



Clinical Services Division: Utilization Management & Quality Improvement Updates

Los Angeles County Department of Public Health
All Provider Meeting November 5, 2024
Substance Abuse Prevention & Control





Agenda



Addiction Medication Services



R95 Toxicology Policy Update



Updated Contact Email for Appeal/Grievances



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

24-04 - Fiscal Year 2024-2025 Rates and Payment Policy Updates

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[Rates and Standards Matrix FY 24-25 \(Updated - October 2024\)](#)
 07/18/24
- [FY 24-25 Service Codes & Rates and Standards Matrix Changes](#)
 10/22/24
-  07/18/24

Code Type	Sage Service Code Description	Code	Code + LOC U Code	Medical Assistant	Licensed Psychiatric Technician/ Clinical Trainee	Licensed Vocational Nurse/ Clinical Trainee	Peer Support Specialist	Registered Alcohol and Drug Counselor	Certified Alcohol and Drug Counselor	
643	MAT Services	Medication Handling/Safeguarding	H2010S	H2010S:U1	\$ 17.55	\$ 17.55	\$ 17.55	NA	\$ 17.55	\$ 17.55

24-04 - Fiscal Year 2024-2025 Rates and Payment Policy Updates

- Rates and Standards Matrix FY 24-25 *(Updated - October 2024)*
- FY 24-25 Service Codes & Rates and Standards Matrix Changes

- Billable for handling medications for patient self-administration, documenting medication information in a medication log, securing medication, locking storage cabinets, securing climate-controlled environments, distributing medications (allowed for any legitimately prescribed medications not restricted to addiction medications)
- **Allowable LOCs:** Applicable ONLY for residential levels of care
- **Rate:** Flat rate per service delivered to the patient. This is billable per service (handling episode) regardless of the number of medications involved per episode.
 - To illustrate: If an eligible practitioner handles 2 medications for Patient A and 10 medications for Patient B during a morning pill-call, there would be one H2010S service billed for each patient. If that same practitioner handles an evening pill-call service for these same patients, there would be an additional H2010S service billed for each patient.



***Expanded* Addiction Medication Prescribing Clinician Funding Opportunity**

- Start-up funding is available to all SAPC-contracted treatment agencies
- 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), **with no maximum amount**
- Designed to be combined / matched with local agency funds, and sustained beyond two years through SAPC billing for medication services



Funding Schedule

- Ratio of \$200,000 **per** 40 hours/week (or 1 FTE) of clinician time
- **Example 1:** \$200,000 **per** FTE one-time start up funding across 2 years:
 - \$150,000 **per** 40 hours/week during Year 1 (FY24-25)
 - \$50,000 **per** 40 hours/week during Year 2 (FY25-26)
- **Example 2:** \$400,000 **per** FTE one-time start up funding across 2 years
 - \$300,000 **per** 80 hours/week during Year 1 (FY24-25)
 - \$100,000 **per** 80 hours/week during Year 2 (FY25-26)



Addiction Medication Prescribing Clinician Funding Opportunity

- Capacity Building Payment: **Optional; strongly recommended.** This project is for start-up funds.
- Providers will be paid once an addiction medication (MAT) prescribing clinician implementation plan has been submitted and approved
- Payment can be issued before the implementation has been initiated / completed.
- Agencies will need to submit quarterly addiction medication (MAT) prescribing clinician implementation updates for approval to avoid recoupment. Expenditure verification is not required.



Next Steps To Apply

– Agencies Already Participating:

- Agencies with an existing approved Implementation Plan (on/prior to 9/1/2024) can submit an addendum application to request additional funding above what was previously approved

– Agencies Who Will Be Participating:

- Submit a new implementation plan



Workforce Development

SAPC Home / Providers / Payment Reform / Workforce Development

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

Capacity-Building

MEDICATION FOR ADDICTION TREATMENT (MAT) PRESCRIBING CLINICIAN

Approved Implementation Plan/Addendum (1-G)

Cost sharing opportunity to recruit, retain, and utilize medical clinicians, as members of the agency treatment team to provide medication services- also known as medication for addiction treatment (MAT)- directly to patients served by SAPC contracted agencies and paid via claims to SAPC. Providers without an implementation plan approved prior to 9/1/24 should submit an initial implementation plan; Providers with an approved implementation plan prior to 9/1/24 who are ready to expand the number of prescribing clinician hours beyond the original approval plan should submit an addendum. Submissions for either the plan or addendum with invoice required by 3/31/25.

- | | |
|--|--------------|
| - Invoice -Workforce Development | Due 03/31/25 |
| - Instructions for MAT Prescribing Clinician Start Up Cost Sharing (1-G) | |
| - Implementation Plan MAT Prescribing Clinician Start Up Cost Sharing non-OTP (1-G) | Due 03/31/25 |
| - Implementation MAT Prescribing Clinician Start Up Cost Sharing non-OTP-Addendum (1-G) | Due 03/31/25 |
| - Implementation Plan MAT Prescribing Clinician Start Up Cost Sharing OTP Only (1-G) | Due 03/31/25 |
| - Implementation for MAT Prescribing Clinician Start Up Cost Sharing OTP Only-Addendum (1-G) | Due 03/31/25 |







- Manuals & Guides
- Bulletins**
- Clinical
- Beneficiary
- Contracts & Compliance
- Finance
- CRLA

Contract Bulletins

Close All

Bulletins 2024

Subject	Date
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



Toxicology Guidance: Reaching the 95%





R95 Workgroup Meetings Optional; strongly recommended

Open All

Fiscal Year 24-25

October 16, 2024

Subject	Date
Presentation R95 Workgroup Meeting October 16, 2024 <i>(New - October 2024)</i>	 10/17/24
2nd Draft - Admission Agreement for Patient Signature Required Language (for comment) <i>(New - October 2024)</i>	 10/17/24
Provider Feedback Table for Admission Agreement (Due 10/30/24) <i>(New - October 2024)</i>	 10/17/24
2nd Draft – Toxicology Policy and Patient Agreement Required Language (for comment) <i>(New - October 2024)</i>	 10/17/24
Provider Feedback Table for Toxicology Policy and Patient Agreement (Due 10/30/24) <i>(New - October 2024)</i>	 10/17/24
3rd Draft – Toxicology Policy and Patient Agreement Required Language (for comment) <i>(New - October 2024)</i>	 10/24/24
Year 2 R95 Provider Meeting and Deliverable Calendar <i>(New - October 2024)</i>	 10/17/24

<http://publichealth.lacounty.gov/sapc/providers/treatment-provider-meetings.htm>



Toxicology Policy and Patient Agreement in Alignment with R95 Access to Care Expectations

- Toxicology testing serves as one of many tools to facilitate discussions with patients about their substance use, inform level of care placement, monitor treatment progress, and connect patients with harm reduction services, as applicable.
- Neither a positive nor negative toxicology test is a prerequisite for admission with an exception for contingency management for which toxicology testing is a required component of the treatment.
- A positive toxicology test result is not grounds for automatic discharge.
- Toxicology testing ultimately supports the individual recovery of clients.
- Toxicology testing can be part of a client's treatment goals and relapse prevention plan.



Toxicology Policy and Patient Agreement in Alignment with R95 Access to Care Expectations

- Patient Consent: While choosing to test is highly encouraged due to clinical benefits, prior to engaging in toxicology testing, patients must voluntarily provide written consent (see Patient Agreement). Staff provide information about toxicology testing and patients' rights to the patient in their preferred language.
- Screening Frequency: The frequency of toxicology testing will be individualized and determined by clinical need. Toxicology testing is not used as a "punishment" or to catch or entrap patients in cases of suspected substance use. Rather, testing provides an opportunity for the treatment team to engage in collaborative conversation with the patient, helping them reassess treatment goals, identify triggers, and strengthen their plan of care.
 - Random and for-cause toxicology testing may be offered to patients when there are instances of suspected use that impact the safety of the patient or treatment milieu. Results of such toxicology testing shall only be used in the same individualized and patient-centered approach as outlined in this policy.



Toxicology Policy and Patient Agreement in Alignment with R95 Access to Care Expectations

- Managing Patients with UNEXPECTED POSITIVE Results:
- The treatment team will make a clinical determination of the patient's current impairment due to substance use and ability to engage in treatment services that day.
 - Patients who lapse are not automatically transferred or discharged to emergency services, withdrawal management, or hospital settings unless the patient has medical and/or behavioral symptoms that necessitate these levels of care, as determined by qualified clinicians operating within their scope of practice.
 - When it is determined that the patient is functionally unable to participate in services or counseling due to the clinical features of intoxication, they will be provided a dedicated resting/sleeping area temporarily to facilitate improved staff monitoring when this supports the safety and comfort of the patient and other residents.
 - If it is determined that the patient is able to functionally participate in services or counseling, the patient will be connected with their counselor/treatment team to discuss the test results, the patient's goals, additional supports or services needed, and any necessary changes to the treatment plan.



Updated Contact Email for Appeal/Grievances



sapc_appeal@ph.lacounty.gov





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

Subject	Date
Appeal Form <i>(Updated - October 2024)</i>	 10/31/24
Complaint and Grievance Form <i>(Updated - October 2024)</i>	 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.	



COVID-19 Case Reporting, Masking, and Vaccination Update



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




COVID-19 Reporting Requirements

SAPC-IN 24-09

Contract Bulletins

Open All

Bulletins 2024	
Subject	Date
24-09 - COVID-19 and Influenza Vaccination Requirements, Masking Guidance, And Reporting Responsibilities <i>(New - October 2024)</i>	 10/18/24

All staff working under a Public Health contract or agreement in outpatient, opioid treatment program, residential, recovery bridge housing settings, DUI, prevention, harm reduction and any setting other than the specified licensed healthcare settings described below are strongly encouraged, but not required, to receive the currently recommended influenza and COVID-19 vaccines. Immunizations are the best way to protect against serious illness and death caused by influenza and COVID-19.

All staff who have direct patient contact or work in patient care areas in specified licensed healthcare settings, including Chemical Dependency Recovery Hospitals and Acute Psychiatric Hospitals (ASAM 3.7 and 4.0 Levels of Care), should receive the annual influenza vaccine and the most recent updated COVID-19 vaccine authorized for use in the United States for the current respiratory virus season.

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

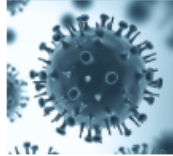


COVID-19 Reporting Requirements

SAPC-IN 24-09

- Licensed healthcare settings, such as chemical dependency hospitals, are required to report according to the instructions under the category “Acute Hospital Settings” or “Other Healthcare Settings”, depending on the setting.
- Community congregate settings, including residential and recovery bridge housing settings, are required to report based on the instructions under the category “Community settings”, sub-category “Community Congregate Settings”
- Non-congregate settings, including prevention, DUI, outpatient, and OTP settings are required to report according to the instructions under the category “Community settings”, sub-category “Workplaces”.
- Outbreak reporting: Report within (1) business day of being notified that Public Health has determined there is an outbreak requiring further investigation in any SAPC-contracted site or level of care.

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



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.

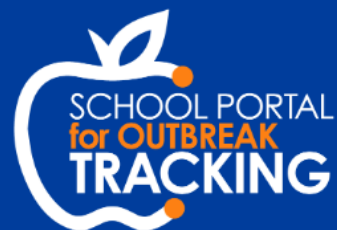
See below for reporting requirements and information by type of setting.

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>



Welcome to SPOT

New Users



Existing Users



SPOT Help and Training Material



- Select **Existing Users** if your local health department has provided you with a SPOT account and log in credentials.
- Select **New Users** if you do not have a SPOT account.

Why SPOT?

The goal of the School and Shared Portal for Outbreak Tracking (SPOT) is to expand California's contact tracing efforts by facilitating collaboration and sharing of information between schools, workplaces, congregate settings, other entities and local health departments (LHDs), through CalCONNECT, California's public health contact tracing and data management system.

<http://spot.cdph.ca.gov>



☰ DEFINITIONS (for community settings)

👤 Community Congregate Settings

🏫 Education Settings

🏢 Workplace Settings

Community Congregate Settings

Refers to

- **Community care facilities, including:**
 - Adult Residential Care Facilities, all license types
 - Continuing Care Retirement Communities
 - Psychiatric Health Facilities, not including Acute Psychiatric Hospitals
 - Residential Care Facilities for the Elderly
 - Residential Facilities for the Chronically Ill
 - Social Rehabilitation Facilities
 - Long-Term Care Facilities
 - Residential Substance Use Treatment Facilities
 - Mental Health Treatment Facilities
- **Sites that provide housing for people experiencing homelessness such as:**
 - Shelters
 - Recuperative care centers
 - Single room occupancy hotels (SRO)
- **Correctional/detention facilities**

When to Report

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](https://spot.cdph.ca.gov)

SPOT Reporting Quick Guides



For additional assistance, contact the [Community Outbreak Team](#).



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](#)

lessness such as:

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**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](#).



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