## SAPC Provider Meeting - May 4, 2017
## *IMPLEMENTING NEW PROGRAMMATIC STANDARDS AND SERVICES*

| Question | Answer |
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| Does SAPC or anyone have a list of "paid or unpaid" translators we can contact to translate our patient orientation manuals: Spanish and Korean?<br><br>Does our communication/documentation have to be written as well as spoken in the language of the client? For example: intake, patient manual, treatment plan, etc. If yes, where do we go to get the translations when we don't have professional translators? | "No" is the answer to both questions. Only patient-facing information such as consent forms, patient bill of rights, etc. need to be translated. SAPC will translate its templates into the threshold languages. If provider agencies elect to develop their own patient-facing forms such as those listed above and as permitted, they will need to be translated into languages in which services are delivered by the agency. |
| The initial agenda stated that minimum staffing standards and requirements would be items covered. Can you address this topic? | Due to the complexity of the topic, SAPC opted to hold a separate stakeholder workgroup meeting on Thursday, May 11, 2017, at The Alhambra Auditorium, 1000 South Fremont Avenue, Alhambra, CA 91803. |
| Will SAPC under the DMC-ODS delivery system reimburse case management services by telephone and telehealth? | Case management services may be reimbursed by telephone. However, other forms of telehealth will not be reimbursed, at least within Fiscal Year 2017-18. |
| MD on site for 8 hours, MD per site: how can PAs and/or NPs be used? | Nurse Practitioners (NPs) and Physician Assistants (PAs) can be used for the unique services they are able to provide based on their qualifications and scope of practice. For example, they could be used for physical exams, MAT (with the appropriate training if they are wanting to prescribe buprenorphine), addressing co-occurring mental or physical health conditions in clients, serving as clinical supervisors for staff, training on MAT, etc.<br><br>In summary, NPs and PAs can do many things a Medical Director could also do, but importantly, they CANNOT serve as the official State-recognized DMC Medical Director and will not suffice as qualifying for the 8 hour/month minimum onsite presence of DMC Medical Directors that SAPC requires. |
| Are there any safeguards to prevent "CENS" from engaging in "self-dealing" as is prevalent with "CASC"? | SUD treatment referrals will be based on the Service and Bed Availability Tool (SBAT) and client preference. The ability of CENS providers to refer to their own treatment programs should be minimized. SAPC will continue to closely monitor referrals initiated by CENS. |
| What is an "experienced" registered counselor relative to providing case management services? | A registered counselor who has past or current experience in providing case management services as well as knowledge and training in case management would be considered experienced. Beginning July 1, 2018, to be able to conduct services under START-ODS, a registered SUD counselor must have completed:<br><br>1) At least 6 months of paid or unpaid supervised work experience as an SUD counselor in a State-licensed alcohol and other drug treatment facility;<br>2) SUD counseling; and assessment, treatment planning or case management courses from an accredited addiction studies program, college or university; and<br>3) Motivational Interviewing, Cognitive Behavioral Therapy, Medication-Assisted Treatment, and the ASAM Criteria trainings. |

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| Is CalWORKs program ending on July 1st?<br>Is the G.R. program ending on July 1st?<br>I understood those programs would be ending. | Yes, statements of work for both programs will expire and the funds will be repurposed into DMC contracts. However, the Department of Public Social Services will continue to refer CalWORKs and General Relief participants to SAPC for SUD treatment services. |
| How do we get a copy of the provider manual and a copy of the patient orientation manual template? | SAPC is in the process of finalizing both the Provider Manual, and the Patient Handbook (also known as the patient orientation manual). SAPC is aiming to release the draft Provider Manual by the end of May 2017 for comments and/or further recommendations. The Patient Handbook will be shared with the providers as soon as possible. All contractors will be required to use the County-developed Patient Handbook and thus should not develop their own version. |
| For Field-Based Services, aside from a SAPC - approved work plan, do we need to also obtain separate DMC certification for those field locations? | FBS sites are intended to be service site locations where services are provided on a part-time basis at non-SUD primary locations. SAPC is confirming with DHCS whether the site needs to be DMC certified; however, regardless of that response any permanent sites will need to be added to the SAPC contract. The work plan will allow flexibility in expanded services to site locations as needed throughout the fiscal year. |
| If you currently serve adults but want to serve the young adult population (18-20), how do we become eligible with SAPC to provide SUD services for this population? | Interested providers must submit a request to SAPC to add this population to their contract. |
| For DMC services, can a client receive and an agency be paid for multiple services a day (i.e., Case management, group and individual sessions)? | For "Individual and Group" services, duplicate services on the same day is allowed. See the DHCS' MHSUDS 16-007. |
| If clients received Medi-Cal from one program (outpatient) and then they move to another program, will services be rendered for as long as they are eligible? Will there be any billing conflicts? If so how do we avoid Medi-Cal discrepancies? Please provide Dos and Don'ts. | Yes. If Medi-Cal enrollment is active, providers are able to bill if a client transfers from the care of one provider to another. However, an individual cannot be concurrently enrolled in two or more levels of care (except Opioid Treatment Programs and Recovery Bridge Housing) or be enrolled by more than one contractor at a time (except Opioid Treatment Programs and Recovery Bridge Housing). |
| Courts as well as probation and parole have usually sought at least a 6 month requirement in a residential program. Have the local criminal justice system been made aware of the new 60-day model?<br>(This relates to CENS targeting individuals who are criminal justice-involved.) | Yes. SAPC has conducted a number of meetings with Criminal Justice entities to discuss the changes brought by the Drug Medi-Cal Waiver for specialized populations. DHCS allows for the provision of residential treatment services up to six months for Criminal Justice-Involved individuals. However, Drug Medi-Cal will only pay for a maximum of 90 days with one 30-day extension in a one-year period based on medical necessity. The remaining treatment episode, per medical necessity, would be payable through alternative funding sources, such as Assembly Bill 109. |

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| If assessment is completed and it is determined that the person does not meet medical necessity, can providers still be paid for the assessment only? | No. An individual must meet medical necessity in order to submit a claim for an assessment. The Youth Engagement Screener or the ASAM Triage Tool should be completed before initiating the full assessment to prevent uncompensated clinician time. |
| How does a young person sign up for minor consent services? | Minor consent is a non-Modified Adjusted Gross Income program that existed prior to Health Care Reform. To qualify, a person can contact the DPSS Customer Service Centers for information on minor consent or meet with DPSS intake worker to determine if one is eligible to receive limited services under minor consent. |
| In order to determine county of residency when the person is homeless, can we use "intent to reside" rule to comply with county of residency? | For Medi-Cal, the benefits must be assigned to Los Angeles County. Therefore, the benefit must be transferred if assigned to another County. If the individual applying has not received Medi-Cal previously, then follow the instruction on the Your Benefits Now website to determine how to document homeless status. |
| Can Field-Based Service (FBS) be conducted in patients' homes? And how is FBS billed? And what is the rate? | No, FBS cannot be conducted at patients' homes. Rates for FBS are billed at the same amount and process as Outpatient and Intensive Outpatient services. |
| The 45-day clock is a long time to consider when a person needs and is ready to engage in SUD treatment. Is payment for service rendered retroactive to date of application of date of approval? What does SAPC recommend to align these different clocks? | Payment for service is retroactive to the date when eligibility was appropriately documented in the submitted application. Providers may still admit patients needing SUD treatment pending DMC enrollment. However, the provider risks shouldering the cost of services if enrollment gets ultimately denied. SAPC is inquiring with DHCS regarding this process. |
| Can RSS be provided for clients who drop out of treatment (and not complete treatment)? And can RSS be provided in their communities (i.e., home, school, parks, etc.)? | Yes. The benefit for Recovery Support Services (RSS) is accessed after patients leave SUD treatment in outpatient, intensive outpatient, residential treatment, opioid treatment program, and/or withdrawal management services. RSS can be conducted at field-based sites as approved by SAPC. |
| How do you do the application for Presumptive Eligibility? Should we do that with all our clients now to prevent any gaps prior to start of "official" Medi-Cal? | Presumptive Eligibility (PE) for low-income pregnant women and Hospital Presumptive Eligibility (HPE) for qualified residents are Medi-Cal programs that offer immediate and temporary prenatal and health care while applying for those who do not have or are awaiting enrollment into Medi-Cal. SAPC recommends that providers actively enroll new and existing clients into Medi-Cal using DPSS' Your Benefits Now webpage. |
| How does SAPC comply with Federal Rules related to access, given issue of Medi-Cal eligibility? Is John saying access rules only apply to "enrolled beneficiaries," and others are placed on the waiting list? | SAPC and, by extension, its contractors need to comply with timely access to care requirements for Medi-Cal beneficiaries; SAPC is applying the same timely access standards to My Health LA participants. This means that if an agency is not able to conduct an assessment and enroll the patient within 10 business days of the referral (for FY 2017-2018), then the individual needs to be provided with referrals to another agency that can accommodate the timeliness expectations. There are no waitlists allowed for Medi-Cal beneficiaries, although a patient can refuse referral based on preference but this needs to be documented in the patient's chart, along with the provided referrals to avoid contact compliance concerns. |

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| How will CENS and BAL know the available beds/slots on July 1, 2017 if SBAT is not yet ready? | SBAT will be live by July 1, 2017. |
| For a person seeking services whose residency is in another county, can he/she transfer benefits to LA County? What is the process and timeframes? | Yes. Per DPSS, to transfer Medi-Cal benefits to Los Angeles County contact the individual's assigned worker from the originating County. This must be done immediately as substance use disorder treatment services will not be reimbursed by Drug Medi-Cal for services delivered before the Medi-Cal benefits are officially assigned to Los Angeles County. |
| In Daniel Deniz' slide, it indicated that "Non-county residents will need to complete treatment by July 1, 2017 or transition to other program/s." Can a client/resident who receives Medi-Cal from outside counties contact their workers now to convert to LA County? | Yes, providers should make all effort NOW to ensure clients are prepared for July 1, 2017. |
| Is SAPC going to approve Peers in Recovery Support? | No, at least not during FY 2017-2018. |
| Related to out-of-county clients' transfer, are they transferring all benefits (i.e., primary care)? | Yes. If Medi-Cal is transferred it includes all related benefits, including primary care. If the individual is receiving non-SUD services in another County the individuals should confirm if this would require a change in their primary care doctor too. |
| How are group sessions billed? Previous slides show $293.60 for 60-minute group for 10 people, but today's slides show 45-90 minutes, so does this mean it's $29.63 x 3 units (45 min) = $88.89? or $88.89 x 10 people? | The DMC group rate for Waiver opt-in Counties according to Chapter 6 of the Department of Health Care Services (DHCS) Drug Medi-Cal Billing Manual is calculated as follows: (# minutes in the group divided by # of participants in the group) times (LOC group rate divided by 15 to get per minute rate) = amount claimed per person.<br><br>Examples using ASAM 1.0 Rate of $29.63 per 15-minutes:<br>- (60 minute group ÷ 10 participants) x ($1.98 ASAM 1.0) = $11.88 per person or $118.80 per group (each person claimed separately)<br>- (60 minute group ÷ 5 participants) x ($1.98 ASAM 1.0) = $23.76 per person or $118.80 per group (each person claimed separately) |
| Will SASH and CENS be assisting with Medi-Cal application if not enrolled prior to making referral? | Not currently for the SASH; this is a provider responsibility. However, CENS staff may also be able to assist clients with completing an application for Medi-Cal on the Department of Public Social Services' Your Benefit Now! (YBN) online portal. The CENS will only provide this service to targeted individuals assessed at designated co-locations (e.g., probation, courts). Once clients arrive for treatment, it will then be the providers' responsibility to verify their Medi-Cal enrollment status. For those that have not applied for Medi-Cal, it is the responsibility of the receiving provider to enroll the individual into the Medi-Cal benefit. |
| Will SAPC be releasing a FORM for Case Management prior to release of SAGE? | No. Providers should just use their progress notes. There does not need to be a special case management form unless they want to develop one. SAPC will not be requiring this. |

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| Will SAPC provide detailed information regarding units, rates, and other requirements for each type of service?<br>For example, one of the slides says, "progress notes shall clearly identify session as individual, group, or collateral." Can we bill for individual session with collateral, or is that for case management only? | SAPC's START-ODS Finance and Rates Plan provides details on the rates and expected clinical and business capacity investments. SAPC is also developing a rates spreadsheet that includes detail on billable services and any service minimums/maximums. For claims submission, services (e.g., individual session, collateral, case management) will need to be billed separately by Healthcare Common Procedure Coding System (HCPCS) code.<br><br>The Quality Improvement and Utilization Management plan has more information on clinical standards, including progress notes. SAPC is also developing a Provider Manual that will include additional details on program, clinical and administrative standards (that will soon incorporate information from the QI & UM Plan). |
| Will SAPC provide guidelines/training to providers on medical necessity, documentation guidelines for recovery support services, timelines for treatment plan review, etc.? | The QI & UM Manual specifies these guidelines, and the Provider Manual which will be released before DMC-ODS launch will also specify these details. Providers must familiarize themselves with medical necessity determinations, documentation requirements, timelines, etc. and operationalize this within their clinics and facilities. This is a contract provider responsibility. |
| How can CBOs/CFOs access the YBN dashboard and acquire login credentials to verify Medi-Cal enrollment? | Individual patients/beneficiaries who are unsure if they have Medi-Cal coverage can verify eligibility by contacting DPSS' Customer Service Centers at (866) 613-3777. If the patients do not have Medi-Cal coverage, they themselves may – or as assisted by SUD providers – apply online by accessing Your Benefits Now! (YBN) online application portal at dpssbenefits.lacounty.gov. |