



SYSTEM TRANSFORMATION TO ADVANCE RECOVERY AND TREATMENT

Los Angeles County's Substance Use Disorder Organized Delivery System

***COORDINATING CARE AND CASE MANAGEMENT
WITHIN THE NEW PAYMENT STRUCTURE***

June 1, 2017

***Los Angeles County Department of Public Health
Substance Abuse Prevention and Control (SAPC)***



WHAT IS IN YOUR PACKET?

- Agenda
- Presentation Handout
- Rates and Standards Provider Manual Excerpt
- Rates and Standards Matrix
- V-Cap Handout



COORDINATING CARE AND CASE MANAGEMENT WITHIN THE NEW PAYMENT STRUCTURE

SESSION CONTENT OVERVIEW

- Eligibility Determination
- Entryways into the Treatment System
 - Substance Abuse Service Helpline (SASH)
 - Whole Person Care – Substance Abuse Program
 - Client Engagement and Navigation Services (CENS)
 - Direct to Provider
- Case Management and Care Coordination
- Reimbursement, Claims and HCPCS Codes
- SUD Provider Manual

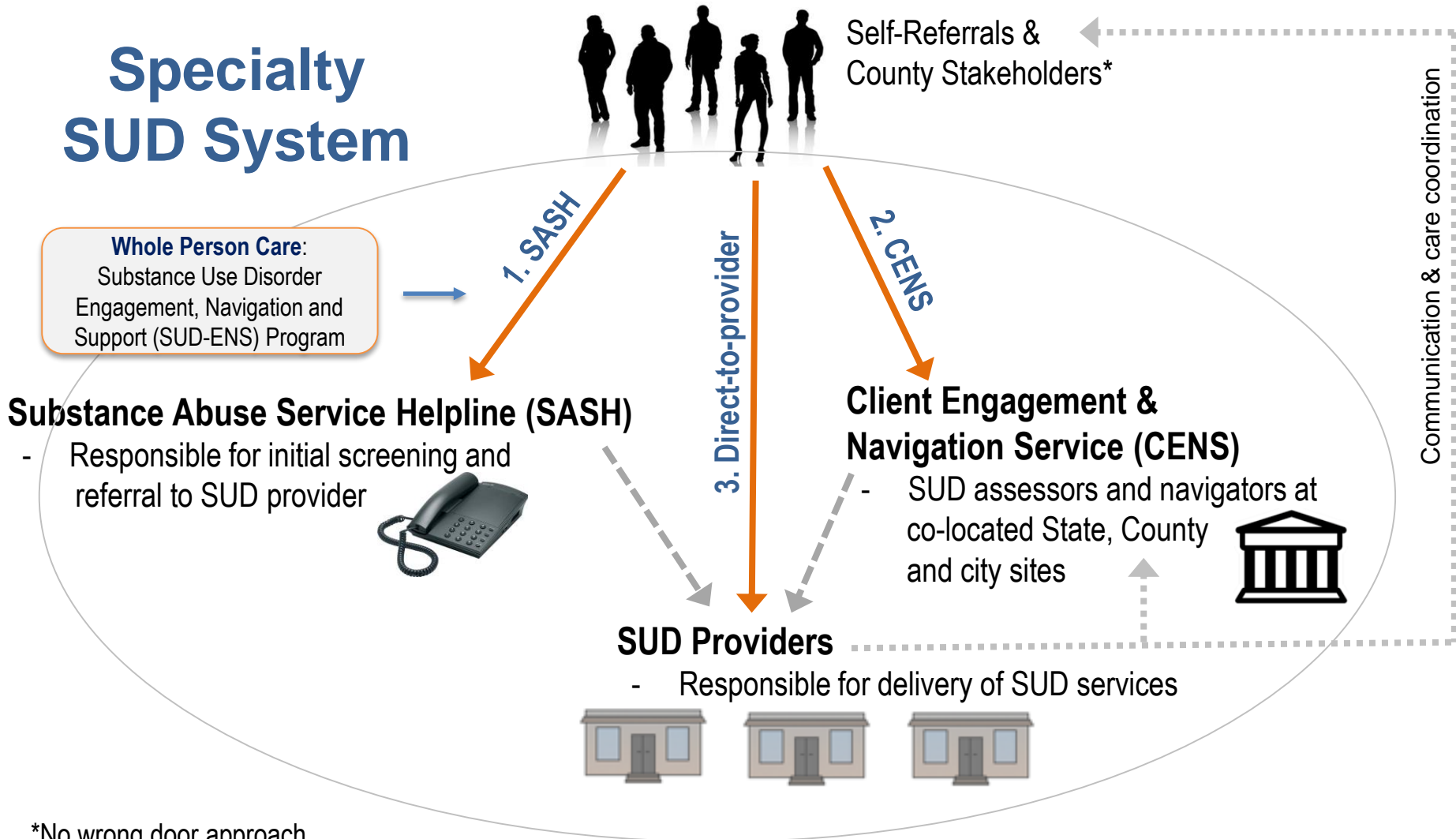


ENTRYWAYS INTO THE TREATMENT SYSTEM OF CARE



Main Entryways into the Specialty SUD System

Specialty SUD System



*No wrong door approach



Eligibility Criteria for SUD Services

- Medi-Cal or My Health LA eligible, which includes individuals who have not completed the application.
- Verifiable resident of Los Angeles County (LAC), including benefits assigned to LAC if Medi-Cal beneficiary.
- AB 109 or drug court participant who is not Medi-Cal or My Health LA eligible, and LAC resident.



Medi-Cal Eligibility

MAGI MEDI-CAL

- Single childless adults (19-64)
- Children (under age 19)
- Pregnant Women
- Parent/Caretaker Relatives
- ✓ Eligibility is determined based on corresponding Federal Poverty Level (FPL) for a specified MAGI population, and is calculated based on rules from the Internal Revenue Service.
- ✓ Deprivation requirement is no longer considered, and resources are exempt from the eligibility determination.

NON-MAGI MEDI-CAL

- Aged (65 or over), Blind, or Disabled
- Long-Term Care
- Foster Care/Former Foster Care Children
- Supplemental Security Income (SSI)
- Medicare Savings Program
- Medically Needy (MN)
- Sneed
- Home and Community-Based Waiver
- 250% Working Disabled Program
- Pickle Program
- Minor Consent

For more information on Medi-Cal eligibility and enrollment see the Department of Public Social Services presentation [handout](#) and [video](#) for the May 4, 2017 SAPC Provider Meeting. MAGI = Modified Adjusted Gross Income.



My Health LA Eligibility

My Health LA provides primary health care at no cost to eligible residents of Los Angeles County. It is not insurance. It is a health care program for the uninsured (and un-insurable) residents of Los Angeles.

- People who live in LA County
- Age 19 and older
- Individuals or families with incomes below a monthly limit (see table)
- People that do not have health insurance and cannot get health insurance

My Health LA – Community Partners Ability-to-Pay (ATP) Application 138% Federal Poverty Level (Effective April 1, 2017 through March 31, 2018)

Family Members in the Home ¹	Total Monthly Income Maximum ²
1	at or below \$ 1,387
2	at or below \$ 1,868
3	at or below \$ 2,349
4	at or below \$ 2,829
5	at or below \$ 3,310
6	at or below \$ 3,791
7	at or below \$ 4,272
8	at or below \$ 4,752
9	at or below \$ 5,233
10	at or below \$ 5,714
11	at or below \$ 6,195
12	at or below \$ 6,676
13+	Add \$481 each member

¹ Include unborn in family size.

² For ATP, all deductions are eliminated: \$90 per working person; child care; medical insurance expenses, alimony/child support paid.



My Health LA Services

What is Covered?

- Ongoing primary care and health screenings
- Health information and advice
- Specialty care at Los Angeles County, Department of Health Services (DHS) clinics
- Hospital and emergency care at Los Angeles County, DHS hospitals.
- Prescription medicines
- Laboratory services and tests
- **Same SUD services as DMC**
- Other related health care services

How to Enroll/Apply?

- My Health LA partners with 193 clinics called Community Partners. Locate a nearby clinic by viewing the [map](#) or [directory](#) and then contact a site to see if it is accepting new patients.
- A photo ID, proof of Los Angeles County residency, and income verification such as a pay stub or tax form is needed for enrollment.



Non-SAPC Funded Individuals

- Individuals with commercial insurance, including those with high deductibles or co-pays
- Share-of-cost Medi-Cal, prior to reaching the minimum share-of-cost amount

Agencies may serve these individuals based on a sliding fee scale but costs/charges associated with services cannot be claimed to SAPC.

Fees (e.g., waitlist fee, assessment fee) or charges (e.g., group session) are not allowable for Medi-Cal and My Health LA eligible individuals.



ENTRYWAY #1

**SUBSTANCE ABUSE
SERVICE HELPLINE (SASH)**

What is the Substance Abuse Service Helpline (SASH)?

- The SASH is a toll-free call line that helps connect individuals (youth, young adults, and adults), providers and other stakeholders who are seeking specialty SUD services with appropriate SUD providers throughout Los Angeles County.
 - Staffed by LPHAs and SUD counselors 24/7/365
 - Launch date of 7/1/17, concurrent with START-ODS
 - Established in collaboration between SAPC and the Department of Health Services
 - Facilitates SUD treatment access by removing the need for an in-person, pre-treatment appointment





SUD SCREENING

Determine most appropriate provisional ASAM level of care

- Young Adults/Adults
ASAM Triage Tool
- Youth/Parent
Youth Engagement Screener

FIND PROVIDER

Use Service & Bed Availability Tool (SBAT) to identify SUD provider that offers necessary services that match individual service preferences

REFER & LINK

Schedule an intake appointment with the identified provider within timely access standards (10 business days)

RESPONSIBILITIES OF THE SASH

ENGAGEMENT

Use Motivational Interviewing techniques to support completion of the screening and ultimately connect with the treatment provider

ELIGIBILITY

Ask basic Medi-Cal or My Health LA eligibility, and Los Angeles County residency review to detect if likely eligible for services

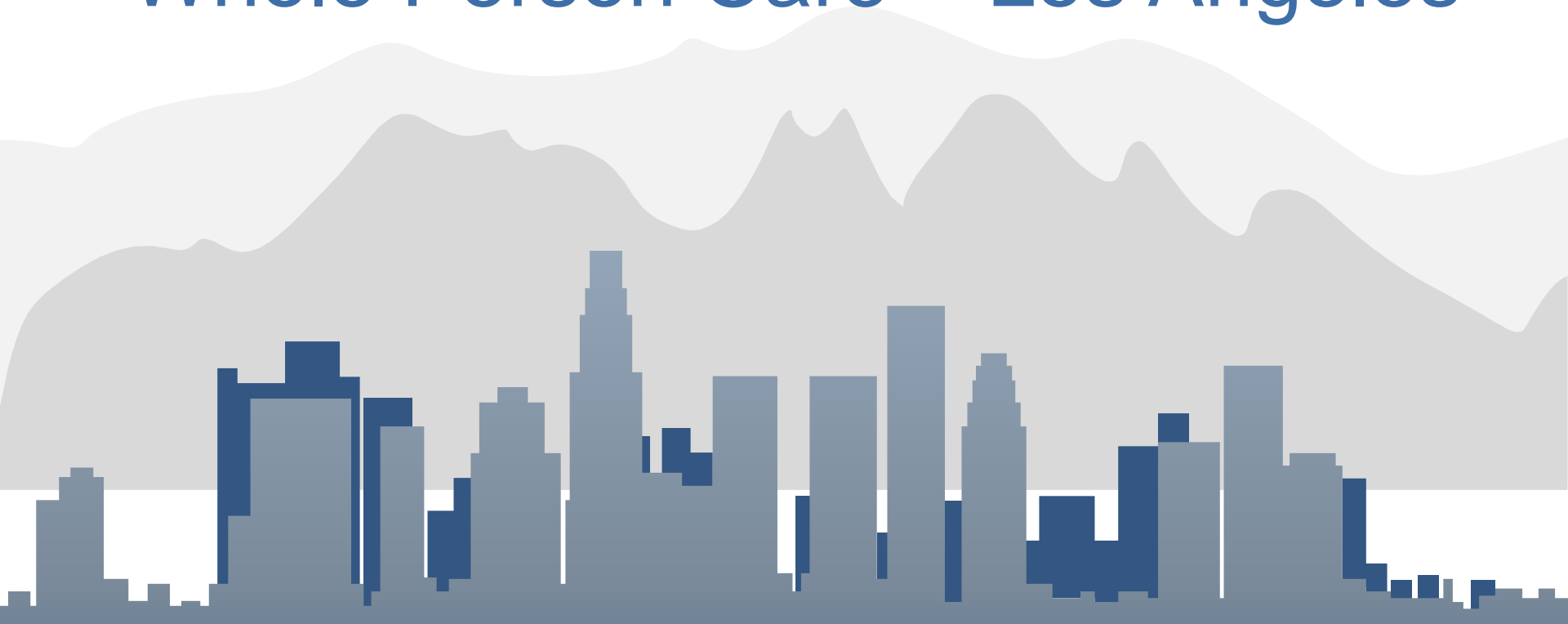
RESOURCES

Provide other resources to callers as needed, particularly if the purpose of the call is not for SUD services



Health Services
LOS ANGELES COUNTY

Whole Person Care – Los Angeles



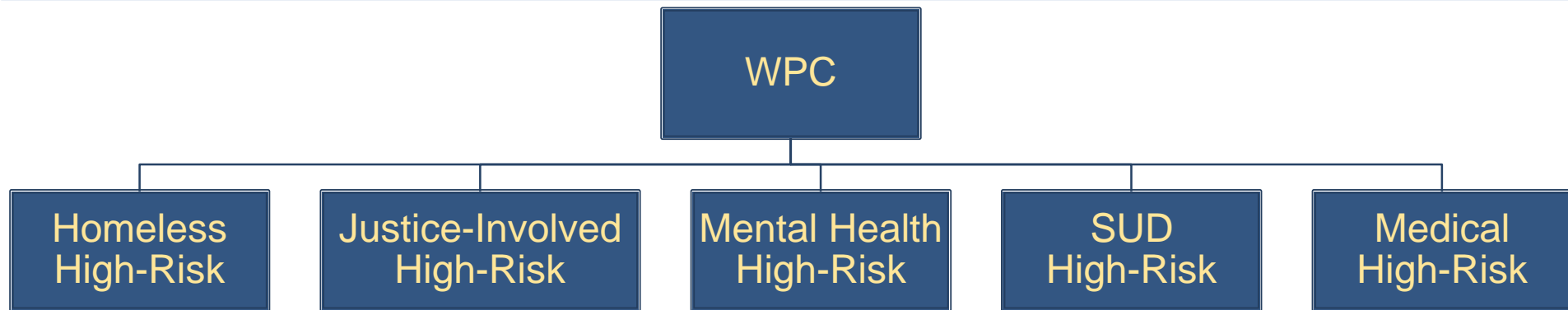
Clemens Hong MD, MPH
Director, WPC

Belinda Waltman, MD
Medical Director, WPC



Health Services
LOS ANGELES COUNTY

Populations & Overview



- Builds a Regional, Integrated Health Delivery System for the sickest, most vulnerable LA County Residents
- Regional complex care management model with “Any Door” entry
- Community Health Worker-driven social service teams
 - Jobs for individuals with shared lived experience
- Care coordination focused on high-risk times
 - Linkage to & Integration with the existing longitudinal providers



Populations & Programs

WPC

Homeless
High-Risk*

Homeless Care
Support Service

Tenancy Support
Services

Recuperative
Care

Sobering Center

Benefits
Advocacy

Justice-Involved
High-Risk

Re-entry
Enhanced Care
Coordination

Community-
based Re-entry

Mental Health
High-Risk

Intensive Service
Recipients

Residential and
Bridging Care

SUD
High-Risk

SUD Engagement,
Navigation and
Support

Medical
High-Risk

Transitions of
Care

*Does not cover housing subsidy



Central Program Support

WPC Hub

Program Leadership

- WPC Leadership
- Management Advisory Board/ Workgroups

- County Inputs

Countywide Data/ Analytics

- Data Sharing/ Integration
- Health Plans, HIE

- Analytic support

Enabling IT & Support

- **CHAMP** – Comprehensive Health Accompaniment & Management Platform

- Community Resource Platform

Training Institute

- Countywide Training Collaborative to support WPC training

- Develop curriculum & tools to support WPC

Performance Improvement

- Evaluation & Learning Team - Relentless pursuit of value

- Improvement Advisors to support PI activities



Substance Use Disorder Engagement, Navigation, and Support (SUD-ENS)

- Two month navigation program for high-risk individuals with substance use disorder
- Patients will be engaged in a variety of settings (hospitals, ambulatory clinics, drug courts, settings with CENS workers)
- Each client will be paired with a Community Health Worker who will help them engage in treatment, accompany them to provider visits, address other social needs, and assist in transitioning between levels of care



WPC Eligibility

1. LA County Resident
2. Medi-Cal Beneficiary (certain types)
3. Meets WPC program inclusion criteria



SUD-ENS Inclusion Criteria

- Active Substance Use Disorder
- **AND** Willing to receive treatment
- **AND** any of the following in the past 12 months:
 - 3+ SUD-related emergency department (ED) visits
 - 2+ SUD-related inpatient hospital admissions
 - 3+ sobering center visits
 - 2+ residential treatment programs
 - 2+ SUD-related incarcerations
 - Drug court referral
 - Homelessness with concurrent SUD
 - History of overdose (in the past 2 years)
 - Pregnant with concurrent SUD
 - Active IV drug use



WPC-SAPC Areas of Integration, Collaboration, and Opportunity

- SASH and WPC Call Line
- Settings with co-located CENS workers who can refer to our CHWs for longer-term engagement
- The opportunity for embedded CHWs in high-volume treatment centers
- The opportunity to refer your clients to WPC to address additional needs



Questions?

Contact:

wpc-la@dhs.lacounty.gov

chong@dhs.lacounty.gov

bwaltman@dhs.lacounty.gov





ENTRYWAY #2

CLIENT ENGAGEMENT AND NAVIGATION SERVICES (CENS)



What is the Client Engagement and Navigation Services (CENS)?

- CENS will target populations who require face-to-face and higher touch interactions to access SUD treatment, including individuals who are criminal-justice-involved, uninsured, homeless, and/or have a co-occurring disorder.
- CENS will be co-located at various government and community facilities, including:
 - Los Angeles Superior Courts
 - Probation Department (e.g., Assembly Bill 109 HUBS)
 - Sheriff's Department (e.g., Pitchess Detention Center and Century Regional Detention Center)
 - Department of Health Services Psychiatric Urgent Care Centers (UCC)



SUD SCREENING

Determine most appropriate provisional ASAM level of care

- Young Adults/Adults

ASAM Triage Tool

- Youth/Parent

Youth Engagement Screener

FIND PROVIDER

Use Service & Bed Availability Tool (SBAT) to identify SUD provider that offers necessary services that match individual service preferences

REFER & LINK

Schedule an intake appointment with the identified provider within timely access standards (10 business days) **and confirm appointment kept, and assist if not**

RESPONSIBILITIES OF THE CENS

ENGAGEMENT

Use Motivational Interviewing techniques to support completion of the screening and ultimately connect with the treatment provider

ELIGIBILITY

Conduct Medi-Cal or My Health LA eligibility, and LAC residency determination, **and initiate new or transfer** of benefits if needed

RESOURCES

Provide other resources and referrals to clients as needed, including providing basic education on SUD related topics

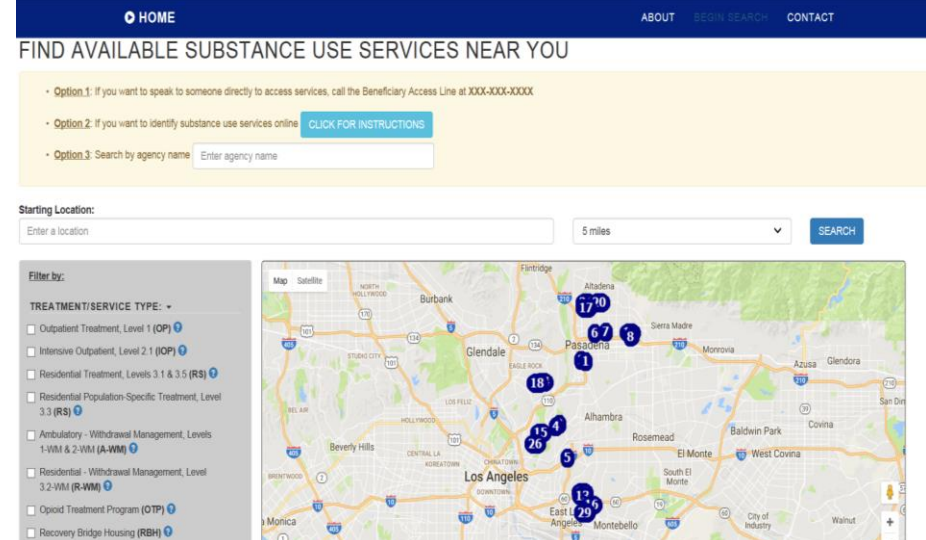


What about the Community Assessment Services Centers (CASC)?

- As of July 1, 2017, the 19 CASC locations will no longer be funded by SAPC to provide in-person assessment and referral services.
 - Screening functions will transfer to the SASH, CENS, and treatment providers
 - The helpline (1-888-742-7900) will rollover to the SASH
 - Any new referrals to these site locations will likely be assessed and referred into that agency's network and not other local agencies, unless the needed level of care is not provided or selected based on patient preference.

How will the SASH or CENS know about us?

- Complete and update your agency and site address profile when changes occur for use in the SBAT.
- Update the SBAT daily with available assessment appointments and/or beds.





ENTRYWAY #3

DIRECT-TO-PROVIDER



SUD SCREENING

Determine most appropriate ASAM level of care

- Young Adults/Adults
ASAM Triage Tool
- Youth/Parent
Youth Engagement Screener

FIND PROVIDER

If the individual needs a level of care that is not offered by the agency or an agency that better matches the individual's service preferences -
use the SBAT

REFER & LINK

If the individual needs to be referred to another agency, help schedule an intake appointment within timely access standards
(10 business days)

RESPONSIBILITIES OF THE PROVIDER

ENGAGEMENT

Use Motivational Interviewing techniques to support completion of the screening and/or assessment

ELIGIBILITY

Conduct Medi-Cal or My Health LA eligibility, and LAC residency determination, **and initiate new or transfer** of benefits if needed

RESOURCES

Provide other resources and referrals to clients as needed **using the case management benefit** for individual who meet medical necessity



CASE MANAGEMENT & CARE COORDINATION





CASE MANAGEMENT

- A coordinated approach to the delivery of health (e.g., physical and mental health, substance use) and social services (e.g., housing, vocational assistance, financial assistance)
- Reimbursement Rate \$33.83 per 15-minute increment
- Maximum 28 units or 7 hours per month, per patient for all levels of care except fewer units/hours for outpatient services for at-risk youth and young adults, and recovery support services



EXPECTATIONS UPON INTAKE: HEALTH BENEFITS

- Assist eligible patients to complete the Medi-Cal application via DPSS' Your Benefits Now website to expedite processing.
 - <https://www.dpssbenefits.lacounty.gov/ybn/Index.html>
- Assist eligible patients to complete the My Health LA application.
 - <http://dhs.lacounty.gov/wps/portal/dhs/mhla>
- Assist patients who previously resided out-of-county transfer Medi-Cal benefits to Los Angeles County.
 - Report change of address to the previous County of residence



EXPECTATIONS UPON INTAKE: HEALTH SERVICES

- Assist patients to connect with their Medi-Cal managed care health plan for needed physical health services or non-specialty mental health services, including a **physical exam** as needed.
 - L.A. Care or its delegated partners Kaiser Foundation Health Plan, Anthem Blue Cross and Care 1st Health Plan
 - Health Net or its delegated partner, Molina Health Care
- Assist patients to connect with the Department of Mental Health for specialty mental health services for a new or existing condition.



EXPECTATIONS THROUGHOUT TREATMENT

- **Ensure Health Benefits are Maintained if Eligible**
 - Check Monthly to Ensure Benefits are Active
 - Support Patients in Submitting Required Documentation
 - Assist with the Annual Redetermination/Recertification Process

- **Ensure Other Health Needs are Addressed**
 - Support patients in making and keeping doctor's appointments
 - Communicate with medical personnel as needed to coordinate care



EXPECTATIONS PRE & POST DISCHARGE

- **Encourage and Enable Transitions in Care**

- Prepare patient to step down to lower levels of care when treatment goals are being met. Coordinate the transition and connect the patient to new services.

- Residential → Intensive Outpatient
- Intensive Outpatient → Outpatient

****CURRENT GAP****

POOR # TRANSITIONS

- Similarly prepare patient to step up to higher levels of care when treatment goals would be better met by more intensive services. Coordinate and connect here too.

- **Enable Transition to and Participation in Recovery Services**

- Follow up post discharge to monitor recovery and provide linkages to support services.
- Encourage continued connection with recovery support services (individuals/groups) as appropriate to sustain recovery goals.



EXPECTATIONS THROUGHOUT TREATMENT

- **Ensure Other Social Needs are Addressed**
 - Support patients in making and keeping appointments for educational/vocational services, employment opportunities, housing, and in obtaining other needed services, such as food and clothing
 - Communicate with other key individuals as needed to coordinate care
- **Ensure Connections with Other County Department Workers**
 - Support patients in making and keeping appointments with case workers
 - Communicate with case workers as needed and appropriate to coordinate care



CARE COORDINATION

(Reimbursed and Tracked as Case Management)

- Care coordination involves efforts to organize patient care to ensure that health and other social services and patient care activities as described above are coordinated among providers involved in patient care, such as SUD, primary care, mental health providers.
- Care coordination services are best delivered by a team of interdisciplinary staff who are capable of effectively advocating for the patients by communicating and consulting among a network of providers across multiple disciplines.
- Care coordination is patient centered and driven by a combination of patient need and preference, as well as clinical judgement, so information sharing and coordinated care are in the best interest of patient.



COUNTY/HEALTH PLANS MEMORANDUM OF UNDERSTANDING (MOU)

- Health Plans to screen members and refer to SASH for specialty SUD services.
- SAPC Provider and Primary Care Physician (PCP) share Protected Health Information (PHI) with patient consent to support coordinated care to improve health outcomes.
- Health Plan, DMH, and SAPC (with SAPC provider, where appropriate) participate in three interagency care management teams to seamlessly coordinate care.



COUNTY/HEALTH PLANS MOU – DATA SHARING

- **Encourage patient to sign consent to share PHI.**
 - Enables **Health Plan** to know when a member is receiving SUD treatment and better manage care.
 - Enables **SAPC provider** to learn about, and motivate the patient to address, other physical health needs/conditions using case management benefit.
 - Enables **SAPC** to demonstrate that the new DMC case management benefit improves care across the health system and contributes to reduced costs.
 - Enables **Patient** to address all health needs in a more coordinated and efficient way – and achieve overall health.



COUNTY/HEALTH PLANS MOU – DATA SHARING

- **How Data will be Shared and Used:**
 - Data Matching to Identify Common Members in compliance with HIPAA and 42 CFR Part 2
 - Health Plan provides information on members to SAPC.
 - SAPC identifies which members are receiving SUD treatment (provided signed patient consent) and shares the patient's diagnosis, admission/discharge dates and treating provider.
 - Information on non-Common members is destroyed.
 - Information will be used to support coordination and integration of care – a key priority of the DMC-ODS Waiver – and the ability to demonstrate effectiveness of the expanded DMC-ODS benefit package.



COUNTY/HEALTH PLANS MOU – DATA SHARING

- **How to Obtain and Document Consent to Disclose Protected Health Information:**
 - There will be two separate consent forms available within Sage (for Sage users) and an online portal (for non-Sage users):
 1. Sharing information between specialty SUD providers *within* SAPC network
 2. Sharing information with other providers *external* to the specialty SUD system
 - These two consent forms are compliant with HIPAA and 42 CFR Part 2



CONSENT TO DISCLOSE PROTECTED HEALTH INFORMATION – WITHIN SPECIALTY SUD PROVIDER NETWORK

II. ENTITIES WHO MAY SHARE HEALTH INFORMATION

Option 1 – All Providers within the SAPC Provider Network

I authorize All Providers within the SAPC Provider Network (the provider list is below and referred to as Addendum) that are participating in my treatment to have access to and share my protected health information with each other for the purpose of coordinating my care and treatment. SAPC and its Provider Network will have access to SAPC's electronic health record database that contains my electronic health information.

Option 2 – Select Providers within the SAPC Provider Network

I authorize the following entities listed below that are participating in my treatment to share my protected health information with each other for the purpose of coordinating my care and treatment (*Please enter ALL names of SAPC provider organizations/agencies participating in the exchange of protected health information*):

- _____
- _____
- _____
- _____



CONSENT TO DISCLOSE PROTECTED HEALTH INFORMATION – WITH EXTERNAL PROVIDERS

II. ENTITIES WHO MAY SHARE HEALTH INFORMATION

I authorize the following entities listed below that are participating in my treatment to share my protected health information with each other for the purpose of coordinating my care and treatment.

Entity/entities disclosing information:

- _____
- _____
- _____

Entity/entities receiving information:

- _____
- _____
- _____



THE BUSINESS CASE FOR CASE MANAGEMENT





**IMPROVED CASE MANAGEMENT AND
CARE COORDINATION NOT ONLY
MAKES GOOD SENSE FOR**

PATIENT CARE

BUT MAKES GOOD SENSE FOR YOUR

BOTTOM LINE

Reimbursement FY 2016-2017: Cost Settlement



If fee-for-service claims for patients served is **below** allowable expenditures, **SAPC** covers the difference.

Reimbursement FY 2017-2018: Cost Reconciliation



If fee-for-service claims for patients served
is **below** allowable expenditures,
SAPC does not cover the difference.



To Cover Your Annual Costs You Must Serve Enough Medi-Cal and My Health LA Eligible People and Deliver Enough Medically Necessary Services



If you have \$120,000 in costs how many people need to be served with how many units of service?



If your agency does not currently have the volume of patients needed to provide medically necessary services at the appropriate frequency to cover costs, what business development efforts need to occur?



What is this amount at your agency?



BUDGETS DON'T DETERMINE SERVICES DELIVERED

***Patient
treatment plans
cannot be designed
to draw patients into
services as a means
to cover the agency's
fixed costs.***

NO COOKIE CUTTER PROGRAMS

The frequency of services vary based on patient need and medical necessity

So....

patients should not be told at admission “this program requires that you....to be compliant”



NO ONE SIZE FITS ALL

The types of services vary based on patient need and medical necessity

So....

patients who respond better to individual over group sessions should have a treatment plan that emphasizes that approach



Is it better to put more equal emphasis on each service within the benefit package or focus most on group counseling and patient education?



**A more balanced service
approach, with an
emphasis on effective
case management (CM)
makes sense
financially and clinically**



**Allowable for between
1-28 case management
units per level of care
per month. This equates
to \$33.83 - \$947.24 per
patient as needed.**



Have
Medi-Cal
& MHLA
enrollment
specialists?

Hire a
dedicated
case
manager?

Update
procedures
to expand
CM?

Expand
Recovery
Support?

Assign
someone to
manage
monthly
utilization?

Build referral
network for
support
services?

**What does your
agency need to
do to maximize
its budget
and patient
outcomes?**

Develop
relationships
with health
plans and
clinics?

Better
manage and
increase
care
transitions?



**TO LEARN MORE ABOUT
PROJECTING SERVICE
CAPACITY AND REVENUE
SEE THE MAY 3, 2017 CIBHS
WEBINAR AND EXCEL TOOL**

AVAILABLE AT:

<http://publichealth.lacounty.gov/sapc/Event/event.htm>



CLAIMS AND HCPCS

(HEALTHCARE COMMON
PROCEDURE CODE SYSTEM)





SUD Rates and Standards Crosswalk

RATES – STANDARDS – HCPCS REPORTING

- **Outlines rates by level of care and HCPCS code**
 - Outpatient LOCs: Report and bill by HCPCS
 - Residential LOCs: Report by HCPCS and bill by day rate
- **Identifies minimums and maximums, and other limits**
 - By youth (12-17), young adults (18-20) and adults (21+)
 - Individual cannot be enrolled in treatment at more than one agency or level of care, except for opioid treatment program or recovery bridge housing
 - Funding plan for residential admission for less than 7 days
- **Identifies reimbursable services**
 - Drug tests are not a billable service
 - Groups rate is dependent on duration not number of participants



SUD Rates and Standards Matrix

RATES – STANDARDS – HCPCS REPORTING

	ASAM 1.0	Code	Description	Rate	Standard	
Outpatient		H0049	Screening	\$00.00	Screen	<p><u>COMBINED SERVICES:</u></p> <p>Age 12-17: Minimum 2 hours per month and no less or more than 0-24 units per week or 0-6 hours per week^{2,3}</p> <p>Age 18 and Over: Minimum 2 hours per month and no less or more than 0-36 units per week or 0-9 hours per week^{2,3}</p>
		H0001	Assessment/Intake	\$29.63	15-Minute Increment	
		T1007	Treatment Plan	\$29.63	15-Minute Increment	
		99203	Physical Exam	\$29.63	15-Minute Increment	
		H0005	Group Counseling	\$29.63	\$1.98 minute (min 60, max 90) ¹	
		T1012	Patient Education	\$29.63	\$1.98 minute (min 60, max 90) ¹	
		H0004	Individual Counseling	\$29.63	15-Minute Increment	
		H2011	Crisis Intervention	\$29.63	15-Minute Increment	
		90846	Family Therapy	\$29.63	15-Minute Increment	
		T1006	Collateral Services	\$29.63	15-Minute Increment	
		H2010	Medication Services	\$29.63	15-Minute Increment	
		D0001	Discharge Services	\$29.63	15-Minute Increment	
		H0048	Alcohol/Drug Testing	\$00.00	UA Test – 1 Unit	
		H0006	Case Management	\$33.83	15-Minute Increment	



SUD Rates and Standards Matrix

RATES – STANDARDS – HCPCS REPORTING

ASAM 3.5 High Intensity Residential Non-Population Specific	H0049	Screening	\$125.23	Day Rate	Pre-Authorization by County <u>Required</u> ⁴ COMBINED* Age 12-17: 88+ units per week or 22+ hours per week ^{2,3} Maximum 2 noncontiguous 30-day stays with one 30-day extension per year for any ASAM residential LOC unless medically necessary/perinatal. ⁵ Age 18-20: 88+ units per week or 22+ hours per week ^{2,3} Maximum 2 noncontiguous 90-day stays with one 30-day extension per year for any ASAM residential LOC unless medically necessary/perinatal. ⁵ Age 21 and over: 88+ units per week or 22+ hours per week ^{2,3} Maximum 2 noncontiguous 90-day stays with one 30-day extension per year at for any ASAM residential LOC. Perinatal clients can remain 60-days post-partum under DMC; criminal justice transition to other payers if medically necessary and allowable for days 91-180. ⁵
	H0001	Assessment/Intake			
	T1007	Treatment Plan			
	99203	Physical Exam			
	H0005	Group Counseling			
	T1012	Patient Education			
	H0004	Individual Counseling			
	H2011	Crisis Intervention			
	90846	Family Therapy			
	T1006	Collateral Services			
	H2010	Safeguarding Medications			
	T2001	Non-Emergency Transport			
	H0048	Alcohol/Drug Testing			
	D0001	Discharge Services			
S9976	Room and Board	\$41.47	Day Rate	Same as Above	
H0006	Case Management	\$33.83	15-Minute Increment	1-28 Units per month	



SUD PROVIDER MANUAL





**SUBSTANCE USE DISORDER
TREATMENT SERVICES
PROVIDER MANUAL
MAY 2017**

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

An integrated guide for SAPC's network of providers containing updated SUD treatment benefits, standards, procedures, and policies as aligned with the DMC-ODS Waiver requirements.

- Sections:
 - SUD Treatment System of Care Transformation
 - Patient Service Standards
 - Clinical Process Standards
 - Business Process Standards
 - Forms, Definitions, SAPC Directory, Other Requirements



*SUBSTANCE USE DISORDER
TREATMENT SERVICES
PROVIDER MANUAL
MAY 2017*

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

- Provider Review Period:
May 26 – **June 9, 2017**
- Provider Review Period:
 - Use Word's “**Track Changes**” and/or “**Comment**” function in reviewing the document
 - Save document with comments and/or recommended changes as a **Word file**, not as PDF
 - Integrate all of your agency staff's review into just **one** document, and send to:
SUDTransformation@ph.lacounty.gov



CONTRACT UPDATES AND BULLETINS





Provider Notices and Contract Changes

- **Respond by the Deadlines**
 - Surveys collect vital data
 - Sage, SBAT, SASH
 - PROVIDER DIRECTORY SURVEY (**Due tomorrow – 6/2/17**):
https://www.surveymonkey.com/r/Provider_Directory_Survey
- **Changes via Contract Bulletins**
 - Provide feedback on pre-release bulletins
 - Implement changes based on finalized bulletins



Discussion: Financial Resources For
Provider Capacity Development for START-ODS

June 1, 2017

www.vitalcap.org

Investing in Care that Works

About Vital Healthcare Capital (V-Cap)

Flexible Financing for a Changing Healthcare System

- V-Cap is a non-profit social impact loan fund supporting quality healthcare and good healthcare jobs in low-income communities
- V-Cap finances providers for whom access to capital is a potential barrier
- V-Cap prioritizes:
 - ☑ Integrated, person-centered care for vulnerable populations
 - ☑ Care models that create and enhance front-line healthcare jobs
- V-Cap offers facility, bridge and business loans.
- V-Cap partners to develop creative mixes of advantaged capital, and flexible terms to meet the needs of providers

V-Cap Loan Capital

Our funders and investors in V-Cap lending have included:

- ▶ Atlantic Philanthropies
- ▶ Bank of America
- ▶ Dignity Health
- ▶ Ford Foundation
- ▶ JPM Chase
- ▶ MetLife
- ▶ The Colorado Health Foundation
- ▶ The Robert Wood Johnson Foundation

Opportunities and Challenges for Providers in START-ODS: *Financial Implications*

Enhanced rates

create:

- ❖ Opportunities for improved system of care, and expansion of services
- ❖ Expectations of provider investments in capacity



Investments In Service Capacity and Organizational Capacity

Capacity Needs Identified by LA County SAPC

Service Capacity Expansion Needed For Early Phase ODS:

- Adult Outpatient: expand Tx slots from 2,402 to 5,195
- Adult Intensive Outpatient: expand Tx slots from 375 to 689
- Adult Residential: expand beds from 1,220 to 2,365
- Adult Residential Med Detox: expand beds from 107 to 155
- Adult Opioid Treatment: expand Tx slots from 5,373 to 7,096
- Youth services: expanded capacity to expand youth served to 16,696.

Organizational Capacity Needs

- Upgrade technology
- Clinical Workforce
- Administrative capacity
- Strategic planning
- Policies/Procedures
- Training
- Weekend/Evening hours
- Salary/Benefit enhancement

Scoping Provider Investment Needs

What additional financial resources will providers need to thrive under Start-ODS?

Financing Provider Capacity – Key Questions

- ❖ What investments will providers need to:
 - Perform under the new requirements of ODS
 - Expand capacity
 - Capture the opportunities of enhanced rates, and avoid refunding at reconciliation
- ❖ How will those investments be funded?
- ❖ Are there gaps in up-front funds needed for providers to thrive within these new programs?
- ❖ Which projects require near-term financing to proceed?
- ❖ Is a dedicated pool of advantaged financing needed for your organization and the provider community?



V-Cap Next Steps

Scoping what financial resources providers need to thrive under START-ODS?

Interviews with Providers Participating in START-ODS:

- Key informant interviews scheduled at your convenience in upcoming weeks

Near Term Project Needs:

- V-Cap has a limited pool of reduced interest rate financing available for providers with qualifying projects

Fund Development:

- Assessment of whether a dedicated pool of flexible financing for providers participating in START-ODS is needed

For More Information

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QUESTIONS & ANSWERS:

SAPC PANEL





SAPC Panel – Provider Questions

John Connolly	Chief Deputy Director
Gary Tsai	Medical Director
Yanira Lima	Adult Services Chief
Timothy Duenas	Youth Services Chief
Daniel Deniz	Contract Services Chief
Babatunde Yates	Finance Services Chief



NEXT PROVIDER MEETING: June 15, 2017

*****Almanson Court*****

700 South Almanson Street, Alhambra, CA 91801

As we launch START-ODS, it will be important for agency management to understand both business and clinical changes to the treatment system, therefore, the format of the next week will be break-out sessions on the following topics. There will be a morning and afternoon session – registration information will be sent soon.

At least 2 managers from each contract agency need to attend.

BREAK-OUT SESSION TOPICS

1. Defining Field-Based Services and the Location Approval Process
2. New Reimbursement Structure (Cost Reconciliation), and Review of the Budget and Justification
3. Eligibility Determination, Medical Necessity and the Authorization Process



Los Angeles County Department of Public Health Substance Abuse Prevention and Control (SAPC)

WEBSITE: www.publichealth.lacounty.gov/sapc

START-ODS Webpage: <http://publichealth.lacounty.gov/sapc/HeathCare/HealthCareReform.htm>

START-ODS EMAIL LISTSERV: SUDTransformation@ph.lacounty.gov