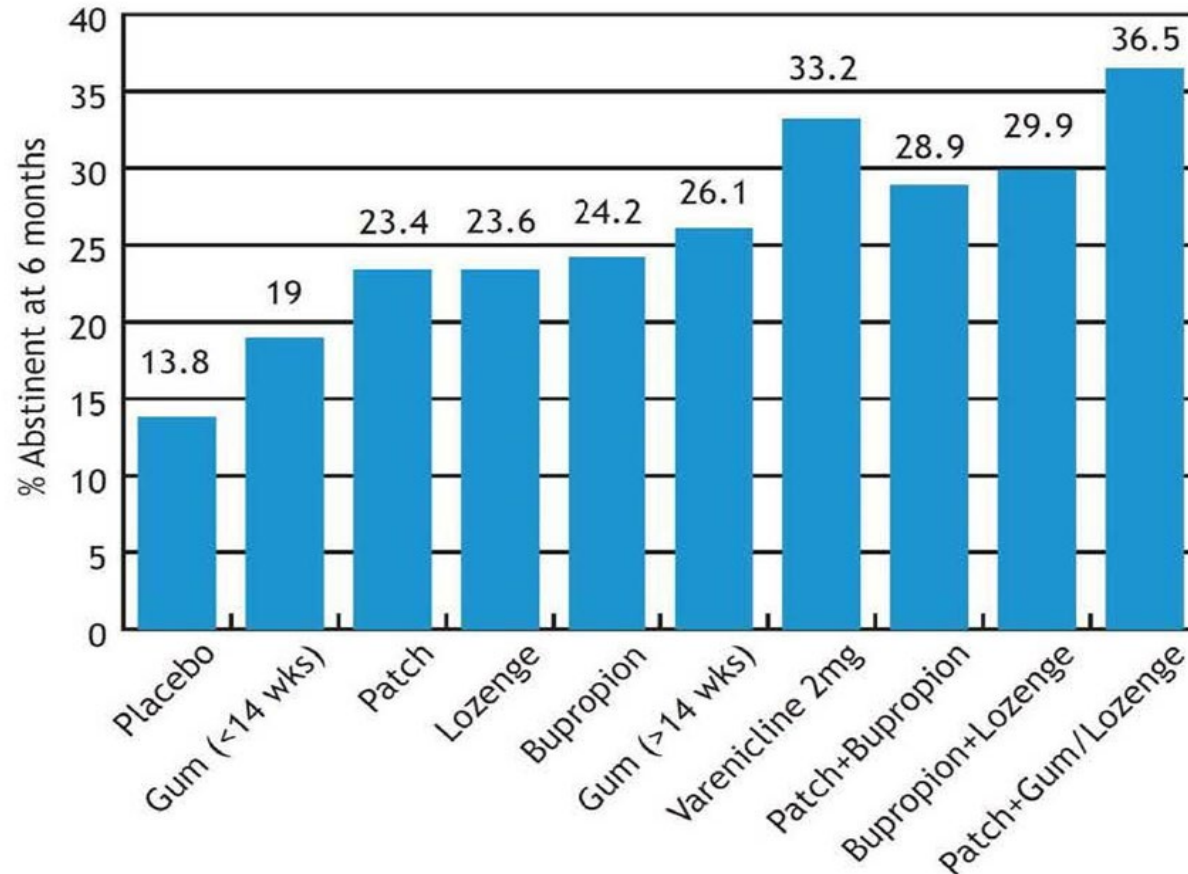
SAMHSA Recommendation

Recommendation

from the
Substance Abuse and Mental Health Services Administration

✓ Adopt tobacco-free facility/grounds policies.

✓ Integrate tobacco treatment into behavioral healthcare.

Slide Credit: Steven A. Schroeder, MD

FIGURE 1. EFFICACY OF MEDICATIONS FOR SMOKING CESSATION[6,9,12-1]

United States Department of Veterans Affairs. Primary Care & Tobacco Cessation Handbook. Washington, DC : U.S. Department of Veterans Affairs, Veterans Health Administration, 2014. Retrieved from https://pulsearch.princeton.edu/catalog/9567271 - Accessed 12/1/2015.
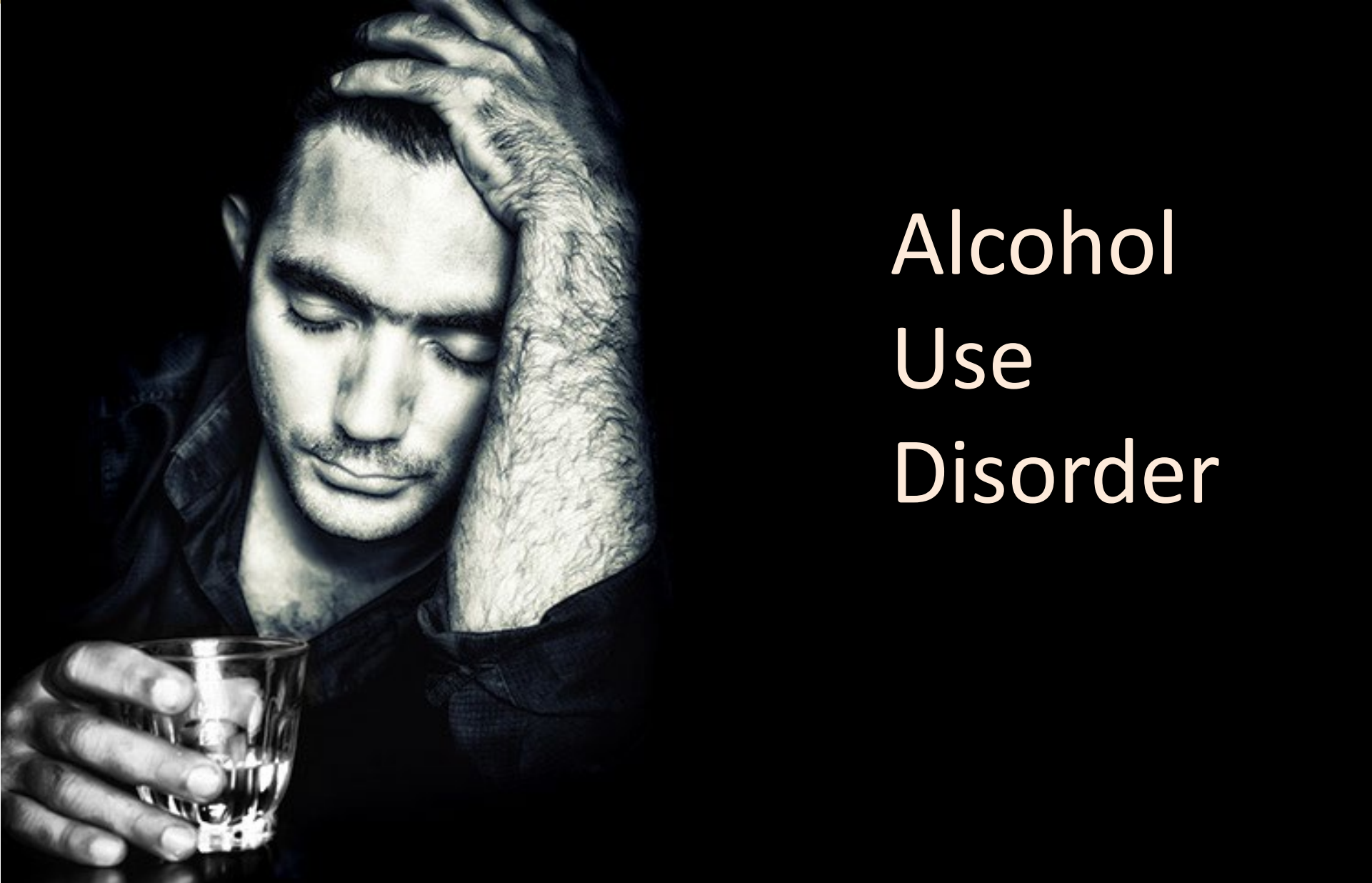
Alcohol Use Disorder

Alcohol Pharmacotherapy

- Naltrexone → antagonist at the Mu opioid receptor

- Acamprosate → glutamate receptor modulation

- Disulfiram → irreversibly binds and blocks acetaldehyde dehydrogenase

Project Combine
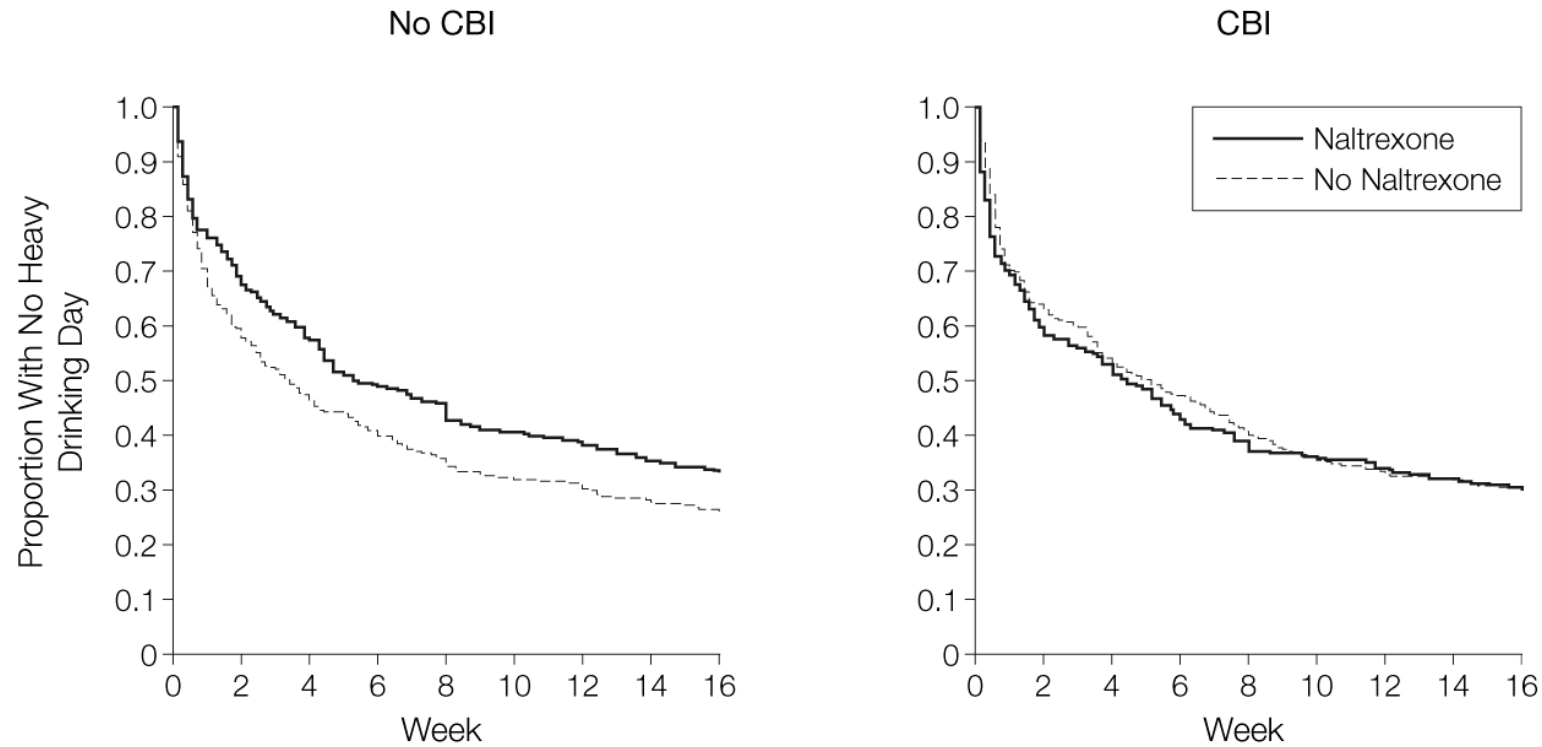
Anton, R. F., O'Malley, S. S., Ciraulo, D. A., Cisler, R. A., Couper, D., Donovan, D. M., ... & Longabaugh, R. (2006). Combined pharmacotherapies and behavioral interventions for alcohol dependence: the COMBINE study: a randomized controlled trial. *Jama*, *295*(17), 2003-2017.

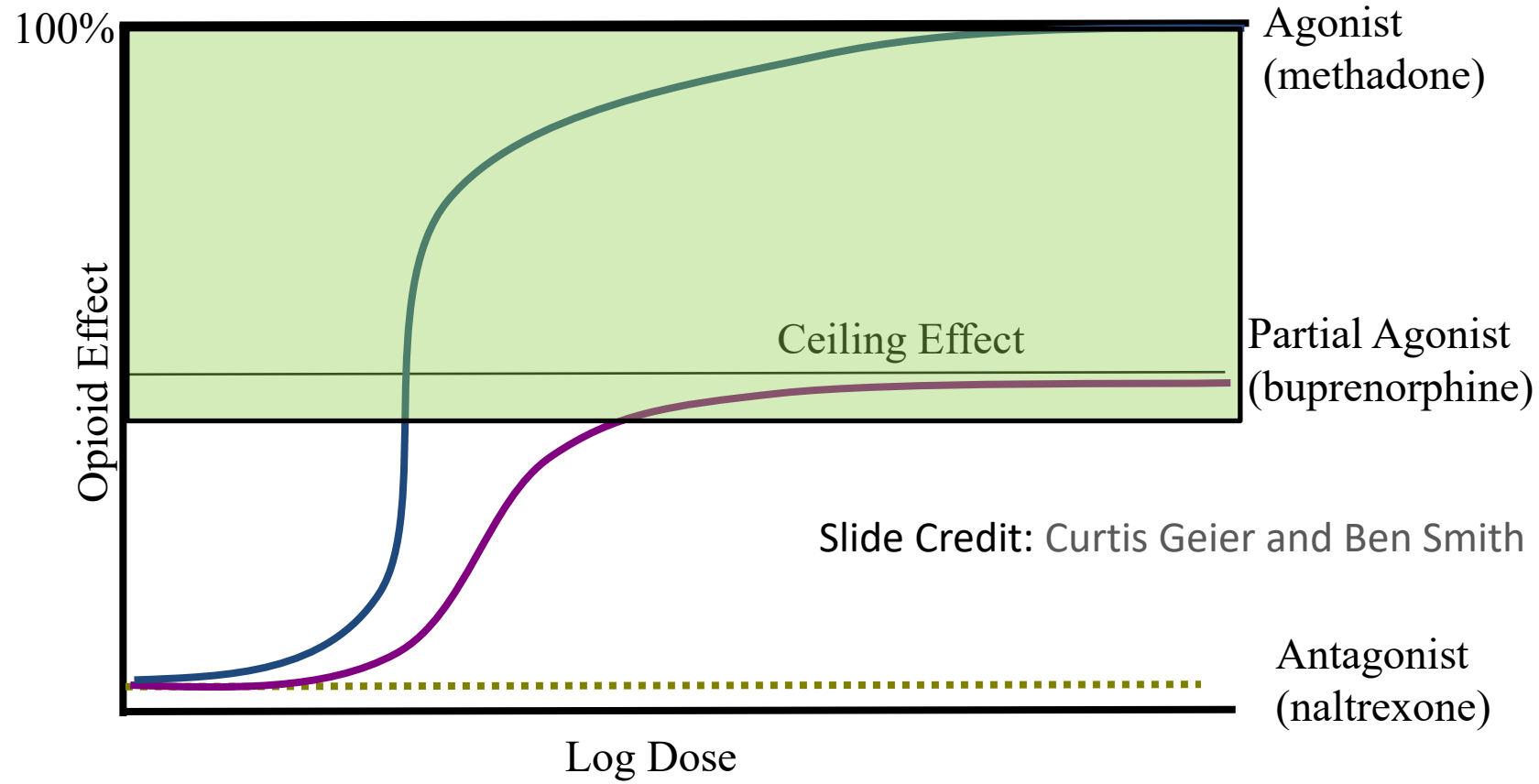# ER Naltrexone Inj and Alcohol: fewer heavy drinking days
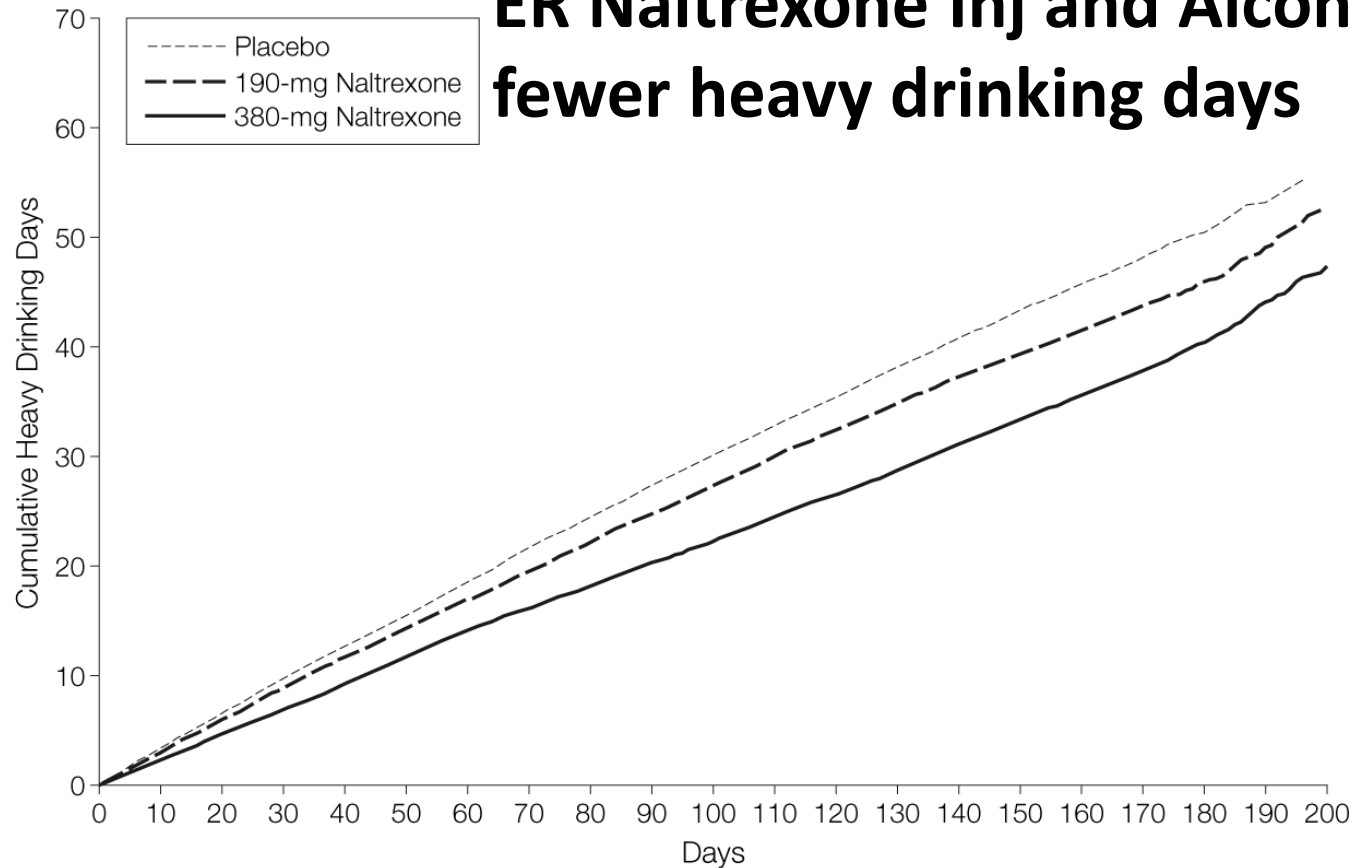
Garbutt, J. C., Kranzler, H. R., O'Malley, S. S., Gastfriend, D. R., Pettinati, H. M., Silverman, B. L., ... & Vivitrex Study Group. (2005). Efficacy and tolerability of long-acting injectable naltrexone for alcohol dependence: a randomized controlled trial. *Jama*, *293*(13), 1617-1625.

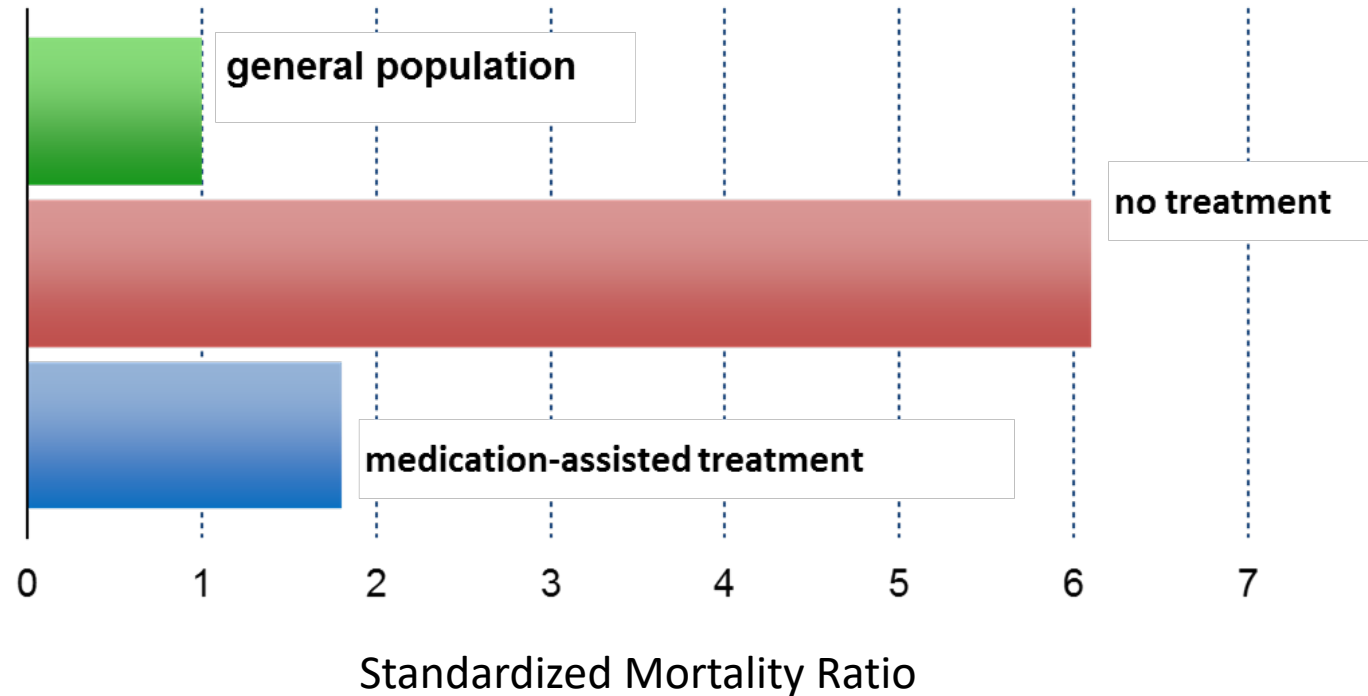# Medication for Opioid Use Disorder Pharmacokinetics

Slide Credit: Curtis Geier and Ben Smith

# Benefits of Medications for Opioid Use Disorder: Decreased Mortality

Death rates:

general population

no treatment

medication-assisted treatment

Standardized Mortality Ratio

Dupouy et al., 2017
Evans et al., 2015
Sordo et al., 2017

Treatment Retention and Decreased Illicit Opioid Use on MAT

- Buprenorphine promotes retention, and those who remain in treatment become more likely over time to abstain from other opioids

Kakko et al, 2003
Soeffing et al., 2009
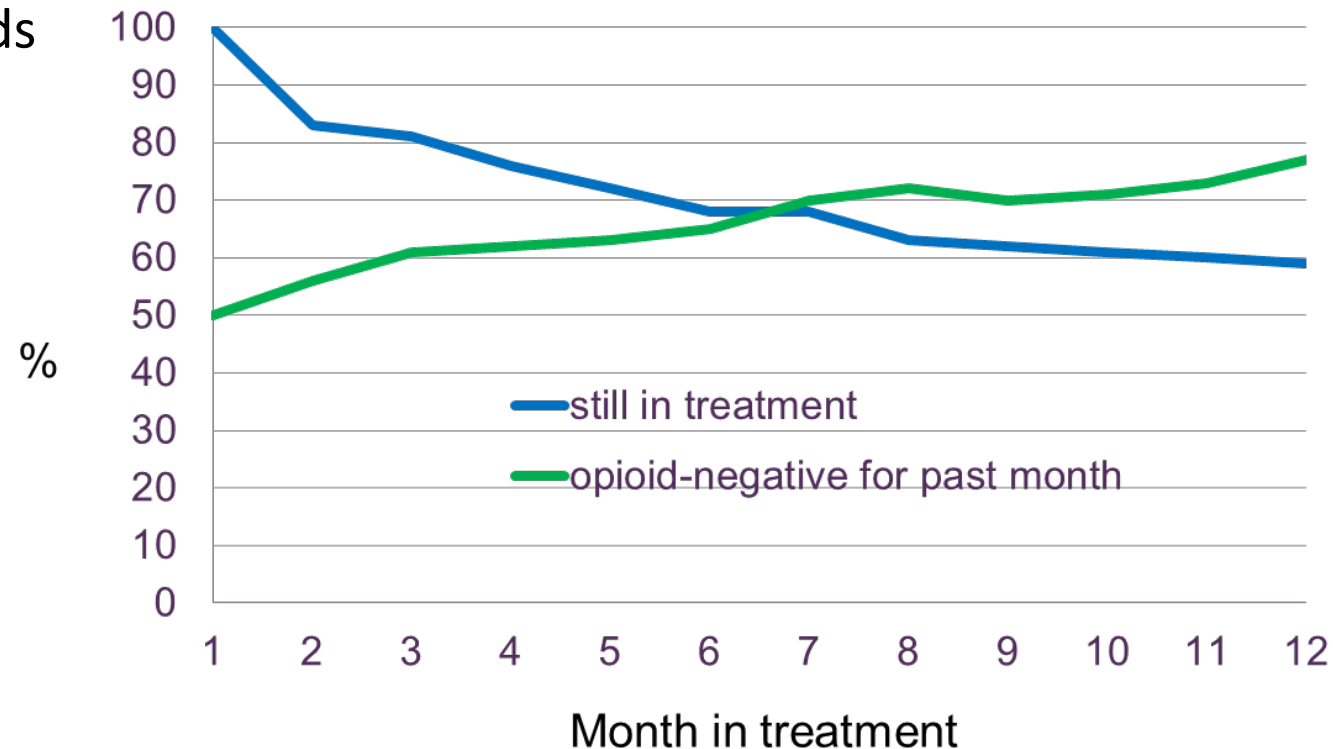
Medication FIRST Model

- People with OUD receive pharmacotherapy treatment as quickly as possible, prior to lengthy assessments or treatments planning sessions;

- Maintenance pharmacotherapy is delivered without arbitrary tapering or time limits;

- Individualized psychosocial services are continually offered but not required as a condition of pharmacotherapy;

- Pharmacotherapy is discontinued only if it is worsening the person's condition.
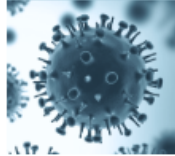
http://www.nomodeaths.org/medication-first-implementation

Medication FIRST Model

- Medication *first* **does not mean** Medication *only*
- Medication is contingent upon the pt's benefit, not based upon a timeframe, patient's participation in counseling, an unexpectedly positive test result, etc

http://www.nomodeaths.org/medication-first-implementation

COVID-19 Case Reporting, Masking, and Vaccination Update

http://publichealth.lacounty.gov/acd/ncorona2019/reporting.htm

COUNTY OF LOS ANGELES Public Health

Acute Communicable Disease Control

ACDC A-Z Index   Disease Reporting & Information ▾   Toolkits ▾   Additional DPH Programs ▾

COVID-19 & Acute Respiratory Illness (ARI) Cluster Reporting
Instructions for Multiple Sectors

Overview

In Los Angeles County, all settings must report clusters of COVID-19 and Acute Respiratory Illness (ARI) to the LA County Department of Public Health (LAC DPH) within 24 hours, as mandated by the LA County Health Officer Order.

In healthcare settings, where the risk of adverse outcomes is higher, timely reporting of COVID-19 case clusters is essential. Specific reporting thresholds are established to ensure swift actions are taken to mitigate the virus's spread.

For non-healthcare community settings, where testing access may be limited, COVID-19 reporting is now incorporated into the existing Acute Respiratory Illness (ARI) symptom-based reporting protocol. This approach aims to facilitate early outbreak detection and management through proactive symptom monitoring.

> **See below for reporting requirements and information by type of setting.**
>
> **Report any clusters of more severe illness (such as multiple cases of pneumonia in a group) even if they do not meet the reporting thresholds listed below.**

If you are a representative from a laboratory or provider's office seeking information about mandated COVID-19 reporting, visit the Health Professional Mandatory Reporting webpage.

If you are looking to submit an anonymous report, call (888) 700-9995 or submit a complaint.

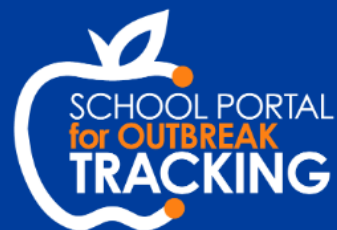http://publichealth.lacounty.gov/acd/ncorona2019/reporting.htm

COVID-19 Reporting Requirements

Update to SAPC-IN 23-11 forthcoming

- LA County shifting from prior guidance
  - *Previously: Report three (3) or more client or staff COVID-19 positive tests at any site or level of care in a 14 calendar days span*

- New Guidance is to report **Epidemiologically Linked Group**:

  - A minimum of 5 cases (at least 20% of the group) meets case definition for acute respiratory illness within a 7-day period

    OR

  - Facility-wide ≥10% of the average daily population report new onset of acute respiratory illness symptoms, with a minimum of 5* ill, within a 3-day period.
    - *In settings with groups smaller than 15 people, the minimum is reduced to 3 cases.

- New Reporting Mechanism through California Department of Public Health's Shared Portal for Outbreak Tracking (SPOT): http://spot.cdph.ca.gov

http://publichealth.lacounty.gov/acd/ncorona2019/reporting.htm

http://spot.cdph.ca.gov

http://publichealth.lacounty.gov/acd/ncorona2019/reporting.htm

SPOT Quick Guides

Reporting Clusters of Acute Respiratory Illness

Toolkit for First-time Reporters
Quick Guide: First-time Reporters
Quick Guide: Adding Cases to Existing Reports
Quick Guide: Updating Close Contact to Case
Quick Guide: Reporting a New Cluster as an Existing User
Quick Guide: Bulk Upload Reporting

Epidemiologically linked group (e.g., individuals sharing common areas or living space):
- A minimum of 5 cases (at least 20% of the group) meets case definition for acute respiratory illness within a 7 day period, OR

Facility-wide (e.g., among residents or clients):
- At least 10% of the average daily population are reporting new onset of symptoms of acute respiratory illness, with a minimum of 5* ill, within a 3-day period.

In settings with groups smaller than 15 people, the minimum is reduced to 3 cases.

How to Report

SPOT: Spot.cdph.ca.gov

[SPOT Reporting Quick Guides]

For additional assistance, contact the Community Outbreak Team.

http://publichealth.lacounty.gov/acd/ncorona2019/reporting.htm

Community Care Facility Masking and Immunization Requirements

Influenza and COVID-19 Immunization

- Chemical Dependency Recovery Hospitals
  - All staff with direct patient contact / work in patient-care areas must be vaccinated with the current version of the influenza vaccine and COVID-19 vaccine or sign a declination form and wear a respiratory mask.

- Non-Hospital Services (Residential, High Intensity Outpatient, Outpatient, OTP, RBH, Recovery Services, Prevention, Harm Reduction)
  - Vaccinations recommended but optional

http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/ccf
http://ph.lacounty.gov/acd/ncorona2019/docs/covidguidancecommunitycongregate.pdf

Masking Guidance

- Masking optional but recommended in all SAPC-contracted settings
- In residential LOC / RBH:
  - Residents/patients/visitors must be provided a clean mask upon request
  - Anyone with respiratory virus symptoms should wear a well-fitting surgical mask or respirator around others
  - If infected with COVID-19 or a close contact → wear a well-fitting surgical mask or respirator if they must be around others through Day 10

Naloxone Requirements

Update to SAPC-IN 19-04 forthcoming

EX: Distributing grant-funded naloxone			
Prescribing Clinician hands patient naloxone during 99204 initial visit	E&M CPT Code* Time spent with patient during initial visit	+	**H2010 N** **Naloxone education provided** **Distribution or prescription offered**
Counselor hands patient naloxone during individual or group counseling visit	H0004 or H0005 Time spent facilitating individual or group counseling	+	**H2010 N** **Naloxone education provided** **Distribution offered**
MA, LPT, or LVN hands patient naloxone during medication service visit	H0034 Time spent with the patient during the medication visit	+	**H2010 N** **Naloxone education provided** **Distribution offered**
Peer hands patient naloxone during service visit	H0038 Time spent with the patient during the visit	+	**H2010 N** **Naloxone education provided** **Distribution offered**
EX: Pharmacy-Dispensed Naloxone			
Counselor provides care coordination to assist with accessing pharmacy-dispensed naloxone	T1017 Time spent facilitating care coordination	+	**H2010 N** **Naloxone education and pharmacy coordination provided**
EX: Dispensing Naloxone via the OTP (*Strongly preferred method for OTP Levels of Care)			
LVN or RN dispenses generic intranasal naloxone through the OTP med-window	**S5000D** **Generic naloxone was dispensed thru OTP med window**		
LVN or RN dispenses brand name intranasal naloxone through the OTP med-window	**S5001D** **Brand name naloxone was dispensed thru OTP med window**		

SAPC Naloxone Requirements

Naloxone Distribution

- Staff offer / distribute naloxone to patients from grant-funded naloxone source (SAPC-furnished overdose prevention kits, CA Naloxone Distribution Program, other source)

- Naloxone stored with patient medications; can be available to patients in open areas and/or 'at bedside.'

Naloxone Dispensing

- For non-OTPs: Pharmacy Access Workflow
  - Can be based on prescriptions during medical visits
  - Can use protocolized standing order to routinely arrange prescriptions of naloxone to patients.
- OTPs
  - Directly dispensed from the medication unit

  Billable to Medi-Cal for Medi-Cal members

UNIT/BRANCH/CONTACT	EMAIL/Phone Number	Description of when to contact
Sage Help Desk	Phone Number: (855) 346-2392 ServiceNow Portal: https://netsmart.service-now.com/plexussupport	All Sage related questions, including billing, denials, medical record modifications, system errors, and technical assistance
Sage Management Branch (SMB)	SAGE@ph.lacounty.gov	Sage process, workflows, general questions about Sage forms and usage
QI and UM	SAPC.QI.UM@ph.lacounty.gov UM (626)299-3531- (No Protected Health Information PHI)	All authorizations related questions, Questions about specific patient/auth, questions for the office of the Medical Director , medical necessity, secondary EHR form approval
Systems of Care	SAPC_ASOC@ph.lacounty.gov	Questions about policy, the provider manual, bulletins, and special populations (youth, PPW, criminal justice, homeless)
Contracts	SAPCMonitoring@ph.lacounty.gov	Questions about general contract, appeals, complaints, grievances and/or adverse events. Agency specific contract questions should be directed to the agency CPA if known.
Strategic and Network Development	SUDTransformation@ph.lacounty.gov	DHCS policy, DMC-ODS general questions, SBAT
Clinical Standards and Training (CST)	SAPC.cst@ph.lacounty.gov	Clinical training questions, documentation guidelines, requests for trainings
Phone Number to file an appeal	(626) 299-4532	
Grievance and Appeals (G&A)	(626)293-2846	Providers or patients who have questions or concerns after receiving a Grievance and Appeals Resolution Letter or follow up with an appeal.
CalOMS	HODA_CalOMS@ph.lacounty.gov	CalOMS Questions
Finance Related Topics	SAPC-Finance@ph.lacounty.gov (626) 293-2630	For questions regarding Finance related topics that are not related to billing issues
Out of County Provider	Nancy Crosby (ncrosby@ph.lacounty.gov)	Out of county provider requesting assistance in submitting authorization for LA County beneficiary & resident Intercounty Transfer / Medi-cal eligibility (MEDS- acceptable aid codes) / Applying for Medi-cal general questions
SASH	(844) 804-7500	Patients calls requesting for service

Discussion & Questions