March 5, 2024 PROVIDER MEETING
FAQ

All slides and the recorded presentation are posted on the SAPC Network Provider site:
http://publichealth.lacounty.gov/sapc/NetworkProviders/Regulations.htm

	QUESTIONS	ANSWERS (AND UNIT RESPONSIBLE)
1.	Where can providers access the resources shared during this meeting?	• SAPC Provider Advisory Committee (PAC) webpage • SAPC Bulletins webpage • SAPC Training Calendar • MAT LA Clinic Directory • Recruitment resources: CSAM Career Center • ASAM Career Center • 30-day Timeliness of Authorization included in SAPC IN 20-11 • SAPC IN 24-01: Addiction Medication Access in the SAPC Treatment Network • SAPC IN 22-14: Fiscal Year (FY) 23/24 Contract Amendments review
Special Programs and Initiatives		
2.	a. What is Senate Bill (SB) 43 and when is it being implemented in Los Angeles County? b. What aspects of LPS designation seem feasible for SAPC providers to consider? c. What are the key barriers to LPS designation? d. What do SUD agencies need in order to consider LPS designation? e. Will all LPS designated individuals be law enforcement and will they required to utilize the Diagnostic and Statistical Manual (DSM) criteria to make	a. SB 43 was signed into law in October 2023. It is the most significant reform to the Lanterman–Petris–Short (LPS) Act since it was enacted in 1967. It significantly expands California's criteria for involuntary detention and conservatorship by creating a new set of eligibility criteria that are based solely on a person's mental health disorder or "severe" substance use disorder (SUD), if that disorder will result in someone being unable to provide for their basic needs of food, clothing, shelter, personal safety or necessary medical care. It also allows health records to be used as evidence in LPS conservatorship proceedings, ensuring individuals can be conserved without requiring testimony from their treating team. SB 43 went into effect on January 1, 2024, but will be implemented in Los Angeles County in January 2026. b. To be an LPS facility, establishing a DMH contract would be a requirement for SAPC providers. c. There are no LPS facilities for SUD only clients, additionally, there are significant facility requirements, staffing and training needs which need to be met. d. Physical modifications to the facility, staffing changes, and contracts with DMH are needed before providers can seek to become an LPS designated facility. e. No, not all LPS designated individuals are law enforcement as they can also be clinicians at health facilities. In their assessment, LPS

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	a "severe" SUD determination? f. What is the expectation of the SAPC network in the implementation of SB 43? g. Is the only criteria for severe SUD point in time?	designated law enforcement should utilize a criteria-based determination for severe SUD based on the DSM. This will most likely require training law enforcement on DSM criteria for severe SUD as they are not able to make a diagnosis. f. There is no expectation for SUD agencies to pursue LPS facility designation, and this is entirely optional. g. Yes, this will be the way "severe SUD" is defined at this point in time.
3.	Will Department of Mental Health (DMH) continue to take the lead with LPS facilities?	Yes, DMH will continue to take the lead in this space with SAPC working with them closely. There is currently no State sponsored facility for SUD services only.
5.	What is the impact of the Mental Health Services (MHSA) Modernization Act (Proposition 1) on SB 43?	Proposition 1 shifts 30% of MHSA funding to housing, leaving less funding for outpatient services. SAPC does not receive a significant amount of MHSA funding, however, an indirect impact relates to our work with DMH on the financial side. For SB 43, Proposition 1 can impact the outpatient mental health services that DMH can offer.
6.	a. In the California Outcome Measurement System (CalOMS), is the intake required to be entered within 7 days of the first intake appointment? b. Finding missing CalOMs data in the reports is very labor intensive. What steps is SAPC taking to ensure the data is captured in a meaningful way? c. How can providers reach the Health Outcomes and Data	a. CalOMS is not required for patients who did not participate in an intake and are not officially enrolled in treatment. CalOMS is required for patients who participated in a formal intake and who have enrolled in treatment. For non-residential levels of care (recovery services, outpatient, intensive outpatient, and opioid treatment program) who provide patients with 30 days or 60 days of flexibility (based upon the patient's age and/or homelessness status) between the date of admission and when the full ASAM assessment is completed should complete the CalOMS **within 7 days of the date of admission.** b. SAPC-HODA team has implemented a numbering system for all CalOMS data fields. Moving forward, any missing data field numbers will be included in the HODA's Monthly Data Quality Report (DQR), beginning with the March DQR. In addition, SAPC has been working with Netsmart to populate required fields so providers do not miss any data entry for all required/necessary data fields. SAPC will send out a notification once finalized. c. Please send an email to HODA_CalOMS@ph.lacounty.gov

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	Analytics (HODA) team?	
7.	How can providers join the Provider Advisory Committee (PAC) Workgroups?	Please contact Kathy Watt at wattvnrh@aol.com and Armen Ter-Barsegyan at ater-barsegyan2@ph.lacounty.gov if you are interested in joining any of the PAC Workgroups.
Sage		
8.	How can providers address trainees who lack NPI numbers in the PCNX train environment?	All trainees need to have an NPI number that can be obtained via the National Plan and Provider Enumeration System (NPPES) system. SAPC and DHCS adjudicate based on an active NPI number for the service.
9.	Are the new taxonomy codes valid now?	The taxonomy codes for the current provider categories in Sage are valid and can be updated in Sage currently. However, Sage is not yet ready to bill for the new provider categories. We are in the process of updating the rates for all the new discipline types. However, we can prepare by updating the staff information as needed. If you need to update the taxonomy code for a staff member, please submit a user modification request to sageforms@ph.lacounty.gov.
10.	Can trainees be billed as License Eligible Licensed Practitioner of the Healing Arts (LE-LPHA)?	No, trainees cannot be billed as LE-LPHA. Trainees are not considered LE-LPHAs. Trainees are those clinicians who are still in a graduate program. LE-LPHAs have graduated and are in the process of licensure.
11.	Where can providers locate rates associated with the new billable disciplines?	SAPC is revising the rates matrix with the updated disciplines and associated rates. The rates for clinical trainees will be the same as the licensed staff supervising them. For example, the rate for a Marriage and Family Therapist (MFT) will be the same rate as the Licensed Marriage and Family Therapists (LMFT) supervising them.
12.	Do residential services need to be rolled up?	Residential day-rates and room & board do not need to be rolled up, however, additional services provided not included in the bundled rates should be rolled up.
13.	How can providers contact SAPC Finance and Sage with questions and concerns?	Providers can contact Finance at SAPC-Finance@ph.lacounty.gov or (626) 293-2630. Sage can be contacted at Sage@ph.lacounty.gov.
Addiction Medications (aka MAT or Medications for Addiction Treatment)		
14.	Can prescribers deliver MAT services off site or does the service need to be at the provider location?	Patient's are permitted to receive SAPC-billable virtual telehealth or telephone medication services when they are off-site regardless of the prescribing clinician's location. If the patient is being seen off-site **and** in-person then the

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		agency should obtain field based services approval through the process described in SAPC Information Notice 23-14.
15.	Can the same prescriber for withdraw management be used for MAT?	Yes. For agencies seeking the option but highly recommended Workforce Development Capacity Building 1E Cost-Sharing Start-Up Funding, this start-up funding should be applied to expanding services (not subsidizing existing services). Agencies can utilize their existing prescribing clinician (if they are based in a withdrawal management setting) to make additional hours available to additional patients. Options to add additional hours include adding additional hours from their existing clinician and/or hiring additional prescribing clinicians. Agencies seeking the Workforce Development Capacity Building 1E Cost-Sharing Start-Up Funding should describe their plan in the implementation plan which is available here and should be submitted via email to sapc-cbi@ph.lacounty.gov with subject line "1E Addiction Medication (MAT) Prescribing Clinician Implementation Plan" along with Invoice 1: Start Up Funds Attestation by 4/19/2024.
16.	What is the MAT consultation line?	LA County's Department of Health Services operate a telehealth services line for LA County treatment agencies working with patients who need on-demand addiction medication services and who are awaiting establishing continuity of care with a prescribing clinician. It can be reached through **213-288-9090**. The consultation line should be called by staff (not by patients directly). The call line is staffed by substance use navigators and, when indicated, the caller and patient are connected to an on-call prescribing clinician for on-demand care. It is not a replacement for continuity addiction medical care but is an option when patients need to be initiated on addiction medication are and pending establishing care with a continuity prescribing clinician.
Capacity-Building		
1 - Workforce Development		
17.	a. Under the new category 1E, Addiction Medication Prescribing Clinician, since Incidental Medical Services (IMS) certification is required for residential programs, is there a requirement for providers to have hired a clinician and to spend the funds this	a. For agencies seeking the option but highly recommended Workforce Development Capacity Building 1E Cost-Sharing Start-Up Funding, no, it is not required to have already hired a clinician and have already obtained IMS certification to prepare an implementation plan along with the capacity building invoice. However, the plan to hire one or more prescribing clinicians and pursue IMS for any facility proposed to have on-site medication services are required components of the implementation plan. Startup funds are provided when the plan reviewed and approved, but agencies do not need to have already fulfilled all components of the plan to receive start up funding.

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	year to meet the requirement? b. Can the prescriber be an independent contractor? c. What portion of a prescribing clinician's time needs to be spent in clinic?	b. Yes, the prescriber can be an independent contractor. Regardless of whether the clinician is hire or contracted, they are expected to adhere with SAPC Information Notice 24-021. c. For agencies seeking the option but highly recommended Workforce Development Capacity Building 1E Cost-Sharing Start-Up Funding, not less than 20% of the proposed additional clinical hours should be spent treating patients in person and on-site. SAPC wants to ensure in person care is available for patients for whom in-person services are preferred by and clinically appropriate for the patient.

Links provided:

DPH COVID-19 Website: http://publichealth.lacounty.gov/media/Coronavirus/