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March 15, 2018

SAPC BULLETIN NO. 17-07-START

TO: Los Angeles County Substance Use Disorder
Contracted Treatment Providers

FROM: Wesley L. Ford, M.A., M.P.H., Division Director
Substance Abuse Prevention and Control *[Signature]* for Wesley L. Ford

**SUBJECT: REVISED: SYSTEM TRANSFORMATION TO ADVANCE
RECOVERY AND TREATMENT – ORGANIZED DELIVERY
SYSTEM (START-ODS) SERVICE REIMBURSEMENT RATES**

Under the delegated authority issued to Substance Abuse Prevention and Control (SAPC) on May 17, 2017, to amend contracts via bulletins, this bulletin serves to amend all substance use disorder treatment contracts by replacing Exhibit C of those contracts, with the attached Exhibit C-1 START-ODS Rates. Effective July 1, 2017, all treatment contracts must bill under these rates and under the treatment parameters described.

To avoid errors in billing submission and disallowances, providers are instructed to review all the components of the attached Exhibit, specifically:

- Treatment Standards that describe minimum and maximum parameters for services provided under each level of care (LOC).
- Group counseling calculations:
Formula: (# minutes in the group divided by # of participants in the group) times (LOC group rate divided by 15 to get per minute rate) = amount claimed per person.
Standard: Minimum group duration is 60 minutes and maximum 90 minutes.
Minimum 2 persons and maximum 12 persons per group.
Documentation: Strict guidelines on allowable reimbursement for documentation.

SUD Contracted Treatment Providers

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- 30-day alerts and 45-day patient administrative discharge for non-activity.
- Requirements and restrictions on concurrent enrollment in levels of care.
- Admitting a residential patient without preauthorization may result in financial loss, if authorization is ultimately denied.

Providers should refer to the SAPC Provider Manual for more information on the treatment requirements and billing for services. Please see the following link for the Provider Manual: <http://publichealth.lacounty.gov/sapc/NetworkProviders.htm>.

If you have any questions or need additional information, please contact the Finance Division at (626) 299-4590.

Attachment

WLF:dd

Department of Public Health, Substance Abuse Prevention and Control (SAPC)
Substance Use Disorder (SUD) Rates and Standards Matrix - Fiscal Year 2017-2018

Last Updated: 2/6/18

LOC ¹	HCPCS	Description	Rate	Unit	Treatment Standard ¹
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SERVICE RATES BY LEVEL OF CARE

ASAM 1.0-AR Code: U7 Outpatient for At-Risk Youth & Young Adults 12-20 Only	H0049	Screening	\$00.00	15-Minute Increment	COMBINED SERVICES: Age 12-20 (Modifier HA); Pregnant/Perinatal (Modifier HD) Intake Services: No more than 8 units or 2 hours per 60-days ³ .
	H0001	Intake/Assessment	\$29.63	15-Minute Increment	
	T1007	Treatment Plan	\$29.63	15-Minute Increment	COMBINED SERVICES: Age 12-20 (Modifier HA); Pregnant/Perinatal (Modifier HD) Direct Services No more than 16 units or 4 hours per 60-days ^{3,4} including Intake Services, and up to 2 episodes per calendar year
	H0005	Group Counseling	\$29.63	\$1.98 minute (min 60, max 90) ²	
	T1012	Patient Education	\$29.63	\$1.98 minute (min 60, max 90) ²	
	H0004	Individual Counseling	\$29.63	15-Minute Increment	
	H0006	Case Management	\$33.83	15-Minute Increment	
ASAM 1.0 Code: U7 Outpatient	H0049	Screening	\$00.00	Screen	COMBINED SERVICES: Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD) Minimum 2 hours per month and no less or more than 0-24 units per week or 0-6 hours per week ^{3,4} Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD) Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD) Minimum 2 hours per month and no less or more than 0-36 units per week or 0-9 hours per week ^{3,4}
	H0001	Assessment/Intake	\$29.63	15-Minute Increment	
	T1007	Treatment Plan	\$29.63	15-Minute Increment	
	H0005	Group Counseling	\$29.63	\$1.98 minute (min 60, max 90) ²	
	T1012	Patient Education	\$29.63	\$1.98 minute (min 60, max 90) ²	
	H0004	Individual Counseling	\$29.63	15-Minute Increment	
	H2011	Crisis Intervention	\$29.63	15-Minute Increment	
	90846	Family Therapy	\$29.63	15-Minute Increment	
	T1006	Collateral Services	\$29.63	15-Minute Increment	
	H2010	Medication Services	\$29.63	15-Minute Increment	
	D0001	Discharge Services	\$29.63	15-Minute Increment	
	H0048	Alcohol/Drug Testing	\$00.00	UA Test – 1 Unit	
	H0006	Case Management	\$33.83	15-Minute Increment	1-28 Units per month

Department of Public Health, Substance Abuse Prevention and Control (SAPC)
 Substance Use Disorder (SUD) Rates and Standards Matrix - Fiscal Year 2017-2018

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LOC ¹	HCPCS	Description	Rate	Unit	Treatment Standard ¹	
ASAM 2.1 Code: U8	Intensive Outpatient	H0049	Screening	\$00.00	Screen	<p>COMBINED SERVICES:</p> <p>Age 12-17 (Modifier HA) No less or more than* 24-76 units per week or 6-19 hours per week^{3,4}</p> <p>Age 12-17 and Pregnant/Perinatal (Also Add Modifier HD) No less or more than* 24-120 units per week or 6-30 hours per week^{3,4}</p> <p>Age 18-20 (Modifier HA) or Age 21+ (Modifier None) No less or more than* 36-76 units per week or 9-19 hours per week^{3,4}</p> <p>Age 18+ and Pregnant/Perinatal (Also Add Modifier HD) No less or more than* 36-120 units per week or 9-30 hours per week^{3,4}</p> <p>*If the minimum hours of service are not met, reimbursement will be reduced to the ASAM 1.0 fee/rate. If minimum service units are not met for 4 or more weeks the patient needs to step down to a lower LOC and further reimbursement will be disallowed.</p>
		H0001	Assessment/Intake	\$32.01	15-Minute Increment	
		T1007	Treatment Plan	\$32.01	15-Minute Increment	
		H0005	Group Counseling	\$32.01	\$2.13 minute (min 60, max 90) ²	
		T1012	Patient Education	\$32.01	\$2.13 minute (min 60, max 90) ²	
		H0004	Individual Counseling	\$32.01	15-Minute Increment	
		H2011	Crisis Intervention	\$32.01	15-Minute Increment	
		90846	Family Therapy	\$32.01	15-Minute Increment	
		T1006	Collateral Services	\$32.01	15-Minute Increment	
		H2010	Medication Services	\$32.01	15-Minute Increment	
		D0001	Discharge Services	\$32.01	15-Minute Increment	
		H0048	Alcohol/Drug Testing	\$00.00	Test – 1 Unit	
		H0006	Case Management	\$33.83	15-Minute Increment	
ASAM 3.1 Code: U1	Low Intensity Residential	H0049	Screening	\$109.28	Day Rate	<p>Pre-Authorization by County Required⁵</p> <p>COMBINED SERVICES*:</p> <p>Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD) 80+ units per week or 20+ hours per week^{3,4} 2 noncontiguous 30-day stays with one 30-day extension per year for any ASAM residential LOC unless medically necessary.</p> <p>Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD) 80+ units per week or 20+ hours per week^{3,4} 2 noncontiguous 90-day stays with one 30-day extension per year for any ASAM residential LOC unless medically necessary.</p> <p>Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD) 80+ units per week or 20+ hours per week^{3,4} 2 noncontiguous 90-day stays with one 30-day extension per year for any ASAM residential LOC unless medically necessary.</p> <p><i>Perinatal clients 60-days post-partum under DMC; criminal justice transition to other payers if medically necessary and allowable for days 91-180.</i></p>
		H0001	Assessment/Intake			
		T1007	Treatment Plan			
		H0005	Group Counseling			
		T1012	Patient Education			
		H0004	Individual Counseling			
		H2011	Crisis Intervention			
		90846	Family Therapy			
		T1006	Collateral Services			
		H2010	Safeguarding Medications			
		T2001	Non-Emergency Transport			
		H0048	Alcohol/Drug Testing			
		D0001	Discharge Services			
S9976	Room and Board	\$46.96	Day Rate	Same as Above		
H0006	Case Management	\$33.83	15-Minute Increment	1-28 Units per month		

Department of Public Health, Substance Abuse Prevention and Control (SAPC)
 Substance Use Disorder (SUD) Rates and Standards Matrix - Fiscal Year 2017-2018

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LOC ¹	HCPCS	Description	Rate	Unit	Treatment Standard ¹
ASAM 3.3 Code: U2 High Intensity Residential Population Specific	H0049	Screening	\$140.89	Day Rate * If less than 12 hours or 48 units of service are provided per week, for more 3 (age 18+) weeks the patient needs to step down to a lower LOC and further reimbursement will be disallowed. When services provided are less than the minimum, it must be clinically necessary (e.g., hospitalized, on pass) and documented in the progress notes. Alerts will be sent via Sage if service unit minimums are not met.	Pre-Authorization by County Required ⁵ COMBINED SERVICES*: Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD) 96+ units per week or 24+ hours per week ^{3,4} 2 noncontiguous 90-day stays with one 30-day extension per year for any ASAM residential LOC unless medically necessary. Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD) 96+ units per week or 24+ hours per week ^{3,4} 2 noncontiguous 90-day stays with one 30-day extension per year for any ASAM residential LOC unless medically necessary. Perinatal clients can remain 60-days post-partum under DMC; criminal justice transition to other payers if medically necessary and allowable for days 91-180.
	H0001	Assessment/Intake			
	T1007	Treatment Plan			
	H0005	Group Counseling			
	T1012	Patient Education			
	H0004	Individual Counseling			
	H2011	Crisis Intervention			
	90846	Family Therapy			
	T1006	Collateral Services			
	H2010	Safeguarding Medications			
	T2001	Non-Emergency Transport			
	H0048	Alcohol/Drug Testing			
	D0001	Discharge Services			
	S9976	Room and Board	\$46.96	Day Rate	Same as Above
H0006	Case Management	\$33.83	15-Minute Increment	1-28 Units per month	
ASAM 3.5 Code: U3 High Intensity Residential Non-Population Specific	H0049	Screening	\$125.23	Day Rate * If less than 11 hours or 44 units of service are provided per week, for more than 2 (age 12-20) or 3 (age 21+) weeks the patient needs to step down to a lower LOC and further reimbursement will be disallowed. When services provided are less than the minimum, it must be clinically necessary (e.g., hospitalized, on pass) and documented in the progress notes. Alerts will be sent via Sage if service unit minimums are not met.	Pre-Authorization by County Required ⁵ COMBINED SERVICES*: Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD) 88+ units per week or 22+ hours per week ^{3,4} 2 noncontiguous 30-day stays with one 30-day extension per year for any ASAM residential LOC unless medically necessary. Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD) 88+ units per week or 22+ hours per week ^{3,4} 2 noncontiguous 90-day stays with one 30-day extension per year for any ASAM residential LOC unless medically necessary. Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD) 88+ units per week or 22+ hours per week ^{3,4} 2 noncontiguous 90-day stays with one 30-day extension per year for any ASAM residential LOC unless medically necessary. <i>Perinatal clients can remain 60-days post-partum under DMC; criminal justice transition to other payers if medically necessary and allowable for days 91-180.</i>
	H0001	Assessment/Intake			
	T1007	Treatment Plan			
	H0005	Group Counseling			
	T1012	Patient Education			
	H0004	Individual Counseling			
	H2011	Crisis Intervention			
	90846	Family Therapy			
	T1006	Collateral Services			
	H2010	Safeguarding Medications			
	T2001	Non-Emergency Transport			
	H0048	Alcohol/Drug Testing			
	D0001	Discharge Services			
	S9976	Room and Board	\$46.96	Day Rate	Same as Above
H0006	Case Management	\$33.83	15-Minute Increment	1-28 Units per month	

Department of Public Health, Substance Abuse Prevention and Control (SAPC)
Substance Use Disorder (SUD) Rates and Standards Matrix - Fiscal Year 2017-2018

Last Updated: 2/6/18

LOC ¹	HCPCS	Description	Rate	Unit	Treatment Standard ¹
ASAM 1-WM Code: U4, + U7 or U8 Ambulatory Withdrawal Management Without Extended On-Site Monitoring	H0014	Ambulatory Detox	\$210.46	Day Rate	<p>Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD) (Authorized Service)</p> <p>Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)</p> <p>Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)</p> <p>*If 1-WM services do not occur at a standalone site, add the "U Code" for the primary outpatient LOC as well: U7 – ASAM 1.0-AR and 1.0; U8 – ASAM 2.1.</p> <p>Maximum 14-days of service per episode.^{3,4}</p>
	H0049	Screening			
	H0001	Assessment/Intake			
	T1007	Treatment Plan			
	H0005	Group Counseling			
	T1012	Patient Education			
	H0004	Individual Counseling			
	H2011	Crisis Intervention			
	90846	Family Therapy			
	T1006	Collateral Services			
	H2010	Medication Services			
	H0048	Alcohol/Drug Testing			
	D0001	Discharge Services			
H0006	Case Management*	\$33.83	15-Minute Increment	1-28 Units per month	
ASAM 3.2-WM Code: U9 Residential Withdrawal Management Clinically Managed	H0012	Subacute Detox Residential	\$286.13	Day Rate	<p>Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD) (Authorized Service)</p> <p>Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)</p> <p>Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)</p> <p>Maximum 14-day stay per episode.^{3,4}</p>
	H0049	Screening			
	H0001	Assessment/Intake			
	T1007	Treatment Plan			
	H0005	Group Counseling			
	T1012	Patient Education			
	H0004	Individual Counseling			
	H2011	Crisis Intervention			
	90846	Family Therapy			
	T1006	Collateral Services			
	H2010	Medication Services			
	H0048	Alcohol/Drug Testing			
	D0001	Discharge Services			
	S9976	Room and Board	\$95.34	Day Rate	Same as Above
H0006	Case Management	\$33.83	15-Minute Increment	1-28 Units per month	

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Substance Use Disorder (SUD) Rates and Standards Matrix - Fiscal Year 2017-2018

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LOC ¹	HCPCS	Description	Rate	Unit	Treatment Standard ¹	
ASAM 3.7-WM Code: None	Inpatient Withdrawal Management Medically Monitored	H0010	Subacute Detox Residential	\$324.15	Day Rate	<p>One year pilot project. Maximum 150 bed days per month (average five beds daily) at BHS and 150 bed days per month (average five beds daily) at TTC at any given time for combined ASAM 3.7, 3.7-WM, 4.0, 4.0-WM.^{2,3}</p> <p>Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD) (Authorized Service)</p> <p>Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)</p> <p>Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)</p> <p>Maximum 14-day stay per episode.^{3,4}</p>
		H0049	Screening			
		H0001	Assessment/Intake			
		T1007	Treatment Plan			
		H0005	Group Counseling			
		T1012	Patient Education			
		H0004	Individual Counseling			
		H2011	Crisis Intervention			
		90846	Family Therapy			
		T1006	Collateral Services			
		H2010	Medication Services			
		H0048	Alcohol/Drug Testing			
		D0001	Discharge Services			
	S9976	Room and Board	\$95.34	Day Rate	Same as Above	
H0006	Case Management	\$33.83	15-Minute Increment	1-28 Units per month		
ASAM 4.0-WM Code: None	Inpatient Withdrawal Management Medically Managed	H0011	Acute Detox Residential	\$324.15	Day Rate	<p>One year pilot project. Maximum 150 bed days per month (average five beds daily) at BHS and 150 bed days per month (average five beds daily) at TTC at any given time for combined ASAM 3.7, 3.7-WM, 4.0, 4.0-WM.^{2,3}</p> <p>Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD) (Authorized Service)</p> <p>Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)</p> <p>Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)</p> <p>Maximum 14-day stay per episode.^{3,4}</p>
		H0049	Screening			
		H0001	Assessment/Intake			
		T1007	Treatment Plan			
		H0005	Group Counseling			
		T1012	Patient Education			
		H0004	Individual Counseling			
		H2011	Crisis Intervention			
		90846	Family Therapy			
		T1006	Collateral Services			
		H2010	Medication Services			
		H0048	Alcohol/Drug Testing			
		D0001	Discharge Services			
	S9976	Room and Board	\$95.34	Day Rate	Same as Above	
H0006	Case Management	\$33.83	15-Minute Increment	1-28 Units per month		

Department of Public Health, Substance Abuse Prevention and Control (SAPC)
 Substance Use Disorder (SUD) Rates and Standards Matrix - Fiscal Year 2017-2018

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LOC ¹	HCPCS	Description	Rate	Unit	Treatment Standard ¹	
Opioid Treatment Programs If two rates – the higher rate is for perinatal Authorization by County Required for Minors	ASAM 1-OTP Code: UA, HG	H0049	Screening	\$00.00 \$00.00	10-Minute Increment	<p style="text-align: center;">COMBINED SERVICES:</p> <p>Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD) (Authorized Service) County authorization, and for methadone: parental consent and 2 unsuccessful detoxification attempts or drug free treatment episodes within a 12 month period.</p> <p>Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD) Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD) No less than 5 units or 50-minutes, and no more than 20 units or 200 minutes unless medically necessary, per month^{3,4}</p> <p>Alerts will be sent via Sage if service units' minimums are not met.</p>
	H0001	Assessment/Intake	\$15.37 \$16.39	10-Minute Increment		
	T1007	Treatment Plan	\$15.37 \$16.39	10-Minute Increment		
	H0005	Group Counseling	\$3.43 \$4.28	10-Minute Increment		
	T1012	Patient Education	\$3.43 \$4.28	10-Minute Increment		
	H0004	Individual Counseling	\$15.37 \$16.39	10-Minute Increment		
	H2011	Crisis Intervention	\$15.37 \$16.39	10-Minute Increment		
	90846	Medical Psychotherapy	\$15.37 \$16.39	10-Minute Increment		
	T1006	Collateral Services	\$15.37 \$16.39	10-Minute Increment		
	H2010	Medication Services	\$15.37 \$16.39	10-Minute Increment		
	H0048	Alcohol/Drug Testing	\$00.00	per Test		
	G9228	Syphilis Test	\$00.00	per Test		
	G9359	Tuberculosis (TB) Test	\$00.00	per Test		
	D0001	Discharge Services	\$15.37 \$16.39	10-Minute Increment		
	H0020	Methadone	\$13.11 \$14.11	per Day	Age 12-21 (Modifier HA); Pregnant/Perinatal (Modifier HD)	
	S5000	Naltrexone - Generic	\$19.06	per Face to Face Visit	Age 12-21 (Modifier HA); Pregnant/Perinatal (Modifier HD)	
	S5000	Buprenorphine - Generic	\$20.18 \$28.02	per Day	Age 12-21 (Modifier HA); Pregnant/Perinatal (Modifier HD)	
	S5000	Disulfiram - Generic	\$10.47 \$10.84	Per Day	Age 12-21 (Modifier HA); Pregnant/Perinatal (Modifier HD)	
	S5000	Naloxone	\$150.00	per 2 Units	Age 12-21 (Modifier HA); Pregnant/Perinatal (Modifier HD)	
	H0006	Case Management	\$33.83	15-Minute Increment	1-28 Units per month	

Department of Public Health, Substance Abuse Prevention and Control (SAPC)
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LOC ¹	HCPCS	Description	Rate	Unit	Treatment Standard ¹
Recovery Bridge Housing (RBH) Code: None	H2034	Recovery Bridge Housing	\$38.50 \$41.80 perinatal	Day Rate	<p align="center">Authorization by County Required</p> <p align="center">Age 12-17: 0 days – Not Available</p> <p align="center">Age 18 and Older: 90 days per calendar year noncontiguous^{3,6}</p> <p align="center">Pregnant/Post-Partum (Modifier HD) Length of pregnancy and post-partum period, last day of the month when the 60th day after the end of pregnancy occurs^{3,6}</p>
POST-DISCHARGE					
Recovery Support Services (RSS) Code: U6 + U Code for Last Level of Care See Above	H0004	Individual Counseling	\$29.63	15-Minute Increment	<p align="center"><u>COMBINED SERVICES*</u></p> <p align="center">Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD) Between 1-24 units or up to 6 hours per month^{3,4}</p> <p align="center">Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD) Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD) Between 1-28 units or up to 7 hours per month^{3,4}</p>
	H0005	Group Counseling	\$29.63	\$1.98 minute (min 60, max 90) ²	
	H0038-R	Recovery Monitoring	\$20.89	15-Minute Increment	
	H0038-S	Substance Abuse Assistance	\$20.89	15-Minute Increment	
	H0006	Case Management	\$33.83	15-Minute Increment	

END OF SERVICE CODES AVAILABLE TO ALL PROVIDERS DELIVERING THE SPECIFIED LEVEL OF CARE

Department of Public Health, Substance Abuse Prevention and Control (SAPC)
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LOC ¹	HCPCS	Description	Rate	Unit	Treatment Standard ¹
PERINATAL SERVICES NETWORK (PSN) APPROVED SITES ONLY⁷					
<i>Available Beginning July 1, 2017 Provided Documentation of Delivered Services</i>					
Supplemental Perinatal Services	H0006-C	Child Case Management	\$33.83	15-Minute Increment	Up to 4 (four) 15-minute increments (1 hour) per child 0-5 years of age, per month
	T1009	Cooperative (Co-Op) Child Care ⁸	\$1.38	15-Minute Increment (per child)	Total Annual Cap per Child: \$3240.24 or 2,348 units; including weekly limits as follows and based on mother's SUD level of care: <u>ASAM 1.0</u> : Up to 9 hours per week for each child 0-5 <u>ASAM 2.1</u> : Up to 19 hours (if non-pregnant or post-partum mom) or up to 30 hours (if pregnant or post-partum [60-days after delivery] mom) per week for each child 0-5 <u>ASAM 3.1</u> : Up to 20 hours per week for each child 0-5 <u>ASAM 3.3</u> : Up to 24 hours per week for each child 0-5 <u>ASAM 3.5</u> : Up to 22 hours per week for each child 0-5 Note: A child may receive either T1009 or T2027 not both in a 1-year period
	T2027	Licensed-Like Child Care ⁸	\$2.14	15-Minute Increment (per child)	Total Annual Cap per Child: \$5025.00 or 2,348 units; including weekly limits as follows and based on mother's SUD level of care: <u>ASAM 1.0</u> : Up to 9 hours per week for each child 0-5 <u>ASAM 2.1</u> : Up to 19 hours (if non-pregnant or post-partum mom) or up to 30 hours (if pregnant or post-partum [60-days after delivery] mom) per week for each child 0-5 <u>ASAM 3.1</u> : Up to 20 hours per week for each child 0-5 <u>ASAM 3.3</u> : Up to 24 hours per week for each child 0-5 <u>ASAM 3.5</u> : Up to 22 hours per week for each child 0-5 Note: A child may receive either T1009 or T2027 not both in a 1-year period
	A0080	Transportation	\$0.51	Per Mile	Up to 80 miles or \$40.80 per month, per beneficiary family unit, when agencies are not also leveraging transportation services funded by other programs the beneficiary qualifies for/is participating in (e.g., CalWORKs, DCFS).
CLIENT ENGAGEMENT AND NAVIGATION SERVICE (CENS)					
CENS	-	Co-located patient navigation and connection to treatment	\$67.00	Per Staff Hour	Salary and allowable costs (specifically supervisor; clerical/support staff; data-entry clerk; CENS area office space; equipment such as laptops and internet access; supplies) associated with one (1) full-time equivalent Substance Use Disorder (SUD) counselor

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Last Updated: 2/6/18

LOC ¹	HCPCS	Description	Rate	Unit	Treatment Standard ¹
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1 Claims submission in Sage is currently configured to require the identification of "U Codes" for the level of care (LOC), and specific modifiers: "HA" – youth under 21 years old and "HD" – pregnant and perinatal services. The "Code" in the "LOC" and/or "Treatment Standard" columns indicate what should be selected in Sage for the associated service or population.

ASAM Level of Care (LOC) and "U Code" Crosswalk for Claims Submission		
ASAM 1.0-AR	Outpatient At-Risk	U7
ASAM 1.0	Outpatient	U7
ASAM 2.1	Intensive Outpatient	U8
ASAM 3.1	Low Intensity Residential	U1
ASAM 3.3	High Intensity Residential, Population Specific	U2
ASAM 3.5	High Intensity Residential, Non-Population Specific	U3
ASAM 1-WM	Ambulatory Withdrawal Management w/o Extended Monitoring	U4 + U7 or U8
ASAM 3.2-WM	Residential Withdrawal Management, Clinically Managed	U9
ASAM 3.7-WM	Inpatient Withdrawal Management, Medically Monitored	-
ASAM 4.0-WM	Inpatient Withdrawal Management, Medically Managed	-
ASAM 1-OTP	Opioid Treatment Program	UA, HG
RSS	Recovery Support Services	U6 + last LOC "U Code"
Population and Modifier Crosswalk for Claims Submission		
Youth	Age 12-17	HA
Young Adults	Age 18-20	HA
Pregnant/Perinatal	Length of pregnancy and allowable post-partum	HD

2 GROUP COUNSELING AND PATIENT EDUCATION GROUP CALCULATION:

Formula: (# minutes in the group divided by # of participants in the group) times (LOC group rate divided by 15 to get per minute rate) = amount claimed per person

Standard: Minimum group duration is 60 minutes and maximum 90 minutes. Minimum 2 persons and maximum 12 persons per group.

Examples: (60 minute group ÷ 10 participants) x (\$1.98 ASAM 1.0) = \$11.88 per person or \$118.80 per group (each person claimed separately)

(60 minute group ÷ 5 participants) x (\$1.98 ASAM 1.0) = \$23.76 per person or \$118.80 per group (each person claimed separately)

(90 minute group ÷ 12 participants) x (\$1.98 ASAM 1.0) = \$14.85 per person or \$178.20 per group (each person claimed separately)

(90 minute group ÷ 6 participants) x (\$1.98 ASAM 1.0) = \$29.70 per person or \$178.20 per group (each person claimed separately)

Documentation time is allowable for group sessions but cannot exceed the following standards and must represent actual time documenting notes tailored to each participant: (a) 2-4 participants one 15-minute unit; (b) 5-8 participants up to two 15-minute units; and (c) 9-12 participants up to three 15-minute units. The number of minutes would be added to the total time submitted for the group session but it must be clear what amount of time relates to the time spent conducting the group versus the time spent documenting individualized group session notes.

([90 minute group + 15 minutes documentation] ÷ 4 participants) x (\$1.98 ASAM 1.0) = \$51.98 per person or \$207.90 per group (each person claimed separately)

([90 minute group + 30 minutes documentation] ÷ 8 participants) x (\$1.98 ASAM 1.0) = \$29.70 per person or \$237.60 per group (each person claimed separately)

([90 minute group + 45 minutes documentation] ÷ 12 participants) x (\$1.98 ASAM 1.0) = \$22.28 per person or \$267.30 per group (each person claimed separately)

3 If services are not provided for 30 days an alert will be sent via Sage to notify the contractor to discharge the individual. If after 45 days no services have been provided, an administrative discharge will be automatically be completed and the County monitors will discuss the deficiency at the next site visit.

4 An individual cannot be concurrently enrolled in two or more levels of care (except OTP, RBH) or be enrolled by more than one contractor at a time (except OTP, RBH).

5 If relapse risk is deemed to be significant without immediate placement in residential care, a residential treatment provider may admit an individual prior to receiving residential preauthorization, with the understanding that preauthorization denials will result in financial loss, whereas preauthorization approvals will be retroactively reimbursed to the date of admission. For example, a residential treatment provider may choose to accept the financial risk of admitting residential cases during the weekend, with the understanding that SAPC will render an authorization decision on the first business day and within 24 hours of receiving the request.

6 Recovery Bridge Housing participants must be concurrently enrolled in outpatient (ASAM 1.0), intensive outpatient (ASAM 2.1), opioid treatment programs (ASAM 1-OTP) or ambulatory withdrawal management (ASAM 1-WM) services.

7 Supplemental Perinatal Services are only available to agencies with SAPC approved PSN sites. To be reimbursed, delivered services must comply with the detailed HCPCS standards outlined in the Provider Manual.

8 California Department of Education and CalWORKs Program