

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
Substance Abuse Prevention and Control
Provider Advisory Committee Meeting

Meeting Summary – January 27, 2022

Provider Advisory Committee (PAC) MEMBERS PRESENT ON MICROSOFT TEAMS: Gary Tsai (Chair), Kathy Watt (Co-Chair), Ken Bachrach, Deena Duncan, Brandon Fernandez, Christina Gonzalez, Junie Gonzalez, Felipe Kaiser, Jonathan Higgins, Claudia Murillo, Nora O’Connor, Rocio Quezada, Edgar Sebastian, Denise Shook, Bill Tarkanian, Edith Urner, Shelly Wood, Wendie Warwick.

Substance Abuse Prevention and Control (SAPC) REPRESENTATIVES: Nima Amini, Emily Caesar, Daniel Deniz, Michelle Gibson, Marquisha Henderson, David Hindman, Brian Hurley, Kyle Kennedy, Tina Kim, Samson Kung, Yanira Lima, Julie Lo, Adam Loomis, Antonne Moore, Jimmy Nguyen, Michelle Palmer, Glenda Pinney, Kimia Ramezani, Belia Sardinha, Megala Sivashanmugam, April Stump-Earwood, Erika Valdez, Babatunde Yates, Zena Yusuf

ABSENT: Cory Brosch, Lisa Campana, Elan Javanford, JoAnn Hemstreet, Tenesha Taylor

MATERIALS DISTRIBUTED: PAC Meeting Agenda, PAC Meeting Minutes (August 24, 2021)

Topic	Discussion/Finding	Recommendations, Action, Follow-up
Attendance/Roll Call	Adam Loomis , Systems of Care (SOC), Substance Abuse Prevention Control (SAPC) conducted roll call and indicated that quorum was established.	
Approval of Meeting Minutes	<ul style="list-style-type: none"> • Meeting minutes from 11/9/21 meeting presented by Kyle Kennedy, and motion to approve by Shelly Wood and second by Jonathan Higgins. <ul style="list-style-type: none"> ○ Meeting Minutes to be posted on PAC Webpage 	
Announcements	<p>Gary Tsai, M.D., Director, Los Angeles County, Department of Public Health (DPH), SAPC</p> <ul style="list-style-type: none"> • COVID-19 <ul style="list-style-type: none"> ○ Cases are plateauing, in general cases across the network have followed community transmission. ○ SAPC would like to hear what providers are seeing and hearing on the ground. <ul style="list-style-type: none"> ▪ Junie Gonzalez (Fred Brown Recovery Services) shared cases are down from 35 to 1 case this week, but they are seeing increases in walkaways and relapses due to COVID restrictions. ▪ Jonathan Higgins (Beacon House) shared that they had a fast aggressive spike, 39 cases over 2 weeks, but has since stabilized. ▪ Christina (Impact) – They have been shut down for the past 4 weeks due to COVID cases. In Pasadena, they must have no new cases in 14 days in order to reopen. ▪ Brandon Fernandez commented on the rate of attrition among new residents who must quarantine. Outbreak criteria changed from previous outbreaks, taking into account what might be due to community transmission and what might be transmission in the facility. 	

- Providers present indicated that they have not had to utilize surge capacity option and have not had to ask staff to continue to work in-person after testing positive.
- Junie expressed concern about staff burnout and staff ability to get through multiple outbreaks
- It is increasingly clear that SUD system needs to have a voice, and we need to strategize to have our voice heard and keep focus on SUD.
- Nora O'Connor (JWCH) shared that staff handled the surge better this time around and have gained experience doing virtual group sessions and getting boosters, but some good employees have left.

Daniel Deniz, Contracts and Finance, SAPC

- **Contracts and Finance Update**

- **FY18-19 Cost Report**

- The FY18/19 Cost report must be submitted to the State, but there are many pending denials that must be resubmitted by providers so they can be incorporated into the State's overall reconciliation report which is used by providers to complete the 18/19 cost report.
- SAPC announced a two-tier action plan that was shared with the network today
- The deadline to resolve and submit correctable denials for inclusion in the initial cost report is January 31, 2022.
- SAPC is aware of issues with Sage that prevent providers from submitting claims.
- SAPC will work with the State to re-run reconciliation reports which providers will receive by February 18, 2022; reports will include all claims submitted through January 31st.
- Providers can submit FY18-19 claims through February 28, 2022 to get reimbursed now.
- FY18-19 claims submitted after February 28th will be settled during the final cost settlement process.
- Cost Reports must be submitted to SAPC by March 11, 2022. This is a shorter turnaround than previous months, but the network started working on cost reports in October 2021.
- Once revisions are made, the deadline to submit Cost Reports to SAPC is March 11, 2022
- The final deadline to submit claims to be included in the FY18-19 Cost Report is still being determined in conjunction with the State.
- SAPC will then submit cost reports to the State, and State will give providers the opportunity to revise cost reports based on new DMC Reconciliation Report, likely sometime in Fall 2022.
- Brandon Fernandez – Appreciative of SAPC meeting providers where they are in the process, CIBHS gave a training in December on state denials and incorrect information was provided on submitting replacement claims for denials, when in fact new claims should be submitted. Also, the Reconciliation reports we received are far off on the units of service and would like to ask the County and State to allow providers to use their own units of service with documentation. Looking forward to seeing the updates in Sage to allow Other Health Coverage (OHC) claims. **UPDATE:** Greg Schwartz has connected with Amy from CIBHS and is revising the presentation to state new claims should be submitted and is to be redistributed once complete.

Daniel to connect with Dr. Hindman and Amy to confirm what information was provided at this training

- Daniel indicated that this is a top priority to understand where the State is getting data from. SAPC has explored using alternate data, but the State has not allowed it.
- Dr. Tsai added that it does not sound like the State will change this based on conversations with SAPC.
- Junie Gonzalez (via chat) What happens if a claim is resubmitted and gets denied again?
 - Per Daniel, if denial is correctable, then the claim can be resubmitted, if submitted by the February 28th, it will be reimbursed, it after, then it will be incorporated into the units of service in the reconciliation report to be received in Fall 2022.
- Finance Unit is putting together a robust team to work with and support providers.
- The State did clarify to say that provider data is used for initial submission, but reconciliation needs to be done to the State data. SAPC is working with the State to get clarity on the data.
- Provisional Cost Report
 - Cost reporting is critical for providers to understand where their costs are and how they are implementing programs.
 - SAPC understands that the cost report process happens several years after; SAPC has talked about implementing our own independent process to review cost reporting with our providers in a timelier manner.
 - SAPC will launch the provisional cost reporting process; bulletin to be released during the 1st quarter of the calendar year.
 - This process will be implemented annually from July through December and will start within 30 days after the end of the fiscal year. By December, providers will have their provisional cost for the previous year, highlighting allowable modifications. Providers will have a finance cost reporting staff (similar to CPA) as a partner. This process will provide much of the information you'll need for the State's cost reporting process, putting providers in a better position to allocate costs.
 - February's bulletin and a special webinar will provide additional information.
 - Brandon Fernandez asked about the purpose of this, given the movement away from cost settlement or cost reporting in 2023.
 - Dr. Tsai clarified that cost reports still needed to be submitted for the years prior to 2023 and that SAPC would continue to work with the State in understanding the new payment reform process to determine the role costs will have. Part of payment reform is not just moving away from costs, it is eventually getting to value-based reimbursements, which are based on outcomes, requiring us to reinvest in our system, not keep our costs as low as possible. The State is not always in the best position to know what works best locally and we need to work together to help inform their processes.
 - Daniel added that regardless of the State's cost settlement, the County requires us to assess cost to determine that funds are being spent appropriately.

Michelle to drop relevant websites in the chat

Michelle Gibson, Deputy Division Director, SAPC

- CalAIM Updates
 - Behavioral Health Continuum Infrastructure Program (BHCIP) is a state program to make investments in facilities to expand beds and slots for individuals with behavioral health conditions.
 - There are a few launch-ready projects coming out in January/early February.
 - SAPC will share a survey with the provider network in the coming days asking if providers plan to apply and some basic information about what that application might look like. DMH may be doing that as well, so if you have contracts with both DMH and SAPC, please complete the survey twice. It will help give us an idea of what kinds of programs will be implemented.
 - The state will likely include a letter of support requirement, so this will give SAPC a heads up.
 - SAPC is meeting with DMH and the Alliance for Health Integration regarding this, so the County is interested in seeing what kinds of projects will be proposed.
 - Reminder about the Contingency Management Pilot: If you are interested in participating, please send a letter of commitment by January 31, 2022. There are questions that must be included in your response. It is contingency management specifically for outpatient providers or individuals with a stimulant use disorder.
 - Dr. Tsai added that PAC members should share this information with other agencies.
 - Question from Bill Tarkanian: Will the pilot launch in July or September?
 - SAPC is anticipating is July 1, 2022 launch, so contracting providers should have mechanisms in place by May so that training can start May/June prior to services launch in July.
 - The State is considering start-up funds, but you must submit a letter of commitment to be eligible.

Gary Tsai M.D., Director, SAPC

- Overdoses, Fentanyl Use Disorder and Implications on MAT and Naloxone
 - Fentanyl and methamphetamine are the two primary drivers of increasing overdose.
 - We are seeing people become addicted to fentanyl, rather than accidental exposure, telling us that the body has a certain tolerance to fentanyl.
 - This will impact our treatment, and we will need to rely on MAT more to see positive outcomes.
 - There is a formulation of Naloxone that is 8 milligrams instead of 4 milligrams to combat high potency opioids. It is possible that fentanyl is not even the only high potency drug.
 - There is already a requirement that all agencies either offer MAT directly or offer a referral. SAPC has released a bulletin to outline some of the ways you can meet that requirement. If you have any questions about how appropriate clients can access MAT, please reach out.
 - It is important to make sure every client in our system receives naloxone, ideally by having your medical director or prescriber offer it to Medi-Cal-eligible patients to be reimbursed by Medi-Cal. This is the most sustainable way to ensure a naloxone supply for our clients.
 - Edith Urner asked about prophylactic use of long-acting naltrexone for methamphetamine users.
 - Dr. Brian Hurley: There is some evidence of naltrexone with bupropion for treatment of methamphetamine use but is not tolerated in everyone and is not as effective or as safe as

For more information on the BH Continuum Infrastructure Program (BHCIP): <https://www.infrastucture.buildingcalhhs.com/apply/> and <https://www.dhcs.ca.gov/services/MH/Pages/BHCIP-Home.aspx>.

[22-04 Medications for Addiction Treatment Access in the SAPC Treatment Network](#)

	<p>methadone or buprenorphine are for opioid use. There is some evidence that the naltrexone long-acting injection reduces opioid overdoses risk for individuals using opioids. There is a population study looking at naltrexone long-acting injection for methamphetamine users and its effect on methamphetamine or fentanyl related overdoses. It is logical that those taking naltrexone long-acting injection would have reduced risk of opioid overdose. The FDA added a warning around the risk of overdose for patients that stopped taking naltrexone, so adherence and patient motivation is important. High doses of fentanyl can break through naltrexone. Patients must be off of opioids before they can receive the injection.</p> <p>Yanira Lima, SOC, SAPC</p> <ul style="list-style-type: none"> • Withdrawal Management Workgroup – hosted by Dr. Brian Hurley and Yanira Lima <ul style="list-style-type: none"> ○ SAPC will be launching a withdrawal management workgroup focused on how providers can support and coordinate services to best meet client needs. First meeting will be February 3, 2022 at 3 PM. ○ Invitations have been extended to providers that have contracts for levels of care 3.2, 3.7 and 4.0. ○ The workgroup will discuss how agencies approach and manage MAT, alignment of withdrawal management services with ASAM standards, residential services for patients experiencing stimulant withdrawal and clarifying services and appropriateness for stimulant withdrawal. 	
<p>Funding Utilization Workgroup Update</p>	<p>Shelly Wood, Grandview Foundation Inc.</p> <ul style="list-style-type: none"> • Funding Utilization Workgroup – met last month <ul style="list-style-type: none"> ○ Five priority areas: CMS waiver, denials, payment reform, secondary funding sources and grants. ○ Realization that most providers are experiencing the same roadblocks and challenges and an opportunity to come together and work on the problems we face in conjunction with SAPC. ○ CMS <ul style="list-style-type: none"> - Providers seeing increased expenses due to pandemic challenges/protocols and loss of staff. - Potential action items: Possible contract augmentation; increased rates; continue cost-based reimbursement through the pandemic. ○ Denials <ul style="list-style-type: none"> - Challenges include inter-county transfer and not getting paid for Medi-Cal eligible patients, unclear codes, Covid related delays, lack of resources/staff to address issues. - Potential action items: Identify contacts at the state level for increased clarity and direction, review admissions requirements, identify alternative funding source for providers to recoup payment when denied. ○ Payment Reform <ul style="list-style-type: none"> - Providers having to add funds to provide infrastructure support to meet contract requirements and having to adhere to a 10% indirect rate. - Potential action items: SAPC work with providers to identify possible funding sources; start a subcommittee to discuss this further. ○ Secondary Funding Sources <ul style="list-style-type: none"> - Lack of understanding on how to access ad bill for additional sources. 	<p>Daniel and Contracts and Finance Team to put together a</p>

	<ul style="list-style-type: none"> - Potential action items: Subcommittee to assist in developing a resource bank; training. ○ Grants <ul style="list-style-type: none"> - Scarcity of funding and contractual restrictions. - Workgroup has committed to starting a subcommittee to work together and apply for grants/funding together. ○ Lessons Learned <ul style="list-style-type: none"> - Challenges are universal among providers. - Providers need to take steps at intake to mitigate issues later. - Providers need to look at funding sources broadly and identify possible collaborations and partnerships. ● Dr. Tsai added that SAPC sees hope with payment reform, but tapping into alternate funding sources (grant, philanthropic, etc.) will assist with non-reimbursable expenses. The purpose of DMC-ODS, is to move out of alternate funding being the main way the system is funded. SAPC’s job will be to figure out how to continue to fund expanded growth. ● Yanira Lima asked if this information would be provided to SAPC. Per Christina, the workgroup will continue to flesh out this information and provide a comprehensive outline to SAPC 	<p>resource on how to acquire a federally approved rate.</p>
<p>Business Technology Workgroup Update</p>	<p>Sam Kung, Director of Information Technology, SAPC</p> <ul style="list-style-type: none"> ● Business Technology Workgroup <ul style="list-style-type: none"> ○ Workgroup to start meeting in February and quarterly afterwards. ○ Members have been selected by the PAC Co-Chair (6 voting members and 3 ex officio) ○ 6 SAPC voting members: IT (2); Sage Management (2); Contracts (1); Systems of Care (1) ○ First meeting will discuss committee charter, roles of voting and non-voting members, overview of current and planned Business Technology initiatives. 	<p>Sam and Dr. Hindman to work with Systems of Care to schedule February workgroup meeting Follow Up: SOC has scheduled initial meeting for March 16th, 11-12:30pm</p>
<p>California Institute for Behavioral Health Solutions (CIBHS)</p>	<p>Amy McIlvaine, Director, CIBHS</p> <ul style="list-style-type: none"> ● CIBHS is contracted with SAPC to provide support and trainings to providers. <ul style="list-style-type: none"> ○ Have a team of 6 people focused on LA County policies. ○ Use the collaborative design process – initial planning with SAPC to understand priorities; focus groups and 1 to 1 conversations to understand implementation in an organization. ● CalAIM – Bridging Care and Communities to Improve Patient Outcomes <ul style="list-style-type: none"> ○ Increase understanding and awareness. ○ A tool in development to assess readiness capability. ○ Training on core competencies. ○ Use a tailored approach for audience: 	

	<ul style="list-style-type: none"> - Understanding and Awareness – designed for those who are learning more about CalAIM, - Implementation – for those who are ready to take action: to meet CalAIM objectives, develop a strategic plan, pursue community supports, etc. - Working on a curriculum to cost out services with Fred Brown Recovery Services. o Some topics to be covered include – Demystifying CalAIM: Introduction to CalAIM and its main components; Compare the Whole Person Care design with your agency’s current service delivery model. How does it stack up? What can you do to improve? Transforming your system of care: setting yourself, your staff and the agency up for successful CalAIM implementation; designing a referral pathway that improves patient outcomes and readiness for payment reform. • Culturally and Linguistically Appropriate Services Access to Coaching and Training (CLAS ACT) <ul style="list-style-type: none"> o 93 % of staff who completed the evaluation said that they would make organizational change o Session 1: Implicit Bias Awareness o Session 2: Implicit Bias Mitigation o Sessions 3&4: Discussions to support implementation of bias mitigation concepts and practices. • Focus on Finance Training Series - 2022 <ul style="list-style-type: none"> o January – Resubmitting and/or replacing Denials o February – Deeper Dive into Level 1 Denials o February – Introduction to Costing out Services o March – Deeper Dive into Level 2 Denials o April – Improving the Billing Process o May – Perfecting Services Documentation and Billing o June – Mastering FY21/22 Financial Closeout • Training and coaching is sponsored by SAPC and available to SAPC providers at no cost. 	
<p>Committee on Cultural Competence and Humility</p>	<p>Marquisha Henderson, Equitable Access and Promotion Unit, SAPC</p> <ul style="list-style-type: none"> • Updates and Next Steps <ul style="list-style-type: none"> o C3H Survey Results Overview <ul style="list-style-type: none"> - 12 responses reviewed. - Most respondents agreed that CLAS objectives/action items can be implemented. - Respondents indicated that more trainings, resources, and materials would be useful. - Some providers conduct internal CLAS trainings and provide services to special populations. - Some respondents indicated challenges expanding CLAS strategies due to current operation demands. o Action plan to be completed by February 2022; finalized plan to be shared with PAC. o Upcoming Implicit Bias Trainings – Supervisor Series – February 17th, March 17th and April 21st. 	
<p>Notice of Adverse Benefit</p>	<p>Dr. Brian Hurley, Medical Director, SAPC</p> <ul style="list-style-type: none"> • SAPC began issuing NOABD letters on January 24, 2022 to Medi-Cal beneficiaries following denials of authorization for residential levels of care not associated with withdrawal management. 	

Determination (NOABD)	<ul style="list-style-type: none"> • NOABD letters generated for the following circumstances: Does not meet medical necessity criteria; patient not residing in LA County; patient’s benefits not assigned to LA county; 30-day timely documentation submission deadline not met; insufficient documentation; partial approvals. • Reminder to providers that authorizations need to be submitted within 30 days from the date of service, unless there is an issue with financial eligibility. • Utilization Management (UM) is narrowing the criteria for authorization resubmissions: <ul style="list-style-type: none"> ○ Authorization resubmissions are reviewed only if authorizations are submitted in error and withdrawn by the provider; reauthorization submitted prior to 30 days before the end of the current authorization; or resubmission to correct the treatment funding source. ○ An appeal needs to be filed for request of reconsideration of an authorization for any other reasons. Form can be found here. • SAPC extended the grace period for providers to address correctable documentation issues to obtain authorizations for all levels of care. 	
PAC Meeting Schedule	<p>Adam Loomis, Systems of Care, SAPC</p> <ul style="list-style-type: none"> • 2022 Proposed Schedule <ul style="list-style-type: none"> ○ Second Tuesday of every other month ○ March 8th 2PM – 4PM ○ May 10th 2PM – 4PM 	
Public Comment	<ul style="list-style-type: none"> • Edith raised a question about initiation of the Field Based Services Pilot. 	Yanira to check in internally and circle back to Edith
Adjournment/ Meeting Wrap Up	<ul style="list-style-type: none"> • Meeting adjourned by Dr. Tsai • Next meeting March 8, 2022 – 2PM – 4PM 	Adam to send an email to PAC members to brainstorm topics for future meetings

Rev: YL 3/1/2022