

QUICK REFERENCE GUIDE:

Changes Made to Version 9.0 of the Substance Use Disorder Treatment Services Provider Manual



Changes are listed in order under their respective **subsection headings** (the large, bold, blue headings in the Provider Manual). Page numbers are provided for convenience. **Please review each entire section (not just the specified page) to ensure complete understanding.**

ENTIRE DOCUMENT

- Standardized acronym use
- Revised terminology from 'beneficiary' to 'member'
- Replaced 'Miscellaneous Note' with 'Progress Note' to reflect updated terminology
- Removed mentions of My Health LA (MHLA)

SECTION 1. MODERNIZING SUBSTANCE USE DISORDER TREATMENT

Removed: Chronic Care Model Figure

SECTION 2. PATIENT SERVICE STANDARDS

Substance Use Disorder Package

- County of Responsibility.....11-12
 - Updated section to reflect BHIN 24-008
- Table 2, Eligibility Requirements for Specialty SUD Services in LA County.....13-14
 - Updated procedures
- Establishing and Transferring Benefits.....15
 - Updated section to reflect BHIN 24-008 and new procedures
- Figure 1, Key Inter-County Transfer Steps.....16
 - Updated procedures

Access to Care

- Access to Care.....19-20
 - Noted that SASH and the Access Help Line have been consolidated into a single call center
- Network Provider Responsibilities for Service Connection Portals and Direct Referrals...23-24
 - Updated procedures to include limiting additional screening questions
 - Revised Step 8, requiring completion of the Referral Connection Form when making referrals to other treatment agencies
- Client Engagement and Navigation Services..24
 - Expanded on CENS billable services
 - Added link to SAPC IN 23-13
- Screening, SUD Treatment Referral, Appointment Scheduling, Reminders, and Follow-Up.....26
 - Added information on justice-involved clients

- Documentation and Reporting.....26-27
 - Updated CENS documentation services, including guidelines on Recovery Services and proper billing procedures
- CENS Locations.....29-30
 - Added interim housing as a SAPC-approved site
- CORE Centers.....31-32
 - Added new programming and workshops
- Table 3, SAPC Access and Services Delivery Standards.....35-37
 - Provided CENS documentation services, including guidelines on Recovery Services and proper billing procedures
 - Clarified the requirements for CalOMS data reporting and submission
- Holiday Closure Pre-Approval.....38
 - Updated guidelines on when new providers must submit holiday closure requests
- Notifications and Provider NACT Coordinator.....40
 - Added details on when provider network data should be submitted to the NACT Coordinator
- Network Adequacy Certification Application.....40-41
 - Updated data collection requirements
- Initial Engagement Authorizations.....41-42
 - Clarified the 30-day and 60-day initial engagement authorizations, particularly concerning PEH
- Determining Medical Necessity.....42-43
 - Clarified information on Recovery Services
- Assessment.....44
 - Clarified the roles and limitations of specific LPHAs
- Timeliness of Medical Necessity Determination.....45
 - Provided additional guidance on required documentation in the Progress Note
- Provider Responsibilities: Notice of Significant Change to the Patient Handbook.....48-49
 - New section

- Admission.....51
 - New section
- Care Planning in non-OTP Settings.....52
 - New section
- Data Reporting.....54-55
 - New section
- Table 5, ASAM Level of Care vs. DATAR Modalities.....55
 - New table
- Table 6, ASAM Criteria Continuum of Care for SUD Treatment.....56-57
 - Added Recovery Housing

Service Benefit and Levels of Care

- Justice-Involved.....62
 - Clarified care coordinator responsibilities
- Documentation.....63
 - Provided guidance on documenting care coordination in both non-OTP and OTP settings
- Treatment Plan.....63
 - New section
- Medi-Cal Peer Support Specialist Certification Program64-71
 - Reorganized and revised section to improve clarity
- Recovery Services.....89-90
 - Clarified services
- Prior to Admission to SUD Treatment.....90
 - New section
- Service Requirements for RS.....91
 - Noted when on CalOMS/LACPRS discharge
- Table 9, RBH Requirements.....93-94
 - Added low-barrier policies
- RBH Considerations.....95
 - Provided guidance on conducting alcohol/drug testing for RBH providers, including stipulations and requirements
- RBH Authorization Process.....95-96
 - Provided guidance addressing the procedure when a bed is unavailable
- Duration of RBH.....96
 - Clarified 90-day policy and provided additional details specific to PPW
- RBH Reauthorizations.....96
 - New section

Early Intervention and Treatment Service Components

- Medication for Addiction Treatment.....104-109
 - Updated section to reflect SAPC IN 24-01

Service Delivery Options

- Field-Based Services.....114-118
 - Updated service expectations and staff experience requirements

SECTION 3. PATIENT SERVICE STANDARDS: SPECIAL POPULATIONS

SAPC Justice-Involved Population

- SAPC Justice-Involved Population.....133-143
 - Reorganized and revised section to improve clarity
- CalAIM Justice-Involved Reentry Initiative.....133-134
 - New section
- Juvenile Justice-Involved Population....140-143
 - Provided guidance on security protocols
- SYTF Target Population.....142
 - Updated number of current sites and the services they offer
- SUD Treatment Services (ASAM 1.0).....143
 - Added information on outpatient treatment services

People Experiencing Homelessness

- Assessment for PEH.....145
 - Added point on obtaining patient consent
- Discharge for PEH.....148
 - Added information on requests for continued residential admissions for PEH who do not have a place to stay
- Recovery Housing.....149-150
 - Added service details
- Housing Navigation.....151-152
 - Added service details

SECTION 4. CLINICAL PROCESS STANDARDS

Eligibility Verification

- Table 13, Utilization Management Notification Timeframes.....168-169
 - Updated notification timeframes

Authorized Services

- RBH Authorizations.....177-179
 - Clarified authorization and reauthorization processes specific to PPW
 - Provided guidance on when reimbursement for services will be considered retroactive
- Table 15, Pre-Authorized and Authorized Service Request Timeframes.....178-179
 - Included specified age ranges
 - Clarified authorization and reauthorization procedures specific to PPW

Workforce

- Licensed Practitioners of the Healing Arts.....182-183
 - Added 3 professional categories
- Clinical Trainees (Formally Students, interns, or trainees).....183-184
 - New section
- Certified Peers.....184
 - Reorganized and revised section to improve clarity

Evidence-Based Practices

- Cognitive Behavioral Therapy.....190
 - Clarified CBT model for relapse prevention and CBT treatment approaches

Documentation

- Table 16, Problem List Minimum Requirements for non-OTP Settings.....194
 - Added Recovery Services as an LOC
- Progress Notes.....196-200
 - Clarified date of service

SECTION 6. BUSINESS PROCESS STANDARDS

Contract Management

- Certification and Licensure Requirements.....214-215
 - Renamed section; previously known as “How to Add or Expand Services”
- DHCS DMC Certification Application.....214
 - Added information on the requirement for DHCS DMC certification for all LOCs, including noted exceptions
- DHCS AOD Certification.....215
 - New section
- SAPC Provider Policy Requirements.....220
 - Updated SAPC Bulletins and links

Finance Management

- Rates and Standards.....221-222
 - Updated SAPC Bulletin regarding Rates and Standard Matrix
 - Clarified how inpatient LOCs should report services and the procedures for reimbursement
- Fiscal Reporting.....226-228
 - Provided guidance on the necessity of establishing cost centers

Information Technology Management

- Providers Eligible for Sage.....230
 - Clarified the eligibility criteria for OTPs, EHRs, and Sage
- Sage User Roles.....231
 - Added 2 user roles
- Provider Responsibilities.....231
 - Added a bullet point outlining provider responsibilities for reporting potential data breaches or data integrity issues

SECTION 7. APPENDICES

Appendix A. Glossary.....234-241

- Updated definitions and included new terms

Appendix B. Acronyms Glossary.....242-249

- Included all acronyms referenced in the manual

Appendix C. Care Coordination

References.....250-251

- Clarified non-billable activities within specific care coordination communication scenarios

Appendix D. ICD-10 Clinical Modification Codes Z55-Z65.....252-254

- New appendix

Appendix I. Juvenile Justice SUD Screening Referral Form (For CENS).....265-266

- Updated form

Appendix J. Juvenile Justice SUD Screening Referral Form (For SYTF).....267-268

- New appendix