



START-ODS

SYSTEM TRANSFORMATION TO ADVANCE RECOVERY AND TREATMENT

Los Angeles County's Substance Use Disorder Organized Delivery System

FINANCE AND RATES

FY 2019-2020

June 27, 2019

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



BUILDING A MODERN SUD SYSTEM OF CARE:

Enhancing DMC Rates for Enhanced Service Delivery



POPULATION MODIFIERS:

- Requires programs specializing in serving Pregnant and Parenting Women (PPW), and Youth Populations, to comply with the [Perinatal Practice Guidelines](#) and [Youth Treatment Guidelines](#) respectively.
- Supports delivery of these expectations, in addition to other local requirements (i.e., [One Key Question](#) services within PPW programs).
- Automatic for allowable DMC-ODS services, excluding supplemental PPW services for transportation and childcare as the State sets these rates.



POPULATION MODIFIERS:

SITE QUALIFICATIONS FOR POPULATION MODIFIERS		
Population and Modifier	Criteria	Increase
Youth and Young Adults 12-20 years of age "HA"	<ul style="list-style-type: none">• Experience serving youth (ages 12 through 17) and Young Adults (up to age 21, as clinically appropriate) in 2 of the last 7 years.• Demonstrated experience using evidence-based practices that are specific to youth and young adults.• Counselors and/or LPHAs providing direct SUD treatment services to youth, young adults and families have a minimum of 2 years' experience providing youth services, which includes working with youth who are runaways, victims of abuse and pregnant or with children.• Policies and procedures for addressing the needs of youth and young adults with SUD, such as ensuring developmentally appropriate services, family involvement, composition of group counseling, etc.• Network Provider owner, key staff, and all individuals providing direct services to youths passed a background investigation to the satisfaction of County.• Listed on the SBAT as a qualified site.	2.14%



POPULATION MODIFIERS:

SITE QUALIFICATIONS FOR POPULATION MODIFIERS		
Population and Modifier	Criteria	Increase
Pregnant or Parenting Women “HD”	<ul style="list-style-type: none">• Current DMC certification for perinatal services.• Counselors and/or LPHAs providing direct SUD treatment services to perinatal women must have minimum of 2 years of experience providing women-specific evidence-based or best practices which includes, but is not limited to: Trauma-Informed and Integrated Trauma Services, relational or cultural approaches that focus on the relevance and centrality of relationships, assessing and reviewing the history of interpersonal violence, women-only therapeutic environments, parenting support, parenting skills, and family reunification services as applicable.• Listed on the SBAT as a qualified site.	7.81%



DMC-ODS RATE INCREASE BY POPULATION SERVED				
ASAM LOC	DESCRIPTION	BASE RATE	YOUTH	PREGNANT PARENTING WOMEN
1.0	Outpatient and Outpatient Youth At-Risk	\$31.77	\$32.45	\$34.25
2.1	Intensive Outpatient	\$34.32	\$35.06	\$37.00
3.1	Low Intensity Residential	\$122.83 or \$141.86*	\$125.87 or \$144.90*	\$133.91 or \$152.94*
3.3	High Intensity Residential Population Specific	\$166.12 or \$185.15*	\$170.09 or \$189.12*	\$180.58 or \$199.61*
3.5	High Intensity Residential Non-Population Specific	\$146.30 or \$165.33*	\$149.85 or \$168.88	\$159.22 or \$178.25*
1-WM	Ambulatory WM without Extended On-Site Monitoring	\$203.93 or \$222.96*	\$203.93 or \$222.96*	\$203.93 or \$222.96*
2-WM	Ambulatory WM with Extended On-Site Monitoring	\$242.74 or \$261.77*	\$242.74 or \$261.77*	\$242.74 or \$261.77*
3.2-WM	Residential Withdrawal Management	\$281.54 or \$300.57*	\$281.54 or \$300.57*	\$281.54 or \$300.57*
3.7-WM	Medically Monitored Inpatient Withdrawal Management	\$418.75 or \$437.78*	\$418.75 or \$437.78*	\$418.75 or \$437.78*
4-WM	Medically Managed Inpatient Withdrawal Management	\$488.75 or \$507.78*	\$488.75 or \$507.78*	\$488.75 or \$507.78*
CM	Case Management	\$34.74	\$35.48	\$37.45
RSS	Recovery Support Services	\$23.71	\$23.71	\$23.71

* Requires documentation using a per service/HCPSC or daily note.



STAFF MODIFIERS:

- A diversely trained and appropriately compensated workforce enhances the ability of patients to achieve positive and sustained treatment and recovery goals, including:
 - Hire more Certified Counselors, Licensed-Eligible Practitioners, and Licensed Practitioners.
 - Encourage pre-licensed or pre-certified individuals to complete licensure and certification requirements in a timely manner and remain employed with community-based organizations.
 - Support hiring of staff capable of delivering services to individual in their preferred language (e.g., threshold languages, sign language).



STAFF MODIFIERS		
STAFF	DEFINITION	INCREASE
Registered Counselor	In the process of certification by one of the National Commission for Certifying Agencies accreditation organizations recognized by DHCS. Certified Medical Assistants, Medical Assistants, and Licensed Vocational Nurses are included under this category.	Base Rate
Certified Counselor	Certified by one of the National Commission for Certifying Agencies accreditation organizations recognized by DHCS.	+6%
Licensed-Eligible Practitioners	Individuals registered with their respective state board (i.e., California Board of Behavioral Sciences, California Board of Psychology) and authorized to practice under the license of a fully-licensed practitioner with proper supervision and limited to the following: <ul style="list-style-type: none">• Associate Social Worker• Associate Marriage and Family Therapy• Associate Professional Clinical Counselor• Psychological Assistant• Registered Psychologist	+15%
Licensed Practitioners	Individuals licensed with their respective state board (i.e., California Board of Behavioral Sciences, California Board of Psychology) and authorized to practice and limited to the following: <ul style="list-style-type: none">• Physician (MD or DO)• Nurse Practitioner• Physician Assistant• Registered Nurse• Registered Pharmacist• Clinical Psychologist• Licensed Clinical Social Worker (LCSW)• Licensed Professional Clinical Counselor• Licensed Marriage and Family Therapist	+20%



REQUIREMENTS TO RECEIVE THE MODIFIER

- **Submit the User Creation Form for all current staff by 7/15/19.**
 - Sage will deny claims using the “Procedure is Not on Fee Table” reason for any direct service employee who has not submitted the *User Creation Form*.
- **Submit a new User Creation Form immediately upon status change of an employee (registered → certified counselor)**
 - *SAPC will not retroactively pay the enhanced rate due to submission delays by Network Providers.*



STAFF MODIFIER: 1.0-AR, 1.0, 2.1

- **Modifier will be added to each DMC-reimbursable service.**
- **Add the staff's credentials at the time of claims submission.**

Note: Staff Modifiers are not applicable to Withdrawal Management Services (ASAM 1-WM, 2-WM, 2.3-WM, 3.7-WM, 4-WM) given existing staffing requirements, and Recovery Support Services (RSS).



STAFF MODIFIER: ASAM 3.1, 3.3, 3.5

- Submit and receive approval for a qualifying staffing pattern that meets the requirements based on the table below.
- Enter claims for all services delivered each day that identifies the credentials of the individual delivering the service.
- Submit per service claims meaning use of \$0.00 codes (i.e., Treatment Plan - T1007, Group Counseling -H0005) in addition to the Clinical Day Rate (e.g., H0019) and Room and Board (e.g., S9976).



DAY RATE DIRECT SERVICE STAFFING PATTERN PER SITE					
STAFF	RESIDENTIAL LOC	MINIMUM CRITERIA	RATE INCREASE		
			+20%	+15%	+6%
Licensed Practitioner	ASAM 3.1, 3.5	Eligible position(s) on-site at least 10 hours per week for supervision and/or the delivery of direct services per 15-beds.	✓	✗	✗
	ASAM 3.3	Eligible position(s) on-site at least 15 hours per week for supervision and/or the delivery of direct services per 15-beds.	✓	✗	✗
Licensed or Licensed Eligible Practitioners	ASAM 3.1, 3.5	Eligible position(s) on-site for the delivery of a total of at least 45-minutes of individual, family or group counseling services 3-days per week per 15-beds.	✓	✓	✗
	ASAM 3.3	Eligible position(s) on-site for the delivery of a total of at least 90-minutes of individual, family or group counseling services 3-days per week per 15-beds.	✓	✓	✗
Certified Counselors	ASAM 3.1, 3.3, 3.5	50% of counselors delivering direct services on-site are certified.	✓	✓	✓



STAFF MODIFIERS FOR BASE RATE SERVICES					
ASAM LOC	DESCRIPTION	REGISTERED COUNSELORS	CERTIFIED COUNSELORS	LICENSED ELIGIBLE	LICENSED
1.0	Outpatient and Outpatient Youth At-Risk	\$31.77	\$33.68	\$36.54	\$38.12
2.1	Intensive Outpatient	\$34.32	\$36.38	\$39.47	\$41.18
3.1	Low Intensity Residential	\$122.83 or \$141.86*	\$131.34 or \$150.37*	\$144.11 or \$163.14*	\$151.20 or \$170.23*
3.3	High Intensity Residential Population Specific	\$166.12 or \$185.15*	\$173.23 or \$196.26*	\$193.89 Or \$212.92*	\$203.15 or \$222.18*
3.5	High Intensity Residential Non-Population Specific	\$146.30 or \$165.33*	\$156.22 or \$175.25*	\$171.10 or \$190.13*	\$179.37 or \$198.40*
1-WM	Ambulatory WM without Extended On-Site Monitoring	\$203.93 or \$222.96*	-	-	-
2-WM	Ambulatory WM with Extended On-Site Monitoring	\$242.74 or \$261.77*	-	-	-
3.2-WM	Residential Withdrawal Management	\$281.54 or \$300.57*	-	-	-
3.7-WM	Medically Monitored Inpatient Withdrawal Management	\$418.75 or \$437.78*	-	-	-
4-WM	Medically Managed Inpatient Withdrawal Management	\$488.75 or \$507.78*	-	-	-
CM	Case Management	\$34.74	\$36.82	\$39.95	\$41.69
RSS	Recovery Support Services	\$23.71	-	-	-

* Requires documentation using a per service/HCPSC or daily note.



STAFF MODIFIERS FOR YOUTH SPECIALIZED SERVICES					
ASAM LOC	DESCRIPTION	REGISTERED COUNSELORS	CERTIFIED COUNSELORS	LICENSED ELIGIBLE	LICENSED
1.0	Outpatient and Outpatient Youth At-Risk	\$32.45	\$34.40	\$37.32	\$38.94
2.1	Intensive Outpatient	\$35.06	\$37.16	\$40.32	\$42.07
3.1	Low Intensity Residential	\$125.87 or \$144.90*	\$134.56 or \$153.59*	\$147.61 or \$166.64*	\$154.85 or \$173.88*
3.3	High Intensity Residential Population Specific	\$170.09 or \$189.12*	\$181.44 or \$200.47*	\$198.46 or \$217.49*	\$207.91 or \$226.94*
3.5	High Intensity Residential Non-Population Specific	\$149.85 or \$168.88	\$159.98 or \$179.01*	\$175.18 or \$194.21*	\$183.63 or \$202.66*
1-WM	Ambulatory WM without Extended On-Site Monitoring	\$203.93 or \$222.96*	-	-	-
2-WM	Ambulatory WM with Extended On-Site Monitoring	\$242.74 or \$261.77*	-	-	-
3.2-WM	Residential Withdrawal Management	\$281.54 or \$300.57*	-	-	-
3.7-WM	Medically Monitored Inpatient Withdrawal Management	\$418.75 or \$437.78*	-	-	-
4-WM	Medically Managed Inpatient Withdrawal Management	\$488.75 or \$507.78*	-	-	-
CM	Case Management	\$35.48	\$37.61	\$40.81	\$42.58
RSS	Recovery Support Services	\$23.71	-	-	-

* Requires documentation using a per service/HCPSC or daily note.



STAFF MODIFIERS FOR PREGNANT AND PARENTING WOMEN SPECIALIZED SERVICES					
ASAM LOC	DESCRIPTION	REGISTERED COUNSELORS	CERTIFIED COUNSELORS	LICENSED ELIGIBLE	LICENSED
1.0	Outpatient and Outpatient Youth At-Risk	\$34.25	\$36.31	\$39.39	\$41.10
2.1	Intensive Outpatient	\$37.00	\$39.22	\$42.55	\$44.40
3.1	Low Intensity Residential	\$133.91 or \$152.94*	\$143.09 or \$162.12*	\$156.85 or \$175.88*	\$164.50 or \$183.53*
3.3	High Intensity Residential Population Specific	\$180.58 or \$199.61*	\$192.56 or \$211.59*	\$210.52 or \$229.55*	\$220.50 or \$239.53*
3.5	High Intensity Residential Non-Population Specific	\$159.22 or \$178.25*	\$169.92 or \$188.95*	\$185.96 or \$204.99*	\$194.87 or \$213.90*
1-WM	Ambulatory WM without Extended On-Site Monitoring	\$203.93 or \$222.96*	-	-	-
2-WM	Ambulatory WM with Extended On-Site Monitoring	\$242.74 or \$261.77*	-	-	-
3.2-WM	Residential Withdrawal Management	\$281.54 or \$300.57*	-	-	-
3.7-WM	Medically Monitored Inpatient Withdrawal Management	\$418.75 or \$437.78*	-	-	-
4-WM	Medically Managed Inpatient Withdrawal Management	\$488.75 or \$507.78*	-	-	-
CM	Case Management	\$37.45	\$39.70	\$43.07	\$44.94
RSS	Recovery Support Services	\$23.71	-	-	-

* Requires documentation using a per service/HCPSC or daily note.



STAFF MODIFIER PURPOSE: SALARY INVESTMENT

- Increased rates must be allocated to support more equitable, competitive, and livable wages for staff at all levels with enhanced qualifications, including sign-language or bilingual capability.
- During the monitoring and cost reporting processes, Network Providers must verify appropriate salary investments in alignment with the enhanced rates before using these funds to off-set other costs or making investments in other business and/or clinical improvements.

Update User Creation Form in Sage by 7/15/19

• Sage Registration



1. Complete the Sage ProviderConnect User Creation form to create your Sage Account.

2. Click on this link to download the Sage ProviderConnect User Creation form

<http://publichealth.lacounty.gov/sapc/Sage/SageInfo.htm>

3. Submit to sageforms@ph.lacounty.gov by 7/15/19



DOCUMENTATION TIME: 1.0-AR, 1.0, 2.1

- Service-Based LOC: For ASAM 1.0-AR, 1.0 and 2.1, up to 10-minutes of documentation time per patient, per service for any HCPCS code offered within the LOC in one-minute units is allowable. This includes individual- and group-based services.
- *Note: As of 7/1/19, SAPC will discontinue use of the 15-minute increment model based on number of group participants (e.g., 2-4 participants one 15-minute unit), as claims cannot exceed actual time spent delivering the DMC-ODS allowable service.*



DOCUMENTATION TIME: ASAM 3.1, 3.3, 3.5, 1-WM, 2-WM, 3.2-WM, 3.7-WM, 4-WM

- SAPC automatically reimburses a flat rate of \$19.03 per person per day for Network Providers who document service delivery at the **service-** or **daily-**level, **IF:**
 - Network Provider submits and follows an **agency-wide** Policy and Procedure reflecting this standard.
 - Submit to SAPCMonitoring@ph.lacounty.gov ASAP.
- Weekly documentation does not receive the bonus.
- SAPC will phase-out weekly notes beginning on July 1, 2020.
- This step helps prepare for this transition and improve the quality of documentation in residential and inpatient LOCs.



DOCUMENTATION REQUIREMENTS FOR DOCUMENTATION TIME

- Per DHCS and as outlined in the DMC-ODS State-County Intergovernmental Agreement, Network Providers must:
 - Document time spent – meaning the start and end time
 - **performing** the service delivered; **AND**
 - Document time spent – meaning the start and end time
 - **documenting** the a service was delivered.
- SAPC will monitor to this requirement, and disallow when identified.



TRAVEL TIME: FIELD-BASED SERVICES (FBS)

- When providing Outpatient (ASAM 1.0, 1.0-AR) or Intensive Outpatient (ASAM 2.1) treatment services for at **least 60 minutes** at a SAPC approved FBS location, the performing provider (e.g., SUD Counselor) can add travel time to and from the approved location, **up to 30 minutes** each way, unless otherwise approved in the Field-Based Service application to serve a remote location within an underserved area (e.g., Antelope Valley, Catalina Island).



DOCUMENTATION REQUIREMENTS FOR TRAVEL TIME

- Per DHCS and as outlined in the DMC-ODS State-County Intergovernmental Agreement, Network Providers must:
 - Document time spent – meaning the start and end time
 - **performing** the service delivered; **AND**
 - Document time spent – meaning the start and end time
 - **traveling** to a FBS approved location where a service was delivered.
- SAPC will monitor to this requirement, and disallow when identified.



NEW SERVICE: SCREENING ON 9/1/19

A PILOT

- Network Providers **must screen** all individuals who request SUD treatment services using the electronic *Youth Engagement Screener* (age 12-17) or *CO-Triage* (age 18+).
- Network Providers **must complete** the new *Service Connections Log* documenting either enrollment in their program or referral to another program.
- Payment for **\$30.00** if completing both components at a DMC-Certified/Licensed or FBS site only.
- Screening is not reimbursable when a patient admits on the same day at a residential/inpatient program.



OPIOID TREATMENT PROGRAMS

- Now must enter the National Drug Code (NDC) for all allowable Medications for Addiction Treatment, excluding methadone.
- The Medical Director must be capable of prescribing Buprenorphine, and thus must have a DEA X-Waiver.
- New codes to track HIV and Hepatitis C testing.



NEW LEVELS OF CARE

- **ASAM 2-WM:** Ambulatory Withdrawal Management with Extended On-Site Monitoring
- **ASAM 3.7-WM:** Medically Monitored Inpatient Withdrawal Management
- **ASAM 4-WM:** Medically Managed Inpatient Withdrawal Management



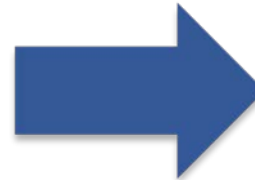
BUILDING A MODERN SUD SYSTEM OF CARE:

Allowable Capacity Building Costs

Reimbursement FY 2019-2020: Still Cost Reconciliation

PROVIDER COSTS

SAPC REIMBURSEMENT

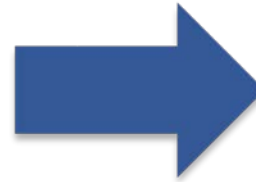


**CLAIMS
SUBMITTED**

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

Reimbursement FY 2019-2020: Still Cost Reconciliation

PROVIDER COSTS



PROVIDER CLAIMS



**INVESTMENT
OPPORTUNITY**

If fee-for-service claims for patients served is **above** allowable expenditures, **invest** otherwise SAPC will recoup the difference.



ALLOWABLE CAPACITY BUILDING COSTS

See SAPC's Finance and Rates Plan

Network providers will need to evaluate existing management and staffing structures, as well as clinical and operational procedures, to ensure their ability to meet new clinical, data, fiscal, and quality assurance requirements.



SAMPLE CLINICAL WORKFORCE ENHANCEMENTS

Reconfigure and expand staffing structures to align with the new range and complexity of clinical responsibilities and to provide newly reimbursable services.

- Hire additional Licensed Practitioners of the Healing Arts (LPHA)*
 - To conduct family therapy and/or individual counseling
 - To review and approve treatment plans
 - To transition medical necessity determination responsibilities from medical director, as necessary

* LPHA includes Physician, Nurse Practitioners, Physician Assistants, Registered Nurses, Registered Pharmacists, Licensed Clinical Psychologist (LCP), Licensed Clinical Social Worker (LCSW), Licensed Professional Clinical Counselor (LPCC), and Licensed Marriage and Family Therapist (LMFT) and licensed-eligible practitioners working under the supervision of licensed clinicians.



SAMPLE CLINICAL WORKFORCE ENHANCEMENTS

- Expand hours of the medical director or redesign duty statement to provide staff development and clinical training
- Hire staff specifically to provide case management:
 - Obtain Medi-Cal or My Health LA benefits for patients (and to secure reimbursement)
 - Coordinate care with other County Departments
 - Improve patient transition between levels of care
 - Improve health outcomes through linkages to physical health and mental health services



SAMPLE CLINICAL WORKFORCE ENHANCEMENTS

- Expand certified counselor workforce through hiring efforts or support to finish certification requirements
- Hire counselors specifically to provide recovery support services
- Increase staffing pattern to provide services on one weekend day and hours that meet patient needs
- Increase agency competitiveness through higher salaries and better benefits for direct service staff (e.g., livable wage)



SAMPLE CLINICAL WORKFORCE ENHANCEMENTS

- Fund professional trainings for direct service staff on required practices/competencies:
 - American Society of Addiction Medicine (ASAM) Criteria
 - ASAM Assessment Tools
 - Cognitive Behavioral Therapy
 - Motivational Interviewing
 - Culturally and Linguistically Appropriate Services (CLAS)
 - Documentation (e.g., treatment plan, progress notes)
 - Medication-Assisted Treatment as a Treatment Option
 - 42 CFR Part 2 Confidentiality Updates
 - New 42 CFR Part 438 Managed Care



SAMPLE ADMINISTRATIVE WORKFORCE ENHANCEMENTS

- Hire/train staff or consultants to manage accountability-related tasks, such as understanding and following the requirements established within the SAPC Quality Improvement (QI) and Utilization Management (UM) Manual.
- Hire/train finance staff or consultants to accurately project utilization and build budgets accordingly, manage expenditures, and support the transition to cost reconciliation.
- Conduct strategic planning efforts such as organizational and staffing assessments to ensure readiness to fully participate in the system transformation and new service design.



SAMPLE ADMINISTRATIVE/BUSINESS ENHANCEMENTS

- Upgrade technology to enhance capabilities to interface with County automated systems and electronic health record (EHR)
 - Computers for direct service staff that meet minimum technical specifications for software/hardware, as will be determined by County
 - Minimum internet bandwidth
 - Certified EHR, whether through the EHR chosen by the provider or the EHR that the County will be offering to providers at no cost
- Refine/update policies and procedures
- Translate patient materials into primary languages served
- Ensure a patient friendly and 42 CFR Part 438 compliant website



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>

QUESTIONS: SUDTransformation@ph.lacounty.gov