

SAPC Provider Meeting - May 11, 2017
PROVIDER DIRECTORY SURVEY AND STAFFING GRID

Question	Answer
The approval period is 45 days, so after the 45 days approval period, how long does it take SAPC to reimburse the provider?	SAPC reimburses providers by the 25 th of the month for the previous month's claims when submitted by the 10 th of the subsequent month.
How do I get on the email list for ODS/SAPC, etc.? Currently, my CEO gets the emails but I would need to get them as well as the Director of our program.	Three individuals per agency can be added to the SAPC Contractor listserv. It is the responsibility of the Executive Director to determine a procedure to disseminate information to agency staff. Oftentimes, the agency's SAPC assigned Contract Program Auditor or System of Care Liaison will also send information to contact lists.
Please confirm: In residential services, a billable clinical group can have no more than 12 participants, yes? How many clinical staff (registered and above)	Any group session can have between 2 and 12 participants. One or two qualified facilitators are allowed but it does not change the rate.
Is the MD required to sign the Initial TX plan? Or can the LPHA sign that one as well?	No, the Medical Director is not required to sign the treatment plan. This can be done by an LPHA once the Drug Medi-Cal Waiver is implemented on 7/1/17.
Alcohol and Drug Testing under the level of requirements table indicates that a Registered SUD counselor would have to do it. Is that correct? It seems to be that a trained support staff could collect the urine sample for drug screening.	Trained staff can collect the urine sample for drug testing, and do not need to be SUD counselors or LPHAs. In addition, DHCS recently informed SAPC that UA testing is not a billable service under DMC.
Until Sage is available, how will residential submit requests for pre-authorization of services?	SAPC will distribute information on the transition plan in June 2017.
Is specialized training mandated in order to perform OR sign off on an ASAM ASSESSMENT?	All staff performing an ASAM assessment or signing off on an ASAM assessment need to be trained in using the ASAM Criteria. At this time, SAPC does not have specific requirements on who needs to conduct the training and/or how much training is required.
Registered and Certified Counselors should be allowed to sign the treatment plans which they develop. This is within their scope of practice and will also help smaller SUD providers who may have less or limit access to LPHA providers. Not all smaller SUD providers have an LPHA as the clinical supervisor of the program.	All SAPC contractors must have at minimum a Medical Director beginning July 1, 2017 as this is a DMC requirement. Additional LPHAs can be used to oversee select clinical tasks as defined. Registered and Certified Counselors need to sign the treatment plans developed. The Medical Director or other LPHA must co-sign the treatment plan.
Can you tell me if the treatment documentation forms developed by SAPC will be finalized? I believe they are still in draft form. Will we use those forms until SAGE is implemented?	The clinical documentation forms are being finalized and incorporated into Sage. Prior to Sage being implemented, paper-based clinical documentation forms will be used. More details regarding the transition plan between when the Drug Medi-Cal Waiver is launched and when Sage is implemented will be available in June 2017.

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<p>Trained Support Staff should be able to perform the additional functions: H0001 Intake Forms and Documents (non-clinical function) H0048 Alcohol/Drug Testing (non-clinical function) H0038-R Recovery Monitoring Recovery Bridge Housing (Housing Managers) - today this function is handled by Techs which are none registered/certified Counselors. Since housing by definition and regulation is not treatment; why would you mandate it be a Counselor?</p>	<p>Given that the minimum bar to become a registered counselor is only 9 hours of training, there is a need for us to professionalize our workforce by elevating the training level of our workforce. SAPC has modified UA testing allowing trained support staff but maintained intake related efforts given the clinical nature of the work and to ensure adequate explanation of essential documents such as consent forms and understanding the implications and importance or data collection.</p> <p>While Recovery Bridge Housing (RBH) is not considered treatment, the RBH setting should be a therapeutic environment that is tied closely to treatment services. As a result, housing managers should have some familiarity with how to address individuals with SUDs in a therapeutic and recovery-oriented manner.</p>
<p>For the Face to Face between LPHA and counselor, do these meetings need to be documented? Can they be billed?</p>	<p>The face to face review to confirm medical necessity must be documented and is not a billable service as it does not require involvement of the patient..</p>
<p>We do not see H0020 (methadone dosing) on the staffing grid. Has it been omitted inadvertently?</p>	<p>Methadone H0020 is allowable and will be more clearly added.</p>
<p>Does level 3.1 or 3.5 residential have a minimum number of hours of service provided per week?</p>	<p>Yes. This information will be included in the Specific Services to be Provided document in the Contract and the Provider Manual to be distributed shortly.</p>
<p>Do unlicensed LPHA's working under a licensed LPHA have to be registered with a SUD certifying agency?</p>	<p>No, Licensed-eligible LPHAs as defined by the regulations do not need to be registered as an SUD counselor.</p>
<p>If you have a 17 teen year old in teen groups, and he turns 18 before he finishes his program, moving him into adult population could have a negative effect on his recovery.</p>	<p>Agencies can provide services to a teen if he/she entered the group prior to age 18 and has not reached the age of 19. Agencies can provide services for these individuals for the purpose of maintaining therapeutic or educational benefits that a person can obtain from completing a teen program. Agencies that seek to serve individuals over 18 should expand to serve the young adult (18-20) to ensure to delivery of age and developmentally appropriate services. If separate groups are not available, the agency could also focus on individual level services instead.</p>
<p>What services in residential are to be billed separately from the daily rate?</p>	<p>Only case management services are billed separately from the residential day rate, however, residential providers will need to report all delivered services.</p>
<p>Where can we find the definitions for all of the new (and existing) HCPCS codes?</p>	<p>SAPC will release this information as part of the Provider Manual and possibly a Contract Bulletin. It is still being finalized.</p>
<p>What is your target date for making the provider directory available on-line so a consumer can look for treatment? Once available on-line would recommend that individual providers be able to directly update their own information. For example, updating a phone number.</p>	<p>The Service and Bed Availability Tool (SBAT) that includes the Provider Directory will be available on a publicly accessible website on July 1, 2017.</p>

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With regard to the Provider Directory Survey, as a residential program, you are open 24 hours a day, 7 days a week that is not a response available, will it be?	This response choice has been added to the survey.
If somebody for example holds one group monthly targeting LGBTQ men and women - or any other population would somebody be referred to that agency?	SAPC has not yet decided what the referral prioritization plan will be with regard to group meeting frequency for special populations.
Group billing only applies for Outpatient programs not residential. Am I correct.	The group rate only applies to outpatient levels of care, however, residential providers will need to report all delivered services.
If it is determined that a client does not qualify for DMC, will they qualify for another contract?	The populations served under SAPC contract will be Medi-Cal, My Health LA and individuals participating in criminal justice funded programs such as AB 109. Individuals who are underinsured (e.g., non-Medi-Cal with high deductible/co-pay) will not be reimbursed by SAPC although providers could choose to provide services via sliding scale fees.
For targeted population programs, does the miles not factor in for the referral?	It is the County's understanding that time and distance standards apply to service provider availability overall and not by specialty program or population.
When will the provider manual be available?	The provider manual is currently being finalized and will be available for providers within the next few weeks.