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SAPC INFORMATION NOTICE 23-13

November 30, 2023

TO: Los Angeles County Substance Use Contracted
Client Engagement and Navigation Services Providers

FROM: Gary Tsai, M.D., Bureau Director *HT*
Substance Abuse Prevention and Control Bureau

**SUBJECT: CLIENT ENGAGEMENT AND NAVIGATION SERVICES (CENS)
PROVIDERS TO ADD RECOVERY SERVICES BENEFIT**

The Los Angeles County (LAC) Department of Public Health’s Bureau of Substance Abuse Prevention and Control (SAPC) is releasing this Information Notice to provide guidance to SAPC Contracted Client Engagement and Navigation Services (CENS) providers to introduce Drug Medi-Cal (DMC) as an additional payment source for CENS providers who also hold a DMC contract with SAPC.

CENS provides various activities, including screening and referrals to SUD services, client education, Medi-Cal eligibility and enrollment assistance, and navigation services. CENS activities have previously been reimbursed through non-DMC funding and reimbursed through a staff hourly rate under the CENS contract. In alignment with State guidance, the Department of Health Care Services (DHCS) published [BHIN 21-075](#) or as subsequently updated by the State, allowing for the delivery of covered and clinically appropriate DMC-ODS services for up to 30-days (for adults age 21+), and 60-days (for youth age 20 and under and adults age 21+ experiencing homelessness), following the first visit with a Licensed Practitioner of the Healing Arts (LPHA) or registered/certified counselor, whether or not a Diagnostic and Statistical Manual (DSM) diagnosis for Substance-Related and Addictive Disorder is established. These changes allow for CENS providers to bill DMC for services provided to Medi-Cal beneficiaries via their applicable DMC-ODS contract with SAPC.

OVERVIEW:

To bill DMC for CENS activities, providers will deliver the Recovery Services benefit to individuals enrolled in Medi-Cal. The services must be provided at approved CENS community sites or at a CENS Area Office site that are DMC certified for outpatient treatment services; and all CENS activities that are delivered to individuals not enrolled in Medi-Cal will continue to be billed under the CENS Staff Hour contract.¹ Billing for DMC reimbursable activities will be submitted through Sage.

Transition and provision of CENS services will be provided under Recovery Services to the following Medi-Cal populations:

✓ **CENS Clients Enrolled in Los Angeles County (LAC) Medi-Cal**

Clients who are already enrolled in LAC Medi-Cal and arrive at an eligible CENS location will be provided the Recovery Services benefit. Eligible CENS locations are CENS Area Offices that are DMC certified sites and co-locations that are approved by SAPC. CENS will verify Medi-Cal enrollment and provide services as detailed in the CENS [Standards And Practices](#). In addition, CENS staff will use a Progress Note to document the start and end times of each service provided for the client. Note that currently in-custody clients would not be eligible for DMC services.

✓ **CENS Clients Transferring Medi-Cal to LAC**

CENS staff will assist clients with completing the process to transfer Medi-Cal benefits from another County to LAC when a client has moved. This will reduce barriers to treatment when referred to the direct service provider. CENS will assist clients with transferring their Medi-Cal benefits to LA County by: 1) calling the Department of Social Services (DPSS) hotline with the client, and/or 2) assisting the client in updating their address on the BenefitsCal website. CENS staff will provide all appropriate services and complete documentation in the same manner as for those clients already enrolled in LAC Medi-Cal.

✓ **CENS Clients That Need to Enroll in Medi-Cal**

CENS staff will continue to be responsible for assisting eligible clients with enrolling in Medi-Cal and connecting with services, including those that were previously eligible for My Health LA who will be (age 26-49 as of January 1, 2024) or are now (age 25 and under and age 50+) eligible for Medi-Cal.² Services delivered to a client who is not enrolled in Medi-Cal will continue to be billed to the Staff Hour contract.

Further guidance on enrollment and claiming expectations for clients who are eligible but not enrolled at the time of service will be provided in the future.

¹ Current CENS Area Offices must obtain DHCS DMC outpatient certification by December 31, 2024 to continue to operate and will transition to the new DMC reimbursement model for eligible select services by January 1, 2025.

² The My Health LA program will sunset effective January 31, 2024.

CENS ACTIVITIES:

Upon implementation, CENS services will move from being non-DMC reimbursable only to both DMC and non-DMC reimbursable as outlined below:

Services Billed to DMC:

All Services for Medi-Cal enrolled clients at approved sites, coded as:

- Assessment/Screening
- Intake
- Individual counseling
- Family therapy
- Group counseling
- Recovery services
- Care coordination

These services are cross-walked to the appropriate CENS-specific DMC billable codes.

Services Billed to non-DMC:

- All services for clients who are not enrolled in Medi-Cal, including those who are eligible but not enrolled
- Community and agency education
- Outreach and engagement with anonymous clients

CENS DMC WORKFLOW:

The CENS workflow is as follows:

1. CENS receives a referral from a partner agency or is contacted by a client and the client is seen as a walk-in or with a scheduled screening appointment. The procedures related to specific referral processes remain as described in the CENS Standards and Practices.
2. CENS staff create a Sage record for the client as soon as the necessary personal information is collected (full name, date of birth, gender, and SSN, if possible). CENS first search for the client and, if not found, will create a new client record.
3. After entering the demographic information, the CENS must verify financial eligibility through their agency's Medi-Cal provider login and complete the Financial Eligibility form on Sage.
4. Staff complete CENS activities, such as screening and referral to treatment, according to the CENS Standards and Practices.
5. CENS document services provided as described below and in the CENS Standards and Practices.

SAGE DOCUMENTATION:

Depending on the Medi-Cal status, CENS staff will document services as described below:

- Client not eligible for Medi-Cal – CENS will document all services for this client in the Service Connections Log (SCL) and/or Monthly Activity Report (MAR). Time spent with this client will be billed to the CENS Staff Hour contract.
- Client with active Medi-Cal – CENS staff will provide Recovery Services to the client. All services will be documented in the SCL and/or MAR. In addition, CENS staff will complete a Financial Eligibility Form, Diagnosis Form, and Progress Note that must indicate the service start and end time to be used for billing to DMC.
- Client eligible for Medi-Cal but not active – Eligible but not enrolled clients will receive CENS non-DMC services. These will be documented in the SCL and/or MAR and billed to the CENS Staff Hour contract.

PROCESS FOR DMC BILLABLE SERVICES:

The service site will be the CENS Area Office (provided that location is already DMC certified) or approved community site when co-located at a non-DMC certifiable site, approved by SAPC on your DMC contract. All current CENS co-locations, may bill as Field Based Services through the CENS Area Office or other DMC certified site. Services will be claimed via the Recovery Services benefit with accompanying Level of Care designation, as noted by the U-modifier. The Recovery Services benefit is medically necessary for individuals who are at risk of relapse and, therefore, a criterion that is met by all CENS clients. In addition, Recovery Services are authorized at the provider level, not member level. For the short period of time that clients are seen at the CENS, it is most appropriate that the provider authorization (PAUTH) be utilized.

SAPC developed Healthcare Common Procedure Coding System (HCPCS) codes specific to the CENS-provider Recovery Services that will be configured in Sage using the CENS-specific Provider Authorizations (PAUTH). Given the PAUTH process, CENS staff will not need SAPC's Utilization Management (UM) review prior to service delivery in order to get reimbursed.

Please note that CENS staff may require additional training in order to properly document DMC services. SAPC has provided a Documentation Helper to each CENS provider and will offer training on CENS requirements in Sage. Other training for CENS staff may be necessary and is the responsibility of the CENS provider.

PROCESS FOR NON-DMC BILLABLE SERVICES:

The CENS contract, which reimburses for staff hour billing, will be utilized for any CENS activities that are not DMC reimbursable. CENS Area Offices that are not DMC certified

sites will continue to utilize the CENS staff hour (non-DMC) contract for services provided at the Area Office until the site is DMC certified or by December 31, 2024, whichever is sooner.

This decision was made as DMC services provided at a provider's directly operated site (e.g., rented, leased, owned sites) where the delivery of SUD treatment services is the primary business and where services are delivered by individuals employed by the agency managing the service site must obtain DMC certification from the California Department of Health Care Services.

BILLING FOR CENS:

All Recovery Services billing will occur through the provider's DMC contract in Sage. All approved claims submitted by CENS providers via their DMC contract that utilize Recovery Services in Sage will be analyzed and allocated to funding sources by SAPC based on patient eligibility, service type, funding hierarchy, and in accordance with applicable federal, state, local, and SAPC policies, guidelines, and restrictions. Staff hour billing for non-DMC billable services and for clients who are not enrolled in Medi-Cal will continue to use the procedures detailed in the CENS Standards and Practices.

For all clients, irrespective of their Medi-Cal status, CENS will provide all appropriate services as outlined in the CENS Standards and Practices, including screening, referral to treatment, follow up and coordination with referring agency, and referral to ancillary services. Note that CENS will also provide a referral to a treatment provider for American Society of Addiction Medicine (ASAM) 0.5 Early Intervention Services for clients under age 21, when that is the appropriate Level of Care. Furthermore, the CENS services that are not DMC reimbursable, including agency and community education, community outreach and engagement when not related to a specific individual, meetings, and trainings with SAPC and partner agencies, and other approved CENS services will continue to be reimbursed through non-DMC funding sources. Finally, CENS providers with Area Offices that are not DMC certified treatment sites will be allowed to bill staff hour under the CENS contract for all services provided at the Area Office as outlined herein.

CONTRACTUAL PROCESS:

As a result of this change, DMC allocations and CENS contract allocations for Fiscal Year 2023-2024 have been adjusted accordingly and SAPC has begun to initiate amendments to adjust funding for both contracts. Agencies will be notified of any increase or decrease.

For additional information regarding this IN, please contact Sandy Song at sasong@ph.lacounty.gov.

GT:mb