

ATTESTATION OF COMPLIANCE WITH INITIAL ENGAGEMENT AUTHORIZATION TRAINING REQUIREMENTS

Per [SAPC Information Notice 23-07](#) and in accordance with [DHCS BHIN 21-019](#), network treatment providers shall submit 30/60-Day Initial Engagement Authorization for Non-Residential SUD treatment prior to establishing medical necessity to accommodate patients who need additional time after the initial date of service to complete a comprehensive ASAM assessment.

Complete and return this form via an email titled “Attestation 2C: Initial Engagement Authorization Training” sent to sapc-cbi@ph.lacounty.gov by 2/29/2024.

ATTESTATION OF COMPLIANCE:

Please confirm each step your agency has taken to prepare your treatment staff to adhere to the Initial Engagement Authorization training requirements. Select all that apply.

- Our agency’s treatment staff have reviewed [DHCS BHIN 21-019](#) and [SAPC Information Notice 23-07](#) and our agency has established protocols for initiating treatment and offering patients treatment up to 30 days (for patients aged 21 and over who are not experiencing homelessness) or up to 60 days (for patients aged 20 and younger and/or who are experiencing homelessness) from the initial date of service while working to establish medical necessity for treatment at non-residential levels of care.
- Our agency’s treatment staff have reviewed the content on [Initial Engagement Authorizations for Non-Residential Levels of Care contained within the 11/15/23 Quality Assurance and Utilization Management meeting slides](#) and have an understanding that the purpose of the services offered under the Initial Engagement Authorization shall involve engaging clients in services with the aim of establishing medical necessity, even if medical necessity is not subsequently successfully established.
- Our agency’s treatment staff have reviewed [the SAGE Provider Communication release dated 07/28/23 for guidance on how to indicate in PCNX whether an authorization is an Initial Engagement Authorization upon submission](#) using the “Initial Engagement” radio button.
- Our agency’s designated supervisors and training staff members have reviewed all the above AND have conducted the necessary steps to assess the treatment staff’s understanding and ability to adhere to the Initial Engagement Authorization requirements.
- Our agency has prepared treatment staff through training on evidence-based interventions, including but not limited to Motivational Interviewing, and emphasized the importance of early care coordination and discharge planning as methods of supporting patient engagement in treatment during Initial Engagement Authorizations.

Having conducted a good faith review, I attest that _____
(agency name) is in compliance with SAPC's Initial Engagement Authorization Training Requirement.

Contracted/Provider Name (Printed):	Contract Number(s):
By (Authorized Signature):	
Printed Name and Title of Authorized Signor:	
Date of Signed Attestation of Compliance:	