

R95 Workgroup Meeting & Discussion

Virtual Meeting

January 17, 2024

Substance Abuse Prevention and Control Bureau
Los Angeles County Department of Public Health

Agenda

R95 WORKGROUP MEETING
Wednesday January 17, 2023
3:30 pm – 5:00 pm

- 3:30 pm Welcome**
- 3:35 pm R95 Updates** – Michelle Gibson
 - SAPC Capacity Building Package
- 3:40 pm Capacity Building and Reimbursement**
 - Finance Services Division – Invoice #2 Update – Daniel Deniz
- 3:45 pm Focus Area 1:**
 - **Outreach & Engagement**
 - Field Based Services [2B-1, 2B-2, 2A-3] - Yanira Lima
 - Provider Orientation and Q&Q
 - Discussion: Elements of a Strong MOU
- 4:00 pm Focus Area 1:**
 - **Outreach & Engagement**
 - Engagement Policy [2C-1, 2C-2] - Dr. Brian Hurley
 - Including Maximizing 30/60-Day Initial Engagement Authorizations with a focus on 30/60-Day Engagement Policy
- 4:30 pm Focus Area 2:**
 - **Lowering Barriers to Care**
 - Bidirectional Harm Reduction Referrals [2F-1] - Dr. Brian Hurley
- 4:45 pm Next Steps**
- 5:00 pm Adjourn**

Capacity Building Package

Michelle Gibson
Deputy Director
Substance Abuse Prevention and Control Bureau
Los Angeles County Department of Public Health



SAPC FY 23–24 Capacity Building Package Update

- **Workforce Development:**
 - 1B-1 Staff Survey Summary – Due 2/29/24 **REVISED**
- **Access to Care – Reaching the 95%:**
 - 2A-1 New Partner Entity Meetings – Due 2/29/24 **REVISED**
 - 2A-2 New Partnership Plan – Due 1/12/24 **REVISED**
 - 2A-3 New Executed MOU – Due 3/31/24 **REVISED**
 - 2B-1 New Executed MOU – Due 3/31/24 **REVISED**
 - 2C-1 Engagement Policy – Due 2/29/24 **REVISED**
 - 2D-1 R95 Admission Policy – Due 2/29/24 **REVISED**
 - 2D-2 R95 Discharge Policy – Due /29/24 **REVISED**

Capacity Building And Reimbursement

Daniel Deniz
Division Chief, Finance Services
Substance Abuse Prevention and Control Bureau
Los Angeles County Department of Public Health



SAPC FY 23–24 Capacity Building Package Update

- **Fiscal and Operational Efficiency:**
 - 3A-1 Accounting Systems and Capacity – Due 3/31/24 **REVISED**
- **Access to Care – Reaching the 95%:**
 - 2E-2 Customer Walk Through – Tier Level Rate Updates
 - Tier 1 - \$1,000 **REVISED**
 - Tier 2 - \$1,000 **REVISED**
 - Tier 3 - \$1,000 **REVISED**

Finance Services Division – Invoice #2 Update

Invoice #2: Capacity Building Deliverable-Based Efforts

- **Access to Care – Reaching the 95%:**
 - 2A-1, 2A-2, 2A-3, 2B-1, 2B-2, 2C-1, 2C-2, 2D-1, 2D-2, 2D-3, 2E-1, 2E-2, 2E-3, 2F-1, 2F-2
- **Reimbursement based**
 - Provider Tier Level
 - Approved Categories

Finance Services Division – Invoice #2 Update

Invoice #2: Capacity Building Deliverable-Based Efforts

- **Revised Invoice is used when**
 - Agencies have met one or more Capacity Building Deliverables and/or
 - Agencies missed opportunity to participate in start-up funds for Capacity Building that are now interested in participating via deliverable-based for FY 2023-2024.
- **NOTE: Providers may only receive one payment for Start Up Funds Categories*

Finance Services Division – Invoice #2 Update

Invoice #1: Capacity Building Start-Up Funds Attestation

Invoice #2: Capacity Building Deliverable-Based Efforts

Attestation  Deliverable

- Providers who missed deadline may still benefit from funding opportunities.
- Submit invoice along with supporting documentation.

Questions/Issues

- SAPC-CBI@ph.lacounty.gov

Focus Area 1: Outreach and Engagement

Field Based Services (2B-1, 2B-2)

Yanira Lima
Division Chief, Systems of Care
Substance Abuse Prevention and Control Bureau
Los Angeles County Department of Public Health

New Partner Plan (2A-2) Completion



Submit missing plans to SAPC-CBI@ph.lacounty.gov by this **Friday, January 19.**

2B Field-Based Services – Capacity Building Deliverable



Submit a Field Based Services (FBS) application to SAPC with an executed MOU

- *Review **SAPC Bulletin 23-14** for guidance on applying for FBS*

– **Due date: 3/31/2024 (REVISED)**



Verify claims for new admissions at FBS site(s)

– **Due date: 06/30/2024**

Summary of Field Based Services Update

- In-home Field Based Services (FBS)
- Updated application with shortened review time
- Mobile Outreach Services reimbursement
- No limits on the number of FBS locations



Field-Based Services: Standards and Practices

METHOD OF SERVICE DELIVERY OPTION UNDER THE DRUG MEDI-CAL
ORGANIZED DELIVERY SYSTEM (DMC-ODS)

Attachment I
December 2023 | Version 3.0

New Field Based Services Requirements

- Staffing
 - Registered SUD counselors with 1-year relevant experience
 - Certified SUD counselor
 - LPHA
 - Certified Peer Support Specialists
- Documentation
- Naloxone Training and Availability
 - <http://publichealth.lacounty.gov/sapc/public/harm-reduction/?tm#access-naloxone>
- Injury and Illness Prevention Plan (CALOSHA requirement)



Field-Based Services: Standards and Practices

METHOD OF SERVICE DELIVERY OPTION UNDER THE DRUG MEDI-CAL
ORGANIZED DELIVERY SYSTEM (DMC-ODS)

Attachment 1
December 2021 | Version 2.0



2B-1 Deliverables Requirements

- Complete FBS Application with MOU
- Requirements: Submit FBS Applications by March 31, 2024.
 - FBS Form
 - Signed Cover Letter
 - Narrative
 - MOU
- Emailed application package to SAPCMonitoring@ph.lacounty.gov

Attachment II

DEPARTMENT OF PUBLIC HEALTH
Bureau of Substance Abuse Prevention and Control
FIELD-BASED SERVICES FORM

To apply for Field Based Services (FBS), email the completed application and all supplemental documents to: SAPCMonitoring@ph.lacounty.gov with the subject "Field Based Service Application".

NETWORK PROVIDER AGENCY INFORMATION	
1. SAPC Network Provider Agency Name:	
2. Home DMC-Certified Facility Address:	
3. Network Provider Agency Contact Information:	
Name:	
Phone Number:	
Email Address:	
PROPOSED POPULATIONS TO BE SERVED	
4. Please share the populations you plan to serve: (Check all that apply)	
<input type="checkbox"/> General youth (12-17) population	<input type="checkbox"/> People who are medically fragile
<input type="checkbox"/> General young adult (18-20) population	<input type="checkbox"/> People with co-occurring mental or physical condition
<input type="checkbox"/> General adult (21-50) population	<input type="checkbox"/> People who are pregnant and postpartum
<input type="checkbox"/> General older adult (51+) population	<input type="checkbox"/> LGBTQ+ adults (21+)
<input type="checkbox"/> Reaching the 95% of people who need but do not seek or want treatment at traditional sites	<input type="checkbox"/> LGBTQ+ youth and young adults (13-20)
<input type="checkbox"/> Harm reduction / non-abandonment	<input type="checkbox"/> Youth involved in the foster care system
<input type="checkbox"/> People who are gang-involved	<input type="checkbox"/> Youth involved in the juvenile justice system
<input type="checkbox"/> People convicted of arson	<input type="checkbox"/> Youth at traditional school sites
<input type="checkbox"/> People who are registered sex offenders	<input type="checkbox"/> Youth at alternative school sites
<input type="checkbox"/> Residents of rural areas	<input type="checkbox"/> Other:
<input type="checkbox"/> People who are unsheltered, people experiencing homelessness and chronic homelessness	
PROPOSED LEVEL(S) OF CARE	PROPOSED SPAN(S) TO BE SERVED
5. What Field-Based Level(s) of Care does the program propose to provide? (Check all that apply)	6. What Service Planning Area (SPA) does the program propose to serve? (Check all that apply)
<input type="checkbox"/> Early Intervention for Youth/Young Adults	<input type="checkbox"/> SPA 1
<input type="checkbox"/> Outpatient	<input type="checkbox"/> SPA 2
<input type="checkbox"/> Intensive Outpatient	<input type="checkbox"/> SPA 3
<input type="checkbox"/> Recovery Supports	<input type="checkbox"/> SPA 4
	<input type="checkbox"/> SPA 5
	<input type="checkbox"/> SPA 6
	<input type="checkbox"/> SPA 7
	<input type="checkbox"/> SPA 8

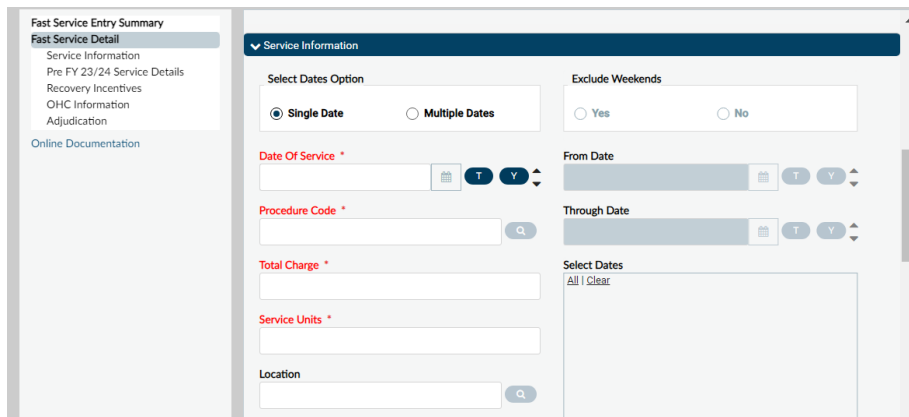
2B-2 Deliverables Requirements

- After FBS application is approved, providers must properly document FBS when making **claims** and in **progress notes**.
- When making claims for FBS, the appropriate **Place of Service Code** must be used.

Location Name	Place of Service Code
School	3
Homeless Shelter	4
Home	12
Assisted Living Facility	13
Group Home	14
Mobile Unit	15
Temporary Lodging	16
Urgent Care Facility	20
Emergency Room—Hospital	23
Outreach Site/Street	27
Nursing Facility	32
Custodial Care Facility	33
Federally Qualified Health Center	50
Community Mental Health Center (CMHC)	53
Public Health Clinic	71
Other Place of Service	99

FBS Documentation

- Claims



Fast Service Entry Summary
Fast Service Detail
 Service Information
 Pre FY 23/24 Service Details
 Recovery Incentives
 OHC Information
 Adjudication
 Online Documentation

Service Information

Select Dates Option
 Single Date Multiple Dates

Exclude Weekends
 Yes No

Date Of Service *
 [Calendar] [T] [Y]

Procedure Code *
 [Search]

Total Charge *

Service Units *

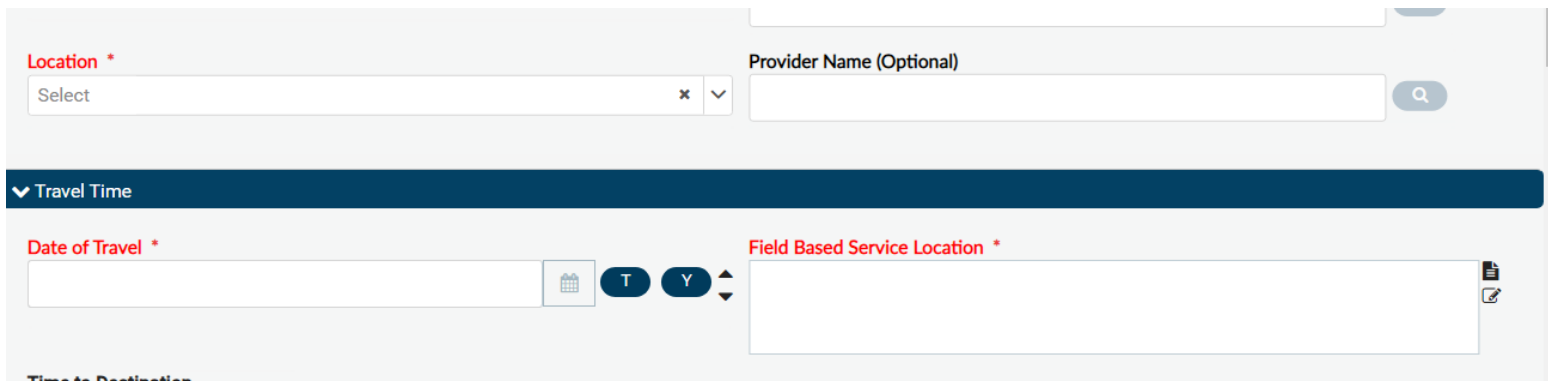
Location
 [Search]

From Date
 [Calendar] [T] [Y]

Through Date
 [Calendar] [T] [Y]

Select Dates
 All | Clear

- Progress Notes



Location *
 [X] [v]

Provider Name (Optional)
 [Search]

Travel Time

Date of Travel *
 [Calendar] [T] [Y]

Field Based Service Location *
 [Icon]

Time to Destination

You were approved for FBS at a school and provided services to a student there. When making a claim for services, which place of service code must be entered into the location field?

- A. 99 - Other
- B. 27 – Outreach Site
- C. 3 – School
- D. Any of the above

What is required to meet 2B-1 for Field Based Services?

- A. Provide field-based services
- B. Document FBS with appropriate place of service code
- C. Submit an application for FBS to SAPC
- D. All of the above

You are not the person who submits claims for your agency but learned about the new documentation procedures for Field Base Service. What will you do after this workshop?

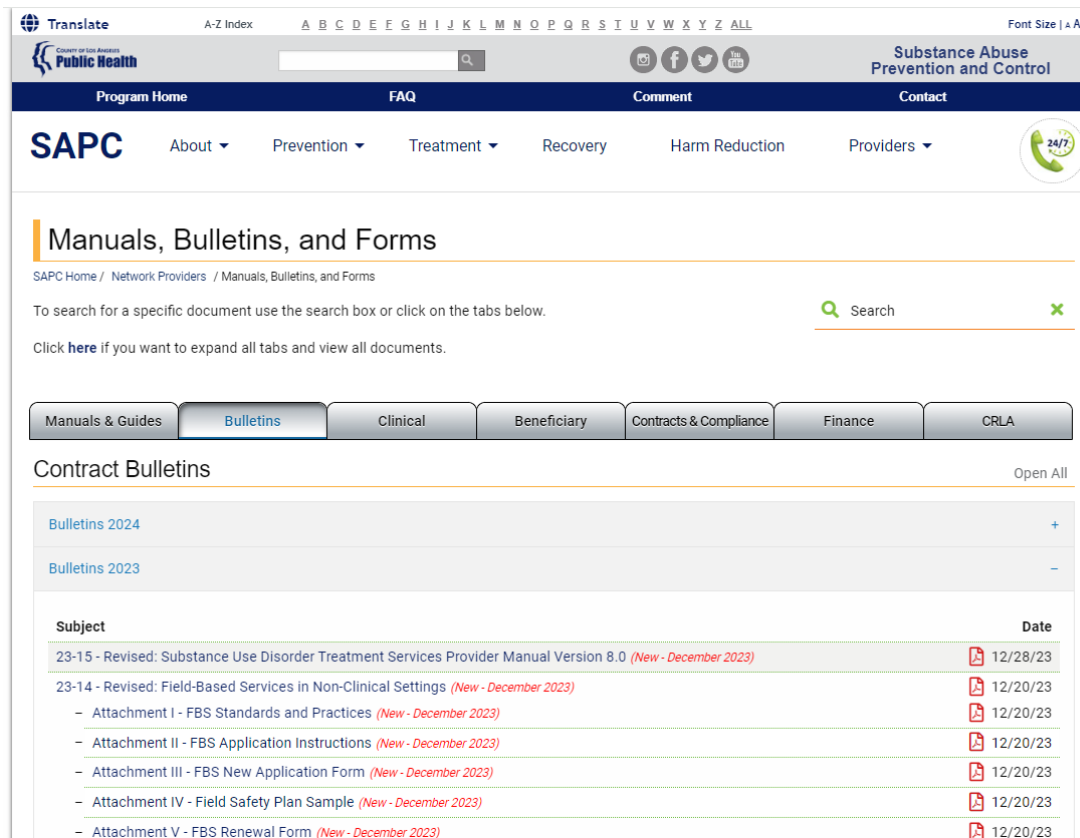
- A. Share a copy of the Field Based Services Standards and Practices with staff who submit claims to ensure appropriate documentation
- B. Assume staff who document claims know the new FBS documentation procedures and risk losing a lot of money for your agency

Field Based Service Safety Training

- Field Safety training offered by California Institute for Behavioral Health Solutions (CiBHS)
- January 25, 2024, at 10AM
- Registration link: <https://bit.ly/FST0125>

Field Based Services

- <http://publichealth.lacounty.gov/sapc/providers/manuals-bulletins-and-forms.htm>



The screenshot shows the SAPC website interface. At the top, there is a navigation bar with 'Program Home', 'FAQ', 'Comment', and 'Contact'. Below this is a main menu with 'SAPC', 'About', 'Prevention', 'Treatment', 'Recovery', 'Harm Reduction', and 'Providers'. A search bar and a '24/7' helpline icon are also present.

The main content area is titled 'Manuals, Bulletins, and Forms'. It includes a search box and a list of document categories: 'Manuals & Guides', 'Bulletins', 'Clinical', 'Beneficiary', 'Contracts & Compliance', 'Finance', and 'CRLA'. The 'Bulletins' category is currently selected.

Under the 'Contract Bulletins' section, there are expandable lists for 'Bulletins 2024' and 'Bulletins 2023'. A table of documents is displayed below, with columns for 'Subject' and 'Date'.

Subject	Date
23-15 - Revised: Substance Use Disorder Treatment Services Provider Manual Version 8.0 <i>(New - December 2023)</i>	12/28/23
23-14 - Revised: Field-Based Services in Non-Clinical Settings <i>(New - December 2023)</i>	12/20/23
- Attachment I - FBS Standards and Practices <i>(New - December 2023)</i>	12/20/23
- Attachment II - FBS Application Instructions <i>(New - December 2023)</i>	12/20/23
- Attachment III - FBS New Application Form <i>(New - December 2023)</i>	12/20/23
- Attachment IV - Field Safety Plan Sample <i>(New - December 2023)</i>	12/20/23
- Attachment V - FBS Renewal Form <i>(New - December 2023)</i>	12/20/23

Focus Area 1: Outreach and Engagement

30- & 60-Day Engagement (2C-1, 2C-2)

Dr. Brian Hurley
Medical Director and Division Chief, Clinical Services
Substance Abuse Prevention and Control Bureau
Los Angeles County Department of Public Health

Outreach & Engagement: 30- and 60-Day Engagement Policy 2C-1, 2C-2

- Deliverable (Templates, Guidance, Resources) & Due Dates:
 - 2C-1 Engagement - Due 2/29/24 (REVISED)
 - Attestation for Initial Engagement Authorization (posted for use)
 - Engagement Policy –Engagement Policy (posted for use)
 - 2C-2 Verified Engagement – Due 6/30/24
 - Claims Verification Form (*to be shared week of 1/29/24*)

Outreach & Engagement: 30- and 60-Day Engagement Policy 2C-1, 2C-2

- What You Can Do Now:
 - 2C-1 Engagement Policy – Due 2/29/24 **(REVISED)**
 - Develop / Submit Patient Engagement Policy
 - Submit Attestation of Compliance with Initial Engagement Authorization Training Requirements
 - For agencies who offer a non-residential LOC → BOTH deliverables are required
 - For agencies with only residential LOCs → only the engagement policy is required
 - **After SAPC's guidance is published**, return your agency's engagement policy (and, when applicable, attestation) via email to sapc-cbi@ph.lacounty.gov by 2/29/2024 with email subjects:
 - "2C-1: Engagement Policy"
 - "Attestation 2C-1: Initial Engagement Authorizations"

Outreach & Engagement: 30- and 60-Day Engagement Policy 2C-1, 2C-2

- At the end of the fiscal year:
 - 2C-2 Verified Initial Engagement Authorizations – Due 6/30/24

2C-2	*Verified Engagement Auths (<i>*required to participate in the capacity building category</i>)	6/30/24	10	Tier 1 - \$500	Tier 1 - \$5,000
			15	Tier 2 - \$500	Tier 2 - \$7,500
			20	Tier 3 - \$500	Tier 3 - \$10,000

<http://publichealth.lacounty.gov/sapc/providers/manuals-bulletins-and-forms.htm?tm#bulletins> – SAPC FY 23-24 Capacity Building Package

<http://publichealth.lacounty.gov/sapc/providers/treatment-provider-meetings.htm> – R95 Workgroup Meetings

Outreach & Engagement: Engagement Policy 2C-1

- Connection with Community Partners
- Responsiveness to Outreach
- Patient Rapport
- Patient Education
- Assistance with Overcoming Barriers to Treatment
- Social and Family Support
- Care Coordination to External Services
- Monitoring Patient Response to Adjust Engagement Approach
- Quality Improvement

Department of Public Health, Substance Abuse Prevention and Control Required Language for Engagement Policy in Alignment with R95 Access to Care Expectations

- Required Language – Noted in **BLUE**
- Recommended Language – Noted in **BLACK** text and can be modified or omitted
- Comments – Noted in **ORANGE ITALICS** text are clarification of requirements and are not required to be included in the Engagement Policy submitted for the incentive.
- Use agency specific headers / formats in accordance with your policy and procedure standards
- This is not an exhaustive policy; any other applicable County or State requirements should also be included in an agency's final version, including additional guidance that aligns with the intent of the R95 initiative.

PURPOSE:

This policy outlines *[our agency's]* policies and procedures to successfully engage patients in substance use disorder (SUD) treatment. Patient engagement in services is essential for improving access to treatment as well as retention and outcomes for patients with SUDs. Engagement policies promote patient-centered and evidence-based approaches that strengthen relationships between *[our agency]* and our community partners, assist patients with the identification and overcoming of barriers to entry into SUD treatment, and ensure patients receive necessary support, care, and timely access to the appropriate treatment resources.

http://content.govdelivery.com/attachments/CALACOUNTY/2024/01/16/file_attachments/2749958/2C-1%20Engagement%20Policy%20Guidance%20FINAL.pdf

I. **Quality Improvement**

[Our agency] monitors the effectiveness of patient engagement strategies using quality improvement metrics which include:

- Assessment of staff competency in engagement activities
- Outcomes from engagement activities
- Measurement and review of referrals to admission ratios
- Feedback from community partners agencies
- Feedback from prospective and current patients

Attachments

- I. *[Include any agency-specific existing engagement policies or procedures not otherwise included in the above]*
- II. **Attestation of Compliance with Initial Engagement Authorization Training Requirements** *[remove if your agency does not offer non-residential treatment services]. To meet eligibility for R95 Incentive 2C-1, provider agencies offering non-residential levels of care shall submit **both** an Engagement Policy in accordance with the above **and** an Attestation of Compliance with Initial Engagement Authorization Training Requirements.*

Complete and return your agency's engagement policy via an email titled "2C-1: Engagement Policy" sent to sapc-cbi@ph.lacounty.gov by 2/29/2024.

http://content.govdelivery.com/attachments/CALACOUNTY/2024/01/16/file_attachments/2749958/2C-1%20Engagement%20Policy%20Guidance%20FINAL.pdf

Outreach & Engagement: Training Attestation 2C-1 – Preliminary Preview

- Attestation of Compliance with Initial Engagement Authorization Training Requirements
 - *Applicable to agencies who offer non-residential LOCs*
 - Attest to protocols for initiating treatment and offering patients treatment up to 30 days (for patients aged 21 and over who are not experiencing homelessness) or up to 60 days (for patients aged 20 and younger and/or who are experiencing homelessness) from the initial date of service
 - Prepared treatment staff through training on evidence-based interventions, including but not limited to Motivational Interviewing, and emphasized the importance of early care coordination and discharge planning as methods of supporting patient engagement in treatment during Initial Engagement Authorizations

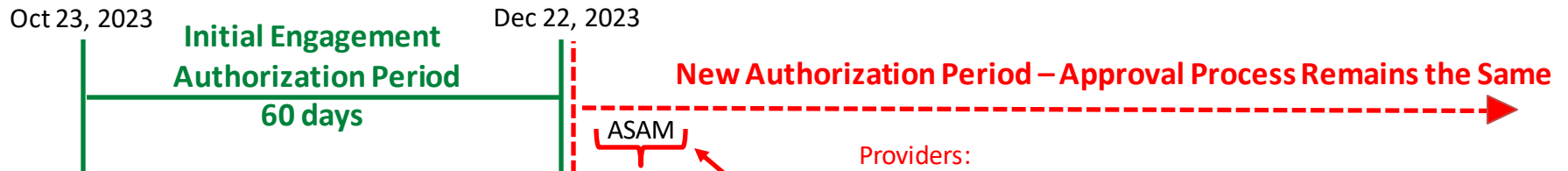
Initial Engagement Authorizations for Non-Residential Levels of Care

- **Submit a Full (Standard) Authorization When Medical Necessity Has Been Established**
 - No need to wait 30/60d before submitting a full authorization request, but provides flexibility for patients
- **For initial engagement authorizations prior to establishing medical necessity**
 - Make explicit via designated PCNX radio button
 - Conduct an ASAM assessment when the patient is ready to participate, prior to submitting the auth request for the balance of the authorization duration



See DHCS Behavioral Health Information Notice (BHIN) 24-001:
<https://www.dhcs.ca.gov/Documents/BHIN-24-001-DMC-ODS-Requirements-for-the-Period-of-2022-2026.pdf>

Authorization Periods – Patients Aged 20 and Under or PEH



For **NON-RESIDENTIAL SERVICES**, initial authorizations for patients **aged 20 and under** and **People Experiencing Homelessness (PEH)** will be set at 60 days while they are being engaged and medical necessity is being established.

Providers:

- Should engage patient to try to complete ASAM assessment and establish medical necessity throughout the initial 60-day authorization, but if this is not possible, the timelines for ASAM assessments and establishing medical necessity are the same as previously:
 - 7- or 14-days to complete ASAM assessment upon the end of the initial 60-day authorization period depending on clients who are 21 and over (7-days) or aged 20 and under (14-days); and
 - 30 days to submit all documentation to establish medical necessity and submit complete member authorization.

1 Initial 60-Day Engagement Authorization Period

- Patient must be LA County Resident
- Must meet SAPC Financial Eligibility requirements
- **Must meet age requirement of being 20 or under**
- **Documentation of homelessness status is required (if applicable)**
- Does NOT need to meet medical necessity

2 **New Authorization Request** submitted following initial 60-day authorization. In this example, the second authorization would begin Dec 22, 2023 and provider will have 7- or 14-days (depending on age of patient) to finalize the ASAM assessments and 30 days to submit all necessary documentation to establish medical necessity, as per current requirements.

Total Authorization Length

- **Outpatient Services*** → 2 months for the initial authorization period for those aged 20 and under and PEH, and then 4 months for the new authorization once medical necessity is established (in this example, it would end on April 22, 2024)
- **OTP Services**** → 2 months for the initial authorization period for those aged 20 and under and PEH, and then 10 months for the new authorization once medical necessity is established (in this example, it would end on Oct 22, 2024)

*Total time will equal 6 months for outpatient services

**Total time will equal 12 months for OTP services

Authorization Periods – All Other Patients Aged 21 and Over that are Not Homeless



For **NON-RESIDENTIAL SERVICES**, initial authorizations for patients aged 21 and over who are not homeless will be set at 30 days while they are being engaged and medical necessity is being established.

Providers:

- Should be engaging patient to try to complete ASAM assessment and establish medical necessity throughout the initial 30-day authorization, but if this is not possible, the timelines for ASAM assessments and establishing medical necessity are the same as previously:
 - 7- or 14-days to complete ASAM assessment upon the end of the initial 60-day authorization period depending on clients who are 21 and over (7-days) or aged 20 and under (14-days); and
 - 30 days to submit all documentation to establish medical necessity and submit complete member authorization.

- 1 **Initial 30-Day Engagement Authorization Period**
 - Patient must be LA County Resident
 - Must meet SAPC Financial Eligibility requirements
 - Does NOT need to meet medical necessity

- 2 **New Authorization Request** submitted following initial 30-day authorization. In this example, the second authorization would begin November 22, 2023 and provider will have 7- or 14-days (depending on age of patient) to finalize the ASAM assessments and 30 days to submit all necessary documentation to establish medical necessity, as per current requirements.

Total Authorization Length

- **Outpatient Services*** → 30 days for the initial authorization period for those aged 21 and over who are not homeless, and then 5 months for the new authorization once medical necessity is established (in this example, it would end on April 22, 2024)
- **OTP Services**** → 30 days for the initial authorization period for those aged 21 and over who are not homeless, and then 11 months for the new authorization once medical necessity is established (in this example, it would end on Oct 22, 2024)

*Total time will equal 6 months for outpatient services

**Total time will equal 12 months for OTP services

PCNX Authorization Requests

SERVICE AUTHORIZATION REQUEST
Submit Discard Add to Favorites

Member Service Authorization

- FY 23/24+ Authorizations
- Member Service Authorization 21-40
- Care Manager
- Diagnosis
- Comments
- Provider Search
- Doc Request Date
- Online Documentation

Brief Member Review
Member Authorization History

Authorization Number

Initial or Continuing Authorization ?

Initial
 Continuing

Funding Source Authorization Is For *

Begin Date Of Authorization *

Provider To Be Authorized

End Date Of Authorization *

Contracting Provider Program *

Current Authorization Status *

Approved
 Denied
 Pending

<http://publichealth.lacounty.gov/sapc/providers/sage/sage-pcnx.htm>
 Sage-PCNX Service Authorization Request Guide

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PCNX Authorization Requests

Member Service Authorization
FY 23/24+ Authorizations
Member Service Authorization 21-40
Care Manager
Diagnosis
Comments
Provider Search
Doc Request Date

Initial Engagement *

Yes
 No

Doc Request Date	
Initial Engagement	<p>Required.</p> <ul style="list-style-type: none"> Select Yes if the authorization is a Non-Residential initial authorization where the patient is in the initial assessment period and medical necessity has not yet been established.
	<ul style="list-style-type: none"> Select No if <ol style="list-style-type: none"> 1. This is a Residential Authorization 2. This is a Withdrawal Management Authorization or 3. Medical necessity has been established

<http://publichealth.lacounty.gov/sapc/providers/sage/sage-pcnx.htm>
[Sage-PCNX Service Authorization Request Guide](#)

Attestation of Compliance

- Attestation that treatment staff have be trained on the relevant notices and agency has established protocols for initiating treatment and offering patients treatment up to 30 days (for patients aged 21 and over who are not experiencing homelessness) or up to 60 days (for patients aged 20 and younger and/or who are experiencing homelessness) from the initial date of service to establish medical necessity for treatment at non-residential levels of care.
- Agency staff have reviewed [the SAGE Provider Communication release dated 07/28/23 for guidance on how to indicate in PCNX whether an authorization is an Initial Engagement Authorization upon submission](#) using the “Initial Engagement” radio button.

Diagnosis Code During Initial Engagement Authorization Period

- If an SUD diagnosis is evident for a patient during an initial engagement authorization and confirmed by an LPHA prior to the completion of an ASAM assessment, providers agencies can document the patient’s SUD diagnosis during the initial engagement authorization period.
- If there an SUD diagnosis is not known during the initial engagement authorization period, LPHAs can document the diagnosis code: Z03.89, “Encounter for observation for other suspected diseases and conditions ruled out” which is a placeholder diagnosis until the SUD diagnosis is established.
- Any eligible practitioners can document one or more of the ICD-10 codes Z55-Z65, “Persons with potential health hazards related to socioeconomic and psychosocial circumstances.” These codes may be used by all practitioners during the initial engagement authorization period prior to diagnosis and do not require certification as, or supervision of, a Licensed Practitioner of the Healing Arts (LPHA). This Z-code would also serve as a placeholder diagnosis until the SUD diagnosis is established.
- For a list of the available ICD-10 codes Z55-Z65, see Table 1 in Attachment A beginning Page 5 of the DCHS All Plan Letter 21-009:
[http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/A
PL2021/APL21-009.pdf](http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2021/APL21-009.pdf)

Diagnosis Code During Initial Engagement Authorization Period

Code	Description
Z55.0	Illiteracy and low-level literacy
Z58.6	<i>Inadequate drinking-water supply</i>
Z59.00	<i>Homelessness unspecified</i>
Z59.01	<i>Sheltered homelessness</i>
Z59.02	<i>Unsheltered homelessness</i>
Z59.1	Inadequate housing (lack of heating/space, unsatisfactory surroundings)
Z59.3	Problems related to living in residential institution
Z59.41	<i>Food insecurity</i>
Z59.48	<i>Other specified lack of adequate food</i>
Z59.7	Insufficient social insurance and welfare support
Z59.811	<i>Housing instability, housed, with risk of homelessness</i>
Z59.812	<i>Housing instability, housed, homelessness in past 12 months</i>
Z59.819	<i>Housing instability, housed unspecified</i>
Z59.89	<i>Other problems related to housing and economic circumstances</i>
Z60.2	Problems related to living alone
Z60.4	Social exclusion and rejection (physical appearance, illness or behavior)
Z62.819	Personal history of unspecified abuse in childhood
Z63.0	Problems in relationship with spouse or partner
Z63.4	Disappearance & death of family member (assumed death, bereavement)
Z63.5	Disruption of family by separation and divorce (marital estrangement)
Z63.6	Dependent relative needing care at home
Z63.72	Alcoholism and drug addiction in family
Z65.1	Imprisonment and other incarceration
Z65.2	Problems related to release from prison
Z65.8	Other specified problems related to psychosocial circumstances (religious or spiritual problem)

<http://www.dhcs.ca.gov/formsandpubs/Documents/MCDAPLsandPolicyLetters/APL2021/APL21-009.pdf>

Outreach & Engagement: 30- and 60-Day Engagement Policy

- R95 Workgroup Meeting Dates:
 - Wed, 2/21/24: 11:00 am to 12:30 pm (during UM Meeting)
*(*Revised Date)*
 - Wed, 4/17/24: 11:00 am to 12:30 pm (during UM Meeting)
 - Wed, 6/19/24: 11:00 am to 12:30 pm (during UM Meeting)
 - Agenda topics to be determined based on feedback, questions and concerns raised by providers

Outreach & Engagement: 30- and 60-Day Engagement Policy

- R95 Workgroup Meeting Dates & Agenda Topics:
 - Wed, 4/10/24: 3:30 pm - 5:00 pm
 - Outreach and Engagement of Individuals Outside Your Treatment Program
 - Wed, 5/8/24: 3:30 pm - 5:00 pm
 - Identify Engagement Policy Implementation Strengths and Opportunities for Improvement

Focus Area 2: Lowering Barriers to Care *Bidirectional Referrals Between Harm Reduction & Treatment Programs (2F-1, 2F-2)*

Dr. Brian Hurley
Medical Director and Division Chief, Clinical Services
Bureau of Substance Abuse Prevention and Control
Los Angeles County Department of Public Health

LBC: Bidirectional Referrals Between Substance Use Treatment and Harm Reduction Services 2F-1, 2F-2

- Deliverable (Templates, Guidance, Resources) & Due Dates:
 - 2F-1 Executed MOU – Due 3/31/24 **(REVISED)**
 - 2F Guidance for Bidirectional Referrals
(<http://publichealth.lacounty.gov/sapc/docs/providers/r95/122123/2F-1-Guidance-for-Bidirectional-Referrals%E2%80%93SUD-Treatment-and-Harm-Reduction-Final.pdf>)
 - 2F-2 Verified Claims – Due 6/30/24
 - Claims Verification Form (*to be provided week of 1/29/23*)

LBC: Bidirectional Referrals Between Substance Use Treatment and Harm Reduction Services 2F-1, 2F-2

- What You Can Do Now:
 - 2F-1 Executed MOU – Due 3/31/24 **(REVISED)**
 - Identify potential partners
 - Schedule and conduct meetings with potential partners
 - 2F-2 Verified Claims – Due 6/30/24

Better Blending Treatment & Harm Reduction

- We know recovery is a continuum, but the separation and programmatic divide between treatment and harm reduction services is often wide and needs to be addressed to better match the continuum of SUD services with client experience.
- Better integrating treatment and harm reduction services within agencies is both a cultural and operational issue, with the cultural issue being the more challenging to address.
 - Achieving this goal will require addressing this from both angles and will require agency-level interventions on top of what SAPC focuses on given that agencies have different cultures and agency leadership know their culture best.
- **Ingredients for culture change at the agency-level**
 1. Knowing what we're dealing with – Opening the door for discussions to explore staff thoughts/feelings around this topic (e.g., individual/supervision/staff meetings, office hours, etc.) --> **ESSENTIAL FOCUS!**
 2. Leadership making the end goal clear – Aligning the agency and staff
 3. Evaluating progress – How do we know when treatment and harm reduction service are more integrated?
 4. Adjusting approaches as needed – Our evaluations will allow us to modify our interventions to more effectively achieve this integration

Harm Reduction Services



**Harm Reduction
Supplies Access**



**Syringe Exchange &
Disposal**



**Naloxone and
Test Strips**



**Medications for
Addiction Treatment**



Drop-In Centers



**Linkage to Housing
Services**



Pharmacy Access



**Referrals for
Needed Services**

- **GOAL** → Meeting people where they are, both figuratively and literally
 - While brick and mortar locations are needed, mobile services that go out to people who are unlikely to go to brick and mortar locations are also needed

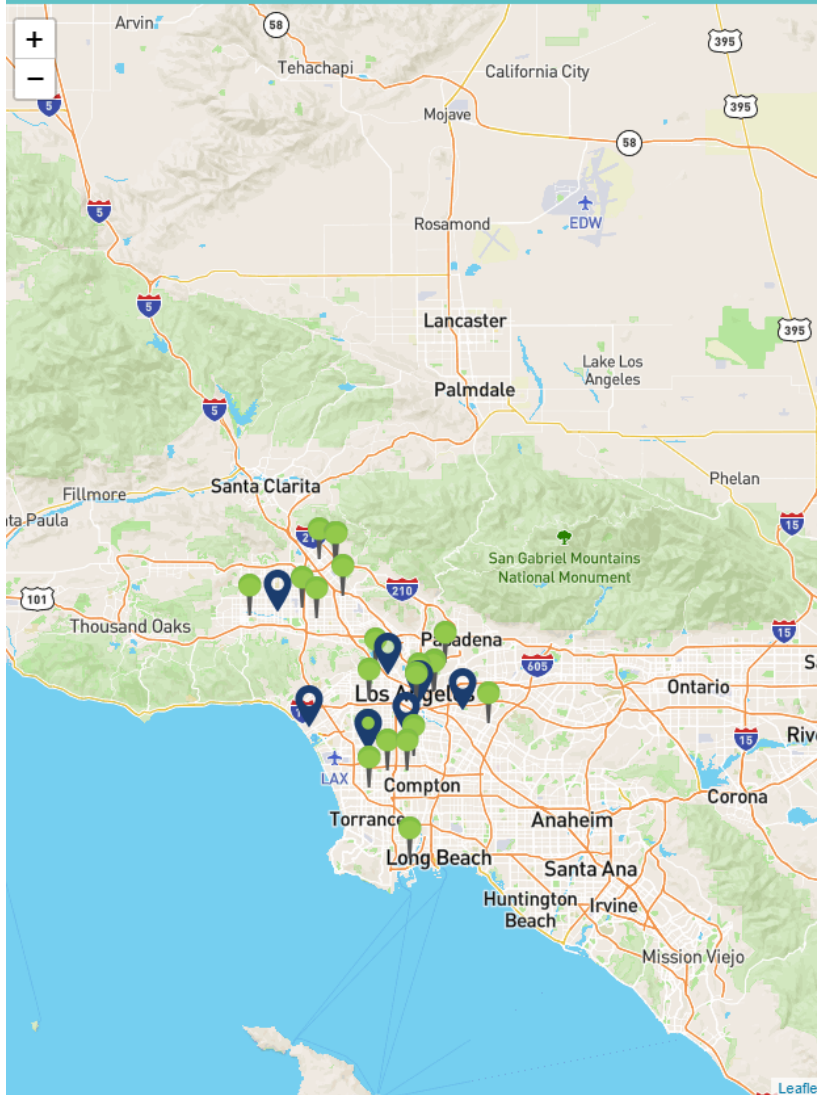
HARM REDUCTION SYRINGE SERVICE PROGRAMS

Harm Reduction Syringe Services Programs

Harm reduction syringe services programs provide access to naloxone, safer injection and smoking supplies, and education which:

- Reduces the risk of fatal overdose
- Reduces the risk and spread of HIV infection
- Reduces the risk and spread of Hepatitis C
- Connects people to treatment and provides a gateway to recovery

Call to find out hours and days of operation.



Finding Harm Reduction Services

Engagement and Overdose Prevention (EOP) Hubs

The Engagement and Overdose Prevention (EOP) Hubs are LA County contracted syringe service providers who provide harm reduction services, peer-led education, and peer-led support services. Harm reduction services include conducting syringe exchanges, providing safer use supplies including safer smoking equipment, distributing naloxone overdose reversal kits, and connecting participants to other important services and programs such as:

- Education about overdose prevention and harm reduction practices.
- Naloxone distribution and education.
- Screening, care, treatment for viral hepatitis and HIV.
- Referrals to medications for addiction treatment, and other medical, mental health, and substance use disorder (SUD) treatment services.
- Fentanyl test strips distribution and education.





LA County EOP Hubs

[Click here to view EOP Hub Program Schedule \(PDF\)](#)

<http://publichealth.lacounty.gov/sapc/public/overdose-prevention.htm>






















Los Angeles County Engagement and Overdose Prevention (EOP) Hubs Schedule

Harm Reduction Syringe Service Programs

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
 <p>LA Community Health Project (CHPLA) 1151 N Western Blvd. Los Angeles, CA 90029 Website: http://chpla.org/ Email/Contact Info: info@chpla.org Phone: 323.380.5469 M-F 9am-5pm</p>	<p>Hollywood 1625 N. Schrader Blvd. Los Angeles, CA 90028 7pm-10pm</p>	<p>Skid Row Downtown Los Angeles South Side of 6th St. between Wall and San Julian 9am-11am</p> <p>Watts 94th & Zamora St. 9401 Zamora Ave. Los Angeles, CA 90059 3pm-5pm</p>		<p>South Los Angeles Spectrum Community Clinic at Drew University 1731 W. 120th St., Building M, LA, CA 90059</p>	<p>Hollywood 1625 N. Schrader Blvd. Los Angeles, CA 90028 (Parking lot behind LA LGBT Center) 7pm-10pm</p>	<p>Skid Row Downtown Los Angeles South Side of 6th St. between Wall and San Julian 9am-11am</p> <p>Boyle Heights BAART Clinic Boyle Heights 1701 Zonal Ave. Los Angeles, CA 90033 12pm-2pm</p>	
 <p>Asian American Drug Abuse Program (AADAP) Health Intervention Program 652 E. Manchester Blvd., Inglewood, CA 90305 Website: https://aadapinc.org/healthinterventionprogram/ Email/Contact Info: tremolds@aadapinc.org Phone: 424.331.5799 M-F 9am-5pm</p>		<p>660 E. Manchester Blvd. Inglewood, CA 90301 10am-5pm</p>	<p>BAART Medmark Clinic 11682 S. Atlantic Ave. Lynwood, CA 90262 8am-11am</p>	<p>West County Medical Corporation 2272 Pacific Ave Long Beach, CA 90805 Every 1st & 3rd Wednesday 8am-10am</p> <p>West County Medical Clinic 100 W. Market St. Long Beach, CA 90805 Every 2nd and 4th Wednesday 10am-12pm</p> <p>Medmark Clinic (white van in parking lot) 11900 S. Avalon Ave. Los Angeles, CA 90059 7:30am-10am</p>	<p>Lawndale Medical & Mental Health Services 4023 Marine Ave. Lawndale, CA 90260 7am-10am</p>	<p>Hollywood Medical Clinic 5015 W. Pico Blvd Los Angeles, CA 90019 8am-11am</p>	
 <p>Tarzana Treatment Center (TTC) 7101 Baird Avenue, Reseda CA 91335 Website: https://www.tarzanatc.org/ Email: epacheco@tarzanatc.org Phone: 818.342.5897 M-F 9am-5pm</p>		<p>11770 Block of Borden Ave. Pacoima, CA 91331 (Under 118 Freeway overpass) 1:30pm-4:00pm</p> <p>7500 Block of Valjean Ave. Van Nuys, CA 91406 (Between Sherman Way & Satcoy) 4:30pm-6:00pm</p>	<p>6800 Block of Eton Ave. Canoga Park, CA 91303 (End of block) 9:30am-11:30am</p> <p>12178 San Fernando Rd. Sylmar, CA 91342 (Parking Lot of the Loyal Order of Moose) 1:00pm-3:00pm</p>	<p>8741 Laurel Canyon Blvd. Sun Valley, CA 91352 9:30am-11:00am</p> <p>14500 Block of Hamlin St., Van Nuys, CA 91411 (Off of Van Nuys Blvd & Victory Blvd) 12:30pm-3:00pm</p>			
 <p>Bienestar Human Services East Los Angeles Storefront 5314 East Beverly Blvd. Los Angeles CA 90022 Website: https://www.bienestar.org/syringe-exchange/ Email: ejalayer@bienestar.org Phone: 866.590.6411 M-F 10am-2pm & 4pm-7pm</p>		<p>Coastal Recovery Center 117 E. Harry Bridges Blvd. Wilmington, CA 90744 10am-12pm</p> <p>Highland Park 5982 Arroyo Dr. Los Angeles, CA 90042 3:30pm-5pm</p>		<p>DTLA Olvera St. 527 N Spring St. Los Angeles, CA 90012 4:00pm-6:00pm</p>	<p>Taravva 8207 Whittier Blvd. Pico Rivera, CA 90660 10:30am-12:00pm</p> <p>Lincoln Heights Corner of Alhambra Ave & Johnston St. Los Angeles CA 90031 3:30pm-5:00pm</p>		

Los Angeles County Engagement and Overdose Prevention (EOP) Hubs Schedule

Harm Reduction Syringe Service Programs

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
 Homeless Health Care Los Angeles (HHCLA) Center for Harm Reduction 512 East 4th St. Los Angeles, CA 90013 Website: https://www.hhcla.org/ Email/Contact Info: trainingandeducation@hhcla.org Phone: 213.617.8408 Sun-M 8:30am-3:30pm							
 Venice Family Clinic Common Ground at Judy and Bernard Briskin Center 622 Rose Ave., Venice, CA 90291 Website: https://venicefamilyclinic.org/ Email/Contact Info: VFCInfo@mednet.ucla.edu Phone: 310.314.5480 M-F 9am-5pm							
 Homeless Outreach Program Integrated Care System (HOPICS) 5849 Crocker St. Los Angeles, CA 90003 Website: https://www.hopics.org/ Email/Contact Info: harmreduction@hopics.org Phone: 323.432.4399 M-F 9am-5pm							
							

*Scheduled hours are subject to change without notice. Please contact the participating agency to confirm service hours and locations.

This program is supported in part by the County of Los Angeles, Department of Public Health. Please contact Substance Abuse Prevention and Control (SAPC) at harmreduction@ph.lacounty.gov

LBC: Bidirectional Referrals Between Substance Use Treatment and Harm Reduction Services 2F-1, 2F-2

DEPARTMENT OF PUBLIC HEALTH
Bureau of Substance Abuse Prevention and Control (SAPC)

Bidirectional Referrals Between Substance Use Treatment and Harm Reduction Services

To submit executed Memoranda of Understanding (MOUs) as the deliverable for the capacity building payments supporting the cost of developing and negotiating MOUs formalizing partnerships between SAPC-certified harm reduction syringe services programs and SAPC contracted substance use treatment agencies, email each executed MOU to *both*: harmreduction@ph.lacounty.gov and sapc-cbi@ph.lacounty.gov with the subject "2F-1 Bidirectional Harm Reduction MOU"

Overview

SAPC-contracted substance use treatment provider agencies are eligible to receive capacity building payments for developing formal Memoranda of Understanding (MOU)-codified partnerships with SAPC-certified harm reduction syringe services programs (collectively "agencies"). These relationships are designed to align with treatment provider agency organizational shifts towards treating patients who may have non-abstinent goals of care and to formalize pathways for bidirectional referrals between substance use treatment agencies and programs certified by SAPC to offer harm reduction services.

SAPC recognizes the historic organizational and programmatic divide that commonly separates substance use treatment programs and harm reduction programs. Coordination of both treatment and harm reduction services will enable SAPC-contracted agencies to better match the continuum of SUD services with patient and community needs.

Agencies obtaining these incentive payments should commit to collaborating toward making the necessary cultural and operational shift in pursuit of coordination of both treatment and harm reduction services for the individuals they serve, as determined by the evolving needs of service recipients. Agency leadership should focus on the following ongoing activities in support of this commitment:

LBC: Bidirectional Referrals Between Substance Use Treatment and Harm Reduction Services 2F-1, 2F-2

- Maintaining discussions with staff (though individual/supervision/staff meetings, office hours, and other areas of staff supervision and development) to evoke staff's concerns and perspectives about the provision of harm reduction services for people who may or may not abstain from using intoxicants.
- Agency leadership's providing clarity that aligns the agency's strategic direction and staff efforts toward the goal of a comprehensive range of harm reduction and substance use treatment services available for patients and clients ("service recipients"), depending on their continually evolving needs.
- Develop and institute (1) processes that build the continuum of care across harm reduction and substance use treatment providers; (2) methods to evaluate the integration of said services; and (3) measure outcomes accordingly.
- Demonstrate ongoing adjustments that continue to advance this integration approach based on outcomes measured and feedback obtained from staff, harm reduction providers, and service recipients.

Agencies Certified by SAPC to Provide Harm Reduction Syringe Services

SAPC's Harm Reduction Syringe Services Program (SSP) Certification process is described in an information notice posted on <http://publichealth.lacounty.gov/sapc/providers/manuals-bulletins-and-forms.htm?tm#bulletins> (currently [SAPC-IN 22-09 Harm Reduction Syringe Services Program Certification](#)).

[RecoverLA](#) maintains a list of SAPC-certified harm reduction syringe service agencies: http://www.recoverla.org/staying_safe/syringe-exchange-also-known-as-needle-exchange.

SAPC-contracted harm reduction syringe service programs are designated as Engagement and Overdose Prevention Hubs (EOP Hubs) and are listed on SAPC's website: [Click here to view the list of EOP Hubs](#). SAPC EOP Hub agencies are required to obtain and maintain SAPC's certification as a harm reduction syringe services program.

LBC: Bidirectional Referrals Between Substance Use Treatment and Harm Reduction Services 2F-1, 2F-2

Email HarmReduction@ph.lacounty.gov with any questions or requests for more information about LA County's harm reduction services or for questions about connecting with an LA County certified harm reduction syringe services provider agency.

Considerations for Agencies that are SAPC-Contracted Substance Use Treatment Providers and SAPC-Certified as Harm Reduction Syringe Services Programs

Agencies that are contracted with SAPC to provide substance use treatment services and are also certified by SAPC to provide harm reduction syringe services may submit documentation describing intra-agency coordination of bidirectional referrals that include the Memorandum of Understanding (MOU) components delineated below. These policies and procedures may be credited in lieu of an executed MOU towards the 2F-1 incentive units *only* when they have established MOUs with one fewer than the maximum number of MOUs with external partners listed in the current version of the Capacity Building Package posted in the current Rates and Payment Policy Bulletin (posted via <http://publichealth.lacounty.gov/sapc/providers/manuals-bulletins-and-forms.htm?tm#bulletins>)

To illustrate:

- Tier 1 SAPC treatment contractors may submit internal policies and procedures to count toward this incentive when they have already established two MOUs with external harm reduction syringe services programs (thus, the policies and procedures would count in lieu of the **third** MOU).
- Tier 2 SAPC treatment contractors may submit internal policies and procedures to count toward this incentive when they have already established three MOUs with external harm reduction syringe services programs (thus, the policies and procedures would count in lieu of the **fourth** MOU).
- Tier 3 SAPC treatment contractors may submit internal policies and procedures to count toward this incentive when they have already established four MOUs with external harm reduction syringe services programs (thus, the policies and procedures would count in lieu of the **fifth** MOU).

LBC: Bidirectional Referrals Between Substance Use Treatment and Harm Reduction Services 2F-1, 2F-2

Required Memorandum of Understanding (MOU) Components

SAPC requires that a formal, written agreement be in place between SAPC-contracted substance use treatment provider agencies with SAPC-certified harm reduction syringe services programs for this incentive. The written agreement shall include:

Established Communication Protocol

- Both parties shall have designated key points of contact within their respective organizations to coordinate communication and collaboration between organizations.
- Both parties have and will continue to arrange and conduct scheduled meetings that advance the aims of this agreement and have designated communication channels established to facilitate ongoing collaboration.

Established Referral Pathway

- Both parties shall have organized a clear referral process to connect service participants who are engaging in harm reduction services with substance use treatment services.
- Both parties shall have agreed upon criteria for low-threshold initiation of treatment services that support prompt and efficient linkage of SSP service recipients to substance use treatment available at a treatment agency.

Care Coordination

- Both parties shall have established and shall maintain protocols ensuring care coordination for service recipients served by the agencies.

LBC: Bidirectional Referrals Between Substance Use Treatment and Harm Reduction Services 2F-1, 2F-2

Inter-Agency Training

- Both parties shall have agreed on a plan for staff training that enhances mutual understanding of each of the agencies' respective goals, services, and treatment orientations consistent with the principles of harm reduction.

Information Security

- Both parties shall maintain confidentiality protocols compliant with all applicable privacy laws and regulations, including but not limited to HIPAA and 42 CFR Part 2, that maintain confidentiality for patients, family members, and service recipient records.

Service Recipient Feedback

- Both parties shall have established a mechanism for obtaining feedback from service recipients regarding their experiences, including but not limited to successes and barriers of receiving services at the agencies.
- The agencies shall use the feedback to improve care coordination and service delivery.

MOUs must be submitted SAPC [in order to](#) validate incentive payments that support the cost of developing and negotiating MOUs that formalize partnerships between SAPC-certified SSPs and SAPC-contracted substance use treatment agencies. SAPC-contracted substance use treatment agencies shall submit copies of executed MOUs via email to *both*: harmreduction@ph.lacounty.gov and sapc-cbi@ph.lacounty.gov with the subject "2F-1 Bidirectional Harm Reduction MOU".

LBC: Bidirectional Referrals Between Substance Use Treatment and Harm Reduction Services 2F-1, 2F-2

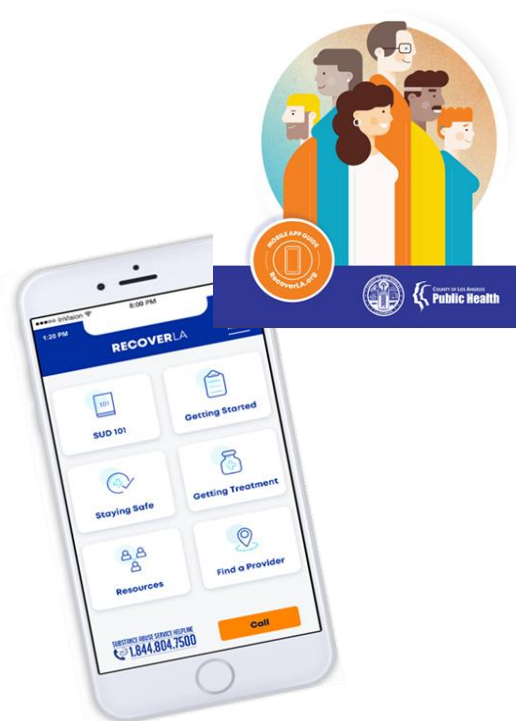
- R95 Workgroup Meeting Dates & Agenda Topics:
 - Wed, 2/21/24: 11:00 am to 12:30 pm (during UM Meeting)
 - *(*Revised Date)*
 - Wed, 4/17/24: 11:00 am to 12:30 pm (during UM Meeting)
 - Wed, 6/19/24: 11:00 am to 12:30 pm (during UM Meeting)
 - Agenda topics to be determined based on feedback, questions and concerns raised by providers

LBC: Bidirectional Referrals Between Substance Use Treatment and Harm Reduction Services 2F-1, 2F-2

- R95 Workgroup Meeting Dates & Agenda Topics:
 - Wed, 4/24/24: 12:00 am to 1:30 pm
 - Identify Engagement Policy Implementation Strengths and Opportunities for Improvement
 - Wed, 6/26/24: 3:30 to 5:00 pm
 - Troubleshooting submission of verified claims for new admissions at non-FBS sites.

RecoverLA:

A Los Angeles County Guide to
Substance Use Disorder Prevention
and Treatment Resources



Discussion

Visit RecoverLA.org on your smart phone or tablet to learn more about SUD services and resources, including a mobile-friendly version of the provider directory and an easy way to connect to our Substance Abuse Service Helpline at 1-844-804-7500!