All Treatment Provider and Sage Advisory Meeting

Tuesday, January 7, 2025

Meet and Greet

County of Los Angeles Public Health

Meeting will begin momentarily, thank you for your patience

Opening

- **Prop 1 & Behavioral Health Services Act**
- **Updates on Behavioral Health Administrative Integration**

Gary Tsai, M.D.
Director
Bureau of Substance Abuse Prevention and Control
Los Angeles County Department of Public Health

Proposition 1 ("Behavioral Health Transformation")

- Terminology
- Overview of Key BHSA Changes
  - Expenditure Shifts
  - Behavioral Health (BH) Commission
  - Planning and Reporting Requirements
    - Integrated Plan
    - BHOATR
- BHSA Community Planning Process (CPP)
- Opportunities

Terminology

Behavioral Health (BH) = Mental Health (MH) + Substance Use Disorders (SUD)

Mental Health Services Act (MHSA) → Behavioral Health Services Act (BHSA)

2 Key Components of Prop 1

1. Behavioral Health Services Act; "MHSA Modernization" (SB 326)

- MHSA (aka: Prop 63) is the 1% tax on personal income >$1M in CA to fund the specialty MH system; comprises ~25% of overall specialty MH funding
- MHSA has traditionally not been used for specialty SUD systems

2. $6.4B bond measure (AB 531)

- Investments in residential and supportive housing settings

Overview of Key BHSA Changes

Key BHSA Changes

MHSA ⟶ BHSA

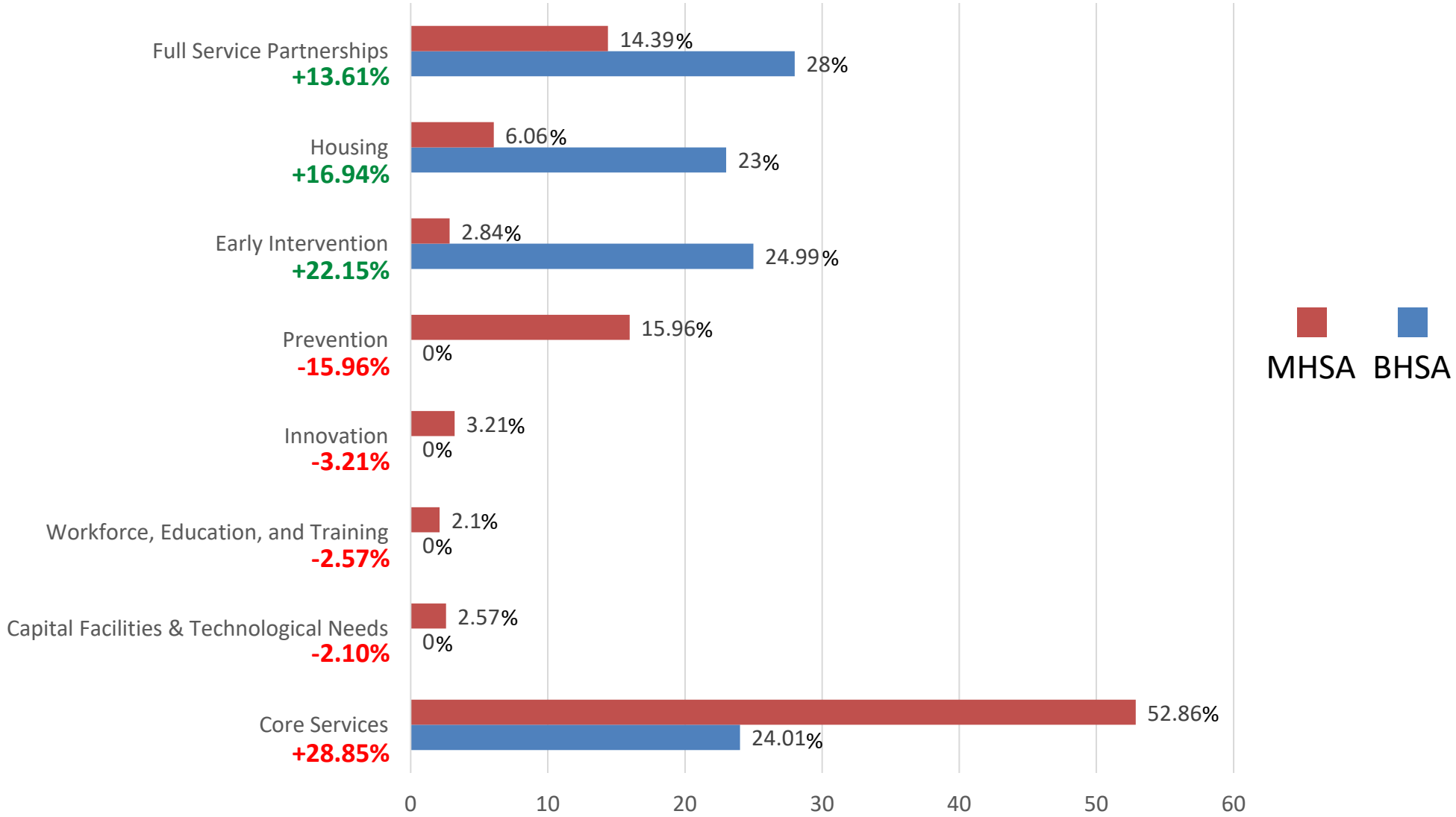
- Allows for MHSA to be used for SUD-only populations and renames it "BHSA"
- Raises State share of MHSA/BHSA from 5% to 10%:
  - 4% for population-based prevention for CDPH
  - 3% for statewide workforce priorities for HCAI (Health Care Access and Information; formerly OSHPD)
  - 3% for DHCS Admin (including $20M for BHSOAC [BH Services Oversight & Accountability Commission])
- Requires 30% of MHSA to be spent on housing (will trigger financial shifts by DMH to avoid reductions in outpatient service and prevention investments)

Expenditure Shifts: MHSA → BHSA

Existing and new funding categories have come into play due to the shift from a mental health focus, to a broader behavioral health focus that encompasses SUDs.

Current MHSA Allocation ($3.5B)		BHSA Allocation ($3.5B)	
County Allocation	**95%**	**County Allocation**	**90%**
Community Services and Supports	76%	Housing Interventions	30%
Prevention and Early Intervention	19%	Full Service Partnerships (FSPs)	35%
Innovation	5%	Behavioral Health Services and Supports (BHSS)	35%
State Directed	**5%**	**State Directed**	**10%**
State Administration	5%	Population-Based Prevention (CDPH)	4%
		BH Workforce (HCAI)	3%
		State Administration	3%

Expenditure Shifts: County Allocations by %



Key BHSA Changes: Behavioral Health Commission

MH Commission ⟶ BH Commission

- Change from MH Commission to "**BH Commission**" with new responsibilities to review and evaluate the local public mental health and SUD system in terms of services, performance outcomes, and procedures used to ensure stakeholder involvement at all stages of the planning process, among other duties.
  - BH Commission focus on all aspects of the specialty MH and SUD systems, beyond just BHSA

- **Updates**
  - 19 total BH Commissioners representing:
    - 6 SUD Commissioners
    - 6 MH Commissioners
    - 6 At-Large Commissioners (these could be co-occurring, generalists, SUD, and/or MH)
    - 1 rotating Board Office
  - Updates to MH Commission bylaws include emphasizing lived experience, updating composition, qualifications, and quorum rules.
  - Amended Executive Committee responsibilities to also advise SAPC Director and make recommendations for the SAPC Director appointment.

Key BHSA Changes: Planning & Reporting Requirements

Integrated Plan for use of BHSA funds must be approved by the BOS and submitted to the BH Services Oversight and Accountability Commission (BHSOAC)

- Includes a needs assessment with local data to guide local needs, including prevalence/unmet need of MH and SUDs, disparity data, homeless point in time count → data must demonstrate how the Integrated Plan appropriately allocates funding between MH and SUD services.
  - The Integrated Plan shall consider the needs assessment of the Medi-Cal managed care plans, the Community Health Improvement Plan (CHIP), and include the 5 most populous cities – Los Angeles, Long Beach, Santa Clarita, Glendale, and Lancaster.
- Must include budget of programs for all funding sources received by DMH and SAPC, including those outside of BHSA (SAMHSA block grants, opioid settlements, etc).
- New authorities under Prop 1 → DHCS may require revisions to the Integrated Plan, impose CAPs, monetary sanctions, temporarily withhold payments to counties.

Key BHSA Changes: Planning & Reporting Requirements

Annual report called the **Behavioral Health Outcomes, Accountability, and Transparency Report (BHOATR)** which includes, but is not limited to:

- Annual allocation, expenditures and unspent amounts of all local, state and federal funds received by DMH and SAPC.
- Performance measures across specialty MH and SUD systems.
- Workforce metrics including vacancies, numbers of county staff performing direct services, changes in staff numbers from prior year.
- BOS will need to attest the BHOATR is complete and accurate before submission to DHCS.

Translating Terminology Changes Into Action

- LAC is already leading in terms of county specialty SUD systems and has an opportunity to lead the State in its approach to Prop 1 due to its unique structure that allows for a dedicated focus on SUD priorities and has supported unprecedented growth of its SUD system
- BH care integration and prioritization of SUD priorities within BH structures will not occur either on its own or solely through structural changes → An integrated BHSA vision requires additional coordination and work beyond the status quo.

BHSA – Community Planning Process (CPP)

Overview: Local MHSA/BHSA Plan Approval Process

We are currently here

Community Planning Process & Team (CPP & CPT)

The **Community Planning Team (CPT)** is a stakeholder advisory body formed by DMH tasked with generating recommendations for LA County's MHSA/BHSA three-year plan. It covers a broad range of community and systems stakeholders, as well as people with lived experience, and is meant to be representative of LA's demographic and cultural diversity.

Updates

- DMH & SAPC are convening every other week CPT meetings starting January 14th, 2025 and SAPC is recruiting CPT stakeholders across its Prevention, Harm Reduction, Treatment, and Recovery focus areas to participate in this process and represent the substance use perspective → Look out for a **SurveyMonkey** to solicit interest in participating in the CPT!
- We will leverage and build off the previous MHSA learnings and are looking to actively re-shape the process going forward.

CPT Stakeholder Categories

Required Stakeholders

- Eligible adults and older adults
- Families of eligible children and youth, eligible adults, and eligible older adults
- Youths or youth mental health or substance use disorder organizations
- Providers of mental health services and substance use disorder treatment services
- Public safety partners, including county juvenile justice agencies
- Local education agencies
- Higher education partners
- Early childhood organizations
- Local public health jurisdictions
- County social services and child welfare agencies
- Labor representative organizations
- Veterans
- Representatives from veterans' organizations
- Health care organizations, including hospitals
- Health care service plans, including Medi-Cal managed care plans
- Disability insurers

Individuals representing diverse viewpoints*

- Tribal and Indian Health Program designees established for Medi-Cal Tribal consultation purposes
- The five most populous cities in counties with a population greater than 200,000
- Area agencies on aging
- Independent living centers
- Continuums of care, including representatives from the homeless service provider community
- Regional centers
- Emergency medical services
- Community-based organizations serving culturally and linguistically diverse constituents

*Including but not limited to

Reference: Prior MHSA Community Planning Process

Phase I: Input
3 months

Understand needs, review data, generate suggestions.
*CPT member confirmation

▶

Phase II: Recommendations
3 months

Analyze needs, assess options, develop recommendations.

▶

Phase III: CPP Closing
3 months

Final stakeholder feedback and plan approval.

Community Stakeholders | **Institutional Partners** | **Community Outreach**

Workgroup ▼ **Workgroup** ▼ **Workgroup** ▼

Recommendations

Draft MHSA Plan
▼
Post MHSA Plan (30 Days)
▼
Public Review MHSA Plan
LAC Mental Health Commission

Opportunities

Opportunities for LAC to Lead the State in Prop 1 Implementation

- **BIG PICTURE → Ensuring that the BH in BHSA is meaningful in both words and action (focuses on both SUD and MH priorities)**
  - The Interim Housing Outreach Program (IHOP) is a great first start and example.

- **Representation & Focus → Ensuring true coordination across new BHSA infrastructure and processes to support both SUD and MH priorities**
  - BHSA Community Planning Team (CPT) representation
  - BH Commission
  - Integrated Plan development process, including the budget and programming for SUD funds
  - Behavioral Health Outcomes, Accountability, and Transparency Report (BHOATR) – expenditures, underspending, performance metrics

- **BHSA Housing Investments → Recovery-oriented housing**
  - LAC is unique due to SAPC's investments in low-barrier recovery-oriented housing across the County.
  - Increased housing investments under BHSA represent an opportunity to further differentiate LAC's approach to homelessness and ensure a continuum of housing options.

- **Opportunities outside of BHSA**

  Prevention
  - SAPC has invested more than twice the amount most counties invest from its federal Substance Use Block Grant funds to support upstream primary prevention, particularly around Positive Youth Development programs to invest in youth.
  - The impact of upstream investments must not be lost.
  - Opportunity to explore how Early Intervention funds might support various forms of substance use prevention, even if not primary prevention.

  Harm Reduction
  - SAPC has significantly expanded investments in harm reduction services to better reach and engage people who use drugs, and this needs to continue to be a core investment for SUD and behavioral health systems.
  - While harm reduction has decades of evidence supporting its benefits, it also unfortunately is often associated with controversy and it will be important to continue to support harm reduction throughout the BHSA, BHOATR, and BH Commission processes.

Updates on Behavioral Health Administrative Integration (BHAI)

Provider Advisory Committee Update

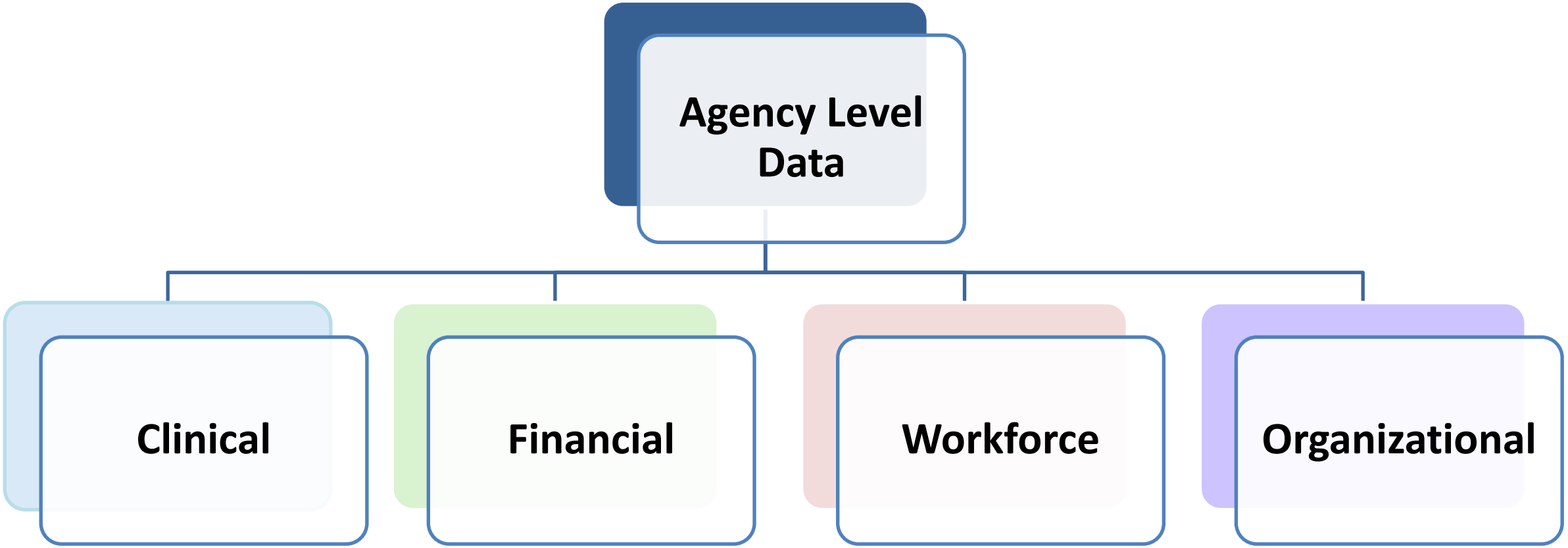
Provider Data Workgroup

Substance Abuse Prevention and Control Bureau
County of Los Angeles Department of Public Health

PAC Provider Data Workgroup

- **Purpose**
  - To strengthen SUD agency data infrastructure and autonomy.
  - To identify agency-level data and metrics that are helpful for provider agencies to collect to inform quality improvement efforts with respect to their operations, practices and processes.
    - As opposed to other data-focused work that SAPC leads with its provider network that focuses on systems-level evaluation of data that SAPC collects/provides/requires, the PAC Provider Data Workgroup focuses on data that SUD provider agencies have direct access to that is focused on agency-level evaluation. This data may already be collected by SUD agencies or new processes may need to be established to obtain this data.

- **Process**
  1. Assessed current data collection practice within agencies.
  2. Developed consensus-driven recommendations for data and metrics to be collected by agencies.


Agency Level Data
Clinical
Financial
Workforce
Organizational

Data Category	Data Focus	Recommendations Metrics
Clinical	**Numbers (clients, services, etc.)**	• **Unique client numbers**: Clients served by each level of care offered. • **Units of service delivered by service**: Service at each level of care offered. • **Demographics of clients served**: E.g., race/ethnicity; age; gender, language; homeless status, co-occurring MH conditions, co-occurring medical conditions, etc.
	Quality/Outcomes	• **Treatment retention**: Proportion of clients retained at 30, 90, and 180 days. • **Level of care transitions**: Proportion of clients by each level of care that are transitioned to a lower level of SUD care. • **Employment status**: Client employment status at time of discharge. • **Housing status**: Client housing status at time of discharge.
	Care Coordination	• **Care Coordination units of service**: Track units of service for Care Coordination to determine a baseline of Care Coordination service provision. • **Type of Care Coordination service offered**: Track type of Care Coordination service offered to identify types of services have the greatest need and inform staff training, etc. • **Qualitative feedback**: Collect qualitative feedback (e.g., surveys, focus groups) from both staff and clients to identify opportunities for efficiencies and improvements with respect to Care Coordination.
	MAT	• **MAT education**: Ensure universal informed care of clients so that all clients with opioid, alcohol, sedative, and tobacco use disorders are aware of medication options to support their recovery. ○ Use “secret shopper” approach to identify compliance with this basic aspect of informed care. • **MAT access**: Number of clients receiving MAT (either directly or via referral). • **MAT services**: Track units of service for Medication Services to determine a baseline of Medication Services provision. • **Qualitative feedback**: Collect qualitative feedback from both staff and clients to identify opportunities for efficiencies and improvements with respect to the provision of MAT.
	Client feedback	• **Client satisfaction**: General rating of client satisfaction from (0 to 10, with 10 being extraordinarily satisfied), with a free text option for narrative and qualitative feedback. • **Qualitative feedback**: Establish a forum of regular client feedback (surveys, client meetings, etc) other than what is required by SAPC (Treatment Perception Survey, etc). Focus on what is working well, less well, and opportunities for improvement.

Data Category	Data Focus	Recommendations Metrics

Financial	**Revenue**	• **Revenue tracking**: Tracking of revenue for each of an agency's funding sources, with the aim of establishing trends to help inform future decisions.
		• **Timeliness of claims submission**: Average time from service delivery to claim submission
		• **Denials that impact revenue**
		  ○ Drug Medi-Cal denial rates at both the local (SAPC) and State (DHCS) adjudication levels to identify opportunities for improvement
		  ○ Percentage of denied claims resolved within 45, 90, and 180 days
		• **Utilization data that impacts revenue**
		  ○ Residential settings → Bed utilization rate (numerator = number of beds filled over a given time period; denominator = total number of beds over the same time period).
		  ○ Non-residential settings → Slot utilization (calculate number of slots your agency has by determining the number of people each counselor or clinician can serve; then numerator = number of slots filled over a given time period; denominator = total number of slots over the same time period).
		  ○ SAPC contract utilization (suggest tracking at least monthly, if not on a continuous basis)

	Expenditures	• **Expenditure tracking**: Tracking of expenditures with the aim of establishing trends to help inform future decisions
		  ○ Calculating average cost per client based on:
		  ▪ Level of care
		  ▪ Average service provision and staffing needed to deliver those services
		  ○ Expenditures on direct care vs. administrative/indirect expenses

	Payment reform	• **Capacity Building and Incentive tracking**: Tracking progress toward each Capacity Building and Incentive that an agency elects to pursue. • **Reinvestment plans**: Developing a plan for how agency "margins" (defined as revenue minus expenditures from SAPC's rates) will be re-invested to improve operations.
	Billable time (productivity)	• **Billable time**: Tracking of billable time at a staff-level by each level of care offered (recommend maintaining at least 70% billable time for likely sustainability).

Data Category	Data Focus	Recommendations Metrics
Workforce	**Training**	• **Tracking of trainings**: Tracking trainings required by others and those that are required by the agency – at a staff-level, including annual CEU/CME requirements.

	Recruitment	• **Timeliness of recruitment**
		  ○ Track average time to fill vacant positions
		  ○ Hiring success rate: Determine a desired timeframe to fill each vacancy and track the percentage of positions filled within that desired timeframe .
		• **Staffing ratios**
		  ○ Counselor : Client ratio
		  ○ LPHA : Client ratio
		• **Performance of recruitment approaches**: Tracking of how an agency is recruiting staff (LinkedIn, conferences, job postings through clinical associations, etc) and the extent to which those recruiting avenues are generating new hires.

	Retention	• **Staff retention**: Tracking of staff retention rate per 1, 3, and 5 years (numerator = staff who remain; denominator = total staff hired over given time period). ○ Simplified metric – Percentage of different types of staff that have been retained at your agency for 5 years or more. • **Qualitative feedback**: Exit interviews to assess qualitative aspects of staff departures and to identify modifiable factors related to retention.

	Workforce gaps to better meet community needs	• **Workforce needs analysis**: Agency-level analysis of community demographics and needs (language access, etc) with a plan for how the agency can cultivate a workforce to better address those needs.
		  ○ Informed by:
		  ▪ Community profile (demographics, SES, % foreign born, % whose first language is not English, etc).
		  ▪ Explore Community Needs Assessments from SAPC Prevention.

	Staff feedback	• **Qualitative feedback**: Establish a forum of regular staff feedback (surveys, client meetings, etc).

Data Category	Data Focus	Recommendations Metrics
Organizational	**Technological data infrastructure**	• **Data collection**: Identification of a mechanism to collect all the data/information mentioned in this table. • **Addressing data infrastructure gaps**: Develop agency-level plan to identify and address data infrastructure gaps as an investment to prepare the agency for the future.
	Intake process	• **Assessing intake process**: Tracking of the duration of intake process via random sampling to establish an average intake process duration. • **No-show rates**: Track no-show rates for intake appointments. • **Qualitative feedback**: Collecting qualitative feedback from both staff and clients to identify opportunities for efficiencies and improvements, in addition to the duration of the intake. May also consider "secret shopper" approach to identifying improvement opportunities.

	Discharge process	• **Assessing discharge process**: Tracking of what information and services are provided to clients during the discharge process to facilitate successful connections to needed biopsychosocial needs and to support sustained recovery.
		• **Discharge reasons**: Tracking reasons for discharge, particularly when discharges are prior to attainment of satisfactory progress, discharges for cause, or administrative discharges.
		• **Qualitative feedback**
		  ○ Collecting qualitative feedback from both staff and clients to identify opportunities for efficiencies and improvements in the discharge process. May also consider "secret shopper" approach to identifying improvement opportunities.
		  ○ Perform random "exit interviews" of clients to ask them about their care experience (what went well, what could be better, etc).

	Community reach, perspectives, and footprint	• **Assessing community perceptions of your agency**: Consider an agency-level community survey or meeting to obtain information on the perspectives the community has about your services (assuming this makes sense given your individual circumstance).

	Measurements of your agency's "special sauce"	• **Rating your agency's "special sauce"**: Identify your special sauce, and then a simple way to measure it… Examples:
		  ○ "On a scale from 0 to 10 (with 0 being poor and 10 being outstanding), how would you rate your experience with [enter special sauce]?"
		  ○ If "special sauce" is client-centered care: "On a scale of 0 to 10 (0 being poor and 10 being outstanding), how well did you feel your treatment plan was tailored to your needs?"
		  OR
		  "On a scale of 1 to 5 (1 being Strongly Disagree and 5 being Strongly Agree), how strongly do you agree with the statement: I felt heard and understood during my sessions."
		  ○ If "special sauce" is comprehensive care-coordination: "On a scale of 0 to 10 (0 being poor and 10 being outstanding), how satisfied are you with the support you received in connecting to other services (e.g., housing, mental health, social services)?"
		  OR
		  "On a scale of 1 to 5 (1 being Strongly Disagree and 5 being Strongly Agree), how strongly do you agree with the statement: My substance use provider helped me with other services that I needed outside of my substance use (e.g., housing, mental health, etc.)"
		• **Testimonials**: Collecting personal success stories and testimonials of clients describing what they feel makes your agency special.
		• **Messaging on your successes and strengths**: Identifying clients who are interested in you contacting them in the future in case there is a need to share their story.

Next Steps

1. SAPC providers review the agency-level data and metric recommendations.

2. Provide feedback to Armen Ter-Barsegyan at ater-barsegyan2@ph.lacounty.gov by January 22, 2025.

3. The next PAC meeting is February 11, 2025 from 2pm – 4pm.

Clinical Services Division: Utilization Management & Quality Improvement Updates

Los Angeles County Department of Public Health
All Provider Meeting January 7, 2025
Substance Abuse Prevention & Control

Agenda

Rebilling HCPCS Code H0034 for Denials of Evaluation and Management CPT Claims in Residential LOCs

Reminder of Updated Contact Email for Appeal/Grievances

Updated Paper ASAM (3rd Edition) Form for SAGE Downtimes

Rebilling HCPCS Code H0034 for Denials of Evaluation and Management CPT Claims in Residential LOCs

http://publichealth.lacounty.gov/sapc/providers/manuals-bulletins-and-forms.htm#bulletins

County of Los Angeles Public Health

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

24-04 - Fiscal Year 2024-2025 Rates and Payment Policy Updates — 07/18/24

- Rates and Standards Matrix FY 24-25 *(Updated - October 2024)* — 10/22/24
- FY 24-25 Service Codes & Rates and Standards Matrix Changes — 07/18/24

Impacted Medication Services Codes

- The following are locked out (denied) *during a residential admission*:
  - Psychiatric diagnostic evaluation with medical services: 90792
  - E&M Initial Eval: 99202, 99203, 99204, 99205
  - E&M Follow-Up: 99212, 99213, 99214, 99215
  - Extended Service Codes: 99416, 99418
  - Drug and Alcohol Screening: H0049-N
  - Health risk assessment instrument administration: 96160

- The codes are allowable *during a residential admission:*
  - H0033 Oral Medication Administration, Direct Observation, 15 Minutes
  - **H0034** Medication Training and Support, per 15 Minutes

Rebilling for Medication Service Code Denials

- Recommend rebilling denial of CPT codes to **H0034** (15 min unit of service)

- Examples:
  - 29 min 99202 = two units of H0034
  - 44 min 99023 = three units of H0034
  - 59 min of 99204 = four units of H0034
  - 90 min of 99205 = six units of H0034
  - 14 min of 99212 = one unit of H0034
  - 29 min 99213 = two units of H0034
  - 39 min 99214 = three units of H0034
  - 60 min of 99215 = four units of H0034

H0034 = Medication training and support, per 15 minutes

H0033 = Directly Observed Medication Administration

Rebilling for H0049-N Denials & New Guidance for Billing

How to Bill for Screening Non-Admission at Residential and Outpatient WM Sites			
Scenario	Patient is screened and not admitted (H0049-N)	Recovery services delivered to patient (H2017)	What to Bill
1	Yes	No	H0049-N + H2017
2	Yes	Yes	H0049-N + H2017 (Rolled Up)

For the full explanation, review the guidance provided in the 12/20/2024 Sage Provider Communication: http://publichealth.lacounty.gov/sapc/Sage/Communication/SAPC-Sage-Provider-Communication-122024.pdf

County of Los Angeles Public Health

Reminder: Updated Contact Email for Appeal/Grievances

sapc_appeal@ph.lacounty.gov

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

Beneficiary

Subject	Date
Appeal Form *(Updated - October 2024)*	10/31/24
Complaint and Grievance Form *(Updated - October 2024)*	10/31/24

Email: sapc_appeal@ph.lacounty.gov	**Mail: Substance Abuse Prevention and Control, Contracts and Compliance Branch, 1000 South Fremont Avenue, Building A9 East, 3rd floor, Box 34, Alhambra, California 91803**
Phone: (626) 299-4532	
Fax: (626) 458-6692	
If you need this form in alternate format (e.g., large print, braille, or audio), call 888-742-7900 press 7.	

http://publichealth.lacounty.gov/sapc/providers/manuals-bulletins-and-forms.htm#beneficiary

Updated Adult Paper ASAM (3rd Edition) Form for SAGE Downtimes

ASAM American Society of Addiction Medicine

Guidelines | The ASAM Criteria | Policy Statements | Donate | JOIN TODAY | LOGIN

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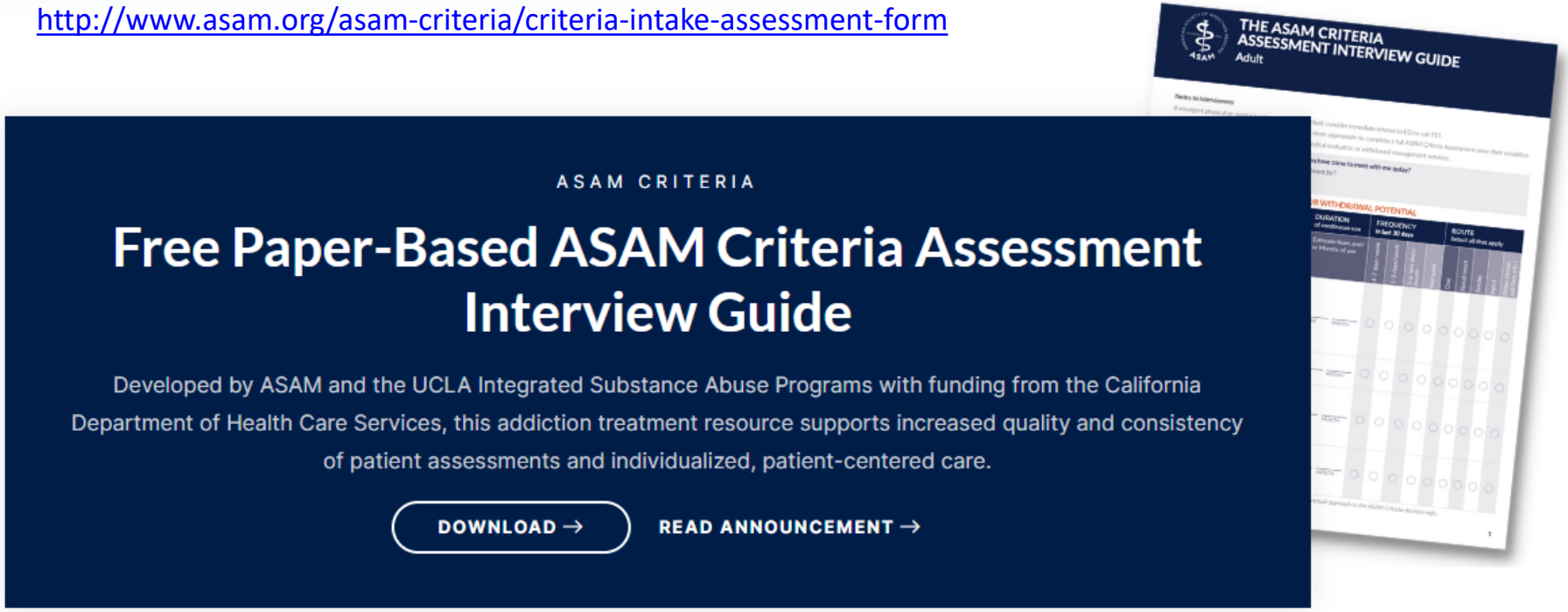
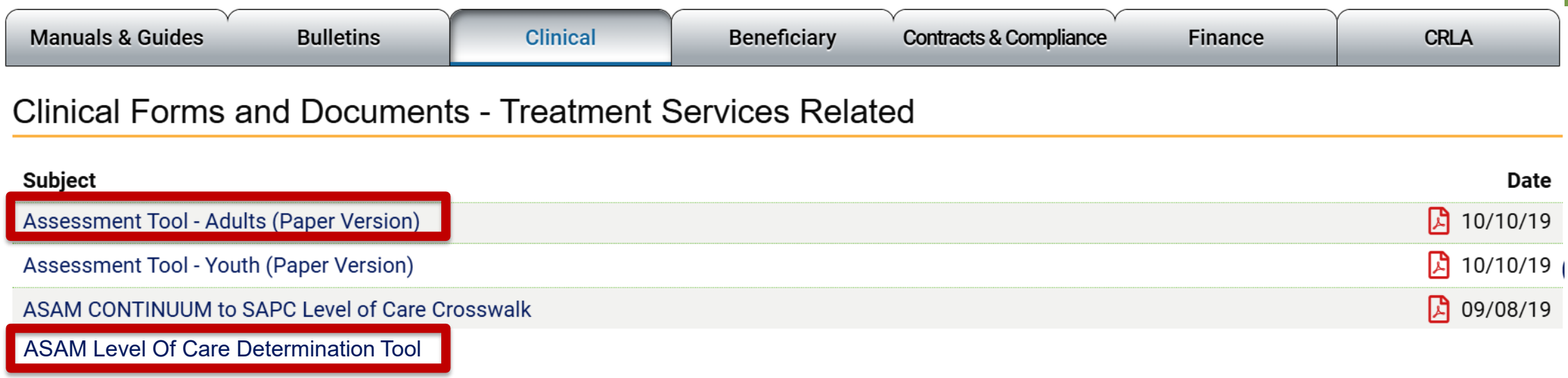
http://www.asam.org/asam-criteria/criteria-intake-assessment-form



SAPC approved form posted via

http://publichealth.lacounty.gov/sapc/providers/manuals-bulletins-and-forms.htm?tm#clinical



Continue to use the ASAM CONTINUUM tool accessible through SAGE

<u>Paper tool is only for use during SAGE downtimes</u>

http://publichealth.lacounty.gov/sapc/providers/manuals-bulletins-and-forms.htm?tm#clinical

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

Q&A / Discussion

SAGE UPDATES

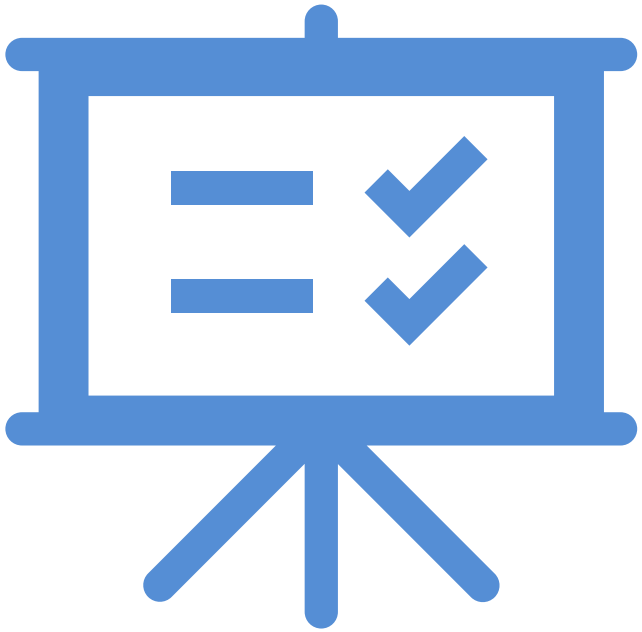
All Provider Meeting January 07, 2025

Los Angeles County Department of Public Health

Substance Abuse Prevention & Control

Overview

- Sage Updates- Reports and Forms
- Sage Help Desk Billing Request form
- Sage Release of Information
- Clinical Trainings



Sage Updates- Reports and Forms

Replacement Claim Assignment form

This form will allow users to:

- Replace a locally or state denied claim,
- Replace an approved claim if information is inaccurate.

Replacement claims allow for additional processing time to resubmit a denied claim. Providers have 6 months from date of service to submit the original and an additional 6 months to submit the replacement.

Finance has been working with pilot providers on functionality and workflows prior to releasing.

Finance will be offering a webinar training on use of the form and workflows on 1/16/2025.

Registration Link

Expected to go live on 1/20/2025

Status of Sage Forms, Reports and Functions

Documents in Draft and for Co Signature Drug Test section

Provider File Attach widget visibility

CalOMS Discharge Error

Items that have been resolved:

Progress Note Status Report

- Report is not currently displaying data in the “Finalized By/Date Finalized” column.

Items pending resolution from Netsmart

Sage Help Desk-
Request Billing Assistance form

Purpose and Functionality

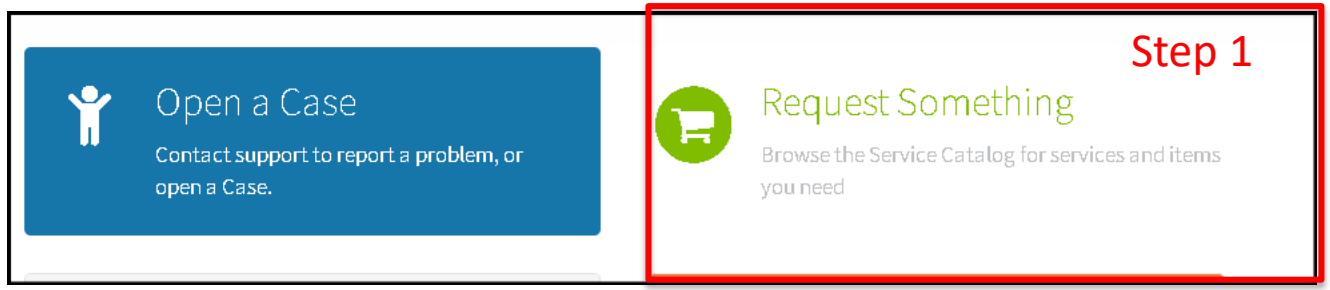
Similar process as the Modify Medical Record Request

Streamline billing and finance inquires

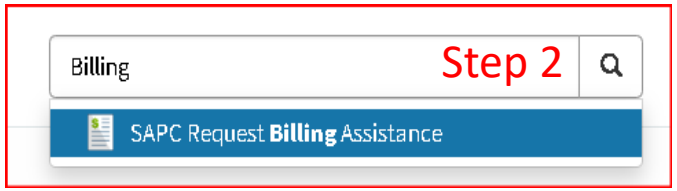
Bypasses the Help Desk and is assigned directly to the corresponding Finance team.

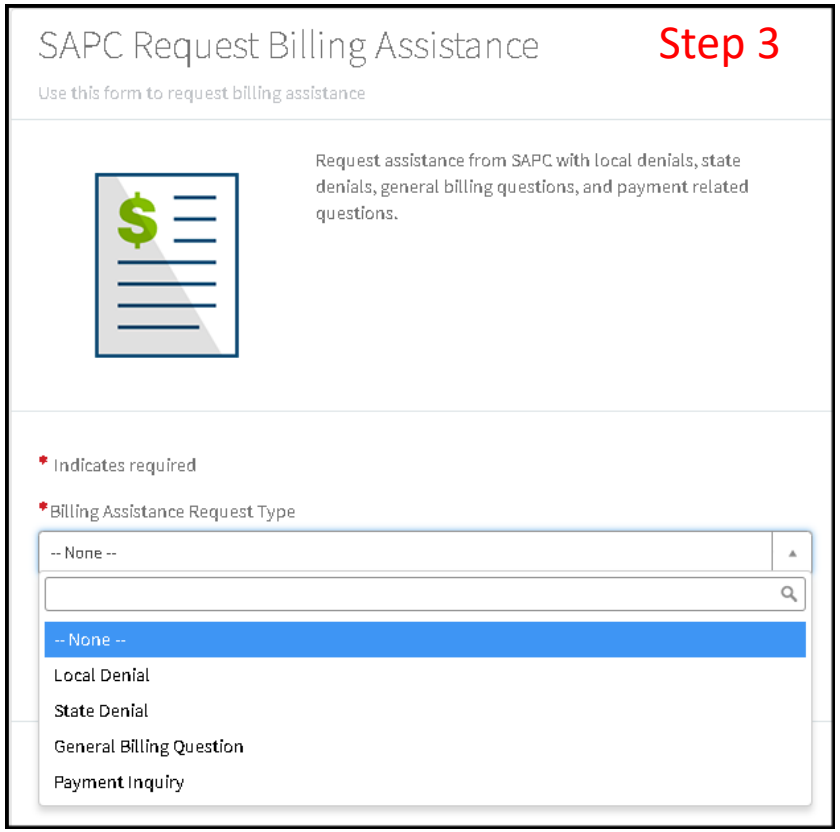
Each selection has required fields to enter necessary information to assist the team investigate your issue as efficiently as possible.

Request Billing Assistance Form



Search for any or all of the form name: SAPC Request Billing Assistance

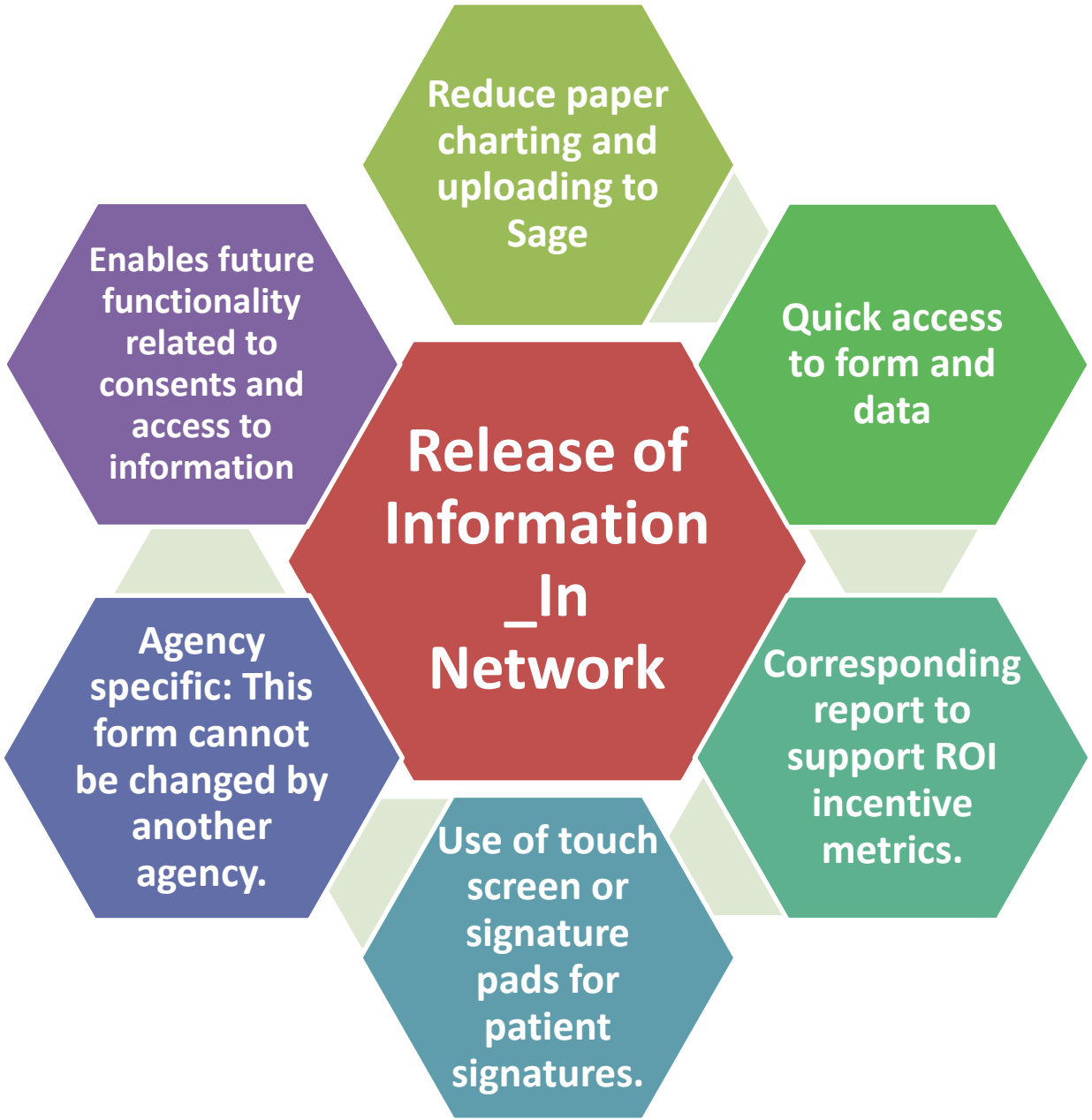




Sage Release of Information Form

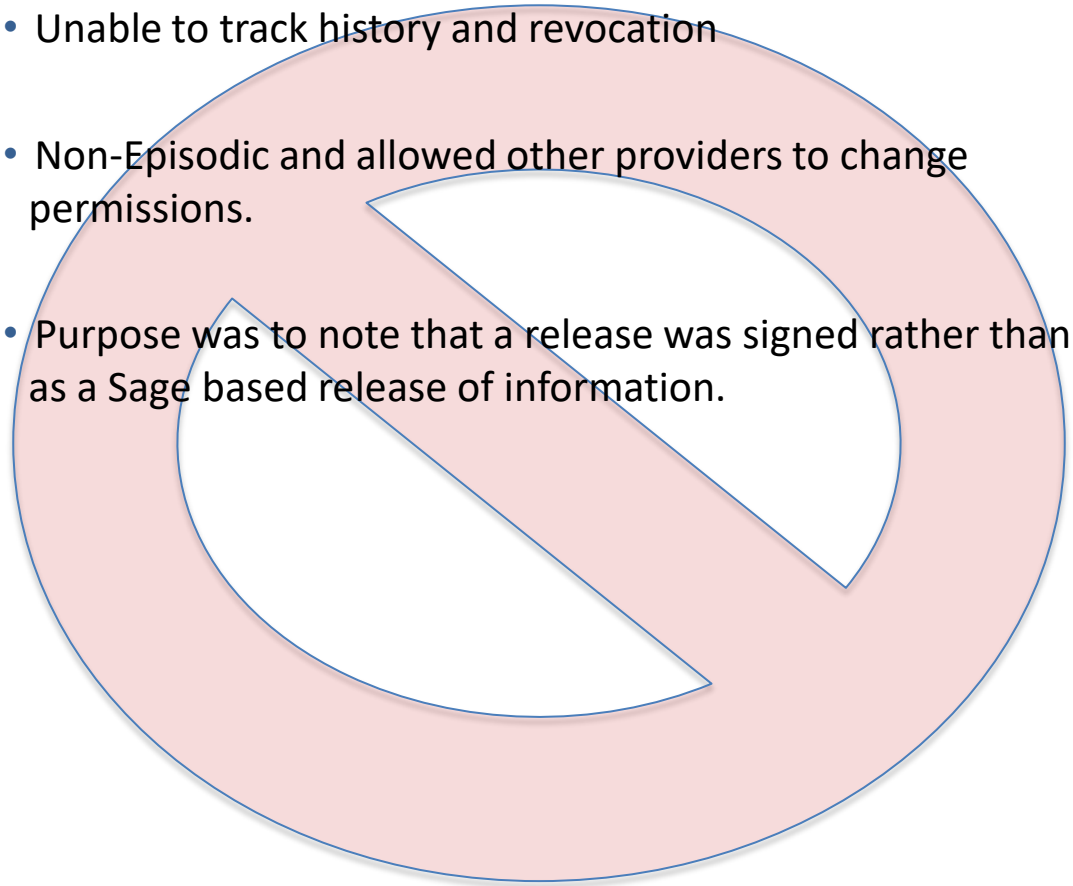
County of Los Angeles Public Health

Sage Release of Information Form



Current "Internal Client Consents" in Sage

- Unable to track history and revocation
- Non-Episodic and allowed other providers to change permissions.
- Purpose was to note that a release was signed rather than as a Sage based release of information.



New Release of Information Form

Form is finalized and completed by each agency- Cannot be updated once finalized.

Tracking of previous consents via pre-display, corresponding widget and report.

Developed to match the SAPC Release of Information form.

Contains all necessary fields for a detailed release.

Future functionality that will enable providers to view documentation from other providers with proper ROI on file.

ROI- Timeline for Implementation

Live webinar scheduled for 01/21/2025

Enabled in TRAIN and published Job Aid by 01/21/2025

Providers send feedback to sage@ph.lacounty.gov

Before 02/07/2025

Implement in LIVE on 02/14/2025

Click Here to Register

Clinical Trainings

CST Training Highlights

County of Los Angeles Public Health

Name of Training	Date & Time	Link to flyer for registration
Fortifying Your Strength: Promoting Self-Care for Substance Use Treatment Providers	Wednesday 1/8/25 9:00am-11:45am	Click here for registration link
Making the Most of the ASAM CONTINUUM Assessment Tool	Tuesday 1/14/25 9:00am-12:15pm	Click here for registration link
Engaging & Assessment of Individuals with Co-Occurring Mental Health and Substance Use Conditions	Thursday 1/16/25 9:00am-12:15pm	Click here for registration link
Can You Hear Me?: Providing Substance Use Telehealth Treatment Services	Wednesday 1/22/25 9:00am-12:15pm	Click here for registration link
Clinical Documentation for Substance Use Treatment Providers: CalAIM Requirements and Best Practices	Wednesday 1/29/25 8:30am-12:30pm	Click here for registration link
Substance Use Treatment with Justice-Involved Populations	Thursday 1/30/25 9:00am-12:15pm	Click here for registration link
Understanding the ASAM Criteria in the Context of the California Treatment System (ASAM-A)	Wednesday 2/5/25 9:00am-12:15pm	Click here for registration link
Understanding the ASAM Criteria in Action from Assessment to Treatment Planning (ASAM-B)	Wednesday 2/5/25 1:15pm-4:00pm	Click here for registration link

For a list of more trainings available and the SAPC Training Calendar please visit or scan QR Code:
LA County Department of Public Health - Substance Abuse Prevention and Control - SAPC Trainings

SAPC Finance Services Division Provider Updates

Daniel Deniz, Chief
SAPC Finance Services Division

FY 2024-25 Payment Reform Updates

Payment Reform: SAPC's Value-Based Reimbursement Strategy

Strategy:

- SAPC has prepared and transitioned its specialty SUD treatment system into a value-based environment.
- Currently, SAPC has implemented value-driven capacity-building opportunities and value-based incentive payments (CB & I) to strengthen the provider network's infrastructure, foundation, and sustainability.
- Through a phased rollout, SAPC has initiated a series of actions and interventions that are evolving over time, progressively advancing toward more sophisticated value-based care models.
- In the future, this may include exploring capitated payment models, depending on the State's considerations regarding alternative payment models.

Actions and Interventions:

- Rates and Rates Structure
- *Value-Driven* Capacity Building Investments
- *Value-Based* Incentive Payments

FY 2024-25 Payment Reform Updates

Payment Reform Year 2 Highlights

Value-Driven Capacity Building Investments

- $2M in Start-Up funds processed to nearly 30 providers
- Invoices submitted for a number of Workforce and R95 activities

Value-Based Incentive Payments

- 45% of providers participated in FY 2024-25 Q1 Early Interim Fiscal Reporting Incentive

Operational Improvements

- Payment Reform CB & I communications email
- Project Codes to identify CB & I payments on Remittance Advice (RA) documents

FY 2024-25 Payment Reform Updates

FY 2024-25 Upcoming Value-Driven Capacity Building Key Due Dates

Workforce Development

- Medication for Addiction Treatment (MAT) – Clinician Staffing & Verified hours (1-H) ***Due 1/15/2025***
- Quarterly Bilingual Bonus Language Proficiency (1-J): ***Due 1/10/25***

Access-to-Care: R95

- Customer Walk Through (2-H) ***Due 01/31/25***

Fiscal, Business, and Operational

- Assessing and Enhancing Financial Health (AEFH) Q2 Progress Tracker ***Due 1/31/25***

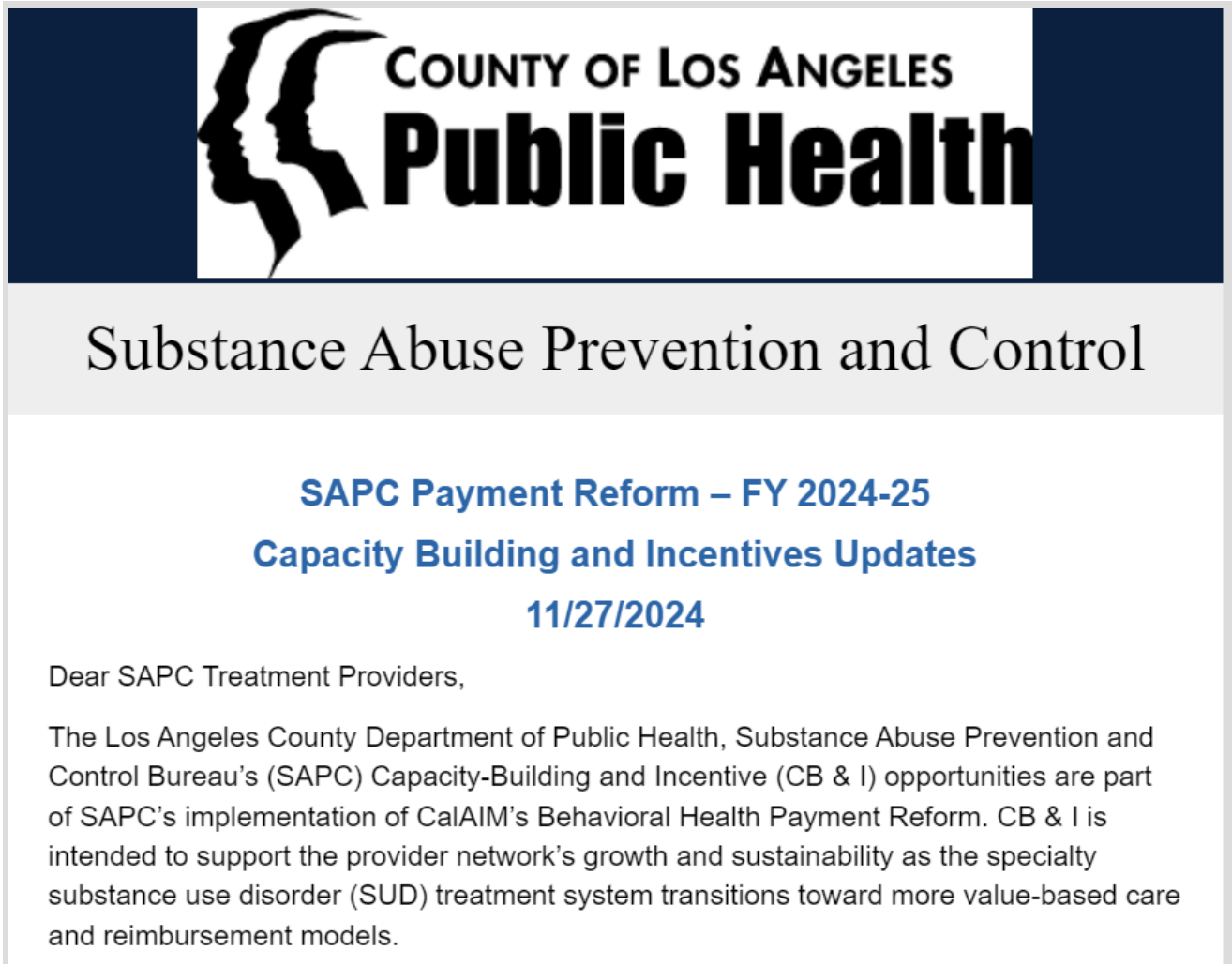
FY 2024-25 Upcoming Incentives Key Due Dates

Activity	Due Date
50% of all SUD counselors certified (1a)	**3/31/2025**
1:12 LPHA-to-SUD counselor ratio (1b)	**3/31/2025**
All employed SUD registered counselors minimum wage floor $23/hour (1c)	**3/31/2025**
Specified R95 Champion Criteria (2a)	**3/31/2025**
At least 25% of patients served with Opioid Use Disorder (OUD) in Non-OTP settings received MAT Education/Services (3a)	**3/31/2025**
At least 15% of patients served with Alcohol Use Disorder (AUD) receive MAT Education/Services (3b)	**3/31/2025**
At least 50% of patients served receive Naloxone distribution by prescription (3c)	**3/31/2025**
At least 75% of patients served have a signed Release of Information (ROI) (4a)	**3/31/2025**
At least 30% of patients are referred and admitted to another level of care (LOC) within 30 days of discharge (4b)	**3/31/2025**
At least 45% of CalOMS admission and discharge records are submitted timely and 100% complete (5a)	**3/31/2025**
Interim Fiscal Report Submission (5b)	**Q2 due 1/31/2025 Quarterly, ending 3/31/2025**

FY 2024-25 Payment Reform Updates

REMINDER: SAPC Payment Reform – FY 2024-25: CB & I Email Updates

- **Key Updates**: Provides updates and key information on CB & I initiatives.
- **Deadlines**: Lists upcoming deadlines.
- **Meetings**: Includes upcoming activity meetings.
- **SAPC Listserv**: Sent via SAPC Listserv. Contact your CPA to be added.



COUNTY OF LOS ANGELES
Public Health

Substance Abuse Prevention and Control

SAPC Payment Reform – FY 2024-25

Capacity Building and Incentives Updates

11/27/2024

Dear SAPC Treatment Providers,

The Los Angeles County Department of Public Health, Substance Abuse Prevention and Control Bureau's (SAPC) Capacity-Building and Incentive (CB & I) opportunities are part of SAPC's implementation of CalAIM's Behavioral Health Payment Reform. CB & I is intended to support the provider network's growth and sustainability as the specialty substance use disorder (SUD) treatment system transitions toward more value-based care and reimbursement models.

Resources & Contact Information

- For more information on the FY 2024-25 Capacity Building Package and FY24-25 Incentives Metric Package, please visit SAPC's Payment Reform-Capacity Building & Incentives Funds website.

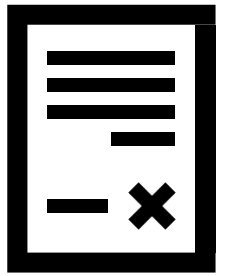
- If you have any questions or need additional information, please contact the Capacity Building & Incentives team at SAPC-CBI@ph.lacounty.gov

Contracts and Compliance Updates

Contract Main Line: (626) 299-4532
Email Address: SAPCMonitoring@ph.lacounty.gov

January 7, 2025

Contracts & Compliance Division Update

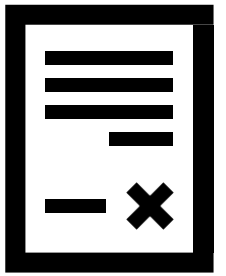


Recently Published Information Notices

- **24-10:** Pregnant and Parenting Women Expanded Recovery Bridge Housing Benefit.

Contracts & Compliance Division Update

Contract Management Section

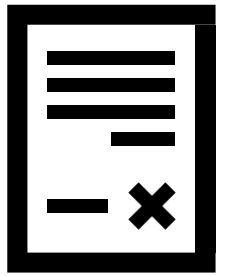


Fiscal Year (FY) 24/25 Contract Amendments (*See IN 22-14*)

- Contract Amendments take **3-4 months** to process.
- Submit once you have reached **50%** utilization.
- Deadline to submit 24/25 Amendment requests is **March 15, 2025**.
- Network approach to review and approval of amendment requests – Agencies must be responsive to the County, work to resolve any open issues or CAPs, and provide all necessary documentation timely.

Contracts & Compliance Division Update

Contract Management Section

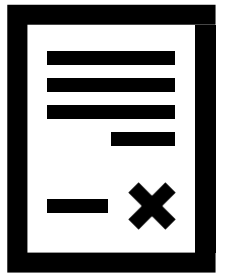


Fiscal Year (FY) 25/26 DMC Contract extensions

- Current DMC contract expires June 30, 2025;
- SAPC will extend the current contract for 1 year; and
- *FY 26/27 SAPC will be issuing new treatment contracts.*

Contracts & Compliance Division Update

Compliance Management Section



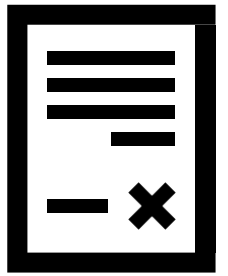
Corrective Action Plans (CAP)

- ✓ Corrective actions are captured based on all SAPC compliance activities;
- ✓ SAPC is also responsible for implementation of DHCS's identified CAPs;
- ✓ Open/unresolved issues may impact amendment requests; and
- ✓ Be responsive to all areas of SAPC and your Contract Program Auditor (CPA), particularly regarding requests for documentations and work to resolve and open and unresolved deficiencies, including A/C Reports and findings.

Contracts & Compliance Division Update

Compliance Management Section

Happy New Year - Reminders



- ✓ **Complaints** (DMC Contract, Paragraph 27) – *Agencies shall preliminarily investigate all complaints and notify the County (your CPA) of the (1) status of the investigation within 48 hours of receiving the complaint and (2) provide copies of all written responses to the County (CPA) within 3 business days of mailing to the complainant; and*
- ✓ **Holiday Closure Pre-Approval** (Provider Manual 9.0, page 38) – Providers must obtain SAPC approval when an outpatient facility is scheduled to close to observe a federal, state, local or religious holiday. Consistent with other health services, outpatient sites cannot be close for days other than actual recognized holidays (local or religious).
  Submit requests to: SAPCMonitoring@ph.lacounty.gov annually by July 1st.

DHCS Mandatory Outpatient AOD Certification

- **DHCS mandated all OUTPATIENT providers to be Alcohol and Other Drug (AOD) Certified in accordance with BHIN 23-058 and DHCS AB 118 FAQ.**
  - **Must apply by January 1, 2024;**
  - **Must obtain by January 1, 2025 – subject to $2000 per day fine, if late;**
  - **Outpatient/Residential DMC-Certified Providers are required to obtain AOD certification (AOD Certification is site specific); and**
  - **DUI and NTPs are exempt per DHCS.**

For more information see the DHCS notices above and/or visit DHCS' Facility Certification page:
https://www.dhcs.ca.gov/provgovpart/Pages/Licensing-and-Certification-Facility-Certification.aspx

THANK YOU!

Questions and Answers