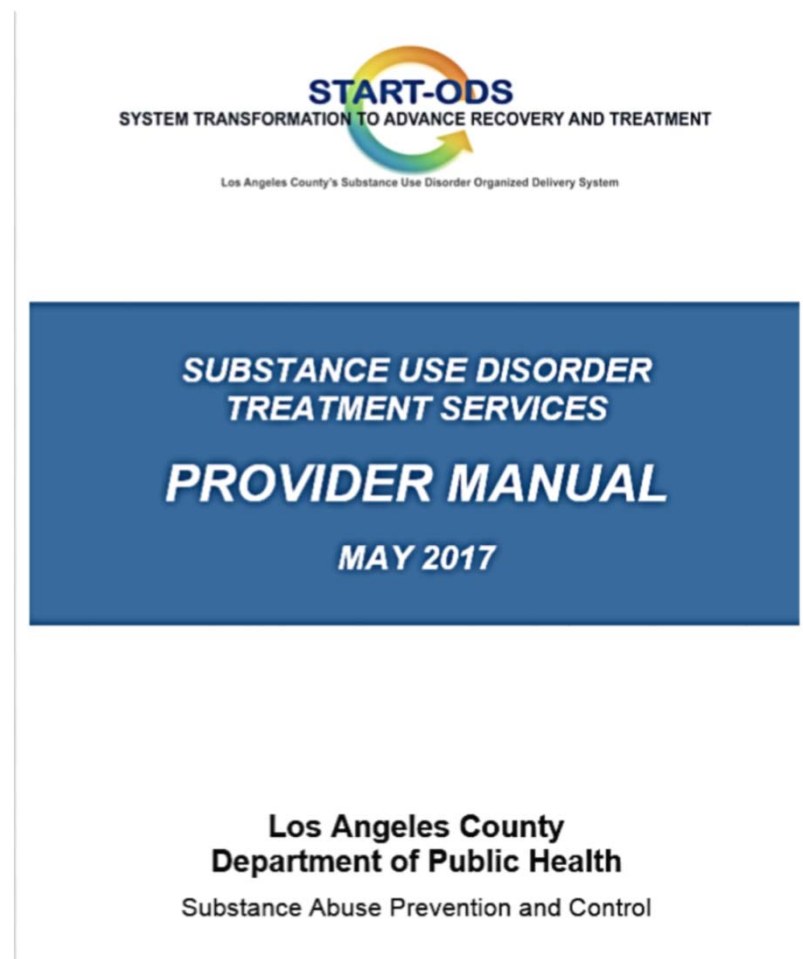# Provider Manual Version 2.0

The Provider Manual Is…

- An integrated guide for Substance Abuse Prevention and Control (SAPC's) network of providers containing updated substance use disorder (SUD) treatment benefits, standards, procedures, and policies as aligned with the Drug Medi-Cal Organized Delivery System Waiver requirements

- A great resource for all levels of staff working at a SUD treatment provider.

- Roadmap to successfully implementing the START-ODS program

START-ODS
SYSTEM TRANSFORMATION TO ADVANCE RECOVERY AND TREATMENT

Los Angeles County's Substance Use Disorder Organized Delivery System

SUBSTANCE USE DISORDER TREATMENT SERVICES

PROVIDER MANUAL

MAY 2017

**Los Angeles County
Department of Public Health**

Substance Abuse Prevention and Control

Provider Manual Has…

The following 5 Sections:

1. Modernizing Substance Abuse Treatment
2. Patient Services Standards
3. Clinical Process Standards
4. Business Process Standards
5. Appendix
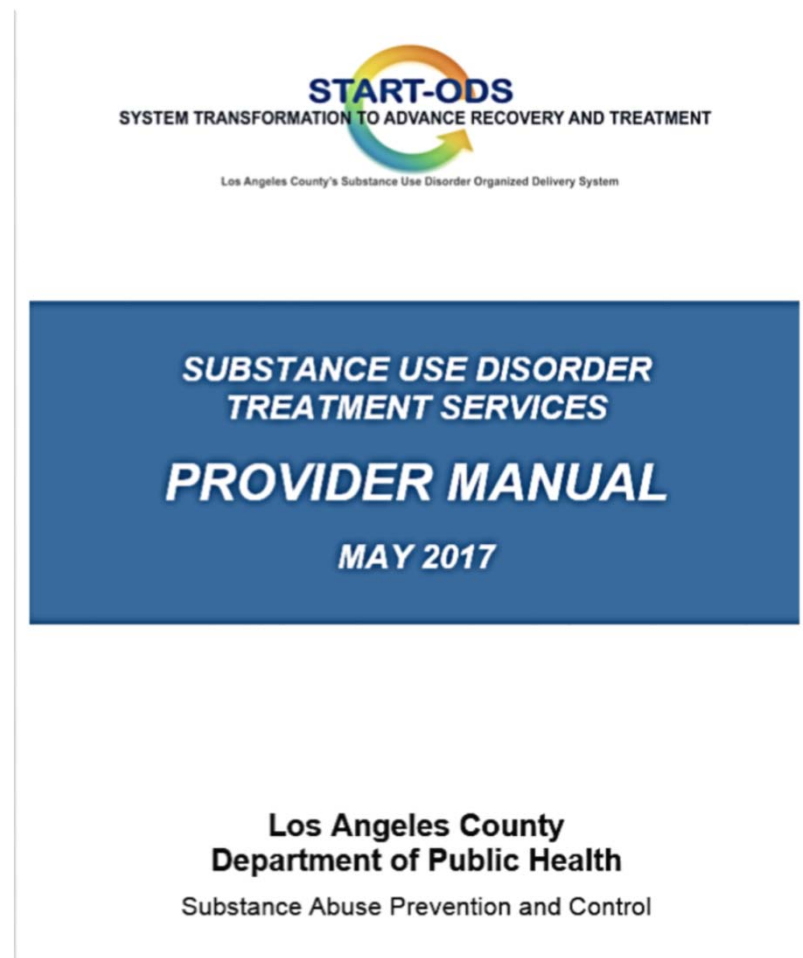
How to Use the Provider Manual

- Determine what information you need (e.g. topic, key terms, etc.)

- Identify which Section (2, 3, or 4) would most likely have this information.

- Peruse the Table of Contents to find the appropriate subsection

- If using a PDF version you can click on the title of the subsection and be taken directly to the section. You can also search for a particular term.

- You have the information you need.

Changes and Updates to the Provider Manual – Section 2

- Eligibility Determination and Establishing Benefits
  - In Year 1 SAPC will pay the first 45 days of treatment for all Medi-Cal eligible patients while the provider is working to aid the patient establish benefits.
  - Medi-Cal beneficiaries from other health plans are entitled to the full SUD benefit package and need to be referred to an appropriate Network Provider.
  - Dual Medi-Cal and Medicare individuals are entitled to the full DMC benefit package. Medicare does not need to be billed first and any Medicare associated share-of-cost cannot be collected before delivery of services.
  - For individuals with private insurance (e.g., employer-sponsored, small group, or individual commercial insurance) and also Medi-Cal, the private insurance coverage must be fully utilized before Medi-Cal coverage can be accessed.
  - For share of cost Medi-Cal, the patient must pay an amount towards medical expenses prior to receiving Medi-Cal benefits for that month.

Changes and Updates to the Provider Manual – Section 2

- Outpatient for At-risk Youth and Young Adults (1.0-AR)
  - For your convenience, a new header was created to clearly indicate the number of treatment hours for Youth and young adults who only meet At-Risk Criteria.
- Residential Service Hour Requirements
  - Clients not fulfilling the SAPC-required minimum hour or service unit requirement, per ASAM level of care, need to be stepped down to a lower level of care and further reimbursement will be disallowed.
  - When services provided are less than the minimum, it must be clinically necessary (e.g., hospitalized, on pass) and documented in the progress notes.

Changes and Updates to the Provider Manual – Section 2

– Recovery Support Services Medical Necessity Definition

- Medical necessity exists for any individual transitioning into RSS directly from treatment. If there is a lapse between treatment discharge and receipt of RSS, or RSS is discontinued, a screening needs to occur to determine if RSS is still the appropriate service level.

– Recovery Bridge Housing

- Residential step down (homeless patients stepping down from residential treatment into RBH) now included as a high-risk patient population to be prioritized for RBH at the SUD treatment provider level.

Changes and Updates to the Provider Manual – Section 3

- Utilization management notification timeframes have been updated.

- Information for Intensive Inpatient Treatment was added to the Preauthorized Services section.

- Timeframes for submitting initial service requests for authorized services have been changed from 3 business days to 7 calendar days.

- A section for the Initial Treatment Plan has been added to the Treatment Plan Minimum Requirements table.

Populations-Based Services

- These populations have unique needs and reporting requirements that are dictated by County partners or other entities such as the Courts.
- Population-Based Services:
  - Family Services (e.g., California Work Opportunity and Responsibility to Kids (CalWORKs), Family Dependency Drug Court, Perinatal,, General Relief, Promoting Safe and Stable Families – Time Limited Family Reunification [PSSF-TLFR])
  - Criminal Justice (e.g., Assembly Bill 109, Specialized Adult Drug Courts, Alternatives to Custody programs, Proposition 36)
  - Juvenile Justice Crime Prevention Act (JJCPA)

Expanding Provider Networks

- SAPC is in the process of expanding the Special Population provider networks

- SAPC has met or will be meeting with the Provider Networks of each Special Population and has been working closely with agencies to provide technical assistance

- The expansion will be based on the Service Bed Availability Tool (SBAT) listed) listings

- Trainings will be offered to those who meet SBAT Criteria who are able and willing to meet the additional reporting and service responsibilities

Business Process Standards - Finance Management

Finance Management chapter was added to Section 4, covering the following topics:

- Cost Reconciliation v. Cost Reimbursement
- Projecting Utilization and Managing Expenditures
- Capacity Building
- Budget Development
- Budget Modification and Funding Increases
- Claims Submission and Reimbursement Process
- Cost Reconciliation and Fiscal Monitoring
- Cost Report Training