



# R95 Workgroup Meeting & Discussion Virtual Meeting

June 5, 2024

Substance Abuse Prevention and Control Bureau  
Los Angeles County Department of Public Health





# Agenda

**2:00 pm**      **Welcome & Updates-** Dr. Gary Tsai

**2:05 pm**      **Field Based Services [2B-1, 2B-2]** - Bernie Lau

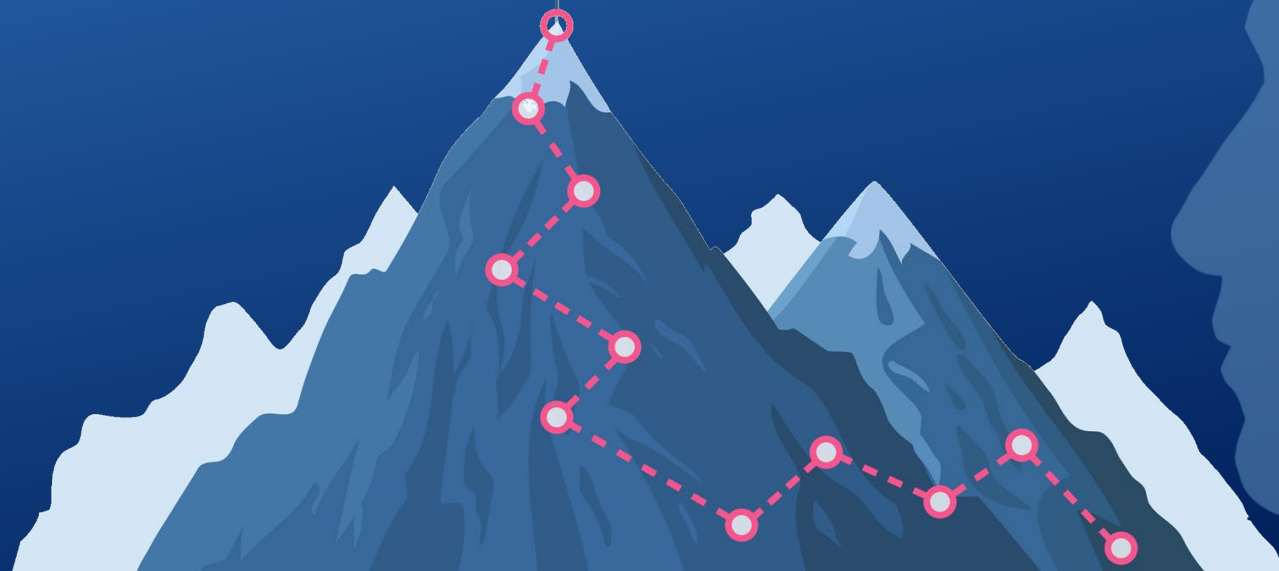
**2:45 pm**      **R95 Updates, Finance Services** - Daniel Deniz

**2:55 pm**      **Next Steps**

**3:00 pm**      **Adjourn**



# Capacity Building R95: Field Based Services 2B





## Reaching the 95% & Field Based Services



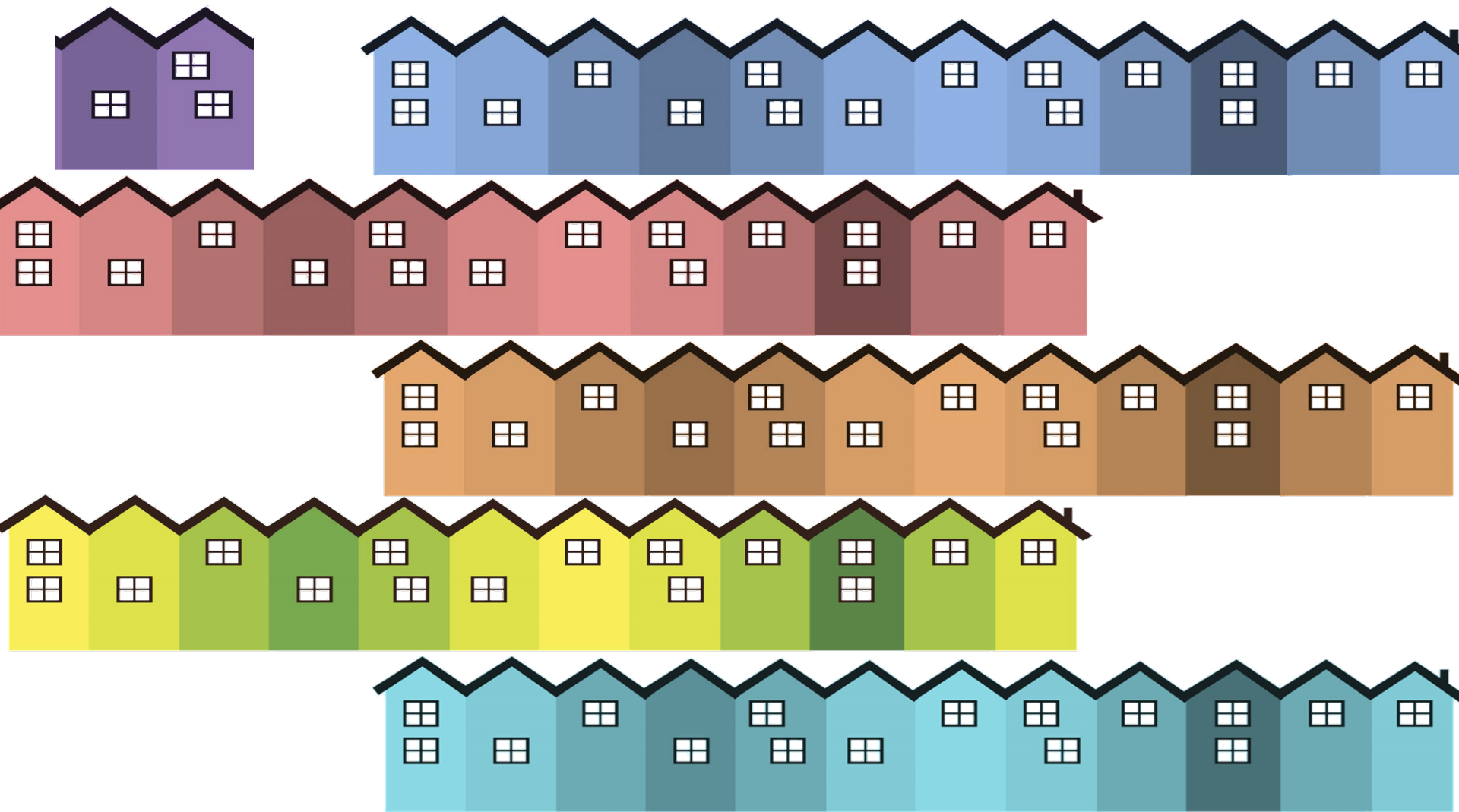


## 2B-1 The Challenging Road to Field Based Services



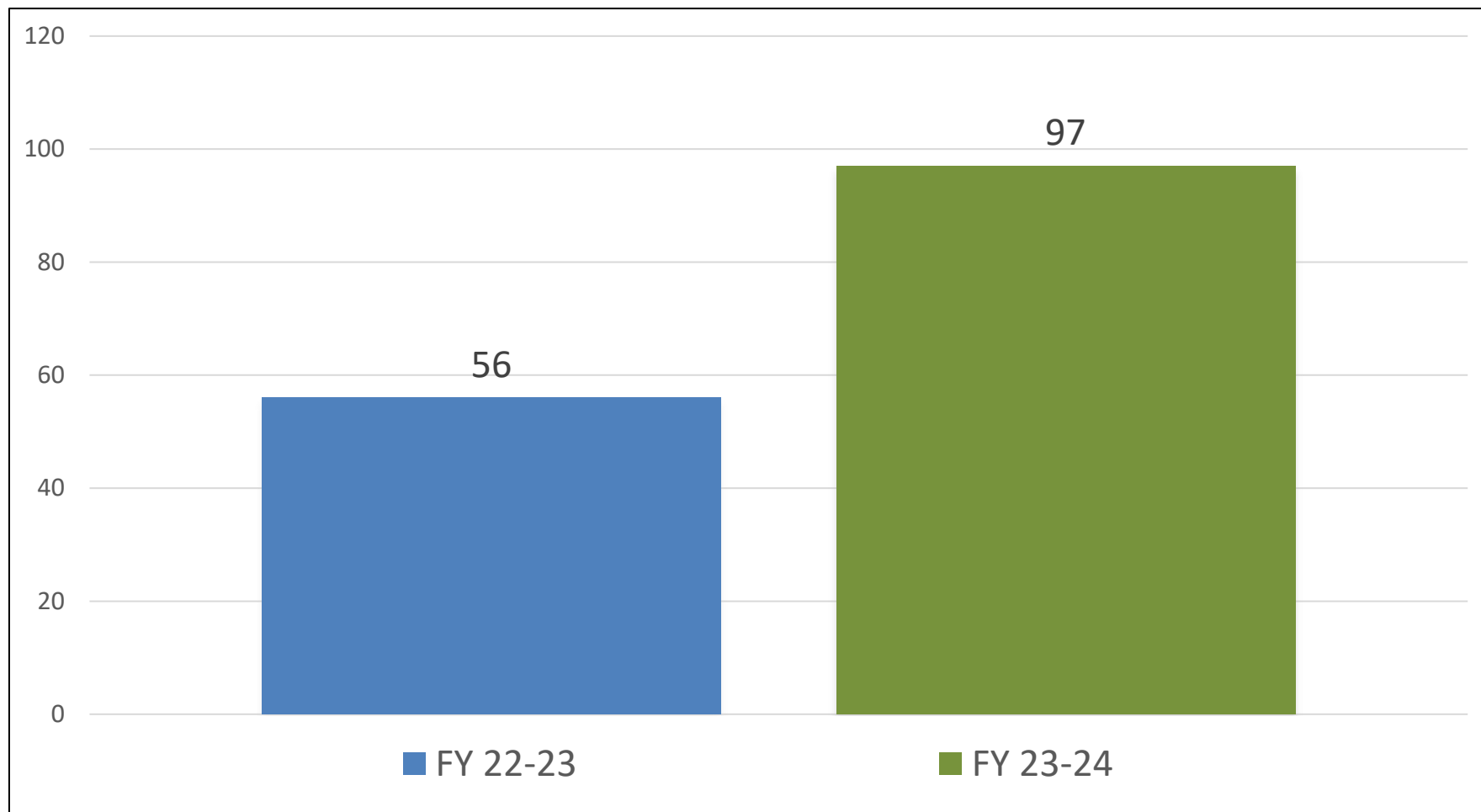


## 62 New Field Based Service Locations Added





# FBS Approved Locations





# Current Field Based Service Locations

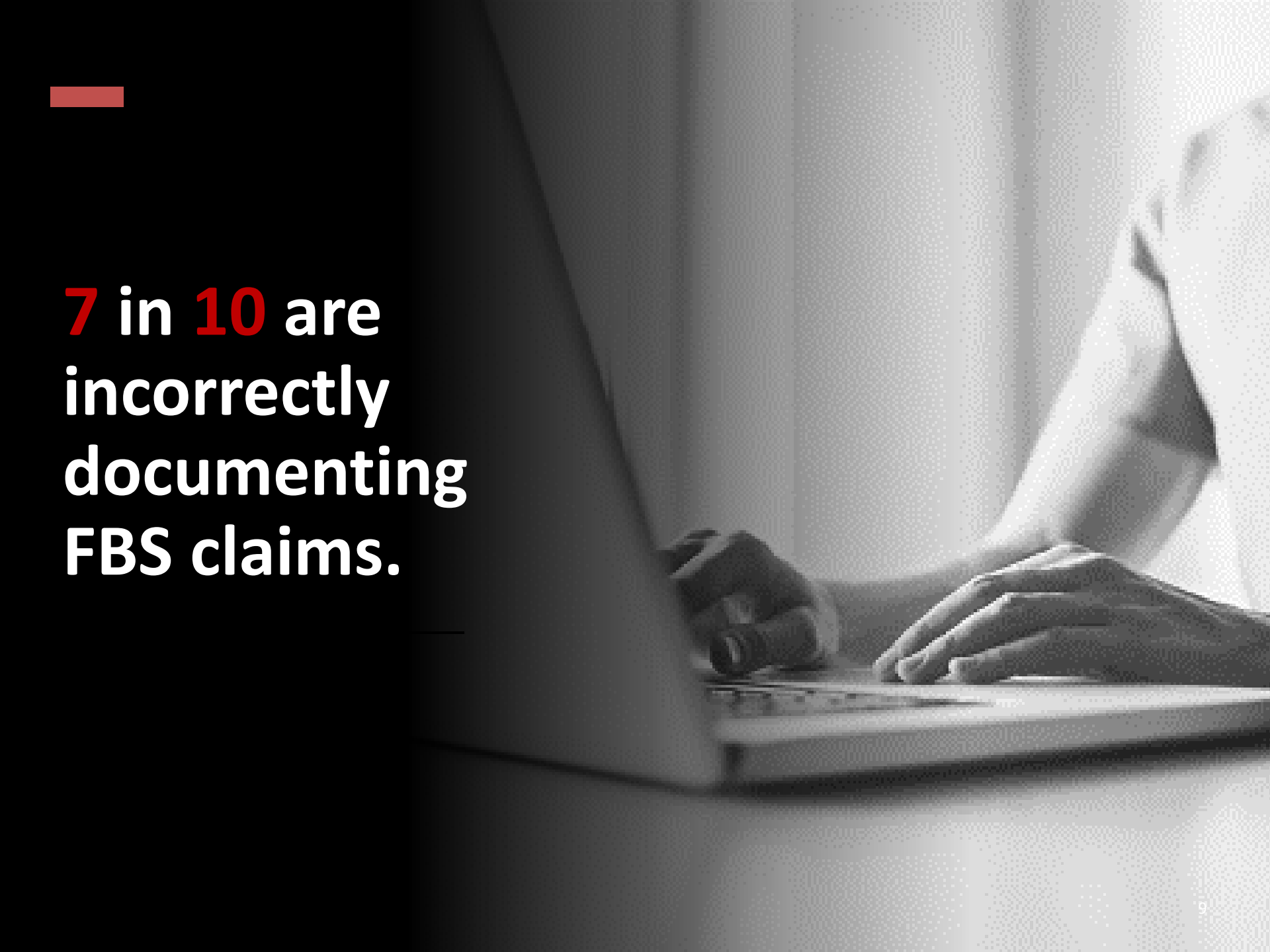
Type of Location	
Assisted Living	4
Community Centers	6
Group homes	14
Harm reduction location	1
Permanent Supportive Housing	6
Schools	40
Shelter	7
Interim Housing	18
Urgent care	1



## 2B-2 Field-Based Services – Capacity Building Deliverable



- After at least 6 months after signed MOU,
- Claims at FBS site
  - 10 admissions per Tier 1 treatment agency;
  - 15 admissions per Tier 2 treatment agency;
  - 20 admissions per Tier 3 treatment agency
- \$500 per claim
  - Tier 1 - \$5,000,
  - Tier 2 - \$7,500,
  - Tier 3 - \$10,000.
- **Due date: 06/30/2024**

A grayscale photograph of a person's hands typing on a laptop keyboard. The person is wearing a light-colored, short-sleeved shirt. The background is a window with vertical blinds, partially open, allowing some light to filter through. The overall mood is professional and focused.

**7 in 10** are  
incorrectly  
documenting  
FBS claims.



# Field Based Services Documentation Requirement

- Claims
  - Must use approved location code
  - Must be approved service for FBS
- Progress notes
  - Must use approved location code
  - Must document actual location of FBS
  - Staff providing services must be approved
- Claims and Progress notes
  - Service date must match
  - Procedures must match
  - Location must match

## Place of Service Codes for DMC Certified Locations

- Residential Substance Abuse Treatment Facility – **55**
- Non-residential Substance Abuse Treatment Facility – **57**
- Non-residential Opioid Treatment Facility – **58**

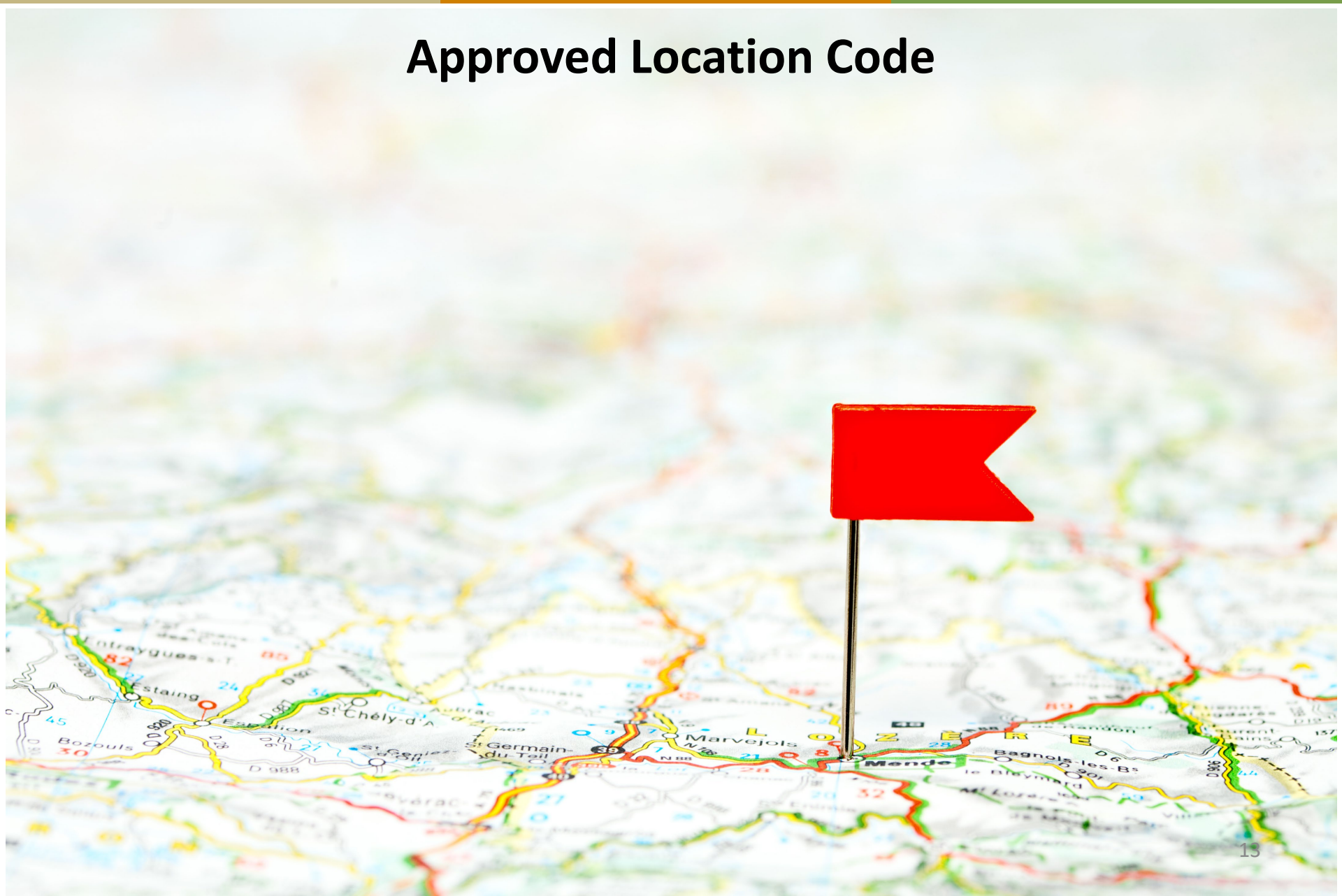


## Match the FBS location to the Location Code

- Adult Residential Care Facility
  - DMC outpatient treatment
  - Community Center
  - Alternative high school
  - Harm reduction location
  - Short-Term Residential Therapeutic Program (group home for foster youth)
  - School – 2
  - Homeless Shelter – 3
  - Office -11
  - Home – 12
  - Assisted Living Facility – 13
  - Group home – 14
  - Residential Substance Abuse Treatment Facility -55
  - Non-residential Substance Abuse Treatment Facility - 57
  - Other - 99
-



# Approved Location Code





# FBS Documentation

- Claims

**Fast Service Entry Summary**

**Fast Service Detail**

- Service Information
- Pre FY 23/24 Service Details
- Recovery Incentives
- OHC Information
- Adjudication



[Online Documentation](#)

**Service Information**


**Select Dates Option**

**Single Date**     **Multiple Dates**

**Date Of Service \***

 **T** **Y** 


**Procedure Code \***



**Total Charge \***

**Service Units \***



**Location**





**Exclude Weekends**

**Yes**     **No**

**From Date**

 **T** **Y** 

**Through Date**

 **T** **Y** 

**Select Dates**

[All](#) | [Clear](#)



# FBS Documentation

- Progress Notes

**Location \***  x v

**Provider Name (Optional)**  🔍

▼ **Travel Time**

**Date of Travel \***  📅 T Y ⬆️ ⬆️

**Field Based Service Location \***  📄 📄

**Time to Destination**

1. <http://publichealth.lacounty.gov/sapc/docs/providers/sage/pcnx/Sage-PCNX-Progress-Note-Guide-4-4-2024.pdf>



# Secondary Sage Users

- 837P
- SV1 – Professional Service
- SV105 Place of Service Code
  - Example: SV1\*HC:H0004:U8\*14.20\*UN\*4\***03**\*\*1
  - Example: SV1\*HC:H0004:U8\*14.20\*UN\*4\***13**\*\*1
  - Example: SV1\*HC:H0004:U8\*14.20\*UN\*4\***12**\*\*1



## COMPANION GUIDE

HIPAA 837P

Health Insurance Portability and Accountability Act (HIPAA) privacy and security provisions for medical information. Additional information to SMMC Drug Medi-Cal Medicare NTP(OT) Claiming Instructions

January 2024 (Version 2.7)

1. <http://publichealth.lacounty.gov/sapc/Sage/Documentation/CompanionGuideHIPAA837P.pdf>



# SAPC Finance Services Division Upcoming Deadlines

Daniel Deniz, SAPC Finance Services Division Chief

## Workforce Development

- **1C-1:** Sustainability Plan

## Access to Care- Reaching the 95% (R95)

- **2B-2:** Verified Episodes/Claims (FBS)- *Invoice required*
- **2C-2:** Verified Engagement Authorizations- *Invoice required*
- **2E-1:** Service Design
- **2E-2:** Customer Walk-Through
- **2E-3:** Improvement & Investments Plan
- **2F-2:** Verified Claims (Bidirectional Referrals)- *Invoice required*

## Fiscal & Operational Efficiency

- **3B-2:** Revenue/Expenditure Tracking Tool Utilization- *Invoice required*

# Capacity Building: Due 6/30/2024



## Capacity Building Initiatives Due June 30, 2024

*Submit Deliverable if Submitted Invoice #1 and Received Start-Up Funds to Avoid Recoupment  
Submit Invoice #2 and the Deliverable if Start-Up Funds Not Received*

Category #	Category	Pre-requisite(s)	Deliverable
<b>WF</b>	<b>Workforce Development: 1A-1 Required to participate in any Workforce Development Categories</b>		
1C-1	Sustainability Plan	1A-1 Agency Survey	Template Pending
<b>R95</b>	<b>Access to Care: Removed Reaching the 95% (R95) Capacity Building Prerequisites (2C-2, 2D-1, 2D-2)</b>		
2B-2	Field Based Services (FBS) Verified Claims	2B-1 –FBS Approved executed MOUs	Agencies approved for providing FBS must submit claims using the appropriate place of service codes as outlined in Field Based Services Standards and Practices. Agencies experiencing technical difficulties with submitting claims may be asked to submit documentation to verify new admissions through FBS.
2C-2	30-60 day period Outreach / Engagement Verified Claims	2C-1 Engagement Policy Approved	Initial engagement authorizations are verified based upon the dedicated field in the authorization request form which indicates that the request for authorization for a non-residential level of care (LOC) is being submitted for 30d/60d of service prior to the documentation of medical necessity.
2F-2	Bi-Directional Referrals for Low Barrier Care Claims Verified Claims	2F-1 Bi-Directional Referral Executed MOUs	The CalOMS referral source field must include a 'Harm Reduction Agency/Syringe Services' category. When this is completed for patient admitted for care, the agency will be credited with having a verified Harm Reduction/Overdose prevention Hub Admissions (non FBS).
2E-1	Service Design	n/a	Submit <a href="#">2E-1 Service Design Expectations</a> and <a href="#">Invoice 2</a> if Start Up Funds not claimed. Contact <a href="mailto:Member_Services@ph.lacounty.gov">Member_Services@ph.lacounty.gov</a> with inquiries.
2E-2	Customer Walk Through	n/a	Submit <a href="#">2E-2 Walk Through Summary Template</a> with <a href="#">Invoice 2</a> if Start Up Funds not claimed. Contact <a href="mailto:Member_Services@ph.lacounty.gov">Member_Services@ph.lacounty.gov</a> with inquiries.
2E-3	Service Design Plan	n/a	Submit <a href="#">2E-3 Service Design Plan</a> with <a href="#">Invoice 2 Deliverable Based Efforts</a> if Start Up Funds not claimed. Contact <a href="mailto:Member_Services@ph.lacounty.gov">Member_Services@ph.lacounty.gov</a> with inquiries.
<b>AEFH</b>	<b>Assessing and Enhancing Financial Health</b>		
3B-1	AEFH Training with CIBHS	n/a	Submit attendance confirmation sent by CIBHS in March and Invoice 2 if Start-Up funds not claimed
3B-2	Revenue/Expenditure Tracking Tool-Utilization	n/a	Submit <a href="#">3B-2 Six-mos- Revenue.Expenditure Tracker</a>

# Incentives: Due 6/30/2024



## Incentive Initiatives due June 30, 2024 with [Invoice 3: Incentive Verification](#) + Supporting Documentation

Category #	Metric	Criteria/Calculation:	Reminder:
<b>WF</b>	<b>Workforce Development:</b>		
1a	At least 40% of Certified Counselors	Calculate: Divide Total Certified by All Counselors delivering direct services according to NACT	Provider must update <a href="#">NACA Monthly</a> – no separate submission required. Contact <a href="mailto:SAPC_NACT@ph.lacounty.gov">SAPC_NACT@ph.lacounty.gov</a>
1b	Minimum 1:15 LPHA to SUD Counselors ratio	Calculate: Divide total number of SUD Counselors by 15 to determine number of LPHAs required to receive incentive.	Provider must update <a href="#">NACA Monthly</a> – no separate submission required. Contact <a href="mailto:SAPC_NACT@ph.lacounty.gov">SAPC_NACT@ph.lacounty.gov</a>
<b>R95</b>	<b>Reaching the 95%</b>		
+2a	<u>Meet R95 Champion Criteria:</u>	<input type="checkbox"/> 2C-1 (Engagement Policy); <input type="checkbox"/> 2C-2 (Verified 30/60 Day Claims); <input type="checkbox"/> 2D-1 (Admission Policy); <input type="checkbox"/> 2D-2 Discharge Policy <b>AND</b> at least <b>one</b> other <b>FULL</b> Category: <input type="checkbox"/> 2A- 1, <input type="checkbox"/> 2, <input type="checkbox"/> 3- Engagement <input type="checkbox"/> 2B- 1, <input type="checkbox"/> 2- FBS <input type="checkbox"/> 2E- 1, <input type="checkbox"/> 2, <input type="checkbox"/> 3- Service Design <input type="checkbox"/> 2F- 1, <input type="checkbox"/> 2- Bi-Directional Referrals	Provider must submit Capacity Building Invoice #1 and/or #2 with supporting deliverables in each of these categories
<b>MAT</b>	<b>Medications for Addiction Treatment</b>		
3a	At least 50% of clients with OUD and/or AUD receive MAT education and/or Medication Services that include MAT* *OTP settings ensure 50% AUD receive AUD education and/or Medication Services that include MAT for AUD	Calculate: MAT/Medication Service Code <sup>1</sup> and/or H2010M (MAT Education divided by Clients with OUD (F11*) and/or AUD (F10* diagnosis).  <sup>1</sup> Applicable MAT Service Codes: non-OTP settings: 90792, 99202-99205, 99212-99215, 99441-99443, H0034 and H2010M. Applicable MAT Service Codes: OTP Settings: S5001AB, S5001C, 90792, and H0034 specific to AUD medications.	SAPC's HODA team will add this metric to the existing monthly CalOMS Data Quality Report (DQR), starting in June. Contact <a href="mailto:hoda_caloms@ph.lacounty.gov">hoda_caloms@ph.lacounty.gov</a> for questions
3b	At least 50% Clients Served agency-wide in this FY received naloxone	Calculate # of Clients that received naloxone <sup>2</sup> (by Rx or via distribution documented in the record) at agency during FY by Total # of clients served.  <sup>2</sup> Applicable codes: Non- OTP H2010N; OTP- numerator codes are S5000D and S5001D with documentation.	SAPC's HODA team will add this metric to the existing monthly CalOMS Data Quality Report (DQR), starting in June. Contact <a href="mailto:hoda_caloms@ph.lacounty.gov">hoda_caloms@ph.lacounty.gov</a> for questions

# Incentives: Due 6/30/2024



Incentives Continued			
Coord	Optimizing Care Coordination		
4a	At least 75% of clients served this FY have signed Release of Information (ROI) with internal (other SUD) or external (physical health, etc)	Calculate: Divide Number of Clients with signed ROI form by total number of clients served this FY	For FY 23-24, all providers who submit an invoice indicating achievement will be reimbursed
4b	30% of clients during FY are referred and admitted to another level of SUD care within 30 days of discharge	Calculate: Number of Clients referred to other LOC at discharge by number of total number of Clients Discharged	SAPC's HODA team will add this metrics to the existing monthly CalOMS Data Quality Report (DQR), starting in May. Contact <a href="mailto:hoda_caloms@ph.lacounty.gov">hoda_caloms@ph.lacounty.gov</a> for questions
Data	Enhancing Data Reporting		
5a	At least 30% of CalOMS admission and discharge records agency-wide within this FY are submitted timely and 100% complete.	Calculate based on HODA Branch's Data Quality Report: Number of Admin and Discharge records 100% completed by # of ALL admission and discharge records submitted.	SAPC's HODA team have already added this metric to CalOMS Data Quality Report (DQR), which is available on the 15 <sup>th</sup> of each month. Contact <a href="mailto:hoda_caloms@ph.lacounty.gov">hoda_caloms@ph.lacounty.gov</a> for questions

We kindly request submission to [SAPC-CBI@ph.lacounty.gov](mailto:SAPC-CBI@ph.lacounty.gov) by 11:59pm on June 30, 2024 with

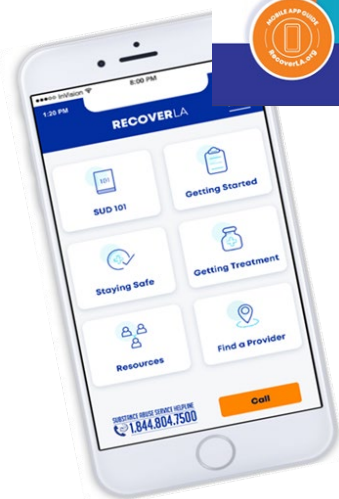
Subject Line: Agency Name CB- (list category #s 1C,2B, 2E, 3B ) or

Subject Line: Agency Name- Incentives (list category #s- example: 1a, 3b, 5a)

This is requested so that the various teams responsible for each category can expedite review of submissions.

### RecoverLA:

A Los Angeles County Guide to  
Substance Use Disorder Prevention  
and Treatment Resources



# Discussion

Visit [RecoverLA.org](https://RecoverLA.org) on your smart phone or tablet to learn more about SUD services and resources, including a mobile-friendly version of the provider directory and an easy way to connect to our Substance Abuse Service Helpline at 1-844-804-7500!