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SAPC BULLETIN NO. 18-05-START

May 18, 2018

TO: Los Angeles County Substance Use Disorder
Contracted Treatment Providers

FROM: John M. Connolly, Ph.D., M.S.Ed., Interim Division Director
Substance Abuse Prevention and Control

SUBJECT: RESIDENTIAL TREATMENT PROGRAMS

Designated American Society of Addiction Medicine (ASAM) Residential Treatment Programs (ASAM 3.1, 3.3, 3.5) levels of care are required to conduct at least one Therapeutic Service per patient per day to submit reimbursement claims for the Clinical Service Day Rate. This policy includes weekends and holidays. The Room and Board Rate can be claimed if the patient was unable to participate in treatment services due to other service needs (e.g., appointments, hospitalization) or within bed hold limits.

DEFINITION OF THERAPEUTIC SERVICE

For the purpose of submitting claims, a Therapeutic Service includes the following activities, which are further defined in the *Provider Manual* and *Rates and Standards Matrix*:

- Intake and ASAM Assessment (H0001)
- Individual Counseling (H0004)
- Group Counseling (H0005) for 60-90 minute sessions and 2 to 12 patients
- Patient Education (T1012) for 60-90 minute sessions and 2 to 30 patients
- Family Therapy (90846)
- Collateral Services (T1006)
- Crisis Intervention (H2011)
- Treatment Plan (T1007)

- Discharge Services (D0001)
- Case Management (H0006)

At least one 15-minute unit of Therapeutic Services is required for individual-based services (H10001, H0004, 90846, T1006, H2011, T1007, D0001, H0006) or four to six 15-minute units for group-based services (H0005, T1012) per patient per day to submit the daily claim. The weekly service hour standards must also be met to enable reimbursement.

STANDARDS FOR CALCULATING RESIDENTIAL WEEKLY TREATMENT HOUR

The weekly Treatment Service Hour standards for ASAM Residential 3.1 (20 hours or 80 units of service), ASAM Residential 3.3 (24 hours or 96 units of service), and ASAM Residential 3.5 (22 hours or 88 units of service) include “Therapeutic,” “Support,” “Opioid Treatment Program,” and “Mental and Physical Health Services” as outlined below:

Treatment Services Hours Include:

- **Therapeutic Services:** See “Definition of Therapeutic Service” above
- **Support Services:**
 - Alcohol/drug testing (H0048)
 - Safeguarding Medications (H2010)
- **Opioid Treatment Program (OTP)**
 - Individual Counseling (H0004: UA: HG)
 - Group Counseling (H0005: UA: HG)

Note: SAPC will reimburse OTP (as specified above) and Residential Day Rate claims when services are rendered on the same day. OTP services must still adhere to minimum (5 units or 50-minutes) and maximum (20 units or 200 minutes) monthly treatment service standards.

- **Mental and Physical Health Services:**
 - On-Site Individual/Group Services/Appointments up to two hours weekly
 - Off-Site Individual/Group Services/Appointments up to two hours weekly

Note: Although Mental and Physical Health Services will count towards weekly treatment hours, SAPC is not responsible for reimbursement for these services.

Under limited circumstances, a patient’s clinical or medical needs (e.g., hospitalizations, on pass) may prevent participation in the standard Treatment Service Hours per week (20/24/22). When such an event occurs, providers must complete a Miscellaneous Note detailing the extenuating circumstances that prevented the completion of hours. SAPC will renew Justifications on a case-by-case basis and Justifications need to reflect obstacles (e.g., stability of patient’s mental or physical health, or appointments such as dialysis treatment) to full participation in therapeutic services and how the individual’s recovery goals are being met.

If less than 10 (ASAM 3.1), 12 (ASAM 3.3), or 11 (ASAM 3.5) hours of Treatment Services Hours are provided per week, for more than two (age 12-20) or three (age 21+) weeks, the patient needs to step down to a lower level of care, and further reimbursement will be disallowed unless otherwise approved by SAPC. This must also be documented in a Miscellaneous Note. Providers will be alerted via Sage if service unit minimums are not met.

BED HOLDS

Residential (ASAM 3.1, 3.3, 3.5) programs may hold beds for up to seven (7) days if a patient is temporarily absent from the facility for reasons such as hospitalization, therapeutic pass, flash incarceration, and return to treatment after discharging against medical advice. Transition to another level of care (e.g., withdrawal management) is not an allowable reason for a bed hold. Only Room and Board is reimbursable during bed hold days since no Therapeutic Services are provided while patients are temporarily absent from the facility.

SAGE IMPLICATIONS

Sage will be configured to identify appropriate submission of claims given the requirements regarding the provision of one Therapeutic Service per patient per day and bed hold. The total Treatment Service Hours per week will be reviewed as outlined in the *Rates and Standards Matrix*.

EFFECTIVE PERIOD

As of April 1, 2018, claims will be denied if:

1. There was not at least one qualifying Therapeutic Service provided per patient per day; and/or
2. The bed hold exceeded seven (7) days and/or the patient did not return to services.

Claims submitted on weekends or holidays prior to this date will be reimbursed. However, contractors are required to report patient eligibility for other funding sources in Sage.

If you have any questions or need additional information, please contact Yanira A. Lima, Adult Systems of Care, at SAPC_ASOC@ph.lacounty.gov or (626) 299-3202.