



START-ODS
SYSTEM TRANSFORMATION TO ADVANCE RECOVERY AND TREATMENT

Los Angeles County's Substance Use Disorder Organized Delivery System

Provider Manual 3.0 Updates

February 08, 2018

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



Section 2: Patient Service Standards

- Medi-Cal Determination Process
 - Explanation given for patients that lose Medi-Cal eligibility while in treatment, when the treatment duration extends beyond the end of the month.
 - Clarified that patients participating in a County-funded program (e.g. AB 109) have access to the full SUD benefit package, even if ineligible for My Health LA or Medi-Cal.



Section 2: Patient Service Standards

- Services Delivery Standards
 - For youth (ages 12-17) patients, the timeframe to complete the SAPC Youth ASAM assessment, Medical Necessity Determination, LACPRS, and Initial Treatment Plan has changed from 7 to **14 calendars** days of first services/intake appointment.
 - For adult (ages 18+) patients, the timeframe remains the same –within **7 calendar days** of first services/intake appointment.



Section 2: Patient Service Standards

- The following Levels of Care have been removed:
 - Medically Monitored Intensive Inpatient Services (ASAM 3.7)
 - Medically Managed Intensive Inpatient Services (ASAM 4)



Section 2: Patient Service Standards

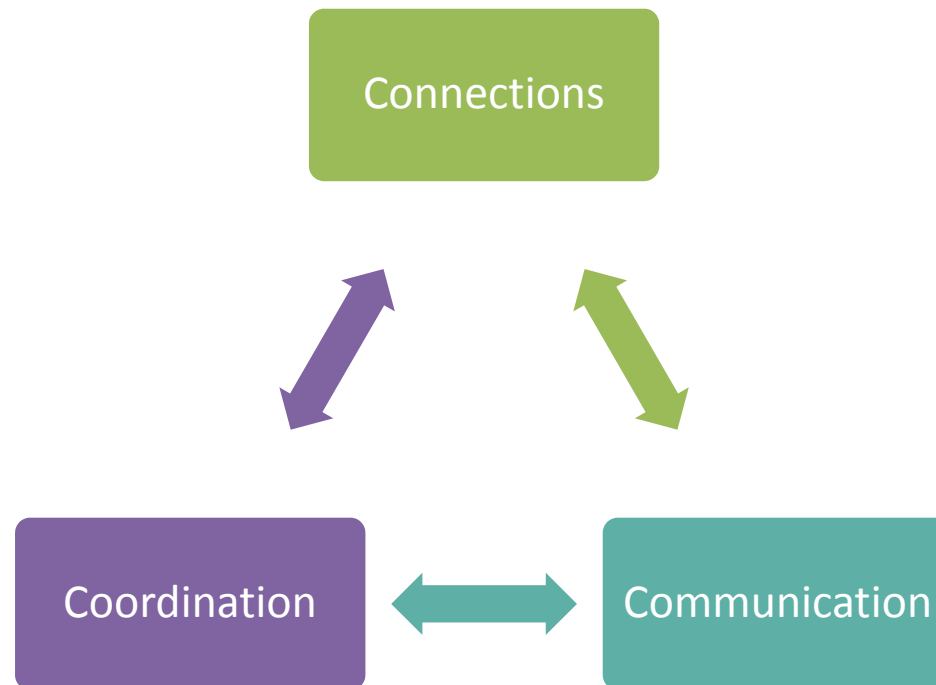
Case Management Overview



Section 2: Patient Service Standards

Case Management: Core Functions

- The Core Functions of Case Management have been updated to The 3 C's.





Section 2: Patient Service Standards

Case Management: Core Functions Cont'd

- **CONNECTION:** Referrals that link patients to housing, educational, social, prevocational, vocational, rehabilitative, or other community services
- Connection activities include:
 - Helping patients to apply for, and maintain health and public benefits
 - Transferring benefits from the previous county of residence to Los Angeles County for patients who have moved
 - Linking patients to community resources and services
 - Arranging transportation to and from primary care appointments



Section 2: Patient Service Standards

Case Management: Core Functions Cont'd

- **COORDINATION**: Acting as a liaison to aid transitions of care and arranging for health services and social services.
- Coordination activities include:
 - Facilitating necessary transitions in SUD levels of care (e.g., utilizing the Services and Bed Availability Tool (SBAT) to identify and contact SUD treatment agencies to schedule an assessment appointment.
 - Ensuring that SUD providers at the treating agency are aware of services being conducted by other health providers, and following up with patients in service transition or notable events



Section 2: Patient Service Standards

Case Management: Core Functions Cont'd

- **COMMUNICATION:** Correspondence, including emails, letters, and reporting documentation, by the case manager to the County, state, and other service providers on behalf of the patient.
- Communication activities include:
 - Communicating with community health workers, mental health providers, county entities, etc. regarding a patient's SUD treatment episode and service needs.
 - Respectfully advocating for necessary services to be provided to SUD patients in a timely manner.



Case Management Appendices

- Case Management Checklist
- Case Management Scenarios





Case Management Checklist

Note: This checklist is a reference tool for use during Case Management sessions to ensure that core functions of case management, and their respective activities, are being performed. This is not meant to be an exhaustive list of case management activities. This table is intended to offer examples of activities that should be covered in sessions, when applicable, and can be billed as Case Management.

Topics		Potential Activities	Performed in session? (Y/N)
Connection	Establishing & Maintaining Benefit	Actively help patients to apply for and maintain health and public benefits (e.g., Medi-Cal, My Health LA, General Relief, Perinatal, Housing, etc.).	
		Transfer Medi-Cal benefits from the previous county of residence to Los Angeles County for patients who have moved.	
	Community Resources	Link patients to community resources and services (e.g., transportation, food and clothing assistance, family planning services, legal assistance, educational services, vocational services, etc.)	
Coordination	Transitions in SUD LOC's	Facilitate necessary transitions in substance use disorder levels of care (e.g., initiating referrals to the next level of care, coordinating with and forwarding necessary documentation to the accepting treatment agency, etc.).	
	Health Services	Coordinate care with physical health, community health clinics and providers, and mental health providers to ensure a coordinated approach to whole person health service delivery.	
	Social Services	Coordinate activities with state, County and community (e.g., DPSS, DCFS, Probation, Superior Courts, Housing Providers, etc.) entities.	
Communication	Other Health Providers	Communicate face-to-face or by phone with physical health, community health clinics and providers, and mental health providers	
	Service Partners	Communicate face-to-face or by phone with Department of Public Social Services (DPSS) workers, Department of Children and Family Services (DCFS) social workers, Department of Mental Health (DMH) workers, Probation Officers, Housing Providers, etc.	
	Advocacy	Advocate for patients with health/social service providers, County and community partners, and others in the best interests of patients.	



Case Management Scenarios		
<p>Note: Although not an exhaustive list, these scenarios are meant to help providers distinguish between the types of services that are and are NOT billable under Case Management. The non-billable scenarios listed include activities that should be conducted, when appropriate, but cannot be billed under Case Management.</p>		
	Billable	Non-Billable
Connection	<ul style="list-style-type: none"> Actively helping patients apply for Medi-Cal Completing the Coordinated Entry System Survey Packet including housing assessments (e.g., Vulnerability Index - Service Prioritization Decision Assistance Tool for adults, VI-FSPDAT for families, or the Next Step Tool for youth); and linking patients to housing resources. Transferring Medi-Cal benefits for patients who have moved, from the previous county of residence to Los Angeles County. Linking patients to community resources such as food and clothing assistance. 	<ul style="list-style-type: none"> Providing transportation for patients to scheduled appointments. Providers should arrange transportation for patients to and from appointments and attend scheduled appointments, if patient consent is given, but time spent traveling to and from appointments is non-billable (except for in Residential Treatment, which is covered in the day rate and Perinatal patients in the Perinatal Services Network).
Coordination	<ul style="list-style-type: none"> Identifying a referral agency by using the Service and Bed Availability Tool (SBAT) and scheduling an appointment for a level of care transition (e.g., from Intensive Outpatient or ASAM 2.1 to Low Intensity Residential or ASAM 3.1, etc.). Coordinating action plans with mental health providers to ensure patients are provided complementary services. 	<ul style="list-style-type: none"> Documenting case management activities in Miscellaneous Notes, including information regarding recent primary care and specialist visits, emergency room visits, auxiliary treatment services (e.g., dialysis), and any community resources received. Although providers are expected to conduct these activities, time spent performing these activities are non-billable.
Communication	<ul style="list-style-type: none"> Entering and updating data into the Treatment Court Probation eXChange (TCPX), Drug Court Management Information System (DCMIS), and Clarity Homeless Management Information System (HMIS). Data entry into Probation Department's web-based reporting system for JJCPA referrals Time spent communicating with service providers, county workers, judges, etc., either face-to-face or by phone (e.g., meeting with patient and doctor during a primary care visit). Following up with other agencies regarding scheduled services and/or services received by patients. Providing written or verbal status reports to health and mental health providers, and county partners (e.g., Department of Children and Family Services, Probation Department). 	<ul style="list-style-type: none"> Entering data into Sage (pre-authorizations, authorizations, progress notes, etc.). Attempting, but not successfully contacting service providers either by phone or face-to-face. Providers should only bill for Case Management if they are successful in communicating with other service providers on the patients' behalf.



Section 2: Patient Service Standards

- Recovery Support Services
 - Eligibility Criteria
 - Patients transitioning directly from any SUD treatment episode already meet medical necessity based on established DMC eligibility.
 - A new ASAM is **NOT** needed.
 - A new LACPRS and Financial Eligibility Form is needed.
 - Continuation of Services
 - A patient can continue to receive RSS for so long as they meet DMC eligibility.



Section 2: Patient Service Standards

- Recovery Bridge Housing
 - Chronic Homeless Definition
 - RBH does not impact patients' "chronically homeless" designation.
 - Discharging Patients from RBH
 - The RBH provider is responsible for completing the RBH Discharge Form for each patient in Sage.
 - RBH Providers & Staffing Requirements
 - RBH Providers must be members of a recovery housing organization (e.g. Sober Living Network)
 - On-site house manager must receive appropriate onsite orientation and training prior to performing duties



Section 2: Patient Service Standards

- Non-Emergency Transportation
 - Medi-Cal Managed Care Beneficiaries
 - The Medi-Cal managed care health plan is responsible for transportation costs for medical, substance use disorder, and specialty mental health services when medically necessary and prescribed by a provider.
 - Transportation services must be authorized prior to use.
 - Perinatal Transportation
 - For Perinatal Service Network approved sites, transportation cost are reimbursable up to 80 miles or \$40.80 per month.



Section 2: Patient Service Standards

- Department of Children and Family Services
 - Removed CENS as a point of entry into the SUD system for patients in the Promoting Safe and Stable Family Time Limited Family Reunification program (PSSF-TLFR).
 - CENS providers are not to conduct screening and referral services to DCFS PSSF-TLFR participants. PSSF-TLFR participants should be referred directly to treatment providers for SUD assessment and treatment services.



Section 3: Clinical Process Standards

- A new Transitions in Care section was added to provide an explanation of required documentation for patients stepping up or down in level of care.
- The Discharge Summary and Transfer section was updated to clarify the submission process post-Sage launch.



Section 3: Clinical Process Standards

- Residential Treatment Services
 - Residential Admissions will be paid for regardless of the two (2) residential admission limit for DMC, as long as medical necessity is established.
 - To streamline this policy, the following items were removed:
 - The 7-Day Residential Grace Period
 - The Special Adult Populations section
 - A Clinical Service Requirement description was added that addresses minimum service requirements per day for submission of daily claim



Section 3: Clinical Process Standards

- Staffing Updates
 - Medical Director Hour Requirement
 - The hour requirement for MDs has been reduced from eight (8) hours to two (2) hours per month
 - Licensed-eligible LPHAs
 - Licensed-eligible LPHAs can now fulfill the functions of independently licensed LPHAs
 - Students, interns, or trainees
 - Students/interns/trainees must meet registration requirements to bill under START-ODS
 - Persons under this category need co-signatures on all clinical documents



Section 4: Business Process Standards

Cost Settlement Overview



Section 4: Business Process Standards

- County Cost Reporting Responsibility
 - Distribute Cost Report Forms and Instructions to Contracted Providers via download from SAPC's Website
 - Collect and Review Cost Data from Contracted Providers for input and submission to the State DHCS
- Cost Report Submission Due Date
 - Up to 60 days after the fiscal year end (by August 30)



Section 4: Business Process Standards

- DMC Provider Cost Report Workbook
 - Cost Allocation Consideration
 - Cost Report Records and Supporting Documentation

- DMC Cost Settlement
 - Preliminary Cost Settlement
 - Interim Cost Settlement

- DMC Cost Settlement Process
 - Based on the lower of cost or charges



Section 4: Business Process Standards

Cost Report Training



THANK YOU

For more information, contact:

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SAPC Website: www.publichealth.lacounty.gov/sapc

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