What you need to know about system-level changes and critical issues since the last All Provider Meeting
UPCOMING SAPC TRAININGS

August 28, 2018: QI & UM Provider Meeting (in afternoon)
August 29, 2018: ASAM CONTINUUM Users Group Meeting
September 18, 2018: Community Prevention Initiative Cultural Competence Training
September 20, 2018: Cultural Competence in Working with Homeless
September 21, 2018: SAPC-UCLA Lecture Series: Opioid Crisis
September 2018: Language and Disability Access Workgroup
October 20, 2018: Buprenorphine Waiver Training

NEW/UPCOMING DHCS INFORMATION

Medication for Addiction Treatment (MAT): DHCS has clarified that “residential and outpatient providers cannot deny a patient utilizing or needing MAT from program participation.”

NOTE: SAPC strongly recommends residential providers obtain Incidental Medical Service (IMS) approval from the State.

PATIENT- VS. PROGRAM-CENTERED CARE: Make Care Accessible to All in Los Angeles County

Accessing care for any SUD patient can be difficult. Our system of care is meant to expand services for patients, not restrict them.

Example 1: A patient should not be turned away from services because they currently receive MAT services nor be required to meet program-specific requirements such as: historical experience with other withdrawal management program, continuous use of medication, or possess a prescription in order to receive treatment.

Example 2: A patient with a co-occurring mental health condition should not be excluded from residential services solely because they report a suicide attempt in the past 12 months, particularly if they are actively receiving mental health services and are stable.
PATIENT- VS. PROGRAM-CENTERED CARE:
Make Care Accessible to All in Los Angeles County

• Service and Bed Availability Tool (SBAT) Survey Updates
  – About 90% of providers have submitted at least one completed SBAT survey.
  – We are still missing updated surveys for specific locations.
  – If your CPA contacts you, please respond with the requested information.
  – NOTE: For residential providers, business hours means the **office hours** when there is someone available to answer business calls (i.e. not 24 hours).

• Intake Hours:
  – Update the SBAT in the "Intake Appointment" column to ensure that the intake hours listed are actually the time in which staff are available to conduct intakes, and not simply your business hours.
  – Providers are expected to answer calls during lunch hours and during the intake hours listed on the SBAT.

PATIENT- VS. PROGRAM-CENTERED CARE:
Treatment Standard Reminders

• Documenting Patient-Centered Care:
  – Language on Treatment Plans for either the same or different patients MUST reflect "individualized care” to justify ongoing services. Verbatim language should not be copy and pasted for Treatment Plans and Updates without modifications.
  – Justifying the need for a specific level of care (LOC) MUST include a detailed explanation of why a LOC is necessary, NOT just a simple summary of the case.
    • **For Example:** Simply because someone has used heroin for 2 years does not mean that residential 3.1 treatment is necessary; there should be an explanation of the specific circumstances of the individual case that necessitate residential treatment as opposed to outpatient treatment, and this should be explained in the clinical documentation.
PATIENT- VS. PROGRAM-CENTERED CARE:

**Treatment Standard Reminders**

- **Client Contact Form:** Must complete and update the Client Contact Form in Sage so SAPC staff know who to contact to ensure efficient responses.

- **Adverse Events and Complaints/Grievances:** These processes occur outside of Sage, on the SAPC Website and are still REQUIRED. See SAPC Website: Network Providers/Provider Manual and Forms/Clinical Forms-AQI.

- **Notice of Adverse Benefits Determination (NOABD)**
  - Recent changes to DHCS requirements
  - To be addressed in this afternoons QI & UM Provider Meeting.

Patient Handbook - *Make Sure Each New Patient has Access!*

- **Treatment Providers MUST distribute within 5 Days of First Service:**
  - Send to the patient’s mailing address; OR
  - Send to the patient’s email (with e-communication consent); OR
  - Post on the agency’s website.

  **Translated into the Following Languages**

  Available Here: [http://publichealth.lacounty.gov/sapc/PatientPublic.htm](http://publichealth.lacounty.gov/sapc/PatientPublic.htm)

  Arabic | Armenian | Cambodian/Khmer
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Chinese Traditional | Chinese Simplified | Farsi
Hmong | Korean | Russian
Spanish | Tagalog | Vietnamese

- **Treatment Providers MUST document receipt using the SAPC form:**

DIRECT YOUR QUESTIONS TO THE RIGHT PLACE:
*SAPC is Here to Support You!*

For the latest information, please visit the SAPC Webpage at:

http://publichealth.lacounty.gov/sapc/

Refer general questions to:
SUDTransformation@ph.lacounty.gov

Questions about contracts and compliance:
SAPCMonitoring@ph.lacounty.gov

QI & UM related questions: SAPC.QI.UM@ph.lacounty.gov

Call the Sage Help Desk at (855) 346-2392 to open a ticket