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May 1, 2023

TO: Prospective Applicants for SAPC Contract

FROM: Gary Tsai, M.D., Division Director *GT*
Substance Abuse Prevention and Control

SUBJECT: **APPLICATION FOR DRUG MEDI-CAL CONTRACTS**

The Drug Medi-Cal Organized Delivery System (DMC-ODS) waiver and California Advancing and Innovating Medi-Cal (CalAIM) initiative enabled Los Angeles County to increase access to specialty substance use disorder (SUD) treatment services for individuals eligible and enrolled in Medi-Cal. This expanded the continuum of SUD care to include outpatient, intensive outpatient, residential, withdrawal management, Opioid Treatment Program, Medications for Addiction Treatment (MAT), Recovery Services, and care coordination / case management services. The Los Angeles County Department of Public Health, Division of Substance Abuse Prevention and Control (DPH-SAPC) can also extend this SUD benefits package to individuals not eligible for Medi-Cal due to their legal status.

DMC-ODS and CalAIM created an unprecedented opportunity to improve access to quality SUD treatment services and demonstrated that effective and coordinated care can contribute to improved health outcomes for individuals with these chronic health conditions. The DMC-ODS requires making sure SUD placement decisions are based on the American Society of Addiction Medicine (ASAM) Criteria and medical necessity, providing care at the least restrictive and most appropriate level of care, improving transitions and coordination between levels of care, and using MAT in conjunction with other treatment services to deliver biopsychosocial SUD treatment, as clinically indicated.

DPH-SAPC is committed to establishing and maintaining a strong and diverse provider network that effectively meets the SUD treatment needs of Los Angeles County residents. With this aim in mind, DPH-SAPC has developed minimum programmatic and fiscal requirements that prospective applicants must meet before they will be considered for a contract with the County.

Agencies interested in providing DMC reimbursable services must meet all the licensure and certification requirements established by the State of California Department of Health Care Services and Los Angeles County, including but not limited to:

- Attachment A: Minimum requirements that all agencies must meet to be eligible for a contract with DPH-SAPC.

- Attachment B: Required documentation for those who meet the minimum requirements from Attachment A.
- Attachment C: Additional documents required of Opioid Treatment Program providers.
- Attachment D: Needs assessment justifying need for new services within the proposed service location(s).

Please submit all the required documentation listed in Attachments A, B, and C, as applicable, along with Attachment D, to initiate the application process for a prospective contract with DPH-SAPC. Your timely response to requests for additional information will assist DPH-SAPC in completing the review process.

Please be advised that services rendered prior to contract execution are not eligible for reimbursement by DPH-SAPC. If a contract is issued, prospective applicants are financially responsible for costs associated with the application process and only services provided after the date of contract execution are eligible for reimbursement.

DPH-SAPC takes a data-informed approach to guide the review and approval of all prospective contract requests. The primary considerations are needed growth to meet treatment network adequacy and timely access standards, including how best to address gaps in care within fiscal resources. Because analysis prioritizes the *network's* ability to meet community needs and client access, sometimes this will support expansion by a new provider agency and at other times may support reliance on the existing network to offer needed services. This approach enables Los Angeles County's specialty SUD system to be sustainable and operate as a coordinated network of sites and levels of care that collectively meet the needs of eligible residents. Therefore, prospective providers must also consider whether existing SUD network members or other community providers already meet community needs.

Contracts are issued at the discretion of the County based on the availability of funding and the County's determined need for specific services and levels of care. DPH-SAPC's decision to enter into contracts with for-profit agencies may be influenced by funding limitations related to these agencies. If awarded a contract, the initial allocation is based on an assessment of the overall network need and the agency's need, ability, and capacity to provide services. Future increases in contract amounts may be awarded based on an assessment of performance, utilization, community needs, and the availability of funding.

In accordance with SAPC's authority issued by the County Board of Supervisors, DPH-SAPC may deny a provider who fails to meet the established minimum requirements. A provider whose application was denied may protest DPH-SAPC's decision as described in the denial letter within 30 days of the date of the denial letter. The provider must submit a letter addressed to the Director of DPH-SAPC and include supporting documentation to warrant a reversal of the decision. If a decision is not rendered within 30 days of submission, the applicant may elect to reach out to the California Department of Health Care Services (DHCS).

If you have any questions or need additional information, please contact the Contracts and Compliance Branch at: (626) 299-4532.

GT:mm

Attachments

c: Barbara Ferrer
County Counsel

COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH
SUBSTANCE ABUSE PREVENTION AND CONTROL

MINIMUM REQUIREMENTS TO CONTRACT WITH THE
COUNTY OF LOS ANGELES FOR DRUG MEDI-CAL SERVICES

1. Residential treatment and withdrawal management (WM) facilities (ASAM 3.1, 3.2-WM, 3.3, 3.5) must be Alcohol and/or Other Drug (AOD) licensed by the State of California Department of Health Care Services (DHCS), including the applicable American Society of Addiction Medicine (ASAM) designation for all levels of care and Drug Medi-Cal (DMC) certified by DHCS, see requirements table provided in item no. 12, to operate and maintain an alcohol and/or other drug abuse treatment facility at the time of application for a County contract. Contracts awarded to residential treatment facilities will be based on licensure, ASAM level of care designation, and certification status.
2. Inpatient WM facilities (ASAM 3.7-WM, 4-WM) must be DMC certified by DHCS and licensed by the California Department of Public Health (CDPH) as a Chemical Dependency Recovery Hospital (CDRH) or Freestanding Psychiatric Hospital (FSPH).
<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/ApplyForLicensure.aspx>.
3. Outpatient treatment facilities (ASAM 0.5, 1.0, 2.1, 1-WM, 2-WM, 1-OTP) must be DMC certified by DHCS, see table provided in item no. 12, to operate and maintain a SUD treatment facility at the time of application for a County contract. Contract awarded will be based on certification status.
4. Agencies must meet at least one (1) of the two (2) following requirements:
 - Have an active and in good standing government contract for the provision of behavioral health (mental health and/or substance use) services for a minimum of three (3) consecutive years; **OR**
 - Be fully accredited and in good standing by either Joint Commission or Commission on Accreditation of Rehabilitation Facilities.
5. Agencies with prior County contracts, must demonstrate that those contracts were in good standing and following applicable laws and specific contract requirements; and, that the agency was in good standing with both DHCS and the County of Los Angeles based on a review of prior audits and performance reviews.
6. Agencies or agency principal (Executive Director, Chief Executive Officer, etc.) must have a minimum of three (3) years out of the last five (5) years of experience in providing comprehensive, culturally competent, evidence-based behavioral health (mental health and/or substance use disorder [SUD]) services.
7. Agencies must demonstrate, and the County must concur, that the addition of the

proposed level(s) of care are needed to address network adequacy and/or other service gaps to support timely access to care as defined by DHCS.

8. Agencies must demonstrate, via memorandums of understanding (MOUs), collaborative relationships with existing service agencies that provide substance use prevention, treatment, and recovery support activities in order to support adequate care coordination with necessary services to facilitate full access to a full continuum of SUD services, including Medications for Addiction Treatment (MAT).
9. Agencies must pass a financial viability analysis based upon its financial records, including a minimum of two annual audited financial records, and demonstrate a minimum of sixty (60) calendar day operating reserve as a component of SAPC's financial review. This analysis will include a review of the provider's cost allocation, all revenue sources, and accounting infrastructure.
10. Agencies must show proof of the availability of credentialed, licensed, and experienced staff, as required by federal, State, and County laws, guidelines, and other requirements, some of which are listed below:
 - Medical Director must be licensed by the Medical Board of California or Osteopathic Medical Board of California.
 - Licensed Practitioner of the Healing Arts (LPHA) including Physicians, Nurse Practitioners, Physician Assistants, Registered Nurses, Registered Pharmacist, Licensed Clinical Psychologists (LCP), Licensed Clinical Social Workers (LCSW), Licensed Professional Clinical Counselors (LPCC), Licensed Marriage and Family Therapists (LMFT), and license-eligible practitioners working under the supervision of licensed clinicians. Agency must have at least one (1) full-time LPHA on staff at time of contract execution.
 - Counseling staff must have at least two (2) years of experience in providing alcohol and/or other drug abuse services and information to persons with a SUD. Counselors must be registered or certified with a DHCS approved certifying organization in accordance with Health and Safety Code 11833(b)(1).
 - Program director/administrator must have two (2) years of experience providing alcohol and/or other drug abuse services, one (1) year supervising personnel, and one (1) year managing accounting processes that include budgets.
 - Staff employed by agencies in key positions or providing services to vulnerable communities must conduct a background check on all staff. Youth serving providers must also conduct a Live Scan fingerprint check for criminal history background through the State of California Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI) prior to employment.
11. Agencies must maintain ongoing compliance with the County and Department of Public Health's COVID-19 Vaccination Mandate, which requires all provider staff working under a Public Health contract and working at a contractor site to be fully vaccinated and have received the appropriate booster. This applies to all Contractor Personnel who: (1) interact in-person with County employees, interns, volunteers, and commissioners; (2) work on County owned or controlled property while performing services under a County

contract; and/or, (3) come into contact with the public while performing services under a contract with the County. Unvaccinated staff who have received an approved religious or medical exemption by their employer may provide on-site services under any Public Health contract or agreement, provided they test weekly and follow all current Public Health Orders.

12. **Level of Care Additional Licensing/Certification Requirements:**

Table 1

Level of Care	ASAM Level	AOD License /Certification	DMC Certification	ASAM Designation	Other
Outpatient Treatment (OP) – Early Intervention Services	0.5	Outpatient/ Non-Res	OP	N/A	-
Outpatient Treatment (OP)	1.0	Outpatient/ Non-Res	OP	N/A	-
Intensive Outpatient Treatment (IOT)	2.1	Outpatient/ Non-Res	IOT	N/A	-
Residential Services (RS) – Adult	3.1, 3.3, 3.5	RS	RS	3.1, 3.3, 3.5	-
Residential Services (RS) – Youth	3.1, 3.5	N/A	RS	3.1, 3.5	Group Home License issued by CDSS
Withdrawal Management (WM) – Ambulatory	1-WM, 2-WM	Non-RS w/Detox Service Authorization	OP (1-WM) IOT (2-WM)	N/A	Medical staffing plan showing ability to provide evaluation and withdrawal management services
Withdrawal Management (WM) – Residential	3.2-WM	RS w/Detox Service Authorization	RS	3.2-WM	- Incidental Medical Services - Medical staffing plan showing ability to provide evaluation and withdrawal management services - AOD License with Detoxification Designation
Inpatient Withdrawal (WM) Management – Medically Monitored	3.7-WM	RS w/Detox Service Authorization	RS	3.7-WM	- Chemical Dependency Recovery Hospital or Acute Psychiatric Hospital - Physician and other medical professional staffing plan showing 24-hour physician availability and medical staff monitoring
Inpatient Withdrawal Management (WM) – Medically Managed	4-WM	RS w/Detox Service Authorization	RS	4-WM	- Chemical Dependency Recovery Hospital or Acute Psychiatric Hospital - Physician and other appropriate trained professional staffing plan

					showing 24-hour on-site availability
Opioid Treatment Program (OTP)	1-OTP	Narcotic Treatment Program	Narcotic Treatment Program	N/A	- Drug Enforcement Agency Registration - Substance Abuse and Mental Health Services Administration Certification

13. Agencies licensed and/or certified to provide treatment services must additionally agree to comply with all applicable federal, State, and local regulations and laws including but not limited to: SAPC’s Provider Manual, SAPC Information Notices (IN) and Bulletins, DHCS Behavioral Health Information Notices (BHIN), Title 9, Title 22, and Counselor Certification Standards.

14. Agencies licensed and/or certified to provide youth services must additionally agree to comply with DHCS’ most current version of the California Youth Treatment Guidelines. Youth agencies must also meet the following requirements:
 - a. Must be authorized by the State of California to conduct criminal offender record information background checks, including both the State of California Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI) for all staff providing direct services.
 - An Originating Agency Identification (ORI) number issued by the DOJ/FBI
 - Two (2) staff designated as Custodian of Record (COR)
 - Completed and signed documents by COR for all Agency staff providing direct services.
 - b. Must have a policy and procedure that demonstrates linkages and referrals designed for youth populations for each ASAM Criteria Level of Care to ensure utilization of the continuum of necessary SUD levels of care.

15. Agencies licensed and/or certified to provide Perinatal (also known as Pregnant and Parenting Women [PPW]) Services must additionally agree to comply with DHCS’ most current version of the Perinatal Guidelines. Perinatal/PPW agencies must also meet the following requirements:
 - a. Must be authorized by the State of California to conduct criminal offender record information background checks, including both the State of California Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI) for all staff providing direct services.
 - An Originating Agency Identification (ORI) number issued by the DOJ/FBI
 - Two (2) staff designated as Custodian of Record (COR)
 - Completed and signed documents by COR for all Agency staff providing direct services.
 - b. Must have a policy and procedure that demonstrates linkages and referrals designed for pregnant and/or parenting population for each ASAM Criteria Level of Care to ensure utilization of the continuum of necessary SUD levels of care.

16. Agencies must be able to begin providing services within thirty (30) calendar days of Contract award.
17. Agencies must submit all clinical forms and documents to SAPC's Medical Director for approval and tracking prior to providing treatment.
18. Agencies acknowledge that the County may deny a contract for reasons including but not limited to the following:
 - Considerations related to County need for a specific service or level of care.
 - Considerations related to the County's availability of funds or funding restrictions.
 - Failure to meet any of the requirements listed above, including fiscal requirements.
 - Board of Directors, Agency Director, Medical Director, or other key staff on active probation or parole within the last three (3) years.
 - Board of Directors, Agency Director, Medical Director, or other key staff having a fraud/embezzlement conviction, conviction involving government agency or being on a government exclusion or debarment list.
 - Submitting false or fraudulent documentation.
 - Failure to complete application process or submit all required documentation within six (6) months of submission.
 - Placement on the County's Contractor Alert Reporting Database (CARD) and/or prior poor performance on other County's contracts.
 - Lack of current or prior contract in good standing with the County or DHCS and/or prior failure to comply with federal, State or County requirements.

REQUIRED CONTRACT DOCUMENTATION

The following is a list of documents your agency is required to provide to the Department of Public Health, Division of Substance Abuse Prevention and Control (SAPC) as part of the application process with the County of Los Angeles. Items **1 - 71**, provided below under the list of required documentation, must be submitted or your application will be deemed incomplete and will not be processed. **Please submit the documents in the order provided below.**

Application Submission Instructions:

Applications for a prospective contract must include all applicable documents listed below and may be submitted via hard copy, USB flash drive, or may be uploaded electronically to Microsoft OneDrive.

1. Hard copy or USB flash drive submission may be mailed to:

Los Angeles County Department of Public Health
Substance Abuse Prevention and Control
1000 South Fremont Avenue, Building A-9 East 3rd Floor, Box 34
Alhambra, California 91803
Attention: Dr. Gary Tsai, Director

2. One Drive Electronic submission instructions:

- Send an email titled "Prospective DMC Contract Application – (*Agency Name*)" to: SAPCMonitoring@ph.lacounty.gov
- In the body of the email, you must include your agency name, point of contact, contact information and state your request to submit your prospective DMC application electronically to SAPC.
- SAPC will respond with instructions on securely uploading your application package using Microsoft OneDrive and provide a link for submission.

LIST OF REQUIRED DOCUMENTATION

- 1) **Signed official Letter of Request to apply as a Drug Medi-Cal (DMC) contractor on agency letterhead that includes all of the following:**

- a. Full legal name of agency and name of DBA, company address, telephone number, FAX number, and email address of person submitting application.
- b. American Society of Addiction Medicine (ASAM) levels of care and description of services which are currently or will be provided.
- c. Brief description of agency, its history and number of years in service including the types of services provided (e.g., substance use disorder [SUD], mental health).
- d. Site location(s) and days and hours of operation.

- e. Service Planning Area and Supervisorial District where agency plans to provide services.
 - f. Brief description of population(s) to be served including age group and/or special populations. Programs desiring to serve special groups or populations (e.g., youth, pregnant/parenting women) must state this clearly in the justification portion of the Letter of Request.
 - g. Corporate status, including identification as a non-profit or for-profit organization. **NOTE:** Corporate status must be the status for the entity listed on the licenses and certifications.
 - h. Statement of need on service gaps to be filled (per Attachment D).
 - i. Hours of Operation – All Outpatient and Intensive Outpatient services are required to operate at least five (5) days per week, including one (1) weekend day, and at least two (2) days will include evening hours (5:00 PM to 9:00 PM, at a minimum). Opioid Treatment Programs (OTP) shall ensure that Methadone is available seven (7) days per week in accordance with Title 9, Section 10260.
- 2) **Table of Contents** – Must be a comprehensive listing of materials included in the application. This section must include a clear definition of the material, identified by sequential page numbers and by section reference numbers. All pages and references should be numbered, and documents titled to match requirements listed below.
- 3) **Evidence of Insurance** – Documentation to be provided in the form of an “ACORD” insurance certificate or its equivalent.
- (a)* **General Liability Insurance:** Insurance with limits of not less than the following:

General Aggregate:	\$2 Million
Products/Completed Operations Aggregate:	\$1 Million
Personal & Advertising Injury:	\$1 Million
Each Occurrence:	\$1 Million
 - (b)* **Automobile Liability Insurance:** Insurance with a limit of liability of not less than \$1 Million for each accident. Such insurance shall include coverage for either “all owned, hired and non-owned vehicles,” or coverage for “any auto.”
 - (c)* **Workers’ Compensation and Employers’ Liability Insurance:** Insurance providing workers’ compensation benefits, as required by the Labor Code of the State of California, or by any other state, for which Agency is responsible. In all cases, the above insurance also shall include Employers’ Liability coverage with limits of not less than the following:

Each Accident:	\$1 Million
Disease – Policy Limit:	\$1 Million
Disease – Each Employee:	\$1 Million
 - (d)* **Professional Liability Insurance:** Insurance covering liability arising from any error, omission, negligent or wrongful act of Agency, its officers, or employees with limits of not less than \$1 Million per occurrence and \$3 Million aggregate. The coverage shall also provide an extended two-year reporting period commencing upon expiration or earlier termination or cancellation of the Agreement. Note: Professional Liability insurance cannot be combined with

General Liability insurance and should be listed on the certificate in the box labeled, "Other".

- (e)* **Sexual Misconduct Liability Insurance:** Insurance covering actual or alleged claims for sexual misconduct and/or molestation with limits of not less than Two Million Dollars (\$2,000,000) per claim and Two Million Dollars (\$2,000,000) aggregate, and claims for negligent employment, investigation, supervision, training or retention of, or failure to report to proper authorities, a person(s) who committed any act of abuse, molestation, harassment, mistreatment or maltreatment of a sexual nature.

*Provide a **COPY OF POLICY ENDORSEMENT PAGE** that indicates that the County of Los Angeles, its special Districts, Elected Officials, Officers, Agents, Employees and Volunteers shall be provided additional insured status in General Liability policy.

Note: Insurance shall be provided by an insurance company with an A.M. Best rating of not less than AX: VII unless otherwise approved by County.

- 4) **Department of Health Care Services (DHCS) Facility Requirements** – Provide a copy of the following DHCS document(s) as described in Table 1.
- 5) **Business License** – Provide a copy of the license issued by the California Secretary of State.
- 6) **Documentation of Unique Entity ID (SAM.gov)** – Effective April 4, 2022, the Unique Entity ID from SAM.gov is the authoritative identified for doing business with the federal government. The DUNS number is no longer valid for federal award identification. The Unique Entity ID is generated in SAM.gov. If you are registered in SAM.gov (active or not), you already have a Unique Entity ID, which is viewable at SAM.gov.
- 7) **Affidavit of Form of Business Organization** – Provide a notarized affidavit on agency letterhead, sworn to and executed by one of the officers of the agency's Board of Directors, indicating the Agency's type of business organization, (i.e., sole proprietorship, partnership, or corporation), and whether the agency is substantively owned by another organization or has any financial interest in any other organization with whom it is doing business.
- 8) **Property Tax Compliance Acknowledgment Form** – Provide the completed and signed form by the authorized representative. Forms can be obtained on the [Los Angeles County - Property Tax Portal \(lacounty.gov\)](https://lacounty.gov/property-tax-portal). If the agency owns real property, the following documentation is also required:
 - (a) The location by street address and city of any real property; and
 - (b) The fair market value of any such real property.
- 9) **Facility Lease(s) & Property Statements** – Provide a copy of the lease agreement where services are to be provided. In addition, provide a statement that includes the name of the property owner and property management company (if applicable) for facilities where services are provided and a list of sites owned by the Agency. If any agent connected to the organization owns, in full or partially, any site in use by the agency, proof that a fair market analysis showing the rent is appropriate and comparable to other similar facilities was conducted prior to establishing rent/lease amount and entering into an

agreement.

- 10) **Fire Clearance** – Provide a copy of the fire clearance for all prospective sites.
- 11) **Business Disclosure** – Prepare and submit a detailed statement, executed by Agency’s duly constituted officers, indicating whether Agency, any Directors or Staff, totally or partially owns any other business organization that will be providing services, supplies, materials, or equipment to Agency or in any manner does business with Agency under this Contract.
- 12) **Funding Disclosure Statement** – Prepare and submit a detailed funding disclosure statement listing all sources of funding Agency receives including amounts.
- 13) **Contract Signature Authorization** – Provide a statement on Agency letterhead, signed by one of the officers of the Agency’s Board of Directors, identifying one or more persons who are authorized by the Agency’s Board of Directors to sign contracts for the Agency.
- 14) **Articles of Incorporation** – Provide a copy of the face page which depicts the Seal of the State of California.
- 15) **By-Laws of the Corporation** – Provide a copy that also indicates that the Agency Board of Directors is composed of, at least, five (5) Directors.
- 16) **Roster of the Board of Directors** – Provide a copy that includes names, professional titles, business addresses, contact information, and board titles (e.g., Chairman, Secretary), of each board member. A copy of valid California Department of Motor Vehicles (DMV) issued driver’s license/identification card. Board of Directors shall be comprised of not less than five (5) members that include representatives of special populations group(s) being served.
- 17) **Roster of Community Advisory Board** – Provide a copy that contain names, professional titles, business addresses, contact information and board titles of each board member, (e.g., President, Secretary), and must indicate their ties to the community (i.e., lives or works in the community, and if working in the community, in what capacity and the name and address of the company where the individual works). With SAPC approval, the Board of Directors may serve as the Community Advisory Board.
- 18) **Organizational Chart** – Provide a copy that shows the name of organization, chain of command with incumbents’ name, position, and job title, beginning with the board of directors, and should be dated to indicate that it is the most current depiction of the organizational structure of the Agency.
- 19) **Electronic Health Record** – Provide documentation of use of a certified Electronic Health Record (EHR) or attest to intention to use Sage, SAPC’s EHR system for the specialty SUD system.
- 20) **Medical Director’s Agreement and Code of Conduct** – Provide a copy, signed and dated by the Medical Director and the agency’s authorized representative, that includes the job description/responsibilities for the Medical Director working under a SAPC substance use disorder (SUD) treatment services agreement which must, at a minimum, include all the following and in accordance with [SAPC Bulletin 20-12](#) and as updated:

- A. Ensure Medical Director works on site a minimum of two (2) hours per month at each contracted site.
 - B. Ensure that medical care provided by physicians, registered nurse practitioners, and physician assistants meets the applicable standard of care.
 - C. Ensure that physicians do not delegate their duties to non-physician personnel.
 - D. Develop and implement written medical policies and standards for the agency.
 - E. Ensure that physicians, registered nurse practitioners, and physician assistants follow the agency's medical policies and standards.
 - F. Ensure that the medical decisions made by physicians are not unduly influenced by fiscal considerations.
 - G. Ensure that the provider agency's Licensed Practitioners of the Healing Arts (LPHA), including physicians, are adequately trained to perform diagnosis of SUDs for clients and determine medical necessity for treatment.
 - H. Ensure that the provider agency's physicians are adequately trained to perform other outlined physician duties, as outlined in the most current version of SAPC's Substance Use Disorder Treatment Services Provider Manual and in accordance with all relevant State and federal regulations.
 - I. Ensure treatment is conducted in accordance with the standards and policies listed in the most current version of SAPC's Substance Use Disorder Treatment Services Provider Manual.
 - J. Review all agency treatment policies and procedures when indicated by federal, State, and/or County at least every three (3) years to confirm medical appropriateness, ensure alignment with SAPC requirements, and to address and prevent fraud, waste, and abuse.
 - K. Ensure policies and procedures are in place and followed by agency staff that meaningfully inform patients about the benefits of Medications for Addiction Treatment (MAT) and that patients are assisted in connecting with MAT providers if the service is not provided by the agency.
 - L. Ensure LPHAs receive a minimum of five (5) hours of Continuing Education Units (CEU) related to addiction medicine each fiscal year.
 - M. (Optional) Delegate his/her responsibilities to a physician consistent with the provider's medical policies and standards; however, the SUD Medical Director shall remain responsible for ensuring all delegated duties are properly performed.
- 21) Medical Director's License** – Provide a copy of the Medical Director's current physician license issued by the Medical Board of California or Osteopathic Medical Board of California as well as a copy of California issued driver's license or identification card. License must be unrestricted and medical director cannot have been on any type of probation within the last three (3) years.
- 22) Licensed Practitioner of the Healing Arts (LPHA)** – Provide a copy of clinical license(s) and California issued driver's licenses or identification card(s) for all LPHAs. License must be unrestricted and LPHA cannot have been on any type of probation within the last three (3) years.

- 23) DHCS Drug Medi-Cal Provider Enrollment Division (PED)** – Provide proof of enrollment of the SUD Medical Director and all LPHAs to provide DMC services pursuant to CCR, Title 22, Section 55000.51. Agency shall only select providers who, prior to the delivery of services, are enrolled with DHCS under applicable state regulations, have been screened in accordance with 42 CFR 455.450(a) as a “limited” categorical risk by DHCS within a year prior to providing services and have signed a Medicaid provider agreement with DHCS as required by 42 CFR 431.107.
- 24) Counseling Staff to be Licensed/Certified or Registered** – Provide copies of all licenses/certifications/registrations for hired counseling staff. Counseling staff shall be State licensed/certified or enrolled with a DHCS approved Certifying Organization to obtain Certification as an Alcohol and Drug Counselor, as specified in Health and Safety Code 11833(b)(1).
- 25) Licensed, Certified and Registered Requirements for Counseling Staff** – Provide verification that at least thirty percent (30%) of all staff providing counseling services in all SUD Programs are licensed and/or certified by DHCS pursuant to the requirements of Section 13010, Title 9, Division 4, Chapter 8, Subchapter 2, California Code of Regulations. All other counseling staff shall be registered pursuant to Health and Safety Code Section 13035(f).
- 26) Staffing List** – Provide a current dated list of all staff, including staff responsible for accounting processes, that includes: (1) name, (2) professional title, and (3) date of hire. Staffing must include all levels of staff and expertise needed to provide treatment services. A job description must be included for each position listed and copies of resumes and California issued driver’s license or identification card for all staff must be submitted and should be in the order listed on the staffing list. Treatment services may not be subcontracted, but if any other administrative or accounting services are subcontracted, your agency must provide the name and contact information of the firm or individuals. If at any time during the application process there are any staff changes, the list of staff and appropriate documentation must be updated.
- 27) Staff Training/Development Program** – Provide a copy of the Staff Training and Development Program and associated policy and procedures. Mandated trainings for all staff include, but are not limited to: HIV/AIDS/STI/Other Communicable Diseases, Cultural Competence, Trafficking Victims Protection Act of 2000, Motivational Interviewing, Cognitive Behavioral Therapy, ASAM, Hepatitis A, B, and C, Tuberculosis and Communicable Infection, CPR/First Aid, confidentiality, and other trainings as described in the most current version of the Provider Manual, SAPC Information Notices and Bulletins, and as may be required by the State.
- 28) Criminal & Background Record Clearance** – Providers are required to conduct background checks on all staff. To ensure the providers ability to meet this requirement, submit the following:
- A. A copy of the policy and procedures outlining how the Agency will ensure criminal record clearances as required,
- Youth Serving Providers must also submit the following:
- B. A statement signed by the Custodian of Records certifying each staff has been cleared, and

- C. Verification that the agency is certified by the DOJ, has a valid Originating Agency Identifier (ORI) number, and a copy of the Custodian of Records Designation Letter from DOJ.
- D. Staff employed by Agency and subcontractor(s), shall not be on active probation or parole within the last three (3) years, and must have a Live Scan fingerprint check for criminal history background through the State of California Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI) prior to employment.

29) Employment Eligibility (completed, signed, and dated I-9 Form) – Provide a copy of each employee’s completed I-9 Form. Agency shall obtain, from all covered employees performing services, all verification and other documentation of employment eligibility status required by Federal statutes and regulations, as they currently exist and as they may be hereafter amended. Agency shall retain such documentation for all covered employees for the period prescribed by law.

30) Program Code of Conduct Policy – Provide documentation of the Agency’s code of conduct that pertains to its staff, paid employees, and volunteers which addresses the following, but is not limited to, and shall be in accordance with [SAPC Bulletin 20-12](#), as updated:

- A. Prohibition of the use of drugs and/or alcohol during working hours.
- B. Prohibition of social/business relationship with clients or their family members for personal gain.
- C. Prohibition of sexual contact with clients.
- D. Avoidance of any conflict of interest.
- E. Prohibition on providing services beyond applicable scope of practice.
- F. Prohibition on discrimination against clients and/or staff.
- G. Protection against sexual harassment and verbal and physical threats and abuse from clients, family members, and/or other staff.
- H. Protection of client confidentiality.
- I. Requirement to cooperate with complaint investigations.
- J. Requirement to cooperate with audits, evaluations, reviews, and all other compliance activities.
- K. Requirements to respond to requests and inquiries from the County properly and in a timely manner.
- L. Commitment to preventing fraud, waste, and abuse.
- M. Assurance that services are provided as described in the most current version of SAPC’s Substance Use Disorder Treatment Provider Manual.
- N. Required to inform all clients of their rights and privileges.
- O. Compliance with applicable legal and regulatory obligations, including but not limited to confidentiality requirements (e.g., HIPAA, 42 CFR Part 2).

31) Quality Assurance Plan – Provide a copy of the Agency’s quality assurance plan. The Plan must describe strategies, practices, and polices that will be implemented and monitored to ensure the program is compliant with federal, State, and County regulations and requirements. The Plan must also address how the Agency controls and reviews what will be implemented, to ensure the quality and effectiveness of the program.

- 32) Network Adequacy Certification Policy** – Provide an attestation confirming agency agreement to develop and implement policies and procedures for ensuring availability and submission of Network Adequacy Certifications (NAC) information; including, but not limited to: information on the number of Medi-Cal patients served by each facility, proximity to public transportation, language assistance services provided by each facility, the Medi-Cal caseload of each LPHA/counselor providing direct services, and the language proficiency for each LPHA/counselor.
- 33) Compliance with Fair Chance Employment Practices** – Provide a copy of the Agency reviewed and adopted policy and procedures. The Agency must follow hiring practices set forth in California Government Code Section 12952, Employment Discrimination, Conviction History.
- 34) Whistleblower Protections** – Provide a copy of the Agency reviewed and adopted policy and procedures. Provide an attestation confirming agency agreement to abide by federal statute 41 United States Code Section (U.S.C.) 4712, that all employees working for contractors, grantees, subcontractors, and subgrantees on federal grants and contracts are subject to whistleblower rights, remedies, and protections and may not be discharged, demoted, or otherwise discriminated against as a reprisal for whistleblowing.
- 35) Drug Free Workplace** – Provide a copy of the Agency reviewed and adopted policy that the agency will comply with the requirements of Government Code Section 8350 et seq. (Drug-Free Workplace Act of 1990).
- 36) Child Abuse Reporting Policy & Acknowledgement Form** – Provide a copy of the Agency reviewed and adopted policy and procedures, and acknowledgment form. Certain staff are “mandated reporters” as defined in the Child Abuse and Neglect Reporting Act, California Penal Code Section 11165.7. Section 11166 of the Penal Code requires a mandated reporter who, in his/her professional capacity or within the scope of his/her employment, has knowledge of or observes a child whom the mandated reporter knows, or reasonably suspects has been the victim of child abuse or neglect to report the known or suspected abuse immediately or as soon as practically possible and to prepare and send a written report thereof within thirty-six (36) hours of receiving the information concerning the incident.
- 37) Elder Abuse Reporting Policy & Acknowledgement Form** – Provide a copy of the Agency reviewed and adopted policy and procedures, and acknowledgment form. Certain staff are “mandated reporters” as defined in Welfare and Institutions Code Section 15630(a). In such case, Agency further understands that in suspected instances of elder or dependent adult abuse, such staffs have certain immediate and follow-up reporting responsibilities as described in Welfare and Institutions Code Section 15630. Agency staff’s failure to report as required is considered a breach of contract subject to immediate termination and is also a misdemeanor, punishable by up to one year in jail, a fine of up to \$5,000, or both.
- 38) Compliance with County’s Child Wellness Policy** – Provide a copy of the Agency reviewed and adopted policy and procedures to follow Los Angeles County Board of Supervisors Policy Manual, Chapter 3, Administration and Government, 3.116 Los Angeles County Child Wellness Policy. The Agency shall make every effort to provide current nutrition and physical activity information to parents, caregivers, and staff as recommended by the Centers for Disease Control and Prevention, and the American Academy of Pediatrics; ensure that age-appropriate nutritional and physical activity guidelines for children both in out-of-home care and in childcare settings are promoted and adhered to;

and provide opportunities for public education and training.

- 39) Unlawful Solicitation** – Provide a copy of the Agency reviewed and adopted policy and procedures that requires all its employees to acknowledge, in writing, understanding of, and agreement to comply with, the provisions of Article 9 of Chapter 4 of Division 3 of the Business and Professions Code of the State of California and shall take positive and affirmative steps in its performance to ensure that there is no violation of such provisions by its employees.
- 40) Tobacco-Free and Cannabis-Free Environment and Tobacco and Cannabis Awareness** – Provide a copy of the Agency’s policy and procedures to provide a tobacco-free and cannabis free environment and develop tobacco and cannabis awareness at its locations.
- 41) HIV/AIDS Policy & Acknowledgement Form** – Provide a copy of the Agency and its Board of Directors reviewed and adopted HIV/AIDS Policy (either the SAPC policy or an agency policy which incorporates all elements of the SAPC policy). This policy shall include the provision of education and information to all staff and clients, the insurance of non-discrimination in employee hiring and client enrollment, confidentiality, and access to HIV/AIDS testing. Agency shall designate an HIV/Hepatitis A, B, and C Resource Person.
- 42) Confidentiality Policy & Acknowledgement Form** – Provide a copy of the Agency reviewed and adopted policy and procedures, and acknowledgement form where the Agency agrees to maintain the confidentiality of its records and information including, but not limited to, billings, County records, and participant records, in accordance with all applicable Federal, State, and local laws, ordinances, rules, regulations, and directives relating to confidentiality. The Agency shall inform all its officers, employees, agents, subcontractors, and others providing services hereunder of said confidentiality provision of this Agreement. The Policy should contain provisions that will ensure client files are labeled with unique identifiers that do not contain client names or any other identifying information.
- 43) Sexual Harassment and Contact Policy & Acknowledgement Form** – Provide a copy of the Agency and its Board of Directors reviewed and adopted Policy. Ensure that agency’s Board of Directors reviews and adopts a “Zero Tolerance” Sexual Harassment policy (either the County of Los Angeles’ policy or an agency policy which incorporates all elements of the County of Los Angeles’ policy). This policy shall be applicable to all board members, employees, Agency’s with which the agency does business, and clients. In addition, sexual harassment and sexual contact shall be prohibited between participants, and service employee staff and administrative staff, including members of the Board of Directors. Such prohibition policy shall remain in effect for no less than six (6) months after a participant exits the SUD treatment and recovery support services program.
- 44) Safely Surrendered Baby Law Awareness Policy & Acknowledgement Form** – Provide a copy of the Agency reviewed and adopted policy and procedures. The Agency shall notify and provide to its employees and shall require each subcontractor to notify and provide to its employees, a fact sheet regarding the Safely Surrendered Baby Law, its implementation in Los Angeles County, and where and how to safely surrender a baby. For more information and promotional material, please visit the following link:
<https://www.211la.org/safely-surrender-baby>.

- 45) Servicing and Coordinating Care for Individuals with Physical, Mental, Hearing, Visually Impairments and those Requiring Interpreter Services Policy & Acknowledgement Form** – Provide a copy of the Agency reviewed and adopted policy and procedures, and acknowledgement form on how individuals are accommodated and engaged in participation in Agency services and the limited circumstances in which referrals are required to enable services appropriate service delivery. It is expected that Agencies are able to serve these patients and assist in coordinating care. Agency shall designate at least one employee as “Disability Access Coordinator” to ensure program access for disabled individuals, and to receive and resolve complaints regarding access for disabled persons at Agency’s facility(ies). See [SAPC Bulletin 18-03](#) or as updated.
- 46) Non-Discrimination in Employment Policy & Acknowledgement Form** – Provide a copy of the Agency reviewed and adopted policy and procedures, and acknowledgement form. The Agency shall not discriminate against any employee or applicant for employment because of race, national origin, ethnic group identification, religion, age, sex, sexual orientation, color, physical or mental disability, ancestry, marital status and/or political affiliation, or status as disabled. The Agency shall take affirmative action to ensure that qualified applicants are employed in accordance with requirements of all applicable Federal and State laws and regulations.
- 47) Non-Discrimination in Services Policy & Acknowledgement Form** – Provide a copy of the Agency reviewed and adopted policy and procedures, and acknowledgement form. The Agency shall not discriminate in the provision of services to participants (including but not limited to, services provided to Medi-Cal eligible [or other similarly eligible] beneficiaries), hereunder because of race, national origin, ethnic group identification, religion, age, sex, sexual orientation, color, physical or mental disability, ancestry, marital status and/or political affiliation, in accordance with requirements of Federal and State laws and regulations.
- 48) Complaints Policy** – Provide a copy of the Agency reviewed and adopted policy and procedures. The Agency must develop, maintain, and operate procedures for receiving, investigating, and responding to complaints in accordance with DHCS Mental Health and Substance Use Disorder Services (MHSUDS) 18-010E (or as updated) and the most current version of the SAPC Provider Manual.
- 49) Notice of Adverse Benefit Determination** – Provide a copy of the Agency review and adopted policy and procedures showing mandated process as described in [SAPC Bulletin 19-05](#) Notice of Adverse Benefit Determination or as updated.
- 50) Employee Jury Service Policy** – Provide a copy of the Agency reviewed and adopted policy and procedures. The Agency must have and adhere to a written policy that provides that its Employees shall receive from the agency, on an annual basis, no less than five (5) days of regular pay for actual jury service. The policy may provide that Employees deposit any fees received for such jury service with the agency or that the agency deducts from the Employee’s regular pay the fees received for jury service.
- 51) Hepatitis A, B, and C Virus Program Policy** – Provide a copy of the Agency reviewed and adopted policy and procedures. The Agency must address priority admissions, confidentiality, charting, and all other issues necessary to ensure appropriate care and the protection of the rights of all patients that test positive for Hepatitis and to support the prevention of Hepatitis through education and vaccination. Policies must include the appointment of a resource person who shall oversee the organization’s hepatitis-related activities and ensure compliance with agency’s procedures. This includes information as

outlined in [SAPC Bulletin 19-01](#) or as updated.

- 52) Tuberculosis Program Requirement** – Provide a copy of the Agency reviewed and adopted policy and procedures. The Agency shall implement infection control procedures that are consistent with CCR, Title 17, 2500, to prevent the transmission of tuberculosis (TB), including screening and identifying those individuals at high risk of becoming infected, and reporting all individuals with active TB to the Los Angeles County TB Control Program in accordance with Los Angeles County Health and Safety Code and all relevant confidentiality regulations.
- 53) Priority Populations Policy** – Provide a copy of the Agency reviewed and adopted policy and procedures. The Agency must include efforts to identify, engage, and enroll into treatment, priority populations as established by the County and in accordance with Substance Abuse Prevention and Treatment Block Grants. Priority populations include pregnant injection drug users, pregnant substance users, injection drug users, and patients with HIV/AIDS.
- 54) Evidence-Based Practices** – Provide a copy of the Agency reviewed and adopted policy and procedures, as well as evidence of inclusion in the training plan and efforts to maintain fidelity, as it relates to implemented evidence-based practices. Agency shall verify that all required materials have been purchased and staff are trained on implementing the evidence-based practices with fidelity and the expected frequency of use. At a minimum, Motivational Interviewing and Cognitive Behavioral Therapy must be incorporated into all treatment services and maintain a protocol for ensuring fidelity to their practices.
- 55) Storage and Safeguarding Medications Policy (residential treatment only)** – Provide a copy of the Agency reviewed and adopted policy and procedures regarding the use, storage, and safeguarding of prescribed medications.
- 56) Culturally and Linguistically Appropriate Services (CLAS)** – Provide a copy of the Agency reviewed and adopted policy and procedures on how programs address the cultural and linguistic needs of those in the surrounding community and who are likely to seek treatment services at the SUD service sites. This includes confirmation of compliance with Culturally and Linguistically Appropriate standards. This includes information as outlined in [SAPC Bulletin 18-03](#) or as updated.
- 57) CLAS: Culturally and Linguistically Diverse Governance, Leadership, and Workforce Policy** – Provide copy of the Agency reviewed and adopted policy and procedure to ensure it recruits and promotes culturally and linguistically diverse governance, leadership, and workforce that are reflective and responsive to the primary populations served. This provision includes representation on the Board of Directors or other influencing body. This includes information as outlined in [SAPC Bulletin 18-03](#) or as updated.
- 58) Drug Screening** – Provide a copy of the Agency reviewed and adopted policy and procedures regarding drug screening, and procedures that protect against the falsification and/or contamination of any specimen sample collected for drug screening.
- 59) Referral for Physical Health, Mental Health and Emergency Services** – Provide a copy of the Agency reviewed and adopted policy and procedures for connecting patients to needed physical, mental, and emergency services using the care coordination / case management benefit.

- 60) Trafficking Victims Protection Act of 2000** – Provide a copy of the Agency reviewed and adopted policy and procedures to notify and provide to its employees and shall require each subcontractor to notify and provide to its employees, a fact sheet regarding the Trafficking Victims Protection Act of 2000, Section 106(g), its implementation in Los Angeles County, including an education component. Annual training requirements must include Trafficking Victims education. Visit Department of Homeland Security’s [Center for Countering Human Trafficking](#) for additional resources. Training is available at the following link: <https://www.dhs.gov/blue-campaign/awareness-training>.
- 61) Access to Treatment Policy** – Provide a copy of the Agency reviewed and adopted policy and procedures regarding to ensure compliance to State and County timely access to treatment standards that include screening for emergency medical conditions pursuant to 42 CFR 437.114 and the immediate referral to emergency medical care; assessment beginning within no more than five (5) days after screening or referral; when timeliness standards cannot be met, how agency will offer referrals to another provider or assist with referrals; and no additional barriers to care, including but not limited to, unreasonable pre-entry requirements, additional fees/payments, or unreasonable burdens to access care.
- 62) EHR Outage Procedures** – Provide a copy of the Agency reviewed and adopted policy and procedures to regularly monitor access for appropriate use, ensure there are practices in place to prevent inappropriate access as well as the termination of user access within 24 hours of employment termination.
- 63) Medications for Addiction Treatment** – Provide a copy of the Agency reviewed and adopted policy and procedures in place to effectively inform all patients with an alcohol use disorder (AUD) or opioid use disorder (OUD) of the benefits of Medications for Addiction Treatment (MAT) and training efforts to ensure that staff do not dissuade individuals from concurrent enrollment in SUD treatment and MAT. These are effective and approved treatment options to facilitate recovery and prevent accidental overdose. The Agency must ensure that MAT services are directly provided or referral partnerships are in place to support successful connections to care.
- 64) Eligible Treatment Participants** – Provide a copy of the Agency reviewed and adopted policy and procedures to ensure that the following individuals are enrolled in treatment at the appropriate level of care and when medically necessary: patients who are eligible but unenrolled in Medi-Cal; enrolled in Medi-Cal but benefits need to be transferred to Los Angeles County; eligible or enrolled in My Health LA; and/or receiving primary care services from the Department of Health Services. This includes how the care coordination / case management benefit will be used to support enrollment or transfer of these benefits and if/how patients will be served via a sliding scale if Medi-Cal is denied or terminated.
- 65) Harm Reduction and Overdose Prevention** – Provide a copy of the Agency reviewed and adopted policy and procedures in place to ensure that patients who do not intend to cease substance use are appropriately engaged in care or referred and connected to an appropriate provider (e.g., syringe exchange) and that all patients are provided Naloxone as needed regardless of intention to remain sober. This includes information as outlined in [SAPC Bulletin 19-04](#) or as updated.
- 66) Procedure for Referring to Lower/Higher Level of Care** – Provide a copy of the Agency reviewed and adopted policy and procedures in place for referring program participants to lower or higher levels of care as needed. If the Agency does not provide a needed level of care, demonstrate how appropriate providers will be identified and how patients will be connected to care beyond the provision of a referral.

- 67) Charitable Choice and Referral and Reporting Process** – Provide a copy of the Agency reviewed and adopted policy and procedures to identify and refer any program participant or prospective program participant who requests to be transferred to another program based on the religious nature of the program in accordance with the California Department of Health Care Services (DHCS) Substance Abuse Prevention and Treatment Block Grant (SABG) Policy Manual, 42 Code of Federal Regulations (CFR) 54a.3 and the paragraph titled “Nondiscrimination and Institutional Safeguards for Religious Providers.” The Agency must track these referrals for reporting purposes. This includes information as outlined in [SAPC Bulletin 20-13](#) or as updated.
- 68) Commitment to Identify, Prevent and Respond to Fraud and Waste** – Providers must establish policies and systems to prevent, identify and report any suspected instances of fraud, waste and abuse. Additional information is available in [SAPC Bulletin 22-10](#) or as updated. Providers must submit a copy of the plan and process described in the bulletin.
- 69) Fiscal Reporting** – All contracted services providers will be required to submit complete and accurate fiscal reporting information. Provider must submit an attestation confirming their agreement to abide by this requirement.
- 70) COVID-19 Vaccination Verification and Policy** – The COVID-19 vaccination requirements remain in effect for health care workers and individuals working in health care facilities. Provide a copy of the Agency reviewed and adopted policy and procedures committing to ensuring that as a condition of Public Health contracts (inclusive of SAPC) that all Agency staff performing work on its contracts are fully vaccinated and boosted in accordance with [SAPC Information Notice 23-03](#) or as updated and other DHCS and California Department of Public Health requirements. The Agency must submit the Certification of Compliance Form and attest to mandating staff vaccinations, and when applicable boosters, and identifying any staff who are not fully vaccinated and/or received any required booster as described herein. Agencies who do not submit the required certification will be considered in breach of their contract terms and provisions. The policy minimally needs to include:
- A. Vaccine requirements
 - B. Booster requirements
 - C. Criteria for exemptions (if applicable and including language adhering to the prohibition of providing services under a DPH contract or agreement, or their assignment to exclusively work via telehealth or telework)
 - D. Unvaccinated staff requirements (if applicable and including language adhering to the prohibition of providing services under a DPH contract or agreement, or their assignment to exclusively work via telehealth or telework)
 - E. Vaccine and testing resources
 - F. Record/Documentation requirements
- 71) Consideration of Hiring GAIN/GROW Participants** – As a threshold requirement for consideration of any County contract, agency shall provide an attestation on agency letterhead attesting to the agency’s willingness to consider hiring participants of the County’s Department of Public Social Services Greater Avenues for Independence (GAIN) Program or General Relief Opportunity for Work (GROW) Program who meet Contractor’s minimum qualifications for the open position(s). For this purpose, consideration means that Contractor will interview qualified candidates. Agencies who are unable to meet this requirement shall not be considered for an Agreement.

Do not hesitate to contact us for assistance in completing any of the required documents.

Revised May 2023

REQUIRED OPIOID TREATMENT PROGRAM CONTRACT DOCUMENTATION

The following is a list of documents your agency is required to provide to the Department of Public Health, Division of Substance Abuse Prevention and Control (SAPC) as part of the application process with the County of Los Angeles for Opioid Treatment Program (OTP). Items **1 - 12** must be submitted or your application will be deemed incomplete and will not be reviewed.

Please include a copy of each certificate, roster, or other documentation listed below:

- 1) Medicare Enrollment Verification** – Provide a copy verifying enrollment with the Centers for Medicare & Medicaid Services (CMS) for CMS to pay OTP Programs for Medications for Addiction Treatment (MAT) medications, toxicology testing, and counseling services provided to people enrolled in Medicare Part B. Medicare must be the first payor when those services are provided, and as such, SAPC requires that all contracted OTP providers enroll all contracted sites in the Medicare Program.
- 2) Drug Enforcement Agency (DEA) Registration** – Provide a copy:
 - a. For each location; and
 - b. For each physician
- 3) Data 2000 Physician Waiver (X number)** – Provide a copy demonstrating evidence of physician enrollment in Fee for Service (FFS) providers to prescribe and bill buprenorphine.
- 4) Substance Abuse and Mental Health Services Administration (SAMHSA) Opioid Treatment Program Certification** – Provide a copy for each site.
- 5) Clinical Laboratory Improvement Amendments (CLIA)** – Provide a copy of the certificate of waiver OR a statement indicating CLIA is not required. Acceptable forms of documentation are a copy of the Certificate of Waiver, a Clinical Lab Registration for full lab (if applicable), or a statement indicating CLIA is not required. As defined by CLIA, waived tests are categorized as “simple laboratory examinations and procedures that have an insignificant risk of an erroneous result.” The Food and Drug Administration (FDA) determines the criteria for tests being simple with a low risk of error and approved manufacturer’s applications for test system waiver. *If applicable, a waiver is required for each site.* List of waived tests at: <https://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/Downloads/HowObtainCertificateofWaiver.pdf>.
- 6) Dispensing/Dosing Staff Licenses** – Provide a list of all dispensing staff (full time, part time, weekend) that includes their job title and hire date. All licenses must be unrestricted and may not be on active probation or have been on probation within the last three (3) years.
- 7) Dosing/Protocol** – Provide a copy of the Agency reviewed and adopted policy and procedures which includes at a minimum, process for patient identification, process of dosing and process for manual dosing documentation if computer system is non-operable.

- 8) **Take-Home Process/Protocol** – Provide a copy of the Agency reviewed and adopted policy and procedures for take home medications which includes at a minimum Step Levels, how dispensed and criteria for safeguarding take-homes.
- 9) **Distribution of All FDA-Approved MAT** – Provide a copy of the Agency reviewed and adopted policy and procedures which includes how all FDA-approved MAT will be considered, discussed with, and offered to patients based on clinical needs, including how patients will be educated on both methadone and non-methadone MAT options. This includes how patients will be provided Naloxone to prevent opioid overdoses.
- 10) **Staff Signature Legends** – Provide a copy for all medical staff, dispensing staff, and counselors.
- 11) **DHCS Approved Counselor Caseload** – Provide verification of the counselor to patient ratio approved by DHCS.
- 12) **Five-Mile Restriction** – If not previously submitted, provider may be required to submit a justification requesting a waiver of, or adjustment to, the five-mile restriction. This can be satisfied by completing Attachment D.

JUSTIFICATION OF NEED FOR PROSPECTIVE CONTRACTED SITES

The Department of Public Health, Division of Substance Abuse Prevention and Control (SAPC) as part of the prospective contract application process with the County of Los Angeles takes a data-informed approach to guide review and approval of all prospective contract requests. The primary considerations are whether growth is necessary for SAPC to meet treatment network adequacy and timely access standards including how best to address gaps in care within fiscal resources. Because analysis prioritizes the *network's* ability to meet community needs and client access, sometimes this will support expansion by a prospective provider agency and at other times may support reliance on the existing network to offer needed services. This approach enables Los Angeles County's specialty SUD managed care system to be sustainable and operate as a coordinated network of sites and levels of care that collectively meet the needs of eligible residents. Therefore, prospective providers must also consider whether existing SUD network members or other community providers already meet community needs.

Information on the following will inform SAPC's determination on the ability to award a contract for the intended level(s) of care at the specified location(s).

Provide a needs assessment highlighting substance use or related health and environmental factors that support justification on this request.

--

Provide supporting evidence that existing network capacity does not meet community needs. (Example: No services for a given population within an identified region. etc.)

--

Provide documentation and history serving high risk and/or special populations, if this is being used to justify the request.

Other important information relevant to this requested change (if applicable).

**Authorized Agency
Representative Name:**

**Authorized Agency
Representative Signature:**

Date:

