QUICK REFERENCE GUIDE:

Changes Made to Version 8.0 of the Substance Use Disorder Treatment Services Provider Manual

County of Los Angeles Public Health

Changes are listed in order under their respective **subsection headings** (the large, bold, blue headings in the Provider Manual). Page numbers are added for ease of use. **Each segment should be reviewed in its entirety (as opposed to just the page indicated) to ensure understanding**.

ENTIRE DOCUMENT

- Updated language from "substance abuse" to "substance use"
- Updated language from "Criminal Justice-Involved" to "Justice-Involved"
- Updated language from "homeless" to "person experiencing homelessness (PEH)"
- Updated language from "Youth Treatment Guidelines" to "Adolescent Substance Use Disorder Best Practices Guide"
- Youth is now Youth (17 and under)

SECTION 2. PATIENT SERVICE STANDARDS

The Substance Use Disorder Package

- Covered Beneficiaries and Eligible Participants……13-17
  - Added My Health LA (MHLA) program sunset date (January 2024)
- Establishing and Transferring Benefits.....17-20
  - Added new graphic on Key Inter-County Transfer Steps

Access to Care

- Network Provider Responsibilities for SASH, CENS, CORE Center, and Direct Referrals……..24-25
  - Separated into two sections: (1) treatment agencies around referrals from SASH, CENS, CORE, and other provider referrals and (2) providers making referrals to other agencies
  - Clarified when and how updates need to be made to the SBAT survey
- Member Support…….....25
  - New section
- Service and Bed Availability Tool and Provider Directory……..34-35
  - Added SBAT Provider Site URL and New User Registration Form URL
- Table 3, SAPC Access and Services Delivery Standards……35-38
  - Updated Urgent Appointment for Withdrawal Management and Data Submission (CalOMS/LACPRS)
  - Added Absence Without Leave (AWOL) Policy
  - Described the steps for (1) patients in outpatient and intensive outpatient treatment settings and (2) for patients in residential treatment settings in Initial Problem List (for non-OTP Services) and Initial Treatment Plan (for OTP Services)
- Holiday Closure Pre-Approval……...40
  - Added section; updated to reflect religious holidays with additional clarity
- Out-of-Network Policy…….....40-41
  - New section
- Network Adequacy Certification Submissions……41-42
  - Renamed from Network Adequacy Certification Tool from 7.0
- Notifications and Provider NACT Coordinator……...41
  - New section
- Network Adequacy Certification Application……42
  - Added section title and defines NACA
- Initial Engagement Authorizations..……42-43
  - New section
- Reimbursement and Diagnosis Codes.....47-48
  - Added info on usage of ICD-10 codes

Service Benefit and Levels of Care (LOCs)

- Certified Medi-Cal Peer Support Specialist Program……64-67
  - New section
- Early Intervention Services for Youth and Young Adults (ASAM 0.5)……70-71
  - Included ICD-10 codes and added new training requirements
- High Intensity Residential – Population Specific (ASAM 3.3)……....74-76
  - Included ASAM Level 3.5 for youth
- Table 7, Withdrawal Management……78
  - Elaborated on 3.2, 3.7 and 4
- Assessment……..79
  - Added best practice statement and WM assessment content
- Stabilization..……..79-80
  - Counselor changed to treatment team

- Ambulatory Withdrawal Management Without Extended Monitoring (ASAM 1-WM)……..80-81
  - Corrected ASAM 1-WM phrases
  - Updated staffing procedures
- Ambulatory Withdrawal Management with Extended Monitoring (ASAM 2-WM)……..81-82
  - Added a level of symptoms
- Residential Withdrawal Management (ASAM 3.2-WM)
  - Updated staffing requirements
- Inpatient Withdrawal Management – Medically Monitored (ASAM 3.7-WM)…….83-85
  - Elaborated on ASAM 3.7-WM services and criteria for admission
- Inpatient Withdrawal Management – Medically Managed (ASAM 4-WM)…….85-86
  - Elaborated on ASAM 4-WM services, criteria for admission, and staffing procedures
- Table 8, Recovery Bridge Housing…….92-94
  - Added 50+ sq. ft. req. & CARE Court clients

Early Intervention and Treatment Service Components

- Medications for Addiction Treatment.....103-107
  - Updated what Medi-Cal covers and what providers need to do
  - FDA-Approved Medications for Addiction Treatment Options, Table 9: includes medication formulations

Service Delivery Options

- Field Based Services……111-117
  - Updated policy, application procedures, and documentation
- Available Telehealth Services……118
  - Added group counseling sessions as a telehealth option

Moved population sections to Section 3

SECTION 3. PATIENT SERVICE STANDARDS: SPECIAL POPULATIONS

SAPC Justice-Involved Population

- Juvenile Justice-Involved Population….132-134
  - New sections on services delivered and Secure Youth Treatment Facilities
  - Reorganized sections; updated policy on Juvenile Justice Crime Prevention Act; referral process for CENS; and required background clearances
- Adult Justice-Involved Population……...135-142
  - Reorganized sections; made corrections to START-Community program; and removed language related to TCPX, CRRC, and ICRP

Family Programs

- CalWORKs Adult At-Risk Program Referral Process……...159
  - Added a step in the referral process
- CENS Area Office – CalWORKs Dedicated CENS Responsibilities..……...159
  - Added notification time frame for CENS staff

Moved population sections from Section 2 here

Removed Sections: Youth Enhancement Services (YES), Juvenile Delinquency Drug Court

SECTION 4. CLINICAL PROCESS STANDARDS

Utilization Management Components……..165

- Updated information on member authorizations and reauthorizations

Eligibility Verification……165-170

- Updated information on medical necessity determinations
- Timeliness of Authorization Submissions…..170
  - Added 4th exception to the 30 day rule

Pre-Authorized Services

- Residential Treatment……...172-174
  - Renamed “Homeless Patients” to “People Experiencing Homelessness”
  - Updated criteria for approval

Sage Outage Procedure……...179-180

- New section

Workforce

- Certified Medi-Cal Peer Support Specialists in the Workforce……185-186
  - New section

SECTION 6. BUSINESS PROCESS STANDARDS

Contract Management

- How to Add or Expand Services…….215-216
  - Renamed section from "How to Join SAPC’s Provider Network or Add Services"
  - Updated section to concentrate on service expansion within the existing network

- Table 23, Process for Contract Amendments……..217
  - Updated “Funding Augmentation” and “Add/Remove Services or locations”
- SAPC Compliance Monitoring…….218-219
  - Added language on fraud
- Protected Health Information (PHI) Requirements……220
  - New section

Finance Management

- Rates and Standards……....222-223
  - Added Current Procedural Terminology (CPT) codes to what the SUD Rates and Standards Matrix details
  - Example: How to Calculate Group Counseling Sessions text box - updated how sessions are calculated
  - Clarified Sage capabilities pre- & post-CalAIM
  - Removed Lack of Services bullet
- Investments to Support a Modern SUD System……....223-225
  - Renamed “Capacity Building” to “Support a Modern SUD System”
  - Provides brief overview of actions needed from cost reimbursement to fee-for-service
- Budget Development Process…….225-226
  - Added Budget Summary Excel template
- Table 25, Claims Submission Process for Medi-Cal Eligible/My Health LA Eligible but Not Enrolled……...227-228
  - Updated columns "Financial Eligibility Form" to "Financial Eligibility" and "Authorization Form" to "Financial Eligibility Form"
  - Referenced DHCS Billing Manual
- Fiscal Reporting…….228-230
  - Updated "access groups" to "user roles"

Information Technology Management

- Sage User Roles…….....232
  - Updated “access groups" to "user roles"

Removed Sections: Interested in becoming a SAPC Contracted Provider, DMC Contract Application, Cost Reconciliation Not Cost Reimbursement, Cost Allocation Considerations

SECTION 7. APPENDICES

Appendix A. Glossary……..235-242

- Edited definition of Family Services
- Added Campus-Like Provider

Appendix I. Juvenile Justice Substance Use Disorder (SUD) Screening and Treatment Referral Form……..261-262

- New form