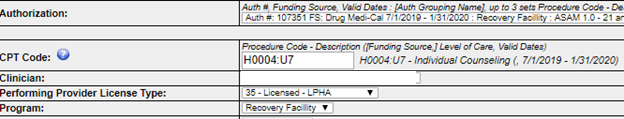
**STAFF MODIFIERS**

**ASAM 1.0-AR, 1.0 and 2.1**

1. Ensure the User Creation Forms are updated for all qualified staff level.
2. Select the appropriate performing provider license type when entering treatment services or enter the correct modifier/NPI number on the 837 claim.



**ASAM 3.1, 3.3, and 3.5**

1. Submit the *Staff Modifier Attestation Form* for each site address and corresponding level(s) of care that correspond with the requirements to [SAPCMonitoring@ph.lacounty.gov](mailto:SAPCMonitoring@ph.lacounty.gov) with copy to your assigned Contract Program Auditor by July 31, 2020.
2. Enter claims for all services (e.g., group, individual) delivered each day as follows:
3. *Clinical Day Rate*: Enter claims under a performing provider at the staffing level you selected on the attestation form. For example, if your agency selects the licensed practitioner of the healing arts (LPHA) staffing level, day rate claims should be submitted with a performing provider who is a licensed clinician/LPHA.
4. *Other Services Rates:* Enter other $0.00 service claims under the actual performing provider at the agency that delivered the service (i.e., Treatment Plan-T1007, Group Counseling-H0005, Room and Board-S9976). This will demonstrate if the required service units are met.
5. Ensure that the total hours entered match or exceed the minimum weekly requirement for the LOC, except when otherwise documented in the patient’s file due to other factors such as medical needs.
6. Submit claims using the agency determined Staff Modifier while awaiting SAPC approval and select the appropriate modifier during the claims submission process. If based on the SAPC review, the agency selected an incorrect Staffing Modifier category than the one included on the attestation form, claims will need to be corrected.
7. Providers should revert to a lower level Staff Modifier on a temporary basis, and without SAPC approval, if a vacancy or leave in excess of 30-days results in non-compliance with the minimum criteria for the staff modifier rate.
8. Submit a revised *Staff Modifier Attestation Form* if a significant staffing structure change occurs that permanently moves the site to a higher or lower staff modifier category (e.g., positions added or removed).
9. Claims are subject to immediate denial/recoupment for all affected days based on lack of compliance and may be resubmitted by the provider at the lower rate if applicable.

**ASAM 1-WM, 2-WM, 3.2-WM, 3.7-WM, 4-WM**

Staff Modifiers are not applicable at this time.

**POPULATION MODIFIERS**

**Youth Ages 12 through 17**

1. Ensure that the youth serving site is added to the Drug Medi-Cal Contract, online provider directory known as the Service and Bed Availability Tool (SBAT) and complies with all youth specific requirements. The enhanced rate only applies when the individual served is a youth aged 12 through 17, and services are delivered at an approved location or approved Field Based Services site.
2. Submit Member Authorizations using the authorization grouping with “12-17” in the name for the level of care requested grouping.
3. Submit Claims under the “HA” modifier”.

**Young Adults Ages 18 through 20**

The youth population rate is available for individuals ages 18 through 20 who receive services from a Youth/Transitional Aged Youth (TAY) treatment network. Providers who are not part of the Youth/TAY treatment network must still add the HA modifier to claims for persons aged 18-20, however, they will not receive the enhanced rate for these services.

When submitting claims for Young Adults Ages 18-20, providers should:

1. Ensure the site is added to the Drug Medi-Cal Contract, online provider directory known as the Service and Bed Availability Tool (SBAT) and complies with all youth specific requirements. The enhanced rate applies when the individual served is a transitional aged youth, aged 18 through 20, and services are delivered at an approved location.
2. Submit Member Authorizations using the authorization grouping with “18-20” in the name for the level of care requested grouping.
3. Submit Claims under the “HA” modifier”.

**Pregnant and Parenting Women**

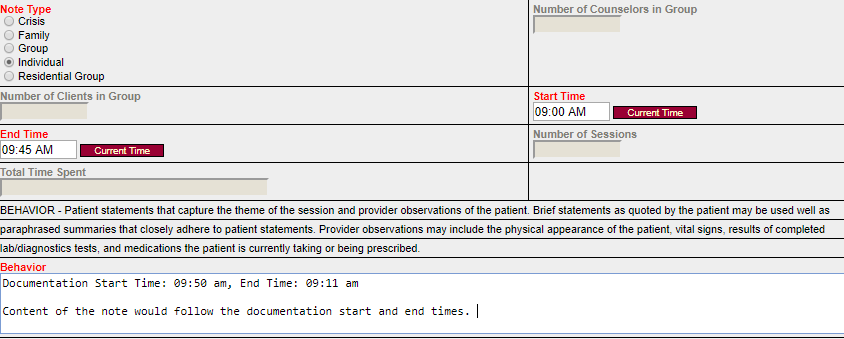
1. Ensure that the pregnant and parenting women site is added to the Drug Medi-Cal (DMC) Contract, online provider directory known as the SBAT, and complies with all youth specific requirements. The enhanced rate only applies when the individual served is a pregnant or parenting woman, and services are delivered at an approved location.
2. Submit Member Authorizations using the “PPW- Perinatal or PPW-Parenting” grouping for the requested level of care.
3. Submit Claims under the “HD” modifier

**DOCUMENTATION TIME**

Sage is being configured to better operationalize the new documentation requirements and enable submission of associated claims. For primary Sage users, start and end times for documentation should be documented on the Progress Note and Miscellaneous Note. In the meantime (or if the organization uses a different electronic health record), the start and end time, and the date completed, must be included in the Progress Note or Miscellaneous Note (or equivalent) if the time is claimed for reimbursement. In addition, the following will apply during the configuration process:

**ASAM 1.0-AR, 1.0 and 2.1**

1. *Group Counseling and Patient Education*:
   1. Add the start and end time, and the date documentation was completed to the Progress Note or Miscellaneous Note.
   2. Indicate within the Progress Note or Miscellaneous Note if the service occurred at an approved field-based services location, or via telephone or telehealth.
   3. Add up to 10-minutes of documentation time per patient using 1-minute increments for all group services.
   4. If the actual time to document the service was less than the total time claimed, the difference may be subject to recoupment.
2. *Individual*-*Based Services*:
   1. Add the start and end time, and the date documentation was completed to the Progress Note or Miscellaneous Note.
   2. Indicate within the Progress Note or Miscellaneous Note if the service occurred at an approved field-based services location, or via telephone or telehealth.
   3. Add up to one-15 minute unit to the duration of the session to account for actual documentation time as indicated in the Progress Note or Miscellaneous Note.

**SAMPLE**:

**Start Time 9:50 am to End Time 10:00 am**

**ASAM 3.1, 3.3, 3.5 1-WM, 2-WM, 3.2-WM, 3.7-WM, and 4-WM**

1. Add the start and end time, and the date documentation was completed to the per service or per day Progress Note or Miscellaneous Note*. The weekly note option was discontinued effective June 30, 2020.*
2. Indicate within the Progress Note or Miscellaneous Note if the service occurred via telephone or telehealth if applicable.
3. Documentation time has been incorporated into the Clinical Day rate; no separate charge is allowable effective July 1, 2020.

**TRAVEL TIME**

When providing Outpatient (ASAM 1.0-AR, 1.0) or Intensive Outpatient (ASAM 2.1) treatment services for at least 60-minutes at a SAPC approved Field-Based Service location, the performing provider (e.g., SUD Counselor) will be able to add travel time to and from the approved location, up to 30-minutes each way, unless otherwise approved in the Field-Based Service application and based on a SAPC identified gap in network adequacy (e.g., Antelope Valley, Catalina Island). The Progress Note or Miscellaneous Note must include the start and end time of the travel in each direction in addition to the start and end time of the direct service.

**SCREENING**

To improve the patient experience and reduce unnecessary paperwork, any individual who first presents at a Network Provider must receive either the electronic Youth Engagement Screener (ages 12 through 17) or ASAM CO-Triage screener (18 years of age and older) to determine the Provisional LOC prior to receipt of the full ASAM assessment. Providers must also complete the *Referral Connections Form*, which outlines attempts to make an appointment for a full ASAM Assessment and the associated outcome. Maximum payment per patient per day per provider agency is $30.00 in all LOCs. The screening is not separately reimbursable when also claiming the Clinical Day rate on the same day.[[1]](#footnote-1)

A Youth Engagement Screener or CO-Triage screening is not required and is also not reimbursable when referrals originate from the Client Engagement and Navigation Services (CENS), Connecting to Opportunities for Recovery and Engagement (CORE) Centers, or the Substance Abuse Service Helpline (SASH).

**OPIOID TREATMENT PROGRAMS AND BUPRENORPHINE**

Submit the name and qualifications of the Drug Enforcement Administration (DEA) X-Waivered physician at each Opioid Treatment Program (OTP) site responsible for prescribing buprenorphine to [SAPCMonitoring@ph.lacounty.gov](mailto:SAPCMonitoring@ph.lacounty.gov) with copy to your assigned Contract Program Auditor.

**FISCAL YEAR 20-21 STAFF MODIFIER ATTESTATION FORM**

INSERT AGENCY attests that as of INSERT DATE, the staffing pattern at INSERT SITE/ADDRESS which provides ASAM INSERT LOC # services, qualifies for the following staff modifier: 0%-Base Rate, 6%-SUD Counselor, 15%-Licensed Eligible LPHA, or 20% Licensed LPHA according to the criteria outlined in the Fiscal Year 2020-2021 Rates Information Notice (IN). INSERT AGENCY confirms that it will maintain the following staffing pattern and the provision of direct services as required throughout Fiscal Year 2020-2021 unless a new form is submitted, and agrees to suspend submission of claims using the approved staff modifier category when a prolonged change in excess of 30-days (e.g., vacancy, extended leave) results in a staffing pattern that no longer qualifies for the enhanced rate (this excludes use of sick, holiday, and vacation time in accordance with the agency’s benefits package and established policy). INSERT AGENCY understands that it can submit claims under the next appropriate staffing modifier category (e.g., 15% 🡪 6%) without SAPC approval if applicable.

|  |  |  |
| --- | --- | --- |
| **ASAM 3.1 , 3.3, and 3.5 Bed Capacity Staffing Pattern** | | |
| Total # of DHCS Licensed Beds at the Site for Residential Services | | INSERT # BEDS |
| Total # of Beds at the Site for LAC DMC-ODS Residential Services | | INSERT # BEDS |
| Of Total LAC DMC-ODS, Target Number of Beds for ASAM 3.1 | | INSERT # BEDS |
| Of Total LAC DMC-ODS, Target Number of Beds for ASAM 3.3 | | INSERT # BEDS |
| Of Total LAC DMC-ODS, Target Number of Beds for ASAM 3.5 | | INSERT # BEDS |
| **ASAM 3.1 , 3.3, and 3.5 Bed Capacity Staffing Pattern** | | |
| **Total Registered Counselors** | **INSERT # OF POSITIONS** | **INSERT # FTEs** |
| **Total Certified Counselors** | **INSERT # OF POSITIONS** | **INSERT # FTEs** |
|  |  |  |
| Associate Social Worker | INSERT # OF POSITIONS | INSERT # FTEs |
| Associate Marriage and Family Therapy | INSERT # OF POSITIONS | INSERT # FTEs |
| Associate Professional Clinical Counselor | INSERT # OF POSITIONS | INSERT # FTEs |
| Psychological Assistant | INSERT # OF POSITIONS | INSERT # FTEs |
| Registered Psychologist | INSERT # OF POSITIONS | INSERT # FTEs |
| **Total Licensed Eligible LPHAs\***  **DELIVERING DIRECT SERVICES** | **INSERT # OF POSITIONS** | **INSERT # FTEs** |
|  |  |  |
| Physician (MD or DO) | INSERT # OF POSITIONS | INSERT # FTEs |
| Licensed Clinical Psychologist | INSERT # OF POSITIONS | INSERT # FTEs |
| Licensed Clinical Social Worker | INSERT # OF POSITIONS | INSERT # FTEs |
| Licensed Professional Clinical Counselor | INSERT # OF POSITIONS | INSERT # FTEs |
| Licensed Marriage and Family Therapist | INSERT # OF POSITIONS | INSERT # FTEs |
| Nurse Practitioner | INSERT # OF POSITIONS | INSERT # FTEs |
| Physician Assistant | INSERT # OF POSITIONS | INSERT # FTEs |
| Registered Nurse | INSERT # OF POSITIONS | INSERT # FTEs |
| Registered Pharmacist | INSERT # OF POSITIONS | INSERT # FTEs |
| **Totals for Licensed LPHA\***  **DELIVERING DIRECT SERVICES** | **INSERT # OF POSITIONS** | **INSERT # FTEs** |
| \* Mix of staff titles can change without SAPC approval provided the facility maintains compliance with the Bulletin. | | |

INSERT AGENCY confirms that the selected modifier and staffing pattern complies with the minimum requirements for supervision and/or direct services as outlined in SAPC IN #20-10 as of the date listed above, and claims will be submitted according to the effective date unless otherwise determined by SAPC during the approval process. INSERT AGENCY understands that the staffing modifier is subject to recoupment and/or contract action if it is determined during the review process that services are not delivered as listed above, or an updated form is not submitted and approved when material changes occur.

INSERT NAME OF AGENCY LEADER INSERT DATE

INSERT TITLE OF AGENCY LEADER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

**FOR SAPC USE**: Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Approver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Approver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Day Rate Based LOCs include ASAM levels 1-WM, 2-WM, 3.2-WM, 3.7-WM, 4-WM, 3.1, 3.3, 3.5. [↑](#footnote-ref-1)