



SYSTEM TRANSFORMATION TO ADVANCE RECOVERY AND TREATMENT

Los Angeles County's Substance Use Disorder Organized Delivery System

Quality Improvement / Utilization Management Operational Workgroup

Thursday, June 2, 2016 from 1:00 PM- 3:00 PM

NOTES

Provider Attendees

Hiroko Makiyama, AADAP
Stephen Maulhardt, Aegis Treatment Centers
Lorette Herman, Alcoholism Center for Women
Mahshid Reaves, BAART Programs
Debbie Levan, Behavioral Health Services, Inc.
Candy Cargil-Fuller, Behavioral Health Services
Jim Gilmore, Behavioral Health Services, Inc.
Alma Bretado, CHCADA
Nahara Martinez, CHCADA
Natasha G. Medina, CASC/CHCADA, Inc.
Lucy Marrero, Child family Center
Irene Lim, Children's Hospital Los Angeles
Rachel Riphagen, CIFHS- The Family Center
Jared Friedman, CLARE Foundation
Elaine De Simone, Clinica Romero
Brandon Fernandez, CRI-Help
Brandy Gadino, CRI-Help
Donna Palmer, EL Dorado Community Service Centers/American Health Services
Lindy Carll, Grandview Foundation, Inc.
Debbie Ma Martinez, Helpline Youth Counseling
Jihan Mockridge, Helpline Youth Counseling
Mark Paquet, IMPACT House
William Tarkanian, L.A.C.A.D.A.
Juan Navarro, L.A.C.A.D.A.
Erika Aguirre-Miyamoto, HHCLA
Jo Kannike-Martins, Medicare Health Services
Kathy Salazar, MELA Counseling
David Martel, Pacific Clinics
Virgie P. Walker, People Coordinated Services of Southern California
Windy Gaston, PCS
Nicole Unrein, Prototypes
Roy Mims, Salvation Army Hope Harbor
Martha Cabrera, SCADP
Judith Rojas, SCADP, Inc
Serina Rosenkjar, SFVCMHC
Don Kurt, Social Model Recovery Services, Inc.

Jim O'Connell, Social Model Recovery Services, Inc.
Hayley Levy, Special Service for Groups
Nancy Otman, Spirit Family Services
Nely Meza, Spirit Family Services
Jim Sorg, Tarzana Treatment Center
Ken Bachrach, Tarzana Treatment Centers
Stacey Sigman, Tarzana Treatment Center
Carolyn Perry, TRI City Institute
Jodi Stillman, Valley Women Center
Jorge Reyes, Watts Healthcare Corp-House of UHCUU
Joseph Tamifor, You Can Health Services
Rose Ndisang, You Can Health Services

SAPC Attendees

Gary Tsai
Christina Kaiser
Cynthia Rojas-Lopez
Daniel Deniz
David Hoang
Naira Arquell
Juan Lopez
Millie Reyes-Martinez
Wayne Sugita

UCLA/APU Attendees

Desirée Crèvecoeur-MacPhail
Sarah Cousins
Rachel Gonzales-Castaneda
Irene Valdovinos

1. Welcome: G. Tsai welcomed the attendees and announced that W. Wen would cover the final section of the meeting because he had to leave about 30 minutes early to attend another meeting.
2. Conference Call-in Protocol Reminder: D. Crèvecoeur-MacPhail reminded the group that roll call would no longer be taken. In-person attendees should sign the sign-in sheet. Conference call attendees should e-mail M. Mok to inform her of their attendance. We will pause at the end of each topic area for the conference call attendees to provide comments and ask questions.
3. Organized Delivery System Waiver: No updates from the last meeting. SAPC continues to work with CMS on the language for the implementation plan. To SAPC's knowledge, no counties have had their fiscal plan accepted yet.
 - Q: Is the fiscal back and forth happening at the State or federal level? A: There are clarifications coming out of the State that impact rate proposals. For example, the LPHA issue – there are a variety of interpretations in terms of how the LPHA are involved. In general, however, most of the conversation will occur between the County and State as CMS is not involved in the rate discussions.
 - Check-in on process for QI/UM Operational Workgroup: D. Crèvecoeur-MacPhail asked the attendees: Does the current QI/UM Operational Workgroup work for you, in terms of its structure and the processes? Do you have suggestions for changes? Below are a summary of responses. Based on feedback, meeting notes will be e-mailed but no longer printed.
 - Q: It's unclear where providers should send feedback regarding the documents that are distributed, but are not on the agenda, and therefore, not discussed in the meeting. A: All questions and comments can be forwarded to G. Tsai, M. Mok, or W. Wen.
 - Comment: A provider indicated that a colleague provider from a large organization was unaware of the meetings. There may be confusion regarding the meeting given that "LACES" was removed from the meeting name. It's important that providers know what is being discussed at these meetings. Response: For the next meeting announcement, SAPC will include language on the purpose of the QI/UM meeting and how the LACES portion is integrated into this meeting now. G. Tsai invited the providers to encourage colleagues to attend. In addition, OTPs should be attending.
4. OTP / MAT Follow Up from Stakeholder Meeting: The OTP MAT benefits stakeholder meeting was held on May 26, 2016. Critical points from that meeting were discussed, and are summarized below:
 - Drug Testing Guidelines: The State requires 12 random drug tests per year, and the Feds 8 tests per year (one per calendar month). In the OTP meeting, there was consensus that SAPC should develop a minimum standard. SAPC is currently considering proposing the below drug testing minimum standards. SAPC sought feedback to understand if these standards were welcomed and beneficial.

- i. Drug test at least once every 30 days in OP, IOP, & OTP settings: The group agreed to this standard. This is the minimum standard for testing, and providers are free to conduct more tests, as needed, based on the patient's condition.
 1. Q: Why not use "per month" instead of "30 days"? A: The problem with "a month" is when a calendar month has 31 days, meanwhile, some providers are interpreting "a month" to be up to 60 days. Comment: Some analysts at the County and State level could penalize OTPs for not conducting a test twice within a month, given the "30 day" requirement. For example, if a patient is tested on May 1st, he/she must be tested again on May 31st. If a person was tested, and there is a 30 day requirement, programs must test twice a month, or they will be cited by an auditor. Response: SAPC clarified that conducting random tests every 30 days is fine. However, providers should inform SAPC when this happens. Comment: The auditors are reasonable and responsive to provider push back, which is largely due to leadership at SAPC.
- ii. At least twice per week in residential settings: - The providers had mixed feelings about testing twice per week in residential settings. In general, providers felt that the proposed testing schedule was too stringent given residential is a controlled environment; was more stringent than outpatient settings; did not reflect the fact that testing must vary by the specifics of the client (e.g., clinical concern); did not reflect current testing schedules at some agencies, which may be more minimal when a client commences treatment and cannot leave the grounds; reduces "randomness" of testing; and potentially wastes resources. However another provider reported testing more frequently. Based on the collective response, SAPC will consider 1x per week, 1x every 2 weeks or 1x every 30 days.
- iii. Additional comments on testing:
 1. Q: Why not mirror federal regulations for OTP settings, which indicates 8 times per year? A: In an outpatient or inpatient setting, that would be too minimal. G. Tsai stated that all providers are meeting that minimum, and SAPC would like to be appropriately ambitious.
 2. Q: In SAPC's eyes, is abstinence the desired outcome from treatment? A: Yes, but it depends on how you interpret "abstinence". For example, MAT can be a component of the care provided, and there is room for flexibility. Abstinence is the goal. However, the time frame to get there is the point of the discussion. For instance, some patients may need a harm reduction model. We need to have a bridge between harm reduction and abstinence – it cannot be all or none. Further, SAPC would not specify what a provider's response should be in light of test results. The providers are the experts on this. The assumption is that there will be a reasonable response to clients who test positive.

3. Q: Will SAPC require specific tests? A: No. It is up to providers to determine if they want to use a breathalyzer, urine analysis, dip test, etc.

– Treatment Plan frequency for adults and adolescents: *Per the agenda*, a reminder regarding the treatment plan reviews and updates by setting are described below:

i. OP, IOP, & OTP settings:

1. Treatment plan **reviews** at least every 30 days;

2. Treatment plan **updates** at least every 90 days.

ii. Residential settings:

1. Treatment plan **reviews** occurring as needed and appropriate;

2. Treatment plan **updates** at least every 30 days.

– MAT Learning Collaborative for SUD providers: The focus of the OTP stakeholder meeting was how to expand MAT so that it's a core component of SUD treatment. G. Tsai would like to develop a MAT learning collaborative for SUD providers that are interested in utilizing MAT. The participants would be comprised of interested providers, and providers who have a history of utilizing MAT. A number of providers expressed interest in joining the learning collaborative. G. Tsai instructed interested providers to email G. Tsai, W. Wen, or M. Mok.

i. Q: Will providers need to do something with the state certification to offer MAT?

A: For methadone in NTP, yes, but not for other MATs.

5. Universal Release Form (URF): The County has been working with health plans to help facilitate communication between systems of care and between county systems and health plans. A draft of the universal release form was provided to attendees. G. Tsai informed the group that the URF is an all or nothing releases form (e.g., cannot specify what you want to release), it is HIPPA and 42 CFR compliant, the release form is valid and active for a year, and that a client can revoke the form at any time. A benefit of the URF is that it is standardized, and makes it easier to obtain consent. The original intent was for use between systems (intersystem), however, after talking to County legal counsel, their interpretation was that it could be used for intrasystems (e.g., between providers) because of the URF wording referring to: "...and their contracted healthcare providers." In other words, the URF could be used for SAPC contracted providers to share information with each other. August 1st will be the start date for using the URF. Providers expressed significant reservation about using the URF. Concerns are summarized below:

– Concern: The URF would not be approved by the legal counsel of specific providers.

Response: SAPC will provide agencies with the County's legal department's interpretation. This way, agencies can see how the County interpreted the language to help provide direction and interpretations of regulation.

- Concern: The URF needs to specify the agency and person within the agency who will receive the information. Response: According to County’s legal department, it is not true that the form must specify the person and site where the information is to be transferred. Further, under “Witness” on page 3, the provider would include their agency address. Nothing prohibits an agency from putting their agency stamp on it.
- Concern: Can non-clinical staff receive the information? Response: Although the URF is not specific with regards to the treatment program, it is specific that the information will go to an individual involved in treatment planning or coordination of care.
- Concern: Patients cannot specify which documents to share (e.g., progress notes, etc.). URF does not give them a choice. Response: The URF is an all or nothing release. Patients have the choice to not release any information at all.
- Q: Are current, signed consent forms still valid? A: Yes.
- Q: When will the URF expire? A: The authorization will automatically expire one year after the date the form is signed by the patient. Comment: The term “drug abuse” is outdated. Response: Although this term and several others were discussed at length, some changes were not made, and currently, SAPC is not in a position where we can edit the language (of the Waiver).
- Q: Will this form be incorporated into electronic medical records? A: Yes.

6. QI/UM Program Plan:

- Key Component of QI/UM Program: SAPC will highlight specific areas of the QI/UM plan that are particularly relevant to providers. Comment: Compelled to remind everyone that these forms are not effective immediately. Response: Yes. These documents are for future implementation (July 1, 2017).
 - i. Medical Necessity: W. Wen reviewed the fact sheet on medical necessity. For adults, medical necessity requires at least one diagnosis of substance use disorder from the DSM-5 (with the exception of a tobacco use disorder). Appropriate placement in a level of care is based on ASAM criteria. Medical necessity has two purposes: (1) help determine eligibility for services, and (2) help determine the appropriateness of services. Medical necessity is important because providers need to meet the definition to obtain Drug Medi-Cal reimbursement. Medical necessity is determined by the medical director or LPHA (face-to-face or Telehealth). However, SAPC is communicating with the State to clarify role of LPHA. The medical necessity is usually reviewed at the time of requesting service authorization or verification of DMC eligibility. Thus, the required documents and timeframes are those depicted in the flowcharts and request forms for the service authorization and eligibility verification, as we have reviewed in the past 2 meetings.

1. Q: How to document MN? A: Provider should document MN by documenting DSM-5 SUD diagnoses and the placement of an appropriate ASAM level of care. This information should be captured in the ASAM assessment.
2. Q: Where to submit the documents and who to contact if providers have any questions? A: Follow the instructions on the Request for Service and verification of DMC eligibility forms.
3. Q: What if there is a disagreement with the MN determination? A: The disagreeing party can call (626) 299-4193, Option 8, then 2, to discuss the decision with a QI/UM staff or file an appeal using the designated form to submit to SAPC's QI/UM unit.
4. Q: Why are adolescents different? A: For youth, they can meet MN by having a DSM diagnosis with placement in an ASAM level of care, or meet the standard of being "at risk", as opposed to an actual diagnosis. However, SAPC is seeking clarification from the State.
5. Q: Why is youth mentioned in this adult fact sheet? A: SAPC anticipated that providers would inquire about standards for youth, and thus, was being proactive in mentioning youth in this fact sheet. The adult fact sheet will be revised in the future, and once clarification is received, a separate fact sheet for adolescents will be developed.
6. Comment: The term "clinical" in "licensed clinical psychologist" is incorrect, and should be removed, as the license refers to psychologist, and not necessarily clinical psychologist. Response: The term was taken from the Medi-Cal "Standard Terms and Conditions" (Waiver) document.
7. Q: Any word from the State on whether LVN is covered as an LPHA? A: Not yet. SAPC is seeking clarification from the State.
8. Q: How many assessments do the patients need? Are there multiple assessments? Or is the face-to-face a review of what was already assessed? A: SAPC is clarifying with the State on whether the LPHA needs to conduct the intake assessment, or if they can review and sign off on the assessment done by the counselor, while still having a face-to-face session with the patient.
9. Comment: There should be a summary form to describe why the agency is requesting the re-authorization and allow for attachments, if needed. There is no need to send progress notes, etc. What will the treatment plan inform you of, with regard to continuity of care? The reauthorization request requires a lot of information that will not be useful for SAPC's determination. We need a summary form to state why the provider needs additional days. What are the metrics SAPC is looking for? Is it because

the patient reports high cravings? Cannot locate sober living environment? The provider strongly disagrees with the way it is currently written. Other Comment: Title 22 has requirements that are straightforward. It is a one page document on why the person gets continued treatment. Several providers nodded that they use a similar form. Providers agreed that summary forms are efficient and reflect current practice. Response: W. Wen asked that the providers send the form they are using. Due to the limited time remaining for the meeting, D. Crèvecoeur-MacPhail asked providers to email M. Mok or W. Wen with additional comments on this matter.

– **Finding QI/UM documents** on SAPC website:

- i. SAPC Homepage: <http://publichealth.lacounty.gov/sapc/index.htm>
- ii. Click “START: LA County Treatment System Transformation” on the list of links on the left of the page
- iii. Under “Stakeholder Process,” approximately halfway down the page, click on “Workgroup Meetings and Related Materials”
- iv. Scroll down to the QI/UM section with links to various QI/UM documents

7. Training:

– Feedback: C. Oh asked providers for their feedback on Core Training Areas (ASAM Documentation, Cognitive Behavioral Therapy, Motivational Interviewing, MAT, and Data Integrity). Below are SAPC questions and provider responses:

- i. How have you been primarily finding out about our core training areas? Do you have any suggestions on how we can better disseminate information?
 1. Emails. It’s working. It’s fine.
- ii. What type of staff (i.e., clinical managers, SUD counselors, etc.) has your agency primarily been sending to our core trainings? Is your agency making our training areas mandatory, voluntary, or both, depending upon the topic area?
 1. A variety of staff. Some providers indicated trainings were mandatory, but others indicated it depends on the staff and the specific training topic.
 2. Comment: We would like the train-the-trainer model because it takes significant resources to send staff to trainings. Response: SAPC is looking into this option.
 3. Comment: Geographically moving around the county is helpful to ensure that staff from different locations can attend.

4. Q: Can you attend trainings more than once? A: Yes, if there is room.
 5. Q: Can SAPC hold trainings on a Saturday? A: SAPC will look into this option.
- iii. How would you prioritize our core training topic areas for your staff?
 1. ASAM, CBT, and MI are the top 3.
 2. MAT and Data Integrity are last.
 - iv. What are other training topic areas needed for your staff? Given time limitations, responses to this question are to be emailed to C. Oh.
- Upcoming Trainings: ASAM / Motivational Interviewing / Cognitive Behavioral Therapy and other training areas.
 - REMINDER: Training Requirements:
 1. ASAM: e-Trainings Modules 1 (pre-requisite for ASAM trainings and state requirement)/ Module 2 (state requirement only)
 2. Motivational Interviewing: A Tour of Motivational Interviewing (<http://tinyurl.com/hbenh3g>) (pre-requisite for MI)
 3. Regional Trainings – Hosted at Provider Sites: Rep sample of sites, Jessica is calling them. Benefit of doing this is the site gets 50% of registrations.
 - UCLA/SAPC Lecture Series: The next training will be on youth. Dr. Gonzales-Castaneda will discuss the science around drug use and the adolescent brain. Dr. D'Amico will discuss SBIRT. C. Oh reported that July 29th is the confirmed date and that a title was selected.
 - **Finding Training information** and resources on SAPC website:
 - i. SAPC Homepage: <http://publichealth.lacounty.gov/sapc/index.htm>
 - ii. Click “Upcoming Provider Trainings, Conferences, and Important Events” to find SAPC training topics and resources
 - iii. Click the “Training Calendar” link on the top right of the page for upcoming trainings
8. LA County Evaluation System (LACES) Updates: In July 2016, D. Crèvecoeur-MacPhail will cover the next LACES contract deliverables.
 - ASAM Continuum Software (ASAM-CS) Pilot: The pilot will start June 13th, and will consist of 3 months of data collection and 3 months of analysis. The results will be shared in late Fall.

9. Youth System of Care - Organizational Needs Assessment: The organizational needs assessment is in progress, and site visits will be concluding next week. If providers have not participated in a site visit, Tim Dueñas should be notified.
10. Adult System of Care: Nothing to report.
11. Next Meeting Date: Thursday, July 7, 2016 from 1pm – 3pm