

Clinical Services Division: Utilization Management & Quality Improvement Updates

SAPC | Substance Abuse
Prevention and Control



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Los Angeles County Department of Public Health
All Provider Meeting Mar 18, 2026
Substance Abuse Prevention & Control

Agenda



Update to Reporting Responsibilities Client Deaths and Proposed Policy on Infections including COVID-19 Hospitalizations



Update on the ASAM 4th Edition Residential Capacity Building Initiative



Reminder: Documenting Diagnoses on the PCNX Diagnosis Form

Updated DHCS Policy:

- Reporting Client Deaths
- *Draft: Reporting COVID-19 Hospitalizations*

Reporting Client Deaths

BHIN 26-007



Reporting Requirements for Substance Use Disorder (SUD) Recovery or Treatment Facilities: Provides guidance regarding the expansion of California Health & Safety Code 11830.01 to require SUD recovery or treatment facilities to report additional information not previously required concerning the death of a resident. The new requirements are effective January 1, 2026.

2/9/2026

- Existing policy requires reporting of client deaths within one day of the death.
- DHCS update policy Feb 2026 to require submitting any relevant information that the SUD recovery or treatment facility did not know at the time of the initial incident within 30 days and added deficiency and violation instructions to existing policy.
- SAPC requires agencies to report reportable incidents (client safety events that result in death, permanent harm, and/or severe temporary harm, and/or intervention required to sustain life) to SAPC via the [Reportable Incident Reporting Form](#) within the timeframes aligned with DHCS reporting requirements:

Contracts & Compliance

Reportable Incident Reporting Form

 09/13/17

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



Current COVID-19 Outbreak Reporting Requirements

Contract Bulletins

Open All

Bulletins 2024	SAPC-IN 24-09	–
Subject		Date
24-09 - COVID-19 and Influenza Vaccination Requirements, Masking Guidance, And Reporting Responsibilities <i>(New - October 2024)</i>		10/18/24

- Licensed hospital settings, such as chemical dependency hospitals, are required to report outbreaks according to the instructions under the category “Acute Hospital Settings”
- Community congregate settings, including residential and recovery bridge housing settings, are required to report based on the instructions under the category “Community settings”, sub-category “Community Congregate Settings”
- Non-congregate settings, including prevention, DUI, outpatient, and OTP settings are required to report according to the instructions under the category “Community settings”, sub-category “Workplaces”.
- Submission of an Adverse Event Reporting Form to SAPC is required within (1) business day of being notified that Public Health has determined there is an outbreak requiring further investigation in any SAPC-contracted site or level of care.

<http://publichealth.lacounty.gov/acd/diseases/covid/reporting/index.htm>

COUNTY OF LOS ANGELES Public Health Acute Communicable Disease Control

ACDC A-Z Index Disease Reporting & Information Toolkits Additional DPH Programs

COVID-19: Information for Providers

- COVID-19 Vaccine Hub
- LAHAN Alerts
- CDC's COVID-19 Clinical Care Quick Reference
- Guidance for Health Facilities
- Reporting
- Communication Tools (CDPH)

Information for the Public

- Respiratory Viruses: Prevent. Protect. Treat.
- RESPWatch: Respiratory Virus Surveillance Data for LA County
- COVID-19 Community Guidelines
- Find a COVID-19 Vaccine

Contact us

Acute Communicable Disease Control
313 N Figueroa St., #212
Los Angeles, CA 90012
Tel (213) 240-7941
Fax (213) 482-4856

COVID-19 & Acute Respiratory Illness (ARI) Reporting Instructions for Multiple Sectors

ACUTE HEALTHCARE FACILITIES

In Los Angeles County, ongoing COVID-19 surveillance necessitates mandatory reporting from healthcare facilities and community settings as required by [Title 17 California Code of Regulations § 2500](#).

LONG-TERM CARE FACILITIES

COMMUNITY SETTINGS

Click the buttons to the left for reporting requirements by type of setting.

If you are looking to submit an anonymous report, call (888) 700-9995 or [submit a complaint](#). For information about other reporting requirements, visit the [reportable diseases and conditions list](#) and the [health professional mandatory reporting hub](#).

Community settings

For non-healthcare community settings, where testing access may be limited, COVID-19 reporting is part of Acute Respiratory Illness (ARI) symptom-based reporting. Proactive symptom monitoring supports outbreak detection and early management.

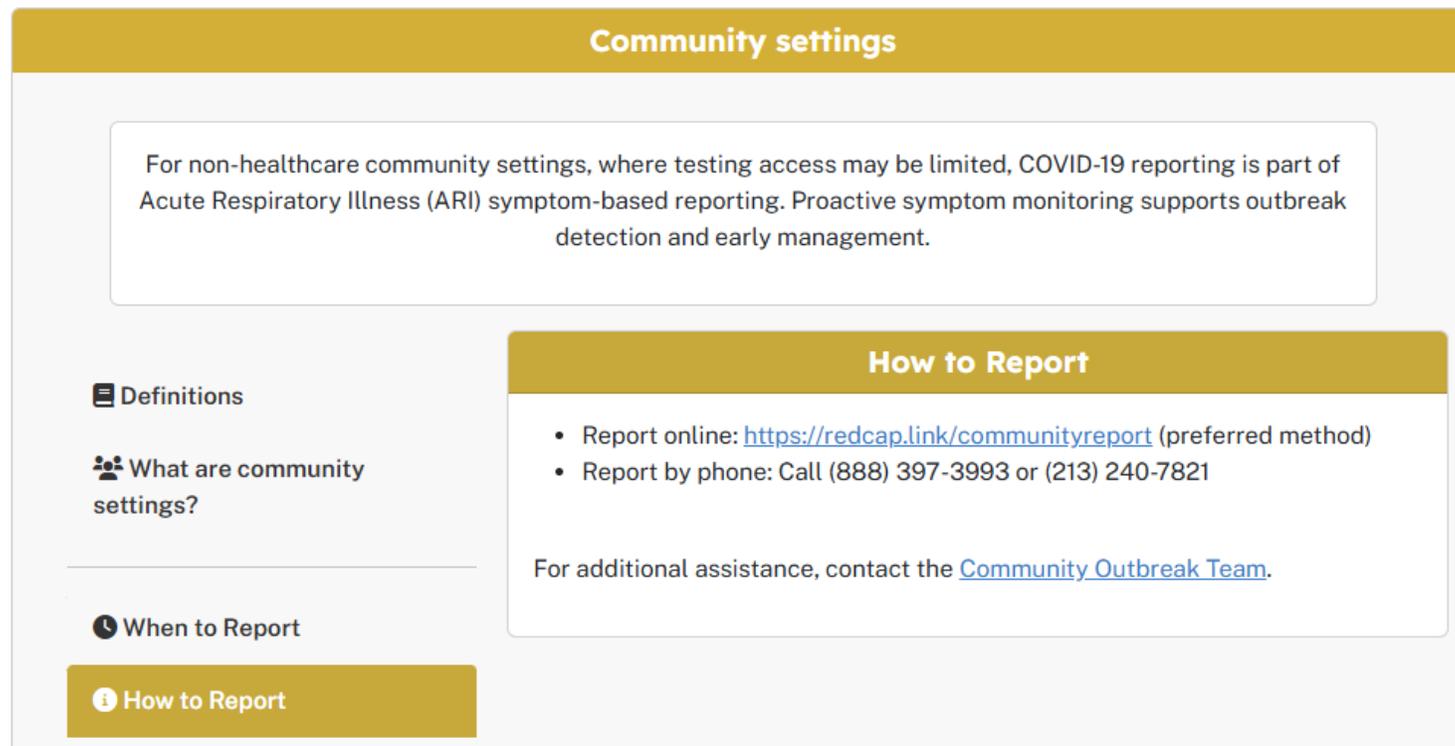
Definitions

What are community settings?

Community settings generally do not provide medical care to individuals, though medical staff such as nurses may be employed. Settings include:

Cluster Reporting

- Facilities should report to LA DPH if a concerning respiratory illness cluster or situation is identified onsite. A cluster of ARI cases refers to a group of people ill with acute respiratory symptoms that appear to be linked.



Community settings

For non-healthcare community settings, where testing access may be limited, COVID-19 reporting is part of Acute Respiratory Illness (ARI) symptom-based reporting. Proactive symptom monitoring supports outbreak detection and early management.

- Definitions
- What are community settings?
- When to Report
- How to Report**

How to Report

- Report online: <https://redcap.link/communityreport> (preferred method)
- Report by phone: Call (888) 397-3993 or (213) 240-7821

For additional assistance, contact the [Community Outbreak Team](#).

<http://publichealth.lacounty.gov/acd/diseases/covid/reporting/index.htm>

DHCS *DRAFT* Policy on COVID-19 Reporting



CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Michelle Baass | Director

SUBJECT: Submission of communicable disease reports to the Department of Health Care Services (DHCS).
Draft

PURPOSE: To inform certified alcohol and other drug (AOD) programs of their obligation to submit communicable disease reports to DHCS.

- In accordance with the [Certification for Alcohol and Other Drug Programs](#), Section 34, certified AOD programs are required to report all communicable diseases identified in [sections 2500 and 2502 of Title 17](#) of the California Code of Regulations to both DHCS and the local health officer. A telephonic report must be made to DHCS within one working day of the event, followed by a written report within seven calendar days. The report shall include the information listed in the [Certification for Alcohol and Other Drug Programs](#), Section 34.
- COVID-19 hospitalizations shall be reported by mailing, telephoning, or electronically transmitting a report within one (1) working day of the hospitalization.
- Diseases not otherwise indicated for emergent or urgent reporting shall be reported by mailing a written report, telephoning, or electronically transmitting a report within seven (7) calendar days of the time of identification.
- When DHCS guidance is finalized, SAPC plans to update our SAPC information notice related to vaccination, masking, and reporting.



SAPC IN 26-03: ASAM Criteria 4th Edition Residential Capacity Building Program

Manuals, Bulletins, and Forms

[SAPC Home](#) / [Network Providers](#) / [Manuals, Bulletins, and Forms](#)

26-03 The ASAM Criteria 4th Edition Residential Capacity Building Program *(New - February 2026)*

 02/19/26

– Attachment I: ASAM Criteria 4th Edition Residential Capacity Building Program Implementation Plan Template *(New - February 2026)*

 02/19/26

SAPC IN 26-03: ASAM Criteria 4th Edition Residential Capacity Building Program

Time-limited capacity building start-up fund funds for:

Required: Qualified LPHA Staff Provide Direct Care to Clients

- Qualifying LPHAs: Psychiatrist (MD or DO), Psychiatric Advanced Practice Nurse (APRN), Licensed Clinical Psychologist (LCP), Licensed Clinical Social Worker (LCSW), Licensed Professional Clinical Counselor (LPCC), Licensed Marriage and Family Therapist (LMFT), Licensed-eligible LPHA working under the supervision of licensed clinicians

Required if 3.5 LOC site doesn't currently offer 3.2-WM:

Residential Withdrawal Management (3.2-WM) Expansion

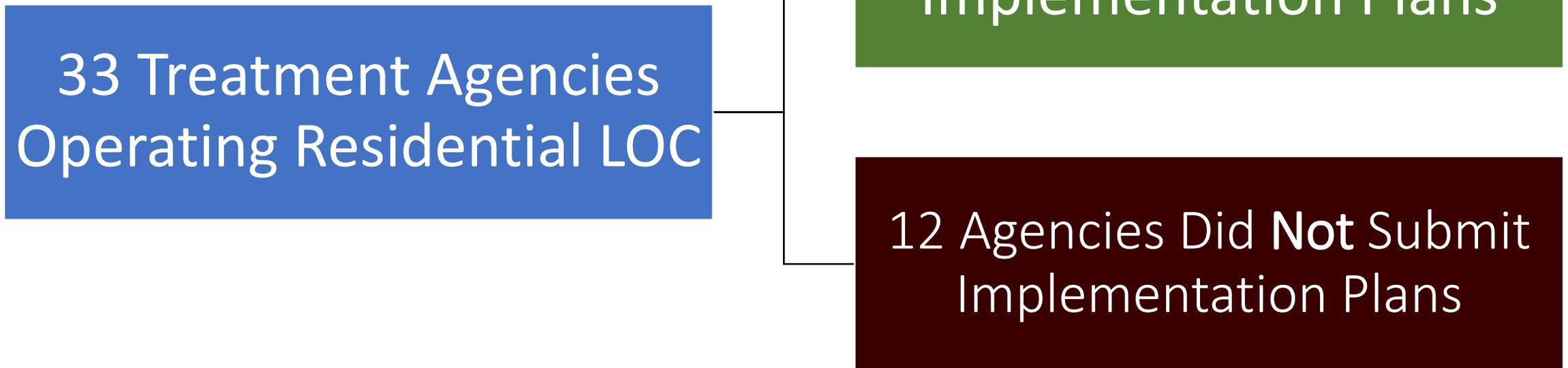
- Increase access to Residential Withdrawal Management (3.2-WM)
- ≥20% Count of clients receiving 3.2-WM services as compared baseline average over FY24-25

SAPC IN 26-03: ASAM Criteria 4th Edition Residential Capacity Building Program

Funding schedule, **per residential site of care**, for time-limited funds:

Quarter	<u>LPHA COD Staffing</u>	<u>LPHA COD Staffing + 3.2-WM</u>
FY25-26 Q3	Implementation Plan Due	Implementation Plan Due
FY25-26 Q3	\$200,000	\$250,000
FY26-27 Q3	\$75,000	\$100,000
FY27-28 Q1	\$25,000	\$50,000
Total	\$300,000	\$400,000

SAPC IN 26-03: ASAM Criteria 4th Edition Residential Capacity Building Program
as of 3/16/2026



The ASAM Criteria Continuum of Care for Adult Addiction Treatment

Level 4: Inpatient

4 Medically Managed
Inpatient **4 Psych**

Level 3: Residential

3.1 Clinically Managed
Low-Intensity
Residential

3.5 Clinically Managed
High-Intensity
Residential **3.5 COE**

3.7 Medically Managed
Residential **3.7 BIO** **3.7 COE**

Level 2: IOP/HIOP

2.1 Intensive
Outpatient (IOP)

2.5 High-Intensity
Outpatient
(HIOP) **2.5 COE**

2.7 Medically Managed
Intensive
Outpatient **2.7 COE**

Level 1: Outpatient

1.0 Long-Term
Remission
Monitoring

1.5 Outpatient
Therapy **1.5 COE**

1.7 Medically Managed
Outpatient **1.7 COE**

Recovery Residence

RR Recovery
Residence

Notable Level of Care changes



Removing Level 0.5. Early intervention and prevention are addressed in a new chapter.



Removing Level 3.3. Reflecting that cognitive deficits should be addressed in all levels of care.



Level 3.2 WM services integrated into Level 3.5.



Recovery support service expectations at each level of care.



Expectation that all levels of care be co-occurring capable at minimum.



Adding harm reduction as a component of individualized care.

SAPC LNC

LEARNING & NETWORK CONNECTION PLATFORM

The gateway to SAPC's program and network training resources.

Access SAPC LNC Platform Now



Clinical Trainings for Substance Use Services

ASAM Criteria 4th Edition: Implications for SAPC Treatment Provider Agencies

<http://www.sapc-inc.org/www/lms/training-info.aspx?trainingID=401>

The PCNX Diagnosis Form

DIAGNOSIS

Submit

Discard

Add to Favorites

- Diagnosis
- Additional Diagnosis Information
- Online Documentation

Diagnoses: **DMC-ODS requires a primary SUD diagnosis, or ICD-10 codes Z55-Z65 or Z03.89 during the assessment period.**

Index	Ranking	Description	Status	Estimated Onset Date	Classification	Re:
1	Secondary (2)	Bipolar affective disorder or r...	Active (1)			
2	Primary (1)	Alcohol dependence, uncom...	Active (1)			
3	Tertiary (3)	Diabetes mellitus	Active (1)			
4	Tertiary (3)	Generalized anxiety disorder	Active (1)			
5			Active (1)			

[PCNX Clinical Documentation Guide](#)

The PCNX Diagnosis Form

DIAGNOSIS

Submit

Discard

Add to Favorites

Diagnosis
Additional Diagnosis Information
Online Documentation

Time Of Diagnosis *

02:13 PM

Current Time

H

M

AM/PM

SHOW ACTIVE ONLY

Yes

No

Diagnoses: DMC-ODS requires a primary SUD diagnosis, or ICD-10 codes Z55-Z65 or Z03.89 during the assessment period.

Index	Ranking	Description	Status	Estimated Onset Date	Classification	Resolved Date	Bill Order	IC
1	Secondary (2)	Bipolar affective disorder or ...	Active (1)				2	25
2	Primary (1)	Alcohol dependence, uncom...	Active (1)				1	30
3	Tertiary (3)	Diabetes mellitus	Active (1)				3	25
4	Tertiary (3)	Generalized anxiety disorder	Active (1)				4	30
5			Active (1)				5	

New Row

Delete Row



[PCNX Clinical Documentation Guide](#)

The PCNX Diagnosis Form

Diagnosis Search

Status

Active Working Rule-out Resolved
 Void

Estimated Onset Date

Resolved Date

Ranking: **The Primary diagnosis must be an SUD diagnosis once medical necessity is established.**

Primary Secondary Tertiary

Bill Order

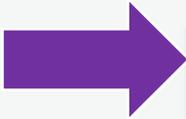
Code Crossmapping

Present On Admission Indicator

Classification

Diagnosing Practitioner

Remarks



[PCNX Clinical Documentation Guide](#)

Q&A / Discussion

The secret of change is to focus all of your energy, not on fighting the old, but on building the new.

Socrates