All slides and the recorded presentation are posted on the SAPC Network Provider site: http://publichealth.lacounty.gov/sapc/NetworkProviders/Regulations.htm

	QUESTIONS	ANSWERS (AND UNIT RESPONSIBLE)		
COVID-19				
1.	Where can we find the most recent COVID-19 updates?	The most recent Covid-19 Information Notice was published on April 29, 2022: http://publichealth.lacounty.gov/sapc/bulletins/START-ODS/22-08/SAPCIN22-08COVID-19Vaccination.pdf COVID-19 related bulletins are posted at: http://www.publichealth.lacounty.gov/sapc/NetworkProviders/Regulations.htm		
2.	What changes should the Provider Network prepare for once the COVID-19 Public Health Emergency sunsets?	The Federal emergency declaration for COVID-19 is remaining in place until April 2023. SAPC will send an email to the Provider Network later this month with key information about the COVID-19 Public Health Emergency sunset.		
Special Programs and Initiatives				
3.	Are there any updates on the Contingency Management Program launch date in Los Angeles County?	Recovery Incentives Program (RIP) is the new term the Department of Health Care Services (DHCS) has been using for the Contingency Management Pilot. The program is expected to be launched by March 2023. SAPC will issue an Information Notice (IN) that will govern the program close to the launch date.		
4.	Are telehealth services offered for residential programs?	The following are allowable LOCs that can be conducted via Telehealth: Outpatient services (ASAM 1.0 & 1.0-AR) Intensive Outpatient services (ASAM 2.1) Ambulatory Withdrawal Management (ASAM 1-WM & ASAM 2-WM) Recovery Services		
Documentation				
5.	Is it accurate that credentials are no longer required on the problem list?	Credentials are still required for the problem list. SAPC IN 22-19 did not remove the requirement. Staff Name, Credential and Job Title are required to be included in all problem statements within the problem list. Please reference the CalAIM Documentation Reform FAQ document. The Problem List shall include, but is not limited to, the following: Diagnoses, if any, identified by a practitioner acting within their scope of practice. Diagnosis-specific specifiers from the current DSM shall be included with the diagnosis, when applicable. 		

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		 Problems, if any, identified by a practitioner acting within their scope of practice. Problems or illnesses, if any, identified by the beneficiary and/or significant support person. The name and title of the practitioner that identified, added, or removed the problem, and the date the problem was identified, added, or removed. 			
	Finance and Sage				
6.	Do pilot providers need to resubmit their FY 21-22 cost reports?	Yes, pilot providers need to re-submit their FY 21-22 reports. Please assign costs by level of care (not site) for the entire agency. All agencies must provide this report by Friday, January 27 th . For questions related to Fiscal Reporting for Rate Development, contact Kevin			
		Ong at keong@ph.lacounty.gov.			
7.	Will the shift to fee for service and consequently value-based payment models affect the documentation and billing processes in SAGE?	CalAIM will require changes to billing procedures related to the rates. SAPC will provide additional information as we receive updates from DHCS. The documentation process should not have any significant changes; it is, however, too soon to know for certain what changes will be required.			
8.	What is SAPC's recommendation for optimal staffing under payment reform? Is there a recommended percentage breakdown by provider type?	Payment reform is an opportunity to diversify the SUD workforce. It will be essential for providers to consider the composition of their staff from two perspectives. From the clinical and quality of care perspective, this is an opportunity for providers to bring in more licensed clinicians to support activities such as therapy, MAT, clinical supervision of counselors, quality improvement activities, etc. SAPC encourages providers to add differing types of Licensed Practioner of the Healing Arts (LPHA) for delivering direct services and consider how LPHAs can add to the work of SUD counselors (rather than replacing the work for counselors). From the financial perspective, it is important to consider that rates will be higher for LPHA practitioner types (e.g., MD will be higher than LCSW) so there will be more opportunity to recoup costs of these positions when delivering direct services. SAPC encourages providers to consider if it is beneficial to add various LPHA types to deliver direct services as different LPHA types will have different rates. Therefore, it is important for providers to pay close attention to their staff composition as it can result in financial implications for their			
	M/III Danyida «Carina st NIV	organization under the payment reform system.			
9.	Will ProviderConnect NX (PCNX) consolidate reporting data onto a single platform, making access to information easier on Key Performance Indicators (KPI), Sage, and SMTP platforms?	Yes, there will be a much more streamlined process where KPI will be available within the same link as PCNX. We will have improved reporting capabilities and data visibility, but KPI will still be useful for data analytics.			

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10.	Are there rate differences between telehealth and inperson visits?	There are no rate differences between telehealth and in-person visits, but the billing data will help inform future rates and policy.			
11.	How should notes be coded when residential patients are in quarantine? Telehealth or individual counseling?	Telehealth services are available to all individuals who meet eligibility requirements for SUD services and who consent to receive SUD services via telehealth. Refer to page 94 of the Provider Manual 7.0 .			
		The following are allowable LOCs that can be conducted via Telehealth:			
		 Outpatient services (ASAM 1.0 & 1.0-AR) Intensive Outpatient services (ASAM 2.1) Ambulatory Withdrawal Management (ASAM 1-WM & ASAM 2-WM) Recovery Services 			
		Residential patients who are quarantined are still considered residential and should be documented as such. Telehealth is not available in residential settings and therefore the billing and documentation should reflect regular residential services with matching method of service delivery. The notes should clearly indicate the patient was in quarantine in the body of the note.			
	Additional Information				
12.	How can we join the Provider Advisory Committee (PAC)?	Please contact Kathy Watt (wattvnrh@aol.com) or Anulkah Thomas (athomas2@ph.lacounty.gov) if interested in joining one of the workgroups.			
		More information about the PAC can be found at the <u>Provider Advisory</u> <u>Committee website.</u>			
13.	How can we access the previous Payment Reform Meeting?	Please <u>click here</u> to view the recording from the previous Payment Reform Meeting. The meeting PowerPoint can be <u>accessed here.</u>			
		Save the date for the upcoming Payment Reform Meetings listed below:			
		 January 24th 10:00am - 11:00am 			
		• February 22nd 10:00am - 11:30am			
		 March 20th 2:00pm - 3:30pm 			
		• April 18th 3:00pm - 4:30pm			
		 May 30th 3:00pm - 4:30pm June 27th 3:00pm - 4:30pm 			
		The link for all meetings was sent via email to Providers on January 19, 2023: https://us06web.zoom.us/j/86759333413?pwd=TnZwOW9Ra1JLOFIzUVExTWo0R0pCZz09			
		Passcode: 704805			

Links provided:

DPH COVID-19 Website: http://publichealth.lacounty.gov/media/Coronavirus/ http://publichealth.lacounty.gov/sapc/providers/covid19/

DHCS COVID-19 Webpage: https://www.dhcs.ca.gov/Pages/DHCS-COVID-19-Response.aspx

SAPC Information Notice 22-01: http://publichealth.lacounty.gov/sapc/bulletins/START-ODS/22-01/SAPCIN22-

01COVID-19.pdf