



Los Angeles County's Substance Use Disorder Organized Delivery System

Provider Manual 4.0 Updates

October 30, 2018

Los Angeles County Department of Public Health Substance Abuse Prevention and Control (SAPC)



- County of Responsibility
 - Effective July 1, 2018, if a new referral or current continuing OTP patient does not reside in Los Angeles County and does not intend to move, they need to be referred to a provider in their county of residence.

COUNTY OF LOS ANGELES Public Heal

- Out-Of-County Treatment Facilities
 - Effective July 1, 2018, SAPC Contracted SUD treatment providers that operate a DMC-certified site in neighboring counties within California may use those facilities to deliver services to eligible Lo Angeles County beneficiaries.
 - All contract requirements apply to out-of-county treatment facilities.



- SUD Treatment Agency Responsibilities in Receiving SASH Referrals
 - While treatment agency staff may ask necessary screening questions to allow for acceptance of patients to the treatment agency, staff are prohibited from conducting a full ASAM triage screener when the SASH refers a patient to that treatment agency.



- Service and Bed Availability Tool and Provider Directory
 - Clarification given on how to calculate intake appointment slots
 - Number of Intake Appointment Slots = (Availability Staff X Dedicated Hours) / Average Intake Time

COUNTY OF LOS ANGELES Public Healt

- SAPC Access and Services Delivery Standards:
 - If every attempt has been made to complete and finalize the ASAM within the 7 (adults) or 14 (youth) calendar day timeframe, but circumstances do not allow for full completion, then the provider must include a Miscellaneous Note detailing the reason for the inability to meet the established standard.



- Hours of Operation by Benefit
 - The minimum and maximum number of hours per week do not change for weeks that include a federal, state or local holiday.



- Outpatient for At-Risk Youth and Young Adults
 - Treatment service hour maximum has been increased from 4 hours to 10 hours per 60 days, inclusive of intake services



- Process for Determining Medical Necessity:
 - The LPHA is required to document separately from the Treatment Plan the basis for the diagnosis in the form of a Miscellaneous Note within thirty (30) calendar days of each patient's treatment admission date.



- Process for Determining Medical Necessity (continued):
 - Timeliness of Medical Necessity Determination:
 - If every attempt has been made to establish Medical Necessity within the 7 or 14 calendar day timeframe, but circumstances do not allow for full completion, then the provider must include a Miscellaneous Note detailing failure to meet the established standard.



- Process for Determining Medical Necessity (continued):
 - Timeliness of Medical Necessity Re-verification:
 - The LPHA must determine medical necessity for continued services no sooner than five (5) months and no later than six (6) months after the beneficiary's treatment admission date or from the last justification.



- Case Management:
 - Treatment service hour maximum has been increased from
 7 hours to 10 hours per month



- Residential Services
 - Clarification added regarding allowable treatment services that count towards the weekly treatment hour standards



- Recovery Bridge Housing:
 - RBH providers may hold beds for up to seven (7) days for patients who need to leave the housing facility for reasons such as hospitalization, therapeutic pass, flash incarceration, and return to treatment after discharging against medical advice.



- Physical Examination:
 - The physician is responsible for reviewing documentation of the most recent physical examination within thirty (30) calendar days of the beneficiary's admission to treatment. If documentation is not available, the physician must include a Miscellaneous Note detailing efforts made to obtain this documentation.



- Individual Counseling:
 - Individual Counseling sessions less than 15 minutes cannot be billed as they are less than the minimum requirement.
 - If Individual Counseling sessions exceed 60 minutes, the Progress Note for that encounter must substantiate exceeded time.
 - If the counseling session is split into different services (e.g. Case Management, Crisis Intervention, etc.) a Progress Note must be written for each session



- Discharge Planning:
 - The Discharge Form is required to be completed on the day of the last face-to-face treatment/telephonic contact, or oral medication(OTP) for all LOCs, unless the patient's discharge is unplanned.



Appendices

- Client Engagement and Navigation Services
 - New reference: Procedure for Additional CENS Co-Location
 Sites

Reminder: All negotiations with any entity regarding the possible co-location of CENS staff will be at the direction of DPH – SAPC.



DPH-SAPC Bulletins

- Out-Of-County Treatment Facilities
- County of Residence Model
 - OTP Courtesy Dosing
- Residential Treatment Programs
- Pregnant and Parenting Women Services
- Recovery Bridge Housing
- Sage Outage Procedure
- Provider Staffing Guidelines
- Culturally and Linguistically Appropriate Service Requirements





THANK YOU

For more information, contact:

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SAPC Website: <u>www.publichealth.lacounty.gov/sapc</u> START-ODS Webpage: <u>http://www.publichealth.lacounty.gov/sapc/HealthCare/HealthCareReform.htm</u>