

Field-Based Services: Standards and Practices

METHOD OF SERVICE DELIVERY OPTION UNDER THE DRUG MEDI-CAL
ORGANIZED DELIVERY SYSTEM (DMC-ODS)

Attachment I

December 2023 | Version 3.0

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I. Introduction

The County of Los Angeles, Department of Public Health (DPH), Substance Abuse Prevention and Control (SAPC) Bureau provides an expanded benefit package of substance use disorder (SUD) treatment services available under the Drug Medi-Cal Organized Delivery System (DMC-ODS). The services provided under DMC-ODS are required to be patient-centered, individualized, varied in intensity and duration, and based on medical necessity. The DMC-ODS benefit allows for the provision of Field-Based Services (FBS) as a method of service delivery for outpatient-type services as classified by the American Society of Addiction Medicine (ASAM). FBS allowable Levels of Care include Early Intervention Services for Youth and Young Adults (ASAM 0.5), Outpatient Services (ASAM 1.0), Intensive Outpatient Services (ASAM 2.1), and Recovery Services. FBS delivers SUD services to patients in nontraditional settings such as schools, community locations, county departments, and where patients reside (e.g., encampments, shelters, interim or permanent housing). FBS aims to increase access to treatment services, promote patient motivation and engagement, and better serve hard-to-reach populations.

FBS can only be delivered at SAPC-approved FBS sites, referred to as Community FBS, or at locations/settings where a patient lives, referred to as In-Home FBS. FBS is to be delivered in accordance with the SAPC Treatment Standards outlined in the current version of the Provider Manual.

Community FBS - allows network providers to deliver services at predetermined community settings/locations where patients may benefit from SUD treatment services. Community FBS is provider initiated where the provider identifies a location and proposes the provision of treatment services to SAPC.

In-Home FBS - increases access to SUD treatment services by allowing the provision of treatment services at a setting where the patient lives (e.g., encampments, shelter, interim or permanent housing).

II. Purpose of Field-Based Services

The provision of high-quality patient-centered care and reducing barriers to care for marginalized and hard to reach populations helps ensure all residents have access to the opportunities and resources for optimal health and well-being. Flexible treatment approaches, such as FBS and the use of a patient-centered philosophy, can increase patient motivation and engagement in treatment and lead to positive treatment outcomes.¹ As a method of service delivery, FBS provides an opportunity for SUD network providers to (1) better integrate necessary physical and behavioral health services, as well as social services, and (2) address patient barriers to accessing traditional treatment settings such as physical limitations, employment conflicts, transportation limitations, or restrictive housing requirements.

¹ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. (2002). *Enhancing Motivation for Change in Substance Abuse Treatment. TIP 35*. Rockville, MD.

Incorporating FBS into treatment can benefit patients through the following:

- Increasing patient retention in treatment;
- Re-engaging patients struggling with compliance and/or adherence to treatment;
- Overcoming patient resistance to traditional treatment settings;
- Overcoming barriers such as limited mobility, lack of transportation, and inclement weather;
- Keeping patients engaged in services when placed on waitlists for higher levels of care or during transitions to lower levels of care.²

III. Target Populations

The delivery of FBS is an opportunity to better reach, engage, and serve historically difficult to reach populations which include, but are not limited to the following:

- 95% of people who need treatment but who don't want or access it
- Individuals with co-occurring or co-morbidity diagnosis
- Older adults
- People experiencing homelessness, chronic homelessness, or housing instability
- People who are medically fragile/experience limited mobility
- People who are pregnant and post-partum
- People who are registered sex offenders
- People who have been convicted of arson
- People involved in the justice system
- Residents of rural areas
- School-based youth, including alternative school placements
- Youth involved in the foster care system

It is also a key tool for delivering patient-centered care by providing services closer to where people work or reside, and within settings where they are already receiving other services and/or at locations less likely to be perceived as stigmatizing.

² U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. (2002). *Enhancing Motivation for Change in Substance Abuse Treatment. TIP 35*. Rockville, MD.

IV. Allowable FBS Settings and FBS Types

Providers interested in offering FBS need to submit a completed FBS Application with all relevant supplemental documentation to SAPC for review and approval. In all instances the provider delivering FBS must be linked to the contracted DMC-certified agency site that is billing for the FBS service and must have delivered DMC-ODS services in Los Angeles County for a minimum of one year prior to applying to provide FBS. The purpose of the application is to establish the following:

- Identify the proposed setting(s);
- Identify target population(s) to be served;
- Demonstrate that FBS will comply with required patient confidentiality requirements (42 CFR part 2 and the Health Insurance Portability and Accountability Act (HIPAA)) when delivered in proposed settings;
- Describe the projected staffing patterns, frequency, and duration of service provision in FBS locations; and
- Demonstrate capacity to deliver FBS in compliance with all relevant service expectations.

SAPC will disallow any FBS services delivered by network providers at sites not approved through the FBS process. Delivering services at unapproved locations may result in the revocation of previously approved FBS applications, and billing disallowances for services rendered without an approved FBS application.

Network Provider Agency-Requested FBS Site Approval

The following outlines SAPC-recommended settings for FBS:

- Community / Drop-In / Day Centers
- In-Home (e.g., encampments, shelters, interim or permanent housing settings)
- Los Angeles County Office of Education Alternative sites
- Recreation Centers
- Schools
- Harm Reduction Sites
- Board and Care / Group Home
- Department of Children and Family Services Offices
- Department of Health Services (DHS) directly operated facilities
- Department of Mental Health (DMH) clinic sites (including DMH legal entities not contracted with SAPC)
- Department of Probation Area Offices
- Department of Public Social Services Offices
- Federally Qualified Health Centers (FQHC)
- Homeless Shelters
- Permanent or Interim Housing Sites

Providers planning to deliver services through In-Home FBS, must ensure that patients agree to receive services in this manner and demonstrate their agreement via written signature or provider-documented verbal consent. Providers applying to deliver In-Home FBS must submit additional supplemental materials as part of the application, including a written safety plan and written confidentiality protocols. A formal agreement e.g., Memoranda of Understanding (MOUs) is not required to receive approval to deliver in-home FBS services.

SAPC-Facilitated FBS Partnerships

To enable SAPC and the provider network to be responsive for requests for FBS partnership opportunities, and efficiently connect with patients that can benefit from SUD services. All network provider agencies with approved FBS applications will be placed on a FBS approved provider list to be utilized for the purpose of connecting new SAPC-identified locations when needed. SAPC will proactively reach out to provider agencies with approved FBS applications, and select providers based on Service Planning Area (SPA), population(s) to be served, and other factors to facilitate partnerships with new sites requesting SUD services. Participation in SAPC-facilitated FBS partnerships is not a requirement to participate in Community or In-Home FBS. SAPC will offer these opportunities as they become available.

DMC Site Certification and Other SAPC Requirements

FBS cannot be utilized in lieu of obtaining a California Department of Health Care Services (DHCS) DMC Site Certification for providers' directly operated sites (e.g., rented, leased, and owned sites) where agency-operated of SUD or mental health treatment services are the primary business, and where services are delivered by individuals employed by the agency managing the service site. DHCS DMC Site Certification is not required for facilities whose primary business is the provision of services other than SUD and mental health and where individuals not employed by the agency are managing the services delivered on-site. More information about DMC site certification can be found on the DHCS [Drug Medi-Cal Application Information website](#).

In-custody/carceral services provided for youth or adults are not permissible as an FBS delivery site nor reimbursable through the DMC-ODS program.

V. Allowable Services and Service Expectation

FBS are a method of mobile service delivery for Early Intervention (ASAM 0.5), OP services (ASAM 1.0), IOP services (ASAM 2.1), Care Coordination, and Recovery Services for patients with established medical necessity. Network providers must ensure that services reflect the patient's goals and are tailored to meet the patient's needs, including the availability of services provided via FBS.

a) FBS Service Components³

Based upon the ASAM Criteria, the following service components are allowable:

- Screening
- Assessment/Intake
- Individual Counseling
- Group Counseling⁴
- Care Coordination
- Problem List/Treatment Planning
- Discharge Planning
- Crisis Intervention
- Patient Education
- Family Therapy
- Collateral Services
- Medication for Addiction Treatment (MAT) services
- Behavioral Health Prevention Education Services (Peer Support Services)
- Self Help/Peer Services (Peer Support Services)

Mobile Outreach Services: Travel to the field-based service site is reimbursable. The personal vehicle mileage reimbursement rate for FBS staff is \$0.66 cents per mile. Each FBS staff must have a permanent headquarter, namely the office in which they spend most of their office work time or receives their supervision. Mobile Outreach Services It is not intended to reimburse a workforce member for traveling to and from the basic work location, temporary or otherwise. Providers may bill up to 500 miles per month, per FBS site when agencies are not also leveraging transportation services funded by other programs.

b) Service Expectations

Network providers must ensure that services meet the following service expectations:

- **Culturally Competent Services:** Network providers must provide culturally competent services. Network providers must ensure that their policies, procedures, and practices are consistent with the principles outlined in the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care and are embedded in the organizational structure.
- **Age and Developmentally-Appropriate Services:** Network providers must deliver services that align with the patient's age and developmental level to ensure engagement in the treatment process.
- **Medications for Addiction Treatment (MAT) Services:** Network providers must maintain procedures for linkage/integration to MAT services. Patients receiving MAT must not be discriminated against and must have equal access to services. The prescribing of MAT should

³ Refer to narrative in the current version Provider Manual for treatment service definitions and service components.

⁴ Groups should have at least two (2) and can be no more than twelve (12) individuals per group.

follow established prescribing standards from the ASAM and the Substance Abuse and Mental Health Services Administration (SAMHSA). Provider staff will regularly communicate with prescribers of MAT to ensure coordination of care, assuming the patient has signed a 42 CFR Part 2 compliant release of information for this purpose.

- **Reaching the 95% (R95) Population:** Supporting access to the 95% of people who need treatment but who do not want or access it, often times because of lack of current treatment or abstinence goals.
- **Naloxone Training and Availability:** FBS providers must carry naloxone, or other FDA-approved opioid antagonist medication, at all times and be trained and ready to administer this medication in response to overdose, with exceptions only for the rare circumstances where carrying and administering naloxone is expressly prohibited by site-specific local regulation. To access naloxone resources, visit: <http://publichealth.lacounty.gov/sapc/public/harm-reduction/?tm#access-naloxone>
- **Evidenced-Based Practices (EBP):** Network providers must implement, at minimum, the following two EBPs: Motivational Interviewing (MI) and Cognitive Behavioral Therapy (CBT). Providers are encouraged to implement additional EBPs, including relapse prevention, trauma-informed treatment, and psychoeducation.
- **Care Coordination:** Network providers must deliver a variety of care coordination services, including transitioning patients from one level of care to another, navigating mental health, physical health, and social service delivery systems, including housing referrals, as appropriate.
- **Confidentiality Regulations:** Network providers must adhere to all applicable confidentiality laws, including but not limited to, CFR Title 42 §2.35(a); Health Insurance Portability and Accountability Act (HIPAA) Privacy Regulations; 45 CFR Section 164.508(b)(2) and 164.501; and the California Civil Code Section 56.11, when providing FBS.
- **Employee Safety Regulations:** Network providers must update their Injury and Illness Prevention Plan as required by CALOSHA (Title 8, California Code of Regulations §3203) to account for FBS. Updates to the plan shall include assignment of the responsibility, assessment of hazards, investigation of occupational accidents, injuries, and illnesses, correction of hazards, communication plan, training, systems for ensuring employee compliance with safety procedures, and recordkeeping and documentation.
- **Minor Consent:** For in-home services delivered to youth patients (ages 12-17), the provider must obtain consent from the parent or guardian allowing the youth to receive in-home services. Additional consent must be obtained if in-home services need to be provided while a parent or guardian is not home. The provider must obtain signed consent from the youth patient to communicate with a parent or guardian. Emancipated youth and/or youth who meeting conditions of CA Family Code § 6922 may consent to in-home services; providers must verify eligibility and document it.

VI. Staffing Levels and Provider Experience

FBS may be delivered by:

- Registered SUD counselors with 1 year (12 months) of relevant experience working to provide SUD prevention, harm reduction, treatment, or recovery services (close supervision of the registered SUD counselor is required)
- Certified SUD counselors
- Licensed Professionals of the Healing Arts (LPHAs)
- Peer Support Specialists - Peer Support Services can only be delivered by Certified Peer Support Specialists with close supervision. Peers are only limited to provide Behavioral Health Prevention Education Services and Self-Help/Peer Services – as further defined in [SAPC IN 23-04](#).

Staff providing FBS to youth patients must either have at least two (2) years of experience providing behavioral health services to youth OR at least one (1) year of experience providing behavioral health services to youth AND have completed 11 hours of SAPC-required youth-specific trainings prior to delivering FBS.⁵

All professional staff must be licensed, registered, certified, or recognized under California scope of practice statutes. Professional staff shall provide services within their individual scope of practice as required. SUD counselors must adhere to all requirements in the California Code of Regulations, Title 9, Chapter 8 and must be certified by one of the National Commission for Certifying Agencies (NCCA) accredited organizations recognized by the California Department of Health Care Services (DHCS): Addiction Counselor Certification Board of California (affiliated with California Association for Alcohol/Drug Educators (CAADE); California Association of DUI Treatment Programs (CADTP) and California Consortium of Addiction Programs and Professionals (CCAPP).

Certified Peer Support Specialists must be certified by California Mental Health Services Authority (CalMHSA).

An LPHA must possess a valid California clinical license in one of the following professional categories:

- Physician (MD or DO)
- Nurse Practitioner (NP)
- Physician Assistant (PA)

⁵ Understanding Youth Substance Use: Resources and Services in Los Angeles County and the following Modules:

- *Module 6: Understanding Co-Occurring Needs among Youth with Substance Use Disorders (SUDs)*
- *Module 7: Trauma Informed Care Among Youth with Substance Use Disorders (SUDs)*
- *Module 8: Developmentally-Informed Programming for Youth Populations within the Youth System of Care*
- *Module 9: Cannabis Use among Youth Populations: Policy and Clinical Implications*
- *Module 11: Effective Engagement Strategies for Youth Seeking Substance Use Disorder Services*
- *Module 13: Medication Assisted Treatment for Youth*
- *Module 14: Engaging Families and Providing Family-Based Services*
- *Module 15: Integrating Multicultural Competency & Cultural Humility in Clinical Practices*

- Registered Nurse (RN)
- Registered Pharmacist (RP)
- Licensed Clinical Psychologist (LCP)
- Licensed Clinical Social Worker (LCSW)
- Licensed Professional Clinical Counselor (LPCC)
- Licensed Marriage and Family Therapist (LMFT)
- License-Eligible Practitioners working under the supervision of licensed clinicians

VII. Application Process

To apply for FBS, SAPC network providers need to email a complete application package to SAPCMonitoring@ph.lacounty.gov “Field Based Services Application.”

A complete FBS application includes the following documents:

- FBS Application Form (Attachment III)
- Signed cover letter stating intention to provide FBS
- Narrative Overview

Additional documents for community site applications (e.g., FBS at schools, CBO):

- MOU, Service Delivery Agreement, or a Partnership Agreement with site operator (community site application)

Additional documents for in-home applications:

- Safety Plan (see Attachment IV for sample)
- Confidentiality Protocol

Details of the application requirements can be found in Attachment II.

Network Providers are not allowed to initiate FBS until after receiving approval from SAPC. Upon approval of submitted application, Network Providers may only bill for FBS as outlined in their approved application. Network Providers may submit modified applications for review and approval as needed and within 30 days of implementation of operational changes.

Common reasons for application denial may include but are not limited to the following:

- Incomplete forms or missing narratives or supplemental documents
- Lack of demonstrated experience with target populations proposed
- Inappropriate proposed settings that will prevent adherence to confidentiality rules and regulations.

Proposed Community FBS site locations may also be denied if a valid business license and fire department permit is not available or expired unless it is not applicable to the site location.

Application Approval, Renewal, and Modifications:

APPLICATION APPROVAL PROCESS: Once a complete Community FBS Application is received from a network provider, SAPC will approve or deny the application within 15 business days. Incomplete applications may result in delays or denial. The Community FBS Application review includes a site visit of the proposed community FBS location. A site visit will not be conducted for In-Home FBS applications.

RENEWAL: FBS providers must submit a renewal annually by **May 31st**. To renew a FBS site, providers must complete the Renewal Form (Attachment V), and email the following to SAPCMonitoring@ph.lacounty.gov:

- Cover letter
- Narrative documenting all changes (if applicable), including any changes to services outlined in the initial application and/or removal of Community FBS sites that are no longer operational; and indicate if In-Home FBS services will be continued for the upcoming Fiscal Year. Any sites that are not renewed via this process will be removed from the Contract and subsequent services will be denied. The provider's Contract Program Auditor will conduct compliance reviews as a part of the standard monitoring process for any sites maintained in the contract for subsequent years.

MODIFICATIONS TO SITES: In the event that the network provider and/or SAPC note that a particular site shall not be used for FBS, or if notable changes to FBS operations are made, a request to modify a currently approved FBS application must be submitted along with all relevant supplemental documents. A memo documenting all changes must be submitted to SAPC within 30 days of implementation of operational changes.

APPROVAL: Upon approval of the FBS application, including an inspection of the Community FBS sites, network providers will receive an approved copy of their application indicating the date when FBS may commence.

SAPC reserves the right to approve or deny submitted applications at its sole discretion based on proposed service site locations, target population to be served, a network provider's demonstrated experience providing services via FBS, and/or other elements of the application process.

VIII. Documentation

All FBS services are to be documented as outlined in the current version of the SAPC Provider Manual. Claims may be subject to recoupment if documentation is missing, incomplete, or incorrect.

A Progress Note must be written for each session and documented in Sage or other approved Electronic Health Record (EHR). For Primary Sage users, when services are delivered via FBS, the Method of Service Delivery for “Field Based Services” must be selected within the progress note and documented with the location in which services were provided. Secondary Sage users must document within their EHR progress notes that services were delivered via Field Based Services and where the services were delivered.

Documenting FBS services within the claim requires the use of the appropriate Place of Service Code. The Place of Service Codes shall be entered for their respective locations when billing for FBS (see [Table 1](#)). Only allowable Place of Service Codes corresponding the allowable billing may be used. The location of place of service code used for billing shall match the code used for the progress note.

Table 1. Place of Service Codes for Field Based Services

Location Name	Description	Place of Service Code
School	A facility whose primary purpose is education	3
Homeless Shelter	A facility or location whose primary purpose is to provide temporary housing to homeless individuals (e.g., emergency shelters, individual or family shelters)	4
Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.	12
Assisted Living Facility	Congregate residential facility with self-contained units providing assessment of each resident’s needs and offering on-site services, including some health care.	13
Group Home	A residence with shared living areas, where clients receive supervision and other services such as social and/or behavioral services, custodial services, and minimal services (e.g., medication administration).	14
Mobile Unit	A facility/unit that moves from place to place and equipped to provide preventive screening, diagnostic, and/or treatment services.	15
Temporary Lodging	A short-term accommodation including hotels, campgrounds, or hostels where the patient receives care.	16
Urgent Care Facility	A location, distinct from a hospital emergency room, an office or a clinic, with a purpose to diagnose and treat illness or injury for unscheduled, ambulatory patients seeking immediate medical attention.	20
Emergency Room—Hospital	A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.	23
Outreach Site/Street	A non-permanent location on the street or found environment, including encampments where services are provided to for persons experiencing homelessness (PEH)	27



Location Name	Description	Place of Service Code
Nursing Facility	A facility that primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons; or, on a regular basis, health-related care services above the level of custodial care to residents other than individuals with intellectual disabilities.	32
Custodial Care Facility	A facility that provides room, board, and other personal assistance services, generally on a long-term basis, and which does not include a medical component.	33
Federally Qualified Health Center	A facility located in a medically underserved area that provides Medicare beneficiaries with preventive primary medical care under the general direction of a physician.	50
Community Mental Health Center (CMHC)	A facility that provides mental health services, including Department of Mental Health provider agencies and other mental health services organizations.	53
Public Health Clinic	A facility maintained by either State or local health departments that provide ambulatory primary medical care under the general direction of a physician.	71
Other Place of Service	Other place of service not identified above, including community centers, parks, faith-based organizations, community-based organizations, and non-profit organizations.*	99

**If your FBS location does not correspond with the location types listed in [Table 1](#), email SAPC_ASOC@ph.lacounty.gov for instruction on which code to use. Place of service 99 should not be used for locations outside of the locations described or similar.*

Agencies must notify SAPC if they need to use the Place of Service codes in [Table 1](#) for services other than FBS. Agencies shall use the appropriate place of service code for their non-FBS services (e.g., 55- Residential Substance Abuse Treatment Facility, 57-Non-residential Substance Abuse Treatment Facility) when provide at their DMC Certified facility.

IX. Conclusion

SUD treatment should be delivered across a continuum of care that reflects illness severity and the intensity of services required. One of the key goals of SAPC is to ensure that patients receiving SUD services in Los Angeles County receive the correct service, at the right time, for the right duration, and in the right setting. FBS as a method of service delivery expands opportunities for engagement, retention, motivation, and delivery of services, particularly for hard-to-reach populations.

SAPC will continue to explore opportunities to expand the availability of FBS to additional service sites, populations, and service categories based on community need and within the limitations of state and local policy.