

Substance Abuse Prevention and Control Contracts & Compliance Updates

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Annual Contract Monitoring

- First DUI Review July through October 2024
- <u>Second DUI Review</u> January through May 2025
- Prevention, Harm Reduction, Treatment October 2024 through May 2025
 - Annual Audit
 - Prevention Timing to ensure services are well underway
 - Harm Reduction Timing to ensure services are well underway
 - Treatment Timing ensures claims submitted for delivered services



- Capacity Building → Incentives → Value (Outcome) Based Care
- These efforts reflect SAPC's strategic priorities and may become required components as the treatment system moves to value-based care.
- Agencies should participate in as many areas as needed to support delivery of quality and outcome-based care.
- Agencies need to reinvest funds into the program and/or staff.

Our Contract Program Auditors (CPA) will review your agency's participation in FY 23-24 and planned participation in FY 24-25 and discuss opportunities and challenges, and understand your process for reinvesting these funds.



- 45 agencies implemented the new R95 admission policy.
- 47 agencies implemented the new R95 discharge policy.
- And hopefully, the remaining agencies will participate this Fiscal Year!
- Prospective patients should begin to feel and see agency-level changes.

Our Contract Program Auditors (CPA) will ask their participating providers how the implementation process is going, and if they are not participating learn why. It will be important to hear how your staff are implementing these changes and what (if any) additional technical assistance and training is needed.



- For a limited time, residential providers can bill separately for the following in addition to the day rate and room and board rate.
 - Care Coordination Peer Support Medication Services Recovery Services
- When the State proposes bundled residential rates, it will include costs for the above services.
 - New rates will be <u>dragged down</u> unless ALL providers bill for this!

Our Contract Program Auditors (CPA) will look at residential claims to determine how frequently these services are provided and discuss opportunities and challenges to ensure appropriate utilization and claims.



 Providers are required to submit complaints and grievances from patients to SAPC, however, the data indicates this is not happening.

All Contracted Agencies	156
Agencies w/ G&A	30
Agencies w/out G&A	126

DMC Contracted Agencies	88
DMC Agencies w/ G&A	30
DMC Agencies w/out G&A	58

Our Contract Program Auditors (CPA) will connect with agencies who do not have any complaints / grievances and ensure that all agencies submit the required quarterly log as noted in the NOABD section of the Provider Manual.