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March 23, 2018

**SAPC BULLETIN NO. 18-01-START**

**TO:** Los Angeles County Substance Use Disorder  
Contracted Treatment Providers

**FROM:** Wesley L. Ford, M.A., M.P.H., Division Director  
Substance Abuse Prevention and Control

**SUBJECT: RECOVERY BRIDGE HOUSING**

This bulletin serves to communicate key information regarding Recovery Bridge Housing (RBH), as covered within the Department of Public Health, Substance Abuse Prevention and Control’s (SAPC) benefit package. RBH is an abstinence-based interim living environment for young adults (18-20 years old) and adults (21 years and older) who are homeless according to the United States Department of Housing and Urban Development (HUD) definition, or unstably housed including couch surfing individuals; and who are concurrently enrolled in outpatient (OP), intensive outpatient (IOP), opioid treatment program (OTP), or outpatient withdrawal management (OP-WM) services. Providers should not exclude patients from RBH who are on medications for addiction treatment (MAT).

**RBH Authorization**

As an authorized service, RBH requires approval from SAPC’s Utilization Management Unit to be reimbursable. Young adult and adult patients are authorized for an initial 90 days, and may be reauthorized for an additional 90 days, if needed. The potential maximum RBH stay of 180 days is not required to be continuous, and may be used throughout a 12-month period starting from the date of initial RBH admission. Perinatal patients are authorized for an initial 90 days; and may be reauthorized for another 90 days, and then every 30 days thereafter, up to 60 days postpartum.

Providers must follow the guidelines for authorization outlined in the SAPC Provider Manual. Authorization is contingent on the patient remaining in OP/IOP/OTP/OP-WM treatment. SAPC-contracted treatment providers are expected to begin working on a housing plan, and conducting

housing assessments and/or referrals with patients within seven (7) calendar days of first service or intake appointment. This timeframe is intended to give treatment providers sufficient time to work with patients to find a permanent or alternative housing placement by the time patients are discharged from treatment and RBH.

### **RBH Requirements**

RBH Providers must ensure that the following actions are taken:

- Prioritize patients based on whether they belong to one or more of the specified vulnerable populations, which include perinatal patients (pregnancy to 60 days postpartum); active intravenous drug users (injecting drugs within the last 30 days); high utilizer patients (as defined by high utilizer criteria for high tier care management indicated in the Provider Manual); chronically homeless (according to HUD definition); certain criminal justice patients without alternative criminal justice funding for recovery housing; young adults ages 18-20; HIV/AIDS patients; residential step-down (homeless patients stepping down from residential treatment into RBH); and lesbian, gay, bisexual, transgender and questioning (LGBTQ) populations. Patients who meet the RBH eligibility criteria but do not belong to a prioritized population may still receive RBH, pending bed availability.
- Submit complete authorization and reauthorization requests with sufficient information justifying need for RBH and related supporting documentation (such as attestation that the patient is enrolled in OP/IOP/OTP/OP-WM services), and discharge forms for all RBH patients.
- Document the coordination of services if the RBH patient is receiving SUD treatment from a different provider. Some examples of coordination include verifying with the treatment provider that a given patient is receiving OP/IOP/OTP/OP-WM treatment, informing the treatment provider if patient leaves or has been discharged from RBH, reminding the treatment provider to conduct housing assessment and/or to refer patient to permanent or alternative housing resources, and sharing with treatment provider requested information to accurately complete the patient's CalOMS and Los Angeles County Participant Reporting System (LACPRS) records.
- SAPC-contracted RBH beds must only be used for SAPC patients. Providers utilizing SAPC-contracted beds for non-SAPC patients will not be in compliance with SAPC contract requirements.
- Accept referrals to available RBH beds for patients receiving OP/IOP/OTP/OP-WM treatment from other providers, and refer out to other providers when RBH bed capacity has been reached (i.e., refrain from restricting RBH beds to only the providers' patients).
- Update the Service and Bed Availability Tool (SBAT) daily to ensure accurate count of available RBH beds to facilitate referrals and care coordination.

Patients in RBH meet the HUD homeless definition. For patients who are chronically homeless upon entering RBH, they maintain their chronic homeless status even by staying in RBH for 90 days or longer.

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Please refer to the most recent Sage and Manual (Non-Sage) versions of the SAPC Checklist of Required Documentation for Eligibility Verification and Service Authorization Requests, which include updates on the RBH section reflecting the new requirements per this bulletin, as posted on the SAPC website. Providers should also refer to the SAPC Provider Manual for additional information on RBH program and billing guidelines.

If you have any questions or need additional information, please contact Yanira Lima, Adult Systems of Care Chief, at **SAPC\_ASOC@ph.lacounty.gov** or (626) 299-3202.

WLF:kg

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