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SAPC BULLETIN NO. 18-13
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TO: Los Angeles County Substance Use Disorder
Contracted Treatment Providers

FROM: John M. Connolly, Ph.D., M.S.Ed., Interim Division Director
Substance Abuse Prevention and Control

SUBJECT: RESIDENTIAL TREATMENT PROGRAMS

Designated American Society of Addiction Medicine (ASAM) Residential Treatment Programs (ASAM levels 3.1, 3.3, 3.5) are required to conduct at least one Clinical Service per patient per day to submit reimbursement claims for the residential Day Rate. This policy includes weekends and holidays. The Room and Board Rate can be claimed, with appropriate documentation, if the patient was unable to participate in treatment services due to other service needs (e.g., appointments, hospitalization) or within bed hold limits.

DEFINITION OF CLINICAL SERVICE

For the purpose of submitting claims, a Clinical Service includes the following activities, which are further defined in the *Provider Manual* and *Rates and Standards Matrix*:

- Intake and ASAM Assessment (H0001)
- Individual Counseling (H0004)
- Group Counseling (H0005) for 60-90 minute sessions and 2 to 12 patients
- Patient Education (T1012) for 60-90 minute sessions and 2 to 30 patients
- Family Therapy (90846)
- Collateral Services (T1006)
- Crisis Intervention (H2011)

- Treatment Plan (T1007)
- Discharge Services (D0001)
- Case Management (H0006)

At least one 15-minute unit of Clinical Services is required for individual-based services (H10001, H0004, 90846, T1006, H2011, T1007, D0001, H0006) or four to six 15-minute units for group-based services (H0005, T1012) per patient per day to submit the daily claim. The weekly service hour standards must also be met to enable reimbursement.

STANDARDS FOR CALCULATING RESIDENTIAL WEEKLY TREATMENT HOUR

The weekly Treatment Service Hour standards for ASAM Residential 3.1 (20 hours or 80 units of service), ASAM Residential 3.3 (24 hours or 96 units of service), and ASAM Residential 3.5 (22 hours or 88 units of service) include “Clinical,” “Therapeutic,” “Support,” “Opioid Treatment Program,” and “Mental and Physical Health Services,” as outlined below:

Treatment Services Hours Include:

- **Clinical Services:** See “Definition of Clinical Service” above.
Note: At a minimum, Clinical Services must equal at least half of the weekly treatment hour standard – ASAM 3.1 (10 hours or 40 units of services), ASAM 3.3 (12 hours or 48 units), and ASAM 3.5 (11 hours or 44 units of service). The remaining treatment hour requirements may be fulfilled by eligible Therapeutic, Support, OTP, and/or Mental and Physical Health services (see below).
- **Therapeutic Services:** Organized activities that increase a patient’s social responsibility, self-motivation, and integration into the community. Examples include, but are not limited to:
 - Educational excursions (e.g., Department of Motor Vehicles, job fairs, community events)
 - Instructional videos/DVDs
 - Recovery-Based Outings (e.g., Narcotics Anonymous, Volunteering)
 - Recreational Activities
 - Vocational Skill Building

Documentation of these Therapeutic Service activities must occur via a Miscellaneous Note, including relevant group discussions and an explanation of the therapeutic benefit of the activity. Miscellaneous Notes must also include start and end times of each activity.

Note: Although Therapeutic Services will count towards weekly treatment hours, SAPC is not responsible for reimbursement for these services beyond the residential day rate.

- **Support Services:**

- Alcohol/drug testing (H0048)
- Safeguarding Medications (H2010)
- Schooling for up to ten hours weekly (youth patients only)
- Non-Emergency Transport (T2001) provision of or arrangement for transportation to and from medically necessary treatment

Note: For Non-Emergency Transportation services to count towards the weekly treatment hour standard, providers must document in a Miscellaneous Note how the Non-Emergency Transportation is contributing to patient care and recovery, as well as the start and end times per trip.

- **Opioid Treatment Program (OTP)**

- Individual Counseling (H0004: UA: HG)
- Group Counseling (H0005: UA: HG)

Note: SAPC will reimburse Residential Day Rate claims when OTP services are rendered on the same day. Services provided in a OTP setting will count towards weekly treatment hours. OTP services must still adhere to minimum (50-minutes or 5 units) and maximum (200 minutes or 20 units) monthly treatment service standards.

- **Mental and Physical Health Services:**

- On-Site Individual/Group Services/Appointments up to two hours weekly
- Off-Site Individual/Group Services/Appointments up to two hours weekly

Note: Although Mental and Physical Health Services will count towards weekly treatment hours, SAPC is not responsible for reimbursement for these services.

Under limited circumstances, a patient's clinical or medical needs (e.g., hospitalizations, on pass) may prevent participation in the standard Treatment Service Hours per week (20/24/22).

When such an event occurs, providers must document the reason for the inability to meet the weekly Treatment Service Hour minimum in a Miscellaneous Note.

SAPC will review justifications on a case-by-case basis. Justifications must detail the extenuating circumstances or obstacles (e.g., stability of patient's mental or physical health, or appointments such as dialysis treatment) to full participation in meeting the Treatment Service Hour requirement and how the individual's recovery goals are still being met.

If less than 10 (ASAM 3.1), 12 (ASAM 3.3), or 11 (ASAM 3.5) hours of Clinical Services Hours are provided per week, for more than two (age 12-20) or three (age 21+) weeks, the patient needs to step down to a lower level of care, and further reimbursement will be disallowed unless otherwise approved by SAPC. In these instances, providers must document the reason for the inability to meet the minimum Clinical Service Hour requirements in a Miscellaneous Note.

BED HOLDS

Residential (ASAM 3.1, 3.3, 3.5) programs may hold beds for up to seven (7) calendar days if a patient is temporarily absent from the facility for reasons such as hospitalization, therapeutic pass, or flash incarceration; and return to treatment after discharging against medical advice. Transition to another level of care (e.g., withdrawal management) is not an allowable reason for a bed hold. Only Room and Board is reimbursable during bed hold days since no Clinical Services are provided while patients are temporarily absent from the facility.

EFFECTIVE PERIOD

As of April 1, 2018, claims for services that do not meet standards as described by the California Department of Health Care Services and Substance Abuse Prevention and Control may be recouped. Additionally, service claims may be recouped if:

1. There was not at least one qualifying Clinical Service provided per patient per day; and/or
2. The bed hold exceeded seven (7) days and/or the patient did not return to services.

Claims submitted on weekends or holidays prior to this date will be reimbursed. However, contractors are required to report patient eligibility for other funding sources in Sage. Claims will be verified via compliance monitoring activities, including those conducted by State and County departments.

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

JMC:cw