

**COUNTY OF LOS ANGELES - Department of Public Health  
 Substance Abuse Prevention and Control (SAPC)  
 Provider Advisory Committee Meeting (PAC)  
 Meeting Summary – August 12, 2020**

**PAC MEMBERS PRESENT ON MICROSOFT TEAMS:** Ken Bachrach, Cory Brosch, Lisa Campana, Deena Duncan, Brandon Fernandez, Baldomero Gonzalez, Christina Gonzales, JoAnn Hemstreet, Jason Carrasco (representing Elan Javanfard), Felipe Kaiser, Claudia Murillo, Rocio Quezada, Wendie Warwick, Shelly Wood, Kathy Watt, William Tarkanian, Tenesha Taylor and Edgar Sebastian

**SAPC REPRESENTATIVES:** Gary Tsai, M.D. (Chair), Michelle Gibson Deputy Division Director, Yanira Lima, Kyle Kennedy, Nislan Jose, Jessica Barron, Tina Kim, Antonne Moore, Dr. Keith Hermanstyne, Daniel Deniz, Chantal Mendoza, and Daniel Deniz

**EXCUSED ABSENCES:** Elan Javenfard

**ABSENT:** Kovi Blauner and Joann Poremba

**MATERIALS DISTRIBUTED:** PAC Meeting Agenda, PAC Bylaws (Draft), PAC Meeting Minutes (February 11, 2020) and Handout: Guidelines for Congregate Living and Testing Protocols

Topic	Discussion/Finding	Recommendations, Action, Follow-up
Welcome and Introductions	<p>Yanira A. Lima, Acting Chief, Treatment Service Branch, Systems of Care, introduced Dr. Tsai and thanked Kyle Kennedy and Jessica Barron of SAPC for arranging all details related to the Provider Advisory Committee Meeting. Kyle Kennedy went over the list of documents that were shared with PAC members via e-mail prior to the meeting. The documents shared were: PAC Meeting Agenda, Updated PAC Bylaws (Draft), PAC Meeting Minutes (February 11, 2020) and Handout: Guidance for Congregate Living and Testing Protocols.</p> <p>Kyle Kennedy, Treatment Service Branch, Systems of Care, conducted roll call and asked for members to acknowledge their presence. Eighteen (18) of the twenty (20) PAC members were present as well as SAPC representatives from different units</p>	

	<p>including Executive Office, Systems of Care, Contracts, HODA, Medical Directors Office and Equitable Access and Promotion Unit.</p> <p>Gary Tsai, M.D., Chair and Interim Director, Los Angeles County, Department of Public Health, Substance Abuse Prevention Control (DPH-SAPC) welcomed everyone to the third PAC meeting and thanked everyone for the critical work during this pandemic. Dr. Tsai ensured the PAC that at every level, conversations with the State and County Behavioral Directors Associations, SAPC is doing their best to advocate for patients, providers and the need to ensure that we continue to move the SUD field forward.</p>	
Approval of Meeting Minutes	<p>Yanira Lima of SAPC, asked PAC members to review and approve the February 11, 2020 meeting minutes from the last PAC meeting led by Michelle Gibson, Deputy Director, Division Director of Treatment Services.</p> <p>Yanira Lima reviewed notable items pertaining to the February 11<sup>th</sup> meeting minutes and highlighted several items to the PAC. The PAC membership reviewed and collectively agreed upon the approval of Meeting Minutes for the PAC February 11, 2020 meeting.</p>	
PAC Bylaws Approval	<p>Kyle Kennedy, Treatment Service Branch, Systems of Care highlighted the major updates to the PAC Bylaws which included: PAC Bylaws; Membership, Co-Chair Selection, PAC Meetings and Quorum with the group. Issues/changes raised included the following:</p> <ul style="list-style-type: none"> <li>- PAC members agreed that the inaugural PAC membership is 1.5 years and will continue until June 2021.</li> <li>- Subsequent terms will be 2 years (1 term = 2 years).</li> <li>- PAC members may serve no more than two consecutive terms (4 years) with a one-year waiting period before serving additional terms.</li> <li>- Initial appointment for PAC membership would be staggered with half the member terms (group A) set for 1.5 years and the other half (group B) for 2.5 years. Kyle explained that staggering the initial terms would allow for a rotation in membership appointments.</li> <li>- Co-Chair Selection process was discussed. Co-Chair will be selected by the third meeting for the first term. Co-Chair will serve a minimum of 24 months (one term). Co-Chair will work</li> </ul>	

<p>Co-Chair Announcement</p>	<p>collaboratively with the Chair, SAPC Director or designee and help with planning meetings moving forward. Meetings were agreed to be set on a fiscal year term, from July 1st to June 30th. The PAC agreed to meet at a minimum quarterly, with additional taskforce or working groups that will be held to address specific issues amongst the PAC and how to share this information throughout the entire provider and prevention network with SAPC. Agenda will be posted 72 hours prior to the meeting on the SAPC website. Approved meeting minutes will be posted 72 hours after PAC membership approval.</p> <p>Quorum is defined as fifty percent plus one. PAC members are only allowed to vote on recommendations if a quorum is present (Votes will be tabulated after each recommendation). This was a new section added to the By-laws.</p> <p>PAC members may delegate a representative to attend a PAC meeting as a proxy, the representative will have the same responsibilities as the regular PAC member and be counted as part of the quorum with voting responsibilities. If the PAC member chooses to have a representative attend on their behalf, they must notify SAPC one week prior.</p> <p>PAC members may attend via teleconference this was agreed upon before COVID-19, but now presently will continue to meet via teleconference as approved by the County.</p> <p>Baldomero Gonzalez of Fred Brown Recovery Services, Inc., posed a question asking how SAPC is handling public comments when the public cannot participate/provide comments if we are on this platform (Microsoft Teams). Kyle explained that when the PAC agenda is posed online, there will be a link on the agenda/pdf so that the public can click and join the meeting.</p> <p>PAC members agreed to review the by-laws within one week.</p> <p>SAPC agreed to highlight the changes needing review and send the document by COB 8/12/20.</p> <p>Dr. Tsai announced Kathy Watt, of Van Ness Recovery House, as the Co-Chair and talked about the importance of the PAC's role in terms of how SAPC views the PAC membership, and emphasized the forum concept that allows a small number of providers to represent the broader network.</p> <p>Kathy Watt expressed that the changes that SAPC and the County are undergoing is an exciting time and commissions like the PAC</p>	
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<p>COVID-19</p>	<p>have proven in her experience to be very valuable to the consumer, constituents and the providers. Shared that we as a system are at a turning point where our voice and our expertise can work together with SAPC and the State to take Los Angeles to new levels. Ms. Watt was extremely excited about taking our cultural competencies into a universal level that will make a huge difference in treatment for all. She welcomes any and all input from her peer providers.</p> <p>Dr. Tsai reviewed and discussed three important components of the COVID-19 (Targeted Testing Guidance) and highlighted three components of the document.</p> <ul style="list-style-type: none"> <li>- He explained that targeted testing in congregate residential settings (inpatient residential and recovery bridge housing) have a testing plan that enables the site to offer or refer for testing to either directly offer testing or directly refer for testing.</li> <li>- Dr. Tsai reviewed another key component of the testing targeted guidelines in that sites identify close contacts when there are unprotected exposures during the infectious period when there is a known positive case. Noted that close contacts is defined as being around someone within 6 feet for greater than 15 minutes without a facemask.</li> <li>- Once there is a known positive case, not only do we identify their close contacts but also focus on education guidelines on isolation and ensure that they get tested and respond accordingly.</li> </ul>	
<p>Waiver Extension (CA 1115)</p>	<p>Dr. Tsai reviewed and discussed the Waiver Extension. The State released their proposal to extend the 1115 waiver for one year.</p> <p>Addressed CalAIM and noted that given the pandemic and the fact that the State has focused on Covid-19, DHCS is looking towards extending the current waiver for one year.</p> <p>Dr. Tsai mentioned that they were not expecting major changes to the extension but wanted to highlight some and quite relevant particulars around the residential levels of care. One of the changes was around residential substance use treatment. In the States proposal to CMS, they are asking to remove the two-episode cap and set a goal for a 30-day statewide averages in terms of length of stay.</p> <p>Dr. Tsai mentioned that there is a public comment period, and</p>	

encouraged providers to submit public comments, due on August 21<sup>st</sup>. SAPC will be submitting comments as well. Dr. Tsai mention that this is an important and overall positive change, to remove the episode cap, which brings us closer to parity.

Dr. Tsai also talked about standards in terms of the extension around Medications Addiction Treatment (MAT) and discussed the proposal that would require all DMC-ODS providers to directly offer or offer MAT through referral mechanisms.

Dr. Tsai mentioned that it will be up to CMS to accept these changes. Talking about it and DHCS releasing their proposal doesn't mean that this is adopted policy, it just gives us an indication of the direction where the State is moving towards.

We continue to believe that DMC-ODS has been a tremendous opportunity and will continue to set the stage for Cal-Aim.

Time was allowed for Questions:

Brandon Fernandez of Cri-Help, Inc./I-ADARP, Inc., asked if Residential 3.2, length of stay accrue towards all the statewide average length of stay of thirty days?

Dr. Tsai, noted that this level of detail is not yet available, however, would suspect it would not because, 3.2 is categorized as Withdrawal Management, these lengths of stays apply to residential Level of Care 3.1, 3.3 and 3.5.

Claudia Murillo of House of Hope Foundation, Inc., inquired about what is an appropriate length of stay and how the conversation came about. Dr. Tsai mentioned that he believed the State was going to focus more on lengths of stay and ultimately reduce them. There are benefit to residential substance use treatment, and providers should make sure that they are providing the appropriate doses of residential services and ensure appropriate coordination to lower levels of care.

A follow-up question was asked about the time frame as to when the change would happen. Dr. Tsai mentioned that the State is expecting CMS to reach a decision in late summer.

<p>Patient Rights and Responsibilities Poster</p>	<p>The one-year extension will start on January 2021.</p> <p>Brandon Fernandez mentioned that it is worrisome and disheartening about the reduction in length of stay, although they knew it was coming, it will definitely affect their services.</p> <p>Christina Gonzales of IMPACT House echo's Brandon's thoughts.</p> <p>Kathy Watt suggested that QI &amp; UM to start documenting the number of requests that are truly co-occurring. Kathy discussed that as providers, they are continually getting treatment plans kick back noting that they are focused too much on mental health. Treatment success is minimal when you don't include both the mental health and substance abuse aspects into treatment plans.</p> <p>Antonne Moore, Chief of SAPC's Equitable Access and Promotion Unit, presented the list of required patient information postings that included patient rights, problem resolution, language assistance, notice of privacy practices, grievance and appeals forms and notice of nondiscrimination. The three different patient rights poster concepts were presented. Consensus from the PAC was that the copy outlined in the poster were acceptable. Antonne requested the group to vote for selecting the preferred patient rights poster concept. She asked the group to review the three poster concepts, select one concept image for the poster and place their selection in the chat box or e-mail their selection choice directly to <a href="mailto:anmoore@ph.lacounty.gov">anmoore@ph.lacounty.gov</a>.</p>	
<p>30-day Policy Change Notification and Planning to the Network</p>	<p>Kyle Kennedy discussed the 30-day policy notification to the network. Kyle mentioned the new policy changes in Provider Manual 5.0 and SAPC Information Notice No. 20-09: Network providers are reimbursed for delivered treatment services for up to 30 days only and only one 30-day reimbursement is available per patient (regardless of agency or level of care) per year. QI &amp; UM has also updated their policies to reflect the 30-day policy changes. SAPC Information Notice No. 20-10, which addresses the Fiscal Year 2020-2021 Rates and Payment Policy Updates was also discussed. Kyle discussed the Medi-Cal Application and Transfer Pending section, between July 1, 2020 and December 31, 2020, providers would be able to submit claims with an approved authorization for up to 30</p>	

consecutive calendar days. SAPC will discontinue the 30-day policy on January 1, 2021.

Bill Tarkanian of LACADA, asked if there was going to be any guidance for the providers regarding the 30-day policy change in terms of out of County and out of State transfers. He expressed his concern stating that out of State is not doable in 30 days and out of County is going to be difficult.

Michelle Gibson, SAPC Deputy Division Director, addressed providers questions regarding concerns about the financial risk to agencies after the 30-days are up. Concerns about financial responsibility was raised. Michelle explained that the reason for the change is that there is a \$10 million gap in funds (where people were indicating that they were applying for Medi-Cal but ultimately the patients did not obtain Medi-Cal). She explained that the expectation would be that providers continue to work with patients during this enrollment or transfer process with the expectation that the enrollment would be completed in a timely manner and claims would be subsequently submitted to SAPC for reimbursement. Michelle also addressed the concern and stance of SAPC about turning away patients in anticipation of taking a financial impact because of this policy change. Michelle stated that patients cannot be turned away that there is an expectation that if a patient has benefits in another County or State, that those benefits would be transferred over. Michelle also acknowledged that there are some issues that have to be worked through, for instance if a provider went through the Medi-Cal application process to find out the patient was ineligible or not a citizen, there could be a risk that providers may take.

Brandon Fernandez presented two concerns, the first being regarding taking this financial risk. He explained that it's not only problematic that we are not getting paid, but that it actually is going to count against you when providers complete cost reports at the end of the year, the units of service for these individuals are not allowable towards Drug Medi-Cal units of service. Brandon explained that they are going to be considered some other type of funding source, and that they cannot allocate those costs to any other funding source. Brandon is asserting that there should be a mechanism for reimbursement for these patients in their cost structure because the County is directing them to not turn away patients that may not be

eligible.

Michelle Gibson mentioned that she would review how that would work. She stated that this would have to be discuss with Finance. Michelle reiterated that the main issue was the \$10 million for patients who didn't obtain Drug-Med-Cal, only about \$2 million worth of claims did, and Michelle indicated that this is not sustainable for the County.

Brandon Fernandez inquired about obtaining real time access to the Medi-Cal system.

Michelle Gibson asked Brandon Fernandez if he has access to the AVES system which is a system that will give providers more direct real time access to Medi-Cal information. Michelle Gibson also mentioned that if providers did not have access to this system, that this is something that could be looked at to potentially give providers access to real time information.

Kyle Kennedy brought up a suggestion to have DPSS come out and work with Providers, coming out to provider meetings and giving presentations to help providers with enrollment and requirements.

Baldomero Gonzalez asked if SAPC could be provided with their own DPSS contact because the current system is inefficient leaving providers without access to anyone who can provide real time answers. Kyle Kennedy indicated that this is a conversation that SAPC has had with DPSS in attempt to obtain dedicated DPSS eligibility workers for SAPC providers.

Claudia Murillo echoed every ones concerns, she mentioned that her staff have relayed that the current system is difficult to access, there are different barriers and that this new process is going to be a heavy lift for agencies, any support from SAPC with real time access would be helpful.

Kyle Kennedy reminded the PAC that upon intake and enrollment, providers are to identify all eligible funding sources and programs that the client is eligible for and enrolled in ensuring the case management benefit is utilized to access benefits.



<p>PAC Member Agenda Items</p>	<p>Brandon Fernandez discussed the modified staff attestation form and that the language in it pertaining to licensed and certified staff is not clear, he expressed concern that at one of his sites they fell under the 50% requirement for hiring licensed staff as opposed to certified counselors that has made him not eligible for the fifteen percent rate modifier.</p> <p>Michelle Gibson indicated to follow up with Brandon regarding the language on the attestation form.</p> <p>Submitted PAC Member agenda items were discussed. Could the committee discuss strategies for financial support for agencies? Kyle Kennedy mentioned that this item has been presented as a result of the COVID-19 pandemic.</p> <p>Dr. Tsai also mentioned that in addition to the pandemic that this item is also a result of State denials and cost settlements. With regards to the pandemic there was a shift back over to the normal reimbursement model for this fiscal year, but it has been observed that some agencies experienced an increase in services provided while others experienced a reduction. Because of this, it is recommended that agencies track their client and service delivery volumes closely. Agencies should be monitoring their costs in relation to their revenue. Agencies that are experiencing financial difficulty should be notifying SAPC so that they can be reviewed on a case by case basis. There is interest to balance service delivery and ensure that service providers remain viable during the pandemic.</p> <p>Dr. Tsai discussed State denials and that finance staff will need to address these denials. He suggested accessing resources under the financial documents that outline reasons for state denials and resolutions that should be incorporated into normal workflows.</p> <p>Baldomero Gonzalez asked if there was a contact at SAPC that they can go to regarding State denials and Sage. Dr. Tsai recommended that David Hindman and his team should be contacted to resolve State denials and that Dr. Tsai can be included in the e-mails so that he can make sure that they are being directed to the appropriate staff.</p> <p>Bill Tarkanian asked about the new strategic plan. Dr. Tsai stated</p>	
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	<p>that because of COVID-19 updates to the strategic plans are delayed and there is no timeline at this point.</p> <p>Bill Tarkanian mentioned that DMC certification is very hard to obtain. He mentioned how it took the State 9 months to respond to his application only to be denied. He requested that SAPC assist agencies with the State in relation to receiving timely responses. Dr. Tsai responded that SAPC is having these conversations with the State and will continue to advocate for agencies.</p> <p>Dr. Tsai highlighted and reminded that this PAC meeting time should be used for issues that are reflective of the broader network and not a forum for individual issues.</p> <p>Baldomero Gonzalez asked if SAPC could provide a list of providers by SPA, to make it easier for PAC Members to reach out to agencies in their corresponding SPA's. Daniel Deniz of SAPC Contracts Director, responded that he would be able to provide the list.</p> <p>Claudia Murillo brought up the idea of developing a work group to discuss the dissemination of information. Kathy Watt responded that the SPA team captain could e-mail her and she in turn could direct the e-mail to the appropriate PAC member to provide a quick response.</p> <p>Kathy Watt brought up the topic of having a plan for the potential release of inmates into our County, many of whom may need treatment as a condition for parole. Dr. Tsai noted that this is on SAPC's radar and will be discussed at our All Treatment Provider meeting coming up.</p> <p>Kyle Kennedy mentioned that the next PAC meeting will be in November 2020.</p>	
<b>Topic</b>	<b>Discussion/Finding</b>	<b>Recommendations, Action, Follow-up</b>
Public Comments	No public Comments	
Adjournment	The meeting was adjourned at 12:00 p.m.	

**Next meeting: Thursday, November 5, 2020 12:00 p.m. - 2:00 p.m.  
Substance Abuse Prevention and Control - Microsoft Teams**