July 11, 2023 PROVIDER MEETING FAQ

All slides and the recorded presentation are posted on the SAPC Network Provider site:
http://publichealth.lacounty.gov/sapc/NetworkProviders/Regulations.htm
(Scroll to *All Treatment Provider Meeting, Fiscal Year 23-24, July 11, 2023*)

	QUESTIONS	ANSWERS (AND UNIT RESPONSIBLE)
1.	How can providers access the files shared during this meeting?	Please use the links below to access the files shared during this meeting: • Provider Advisory Committee Presentation • Quality Assurance and Utilization Management Presentation • Sage and SAPC Training Update Presentation • Finance Update Presentation • Access and Network Adequacy Presentation • Contracts Updates Presentation • Video Recording • FY 23-24 Standards Rates Matrix • SAPC Provider Manual 7.0 • Provider Advisory Committee SAPC Page • Residential & non-residential Initial Engagement Authorizations • Sage-PCNX Guide(s) • SBAT Redesigned • The Los Angeles County (LAC) Coordinated Entry System (CES) • SAPC Information Notice 22-14 • BHIN 21-019: Updated Policy on Medical Necessity & Level of Care • BHIN 23-023: Elimination of Cost Reporting Requirements • Senate Bill 43 • Senate Bill 326 • DEA Training • Sage Finance Training Archive • Sage PCNX Training • PCNX Drop-in Office Hours
2.	How can providers participate in the Provider Advisory Committee (PAC)?	Please contact Kathy wattvnrh@aol.com and Bernie Lau blau@ph.lacounty.gov to participate in the PAC.
3.	What is the essential contact information for the Quality Improvement & Utilization Management (QIUM) unit?	• General QIUM number & email: (626) 299-3531 SAPC.QI.UM@ph.lacounty.gov • Netsmart Helpdesk for Sage technical problems: (855) 346-2392 • Phone Number to file an appeal: (626) 299-4532 • Phone Number to follow-up with an appeal after receiving a resolution letter: (626) 293-2846 • Please contact the Care Manager listed on Sage for specific authorization questions.

Morning Session		
Eligibility and Authorization		
4.	Do providers get paid for initial engagement?	Note that there are no differences in claim codes submitted under initial engagement authorizations vs. full authorizations. Providers submitting an initial engagement authorization should indicate that the authorization is an initial engagement authorization using designated radio buttons posted on the PCNX authorization form, and SAPC recommends practitioners specify that the authorization is an initial engagement authorization in the miscellaneous level of care note submitted alongside the authorization. Additionally, authorizations for non-residential care include the same set of claim codes regardless of whether the authorization is a full or initial engagement authorization, and provider agencies should use the billing codes that match the services being provided to the patient at the level of care to which they are admitted regardless of whether the claims are submitted under an initial engagement authorization or a full authorization.
5.	How many times can re-authorizations be issued for residential services?	There is no fixed limit to the number of re-authorization requests for non-withdrawal management residential services, and provider agencies can submit reauthorization requests as long as it remains medically necessary for a patient to continue with residential admission. SAPC QI and UM care managers conduct an individualized review of each re-authorization request submitted by the SAPC provider network and adjudicate each request based upon the documentation of medical necessity for ongoing residential substance use treatment in accordance with the ASAM Criteria.
6.	Is it permissible to submit an authorization for a client who was admitted on 06/27/2023 whose ASAM assessment is pending?	Yes. Provider agencies in these instances should submit authorization requests once the SAGE blackout has been lifted.
Special Programs and Initiatives		
7.	Is there a plan in place for clients nearing the end of their 90-day stay in Residential Bridge Housing (RBH) who have not been able to secure housing?	Yes, RBH is renewable at the end of 90-day to a maximum of 180 days during a 12-month period for those who continue participation in outpatient or recovery services. Throughout this 6-month period, providers should be supporting the patient's by establishing a housing plan for after RBH, including the LA County systems resources described via http://publichealth.lacounty.gov/sapc/providers/programs-and-initiatives/homeless.htm, if the patient does not have another place to stay after RBH.
8.	Will there be an expansion of residential beds in the contracted network?	SAPC continues to accept new residential (ASAM 3.1, 3.3, 3.5, 3.2-WM) sites and requests to increase the number of contracted beds at current sites upon completion of the State and County application process as applicable. Providers who want to add residential sites or beds should contact SAPC Contracts and Compliance. If a provider's contract amount does not enable

	Agency indicated they cannot bill for the agencies in our contract without overextending our contract funding.	billing for all contracted beds/sites, contact SAPC Finance for a contract augmentation.
9.	Does SAPC intend to expand RBH as well?	Yes, SAPC anticipates expanding RBH due to new Behavioral Health (BH) Bridge Housing and opioid settlement funds. Agencies who are interested in participating in RBH or Recovery Housing but do not have a current Supportive Housing and Services Master Agreement (SHSMA) are encouraged to apply. For more information please visit: http://publichealth.lacounty.gov/sapc/providers/how-to-become-a-provider-non-dmc.htm
10.	Under the Homeless Housing Plan providers were advised that since patients are in residential treatment they don't qualify as a homeless person. Hence providers must wait until patients are in Residential Bridge Housing (RBH) or outpatient to utilize the housing plan.	Residential treatment is a clinical service which does not substitute for housing, and patients who were experiencing homelessness on admission to residential treatment continue to meet Category 1 Housing and Urban Development (HUD) definition of homelessness: 1. Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: a. Has a primary nighttime residence that is a public or private place not meant for human habitation. b. Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs). c. Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.
Finance and Sage		
11.	Can providers submit claims and authorization during the blackout?	No, Claims and authorizations with a start date of 07/01/23 and later should not be submitted until the blackout is lifted. SAPC anticipates blackouts to be lifted once PCNX-LIVE is released. SAPC will send out announcements to notify the provider network.
12.	How can providers obtain PCNX Train access and prepare?	SAPC sent emails to each agency Sage liaison that was on file with Contracts on 7/31/2023. Information on how to access Train, including, users that have been configured within Train and other instructions for how to effectively test various scenarios and forms was included in the email. All active users were given access. Please make sure to update your draft notes. Once PCNX is live, your old notes will become read-only. Providers would need to copy/paste the notes into the new format to finalize the notes. Please review the guide that SAPC will be sharing on how to document the progress notes in the new format.

13.	When are the PCNX drop-in office hours?	PCNX drop-in office hours are held every Friday at 10am. The link can be found on the SAPC training calendar.
14.	Has the DHCS BHIN 23-023 on the Elimination of Cost Reporting Requirements for Counties and Providers affected local requirements?	DHCS BHIN 23-023 has not impacted local requirements. Please review the Finance slides presented to learn about the reporting process, and how it will allow us to implement a streamlined Fiscal Reporting. Please contact SAPC-Finance@ph.lacounty.gov for any additional questions.
15.	a. Will providers need to use a different format to complete the new progress note? b. Are secondary providers required to use the new progress note format? c. Do secondary providers who have their own Electronic Health Record (EHR) need to complete the Sage trainings?	a. Yes, providers can continue to use the same format to complete the progress note. b. Yes, if you are a secondary provider who enters notes directly into Sage you would need to use the new progress note. Additionally, secondary providers will need to ensure their progress notes continue to be approved by the Medical Director's office and meet the DMC-ODS standards. c. No, despite being visible as a provider on Sage, these secondary providers don't need a log-in to the training environments and are not required to complete the Sage Trainings. Please email SAPC.QI.UM@ph.lacounty.gov if you need to update your progress notes.
16.	Which services are permitted under the 30-day engagement policy?	The range of non-residential services permitted under initial engagement authorizations and under full authorizations are the same. Provider agencies should use the billing codes that match the services being provided to the patient at the level of care to which they are admitted regardless of whether the claims are submitted under an initial engagement authorization or a full authorization.
17.	Will staff credential updates on the Network Adequacy Certification Application (NACA) be automatically reflected in Sage?	SAPC forwards all NACA submissions that entail a staff update to Sage. If there are changes in staff credentials under Payment Reform, this will result in a change of service rates for the provider. Hence, please ensure that the credentials are updated along with other staff information. Please ensure to complete the offboarding process once staff move on from your agency. Sage users who have not logged in all year will not transition into the new system. All practitioner data will remain regardless of the user creation. If the user is also a practitioner, their practitioner information will be available for forms and billing needs, but they will not be able to log into PCNX. Should the staff need access, they can create a new user creation form and submit to sageforms@ph.lacounty.gov.
Contracts		
18.	a. Why do contract augmentations take so long?	a. SAPC is taking steps to minimize this issue by taking a number of actions: (1) SAPC initiated requested for DMC contracts in early part of FY 23-24; (2) lowering the threshold to submit a request to 50%

	b. How can providers check on the status of a submitted augmentation request?	utilization of your current contract allocation; and (3) taking internal steps to truncate review timeline. Providers are encouraged to be proactive and closely review contract utilization and ensure timely submission of requests and any follow up documentation that may be requested by SAPC. b. Please contact your Contract Program Auditor (CPA) or Contract Management Head Contract Program Auditor, Andrea Hurtado ahurtado@ph.lacounty.gov for status updates.
19.	How can providers comply with Auditor -Controller (A-C) requirements and still offer sign-on or other bonuses to staff?	Providers may refer to A-C Contract Accounting and Administration Handbook 2021 regarding Section 3.3 Incentive Compensation which includes establishing a policy, agreement with employees and maintaining documentation to support incentive payments to employees.
Afternoon Session - Capacity Building Information Session		
Incentives: Workforce Development		
20.	What is to be measured under Workforce Development Incentive 1a?	The purpose of this incentive is to increase the number of certified counselors delivering SUD treatment services to at least 40% among all SUD counselors employed. It is associated with the percentage of certified SUD counselors who are delivering DMC reimbursable services (e.g., group/individual counselling) and does not include those whose job duties are solely administrative/supervision or supportive (e.g., patient searches or conducting transportation). Therefore, the numerator (certified counselors delivering direct services) and denominator (registered and certified counselors delivering direct services according to Sage/NACT as of May/June 2024 as verified using claims submissions for June 2024). Once implemented in September 2023, providers are responsible for ensuring that the monthly NACT practitioner updates include all direct service staff, and that these staff are also included as Sage Users so delivery of direct services can be verified.
21.	Under Workforce Development Incentive 1b, is the denominator in 1b the same as 1a? That is, is the 1:15 ratio defined as 1 Licensed Practitioner of the Healing Arts (LPHA) to 15 SUD Counselors delivering direct services according to Sage/NACT?	The purpose of this incentive is to increase the ratio of LPHA to SUD counselor to at least 1:15 delivering SUD treatment services. Yes, the denominator for 1b is the same as for 1a. To calculate the number of LPHAs required to meet this incentive you can use the denominator from Incentive 1a which is the number of registered and certified SUD counselors who are delivering DMC reimbursable services (e.g., group/individual counselling) and does not include those whose job duties are not solely administrative/supervision or supportive (e.g., searches, transportation). This figure would then be divided by 4 to determine how many LPHAs that deliver direct services are needed to claim this incentive. Registered/certified counselors and LPHAs used to meet this metric need to be included in the May and June 2024 monthly NACT practitioner update; and delivery of direct services is verified using claims submissions for June 2024. Providers are

		responsible for ensuring that the monthly NACT reports include all direct service staff, and that these staff are also included as Sage Users so delivery of direct services can be verified.
22.	Some of our LPHAs are also Certified SUD Counselors. How should they be counted under Workforce Development Incentives 1a & 1b?	A staff member can only be used once to meet either Incentive 1a or 1b, not both. Therefore, a staff who is both a certified SUD counselor and an LPHA should be included in the classification that best meets their job responsibilities. Ideally, this would be in the LPHA category due to their license and working within the broadest scope.
Incentives: Medications for Addiction Treatment (MAT)		
23.	How are the number of patients for each Fiscal Year (FY) calculated under the Medications for Addiction Treatment (MAT) Incentive 3a?	The numerator would be the number of unique/unduplicated patients at the agency who received one or more MAT services (defined as a service billed through one of the designated codes on the incentives guidance document) at any Level of Care (LOC) during the FY and the denominator would be all unique/unduplicated patients seen by the agency at all levels of care during the FY. If a patient was admitted to multiple LOCs during the FY, they would only count once in the denominator, and any MAT service at any LOC would put that patient in the numerator, even if it was not offered at each LOC.
24.	How would the number of patients be counted under MAT Incentive 3b? For instance, clients often enter our system at a 3.2 Level of Care and are prescribed Naloxone; they maintain that prescription as they transition to other LOCs that do not offer Naloxone.	As above, the numerator would be the number of unique/unduplicated patients at the agency who received a naloxone service (billed to the designated code) at any LOC during the FY and the denominator would be all unique patients seen by the agency at all levels of care during the FY. If a patient was admitted to multiple LOCs during the FY, they would only count once in the denominator, and any naloxone service at any LOC would put that patient in the numerator, even if it was not offered at each LOC.
Incentives: Optimizing Care Coordination		
25.	Under Care Coordination Incentive 4b, are providers required to track patients who are referred to a higher level of care at discharge?	The purpose of this incentive is to ensure patients transition to appropriate levels of care upon discharge, this includes stepping up or down as well as to Recovery Services.
Incentives: Enhancing Data Reporting		
26.	The Provider Manual states that the California Outcomes Measurement System (CalOMS) discharge data should be completed on the last day of	Although discharge data is required to be submitted on the day of discharge, SAPC allows submission of discharge data on the following day or on Monday if a client is discharged after hours or over the weekend. Providers need to fill out data on the paper version during the exit interview and enter data in Sage on

	treatment services. What is defined as the last day of treatment services for discharges under Data Reporting Incentive 5a?	the following day or on Monday, otherwise some questions cannot be answered (e.g., perception, effectiveness).

Links provided:

DPH COVID-19 Website: http://publichealth.lacounty.gov/media/Coronavirus/