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**SAPC BULLETIN NO. 16-03**

April 11, 2016

TO: Executive Directors

FROM: Wayne K. Sugita, M.P.A., Interim Director   
Substance Abuse Prevention and Control

SUBJECT: **MONTHLY STATUS CHECKS OF AGENCIES**

In accordance with the County and State agreement, Substance Abuse Prevention and Control (SAPC) will implement a monthly review of providers to ensure that any changes within an agency that require recertification, as defined below, are reported to the Department of Health Care Services. Any changes that have been reported will be subject to review by your agency’s assigned Contract Program Auditor (CPA), who will take the appropriate actions, as needed.

Effective immediately, by the 5<sup>th</sup> of each month, all contracted providers must submit the attached form indicating whether any of the following changes have occurred:

- Ownership/Staff – Change of ownership or management, and additions or terminations of executive-level personnel and members of the agency’s board of directors.
- Scope of Services – Changes to any services provided and the population served.
- Remodeling of Facility – Changes may include, but are not limited to, structural renovations, expansion or extension of facilities, and the addition or consolidation of rooms.
- Location – Changes of location may consist of the relocation of a program from one facility to another, and new site additions or removals from provider’s previously established sites.
- System Transformation to Advance Recovery and Treatment of Substance Use Disorders (START) Preparations – List any steps taken to prepare your organization for the implementation of the START. Please include trainings, technology upgrades, DMC Certification requests that have been submitted to the State, and any other actions your organization has taken to better prepare for the inception of START. You may also indicate any barriers or successes you have experienced in your preparation.

SAPC Bulletin No. 16-03

April 11, 2016

Page 2

- Technical Assistance Requests – Use this space to request any needed technical assistance. SAPC will work to identify the best resource to meet your needs.

Providers must submit the form each month to the following email address:

[SAPCMonitoring@ph.lacounty.gov](mailto:SAPCMonitoring@ph.lacounty.gov). The form is also available at the following link:

<http://publichealth.lacounty.gov/sapc/bulletins/bulletin.htm>.

If you have any questions or require additional information, please contact your assigned CPA.

WKS:dd

c: Raymond Low  
Daniel Deniz