

Field-Based Services: Standards and Practices

METHOD OF SERVICE DELIVERY OPTION UNDER THE DRUG MEDI-CAL
ORGANIZED DELIVERY SYSTEM (DMC-ODS)

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Table of Contents

I. Introduction 2

II. Purpose of Field-Based Services 3

III. Priority Populations 4

IV. Provision of FBS..... 4

 FBS Locations 5

V. Allowable Services and Service Expectations..... 6

 Service Components 6

 Service Expectations 6

VI. Staffing Levels and Provider Experience 7

VII. Application and Modifications..... 8

 Application – Submission, Review, Site Inspections, and Approval 8

 Modification 9

VIII. Documentation 10

IX. Monitoring 12

X. Conclusion 12



I. Introduction

The County of Los Angeles, Department of Public Health (DPH), Substance Abuse Prevention and Control Bureau (SAPC) provides a full continuum of substance use disorder (SUD) treatment services under the Drug Medi-Cal Organized Delivery System (DMC-ODS). The DMC-ODS benefit allows for the provision of field-based services (FBS) for outpatient-type services as classified by the American Society of Addiction Medicine (ASAM) at SAPC-approved locations. In accordance with the California Department of Health Care Services (DHCS) Behavioral Health Information Notice [24-023](#), all SAPC provider agencies are allowed to implement FBS as a method of service delivery. This document supersedes SAPC Bulletin 23-14.

FBS is a method of delivering SUD treatment services to clients outside of Drug Medi-Cal (DMC) Certified facilities and in community settings where clients live, work, learn, and receive other services. FBS aims to improve access to treatment services, enhance client motivation and engagement, and reach underserved populations. Like all DMC-ODS services, FBS is required to be client-centered, individualized, varied in intensity and duration, and based on medical necessity.

For the purposes of this Standard and Practices document, the following definitions apply:

- **Drug Medi-Cal (DMC) - Certified Facilities:** A facility certified by the California Department of Health Care Services (DHCS) to provide SUD treatment services.
- **Method of Service Delivery:** The way in which SUD services are offered to the client. It includes in-person at a DMC Certified Facility, telehealth, telephone, and FBS. A client may be offered SUD treatment using multiple methods of service delivery.
- **Field-Based Services (FBS):** A method of service delivery for SUD treatment provided outside of a DMC-Certified Facility, which may take place in community or in-home locations such as:
 - **Established FBS Location:** A SAPC approved location not owned or operated by a SAPC network provider agency, and where that agency is the preferred provider consistently offering treatment services to multiple clients with a regular onsite presence. An [application is required](#).
 - **Services in the Community:** SUD services delivered in the community to advance treatment goals by offering therapeutic interventions tailored to support recovery within the community and reduce barriers. An [application is not required](#).
 - **In-Home Services:** Individual-based SUD services delivered where a client lives, including homes, shelters, street encampments, and interim or permanent supportive housing (e.g., counseling, care coordination). An [application is not required](#).

II. Purpose of Field-Based Services

Delivering high-quality, client-centered care and reducing barriers for marginalized communities are essential for ensuring that all County residents have equitable access to the resources and opportunities needed for optimal health and well-being. Flexible treatment approaches—such as FBS, grounded in a client-centered philosophy—can enhance motivation, increase engagement, and lead to more positive treatment outcomes.¹

As a method of service delivery, FBS offers SUD providers the opportunity to:

- Reach more individuals who need SUD services
 - Address common barriers that prevent individuals from accessing traditional treatment settings, such as physical limitations, work or school obligations, transportation challenges, or restrictive housing requirements
 - Reduce reluctance to start treatment
- Facilitate integrated care through more effective identification of individual needs while providing services in the community or in homes and coordinating physical health, behavioral health, and social services
- Improve retention in treatment programs by re-engaging individuals who struggle with compliance and/or adherence to treatment

Incorporating FBS into treatment can benefit clients through the following:

- Providing easier access to care
- Delivering high quality client-centered and whole-person care with individualized treatment plans and services
- Reducing stigma and greater comfort and engagement in care
- Maintaining engagement during transitions to lower LOC or while waiting for placement in higher LOC²

¹ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. (2002). *Enhancing Motivation for Change in Substance Abuse Treatment. TIP 35*. Rockville, MD.

² U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. (2002). *Enhancing Motivation for Change in Substance Abuse Treatment. TIP 35*. Rockville, MD.

III. Priority Populations

The delivery of FBS is an opportunity to more effectively reach, engage, and serve populations that have historically faced significant barriers to accessing care. These priority populations include, but are not limited to:

- 95% of people who need SUD treatment but who don't want or access it
- Individuals with co-occurring mental health or physical health conditions
- Older adults
- People experiencing homelessness, chronic homelessness, or housing instability
- Medically fragile individuals or those with limited mobility
- Pregnant and post-partum individuals
- People who are registered sex offenders
- People who have been convicted of arson
- People involved in the justice system
- Residents of rural or geographically isolated areas
- School-based youth, including alternative school placements
- Youth involved in the foster care system

FBS is an effective tool for bringing services closer to where people work or live, within familiar, community-based settings where they may already be receiving other services. It can help address many barriers to care and treatment hesitation.

IV. Provision of FBS

FBS as a method of service delivery means that SUD treatment services may be delivered outside of a DMC Certified Facility, including in the community and where a client resides. FBS offers SAPC provider agencies the flexibility to effectively tailor services to their clients' needs and address barriers to care. Providing services in non-clinical settings or in the community can enhance treatment and support a client's recovery.

FBS may be offered without an application in certain instances, including but not limited to:

- Individual counseling services in a public space because the environment and/or activity may support the client's recovery and/or address barriers to care.
- Care coordination to assist a client with accessing the necessary medical, educational, social, vocational, rehabilitative, or other community services, which may involve traveling outside of the treatment facility and assisting/navigating/advocating for the client at the service agency.
- Medi-Cal Peer Support Services consistent with BHIN 25-010 in non-clinical settings (i.e., in the community) to support a client's treatment plan and promote recovery.

- Provision of services to a client where they live, including homes, shelters, street encampments, and interim or permanent housing (referred to as “in-home FBS”).

All SAPC provider agencies are allowed to offer FBS without an application **EXCEPT** when launching an **Established FBS Location**.

FBS Locations

An *Established FBS Location* is a community site where a provider agency serves multiple clients with a regular schedule and ongoing presence. A provider agency may engage, admit, and provide treatment to multiple clients at an Established FBS Location. When a SAPC provider agency consistently offers SUD services at a community location, they are required to [apply](#) for the location to be an *Established FBS Location*.

Recommended settings for *Established FBS Locations* include places where individuals receive other services, including but not limited to, community / drop-in / day centers; interim or permanent housing; homeless shelters; schools, Enriched Residential Care Programs; board and care homes; group homes or Short-Term Residential Therapeutic Programs; recreation centers; harm reduction sites; medical clinics and hospitals; and mental health clinics.

SAPC provider agencies may NOT provide any FBS in the following locations:

- In-custody/carceral facilities (e.g., prisons, jails)
- Recovery Bridge Housing and Recovery Housing
- DMC Certified facilities
- Locations prohibited by the owner and/or site operator

Provider agencies may only set up Established FBS Locations within the same SPA as their DMC Certified Facility or in an adjacent SPA. SAPC may allow an Established FBS location in other SPAs where there are significant regional service gaps. Requests for exceptions must include documentation of the service gap and the absence of regional service capacity to meet community needs.

FBS may not be provided at locations that SAPC provider agencies operate, own, rent, or lease, and where SUD treatment is the primary focus or line of business. All FBS services must be voluntary and delivered in accordance with DMC-ODS requirements. FBS cannot be utilized in lieu of obtaining a DHCS DMC Site Certification for providers' directly operated sites, where agency-operated SUD or mental health treatment services are the primary business, and agency staff deliver services. For more information about DMC site certification, see DHCS's [Drug Medi-Cal Application Information website](#).

V. Allowable Services and Service Expectations

FBS is a method of service delivery for Early Intervention (ASAM 0.5), Outpatient (ASAM 1.0), Intensive Outpatient (ASAM 2.1), Care Coordination, and Recovery Services. Services must be aligned with the client's treatment goals and are tailored to their individual needs, including the availability and accessibility of services provided via FBS.

Service Components³

The following service components are allowable:

- Screening
- Assessment/Intake
- Individual Counseling
- Group Counseling⁴
- Care Coordination
- Problem List/Treatment Planning
- Discharge Planning
- Crisis Intervention
- Patient Education
- Family Therapy
- Addiction Medication Services (also known as Medications for Addiction Treatment [MAT])
- Behavioral Health Prevention Education Services (Peer Support Services)
- Self Help/Peer Services (Peer Support Services)

Service components must be provided in accordance with the current version of the [SAPC Provider Manual](#) and the FBS Standards and Practices [documentation requirements](#). The details of the services provided must be accurately documented within progress notes and specify how the service addressed the client's SUD and accurately account for time providing services while in the field. Claims submissions can only include the time actively providing treatment and exclude travel time, breaks, wait time, casual conversations unrelated to intervention and/or treatment plan, and any other activities inconsistent with the allowable service components.

Service Expectations

FBS must be provided in accordance with DMC-ODS and the following service expectations, in addition to and as further outlined in the [SAPC Provider Manual](#):

- **Monitor Duration of Service:** FBS requires increased attentiveness to the time actively providing allowable service components, which must be distinguished from non-billable activities.
- **Culturally Responsive Services:** Provide culturally and linguistically appropriate services with language assistance services as described in the SAPC Provider Manual.
- **Age and Developmentally Appropriate Services:** Provide services in accordance with the

³ Refer to narrative in the current version Provider Manual for treatment service definitions and service components.

⁴ Groups have at least two (2) and can be no more than twelve (12) individuals per group.

client's age and developmental level to ensure engagement in the treatment process.

- **Medications for Addiction Treatment (MAT) or Addiction Medication Services:** Directly provide MAT or link clients to MAT services when appropriate. Ensure clients receiving MAT are not discriminated against and have equal access to services.
- **Reaching the 95% (R95) Population:** Engage and serve people who need treatment but who do not want or access it, and who may or may not have current treatment or abstinence goals.
- **Naloxone Training and Availability:** Carry and be trained on how to administer naloxone, or other FDA-approved opioid antagonist medication and use to response to an overdose.
- **Evidence-Based Practices (EBP):** Implement Motivational Interviewing (MI) and Cognitive Behavioral Therapy (CBT), as well as other optional EBPs (e.g., relapse prevention, trauma-informed treatment, psychoeducation) as applicable.
- **Care Coordination:** Assist clients transitioning from one LOC to another, and navigate mental health, physical health, and social service delivery systems, including housing referrals.
- **Confidentiality Regulations:** Adhere to all applicable confidentiality laws.
- **Employee Safety Regulations:** Update the Injury and Illness Prevention Plan as required by Cal/OSHA (Title 8, California Code of Regulations §3203) to account for FBS.
- **In-Home Consent:** Obtain written or verbal consent from the client (age 18+) or parent/guardian (age 12-17) to receive FBS at the location where they reside and document in the EHR. For minors, the consent must include approval by the parent/guardian if services are to be provided while a parent/guardian is not home. If a youth client consented to services without the knowledge of their parent or guardian, the provider must obtain a release of information from the youth client to communicate with a parent or guardian about in-home FBS. Emancipated youth and/or youth who meet California Family Code § 6922 conditions may consent on their own behalf and parent/guardian consent is not obtained, subject to provider agency verification and documentation of emancipated status.
- **SAPC-Facilitated FBS Partnerships:** SAPC will maintain a FBS-approved provider agency list and may reach out when new SAPC-identified FBS opportunities arise to match the request with appropriate FBS provider agency(ies) based on Service Planning Area (SPA), population(s) to be served, and other factors identified by the requestor.

VI. Staffing Levels and Provider Experience

FBS has the same outpatient staffing requirements as outlined in the current [SAPC Provider Manual](#) and DMC Contract, with the following exceptions:

- Registered Counselors must have 1 year (12 months) of relevant experience providing SUD prevention, harm reduction, treatment, or recovery services.

- Staff providing FBS to youth clients must have:
 - Minimum two (2) years of experience delivering behavioral health services to youth; **or**
 - Minimum one (1) year of experience delivering behavioral health services to youth and completed 11 hours of SAPC-required youth-specific trainings.⁵

The additional staffing requirement for FBS is to ensure sufficient training and experience to provide services in the field where supervision may be limited.

VII. Application and Modifications

Application – Submission, Review, Site Inspections, and Approval

When is an FBS Application Required?

An FBS application is required to launch an Established FBS Location only. These examples are intended to clarify when an FBS application is and is not required.

Examples	Application Required?
Providing treatment at an Established FBS Location, as a sole provider.	Yes , an application is always required for <i>Established FBS Locations</i> .
Providing SUD services to students at a school.	Yes , regular services at a school requires an application for an <i>Established FBS Location</i> .
Offering services at a DPSS office as a co-located provider.	Yes , regular co-location at a government office requires an application for an <i>Established FBS Location</i> .
Maintaining a regular presence at a community center and offering SUD services to multiple clients.	Yes , regular co-location at a community center to serve multiple clients is an <i>Established FBS Location</i> .
Meeting with a client at the park to provide treatment occasionally.	No , an application is not required for ad hoc SUD service in the community.
Assisting a client with obtaining additional benefits that support their recovery at a DPSS office.	No , this is an example of peer support services or care coordination through FBS.
Providing counseling services at a client's home.	No , in-home FBS does not require an application.

⁵ Understanding Youth Substance Use: Resources and Services in Los Angeles County and the following trainings:

- *Understanding Co-Occurring Needs among Youth with Substance Use Disorders (SUDs)*
- *Trauma Informed Care Among Youth with Substance Use Disorders (SUDs)*
- *Developmentally-Informed Programming for Youth Populations within the Youth System of Care*
- *Cannabis Use among Youth Populations: Policy and Clinical Implications*
- *Effective Engagement Strategies for Youth Seeking Substance Use Disorder Services*
- *Medication Assisted Treatment for Youth*
- *Engaging Families and Providing Family-Based Services*
- *Integrating Multicultural Competency & Cultural Humility in Clinical Practices*

Examples	Application Required?
Taking a youth client on a field trip to the beach and providing counseling and other activities to support recovery.	No , an application is not required for ad hoc SUD service in the community, but only clinical treatment services can be billed as FBS.
Providing MAT services in an encampment.	No , an application is not required for where a client resides or for street outreach.
Providing treatment at a permanent supportive housing (PSH) location.	It depends: No , if the agency is serving an individual client who happens to live in a PSH. Yes , if the agency offers SUD services to multiple clients and has a regular presence at the PSH.

For questions about whether services require an application, email SAPC-SOC@ph.lacounty.gov.

Submission: Instructions for completing the application are outlined in the FBS Application Instructions (Attachment II). To apply for an *Established FBS Location*, submit a completed application to SAPC-SOC@ph.lacounty.gov with the subject line: “Field-Based Services Application”.

Review: Once a complete *Established FBS Location* Application is received, SAPC will confirm receipt. SAPC will provide an approval or denial decision within 20 business days, provided that no additional information is required by SAPC and a site inspection can be completed.

Note: *SAPC reserves the right to approve or deny any applications at its sole discretion.*

Site Inspections: SAPC will conduct a site inspection for the proposed *Established FBS Locations* as a part of the application process. During inspections, SAPC will verify:

1. The location matches the description provided in the *Established FBS Location* application.
2. The site owner/operator confirms agreement to allow SUD treatment services at the location.
3. The environment is safe, comfortable, and conducive to SUD treatment.
4. Services can be provided while maintaining client privacy and confidentiality.

Approval: Upon approval of the *Established FBS Location* application and site inspection, SAPC will issue a signed memo with the effective start date. SAPC provider agencies may not begin billing or serving an *Established FBS Location* until the application is approved and may only deliver services in accordance with their approved application. SAPC will disallow any services delivered at unauthorized locations.

Modification

SAPC provider agencies must notify SAPC of any significant changes to *Established FBS Location* operations, including but not limited to services being paused or ended. Include an explanation of the change(s) and all relevant documents within 30 days of implementing changes.

VIII. Documentation

FBS requires that all claims and progress notes be accurate and correctly documented. Claims may be subject to recoupment if documentation is missing, incomplete, or incorrect.

A progress note must be written for each session and documented in Sage or other approved electronic health record (EHR). Progress notes must meet the requirements outlined in the current version of the [SAPC Provider Manual](#) and [BHIN 22-019](#). FBS requires clear documentation of the duration of services and delineating time for billable service components from other non-billable activities (e.g., documentation, waiting, travel).

- Primary Sage users must: 1) select “Field-Based Services” for Method of Service Delivery; 2) enter the appropriate [Place of Service Code](#) within the Location field; and 3) document the location where services were provided (e.g., name of approved FBS location and/or address) within the Field-Based Service Location field.
- Secondary Sage users must document services with a progress note in their EHR with the following: 1) notation that services were delivered via FBS; 2) appropriate Place of Service Code; and 3) location where the services were delivered (e.g., name of approved FBS location and/or address).

SAPC Providers delivering FBS must submit reimbursement claims and data under the associated DMC Certified Facility. The Place of Service Code must be entered for the respective location where services were delivered (see table below) and it must match the progress note. Claims may only be submitted for allowable service components for FBS.

- Primary Sage user must submit claims for FBS using the appropriate Place of Service Code (entered within the Location field of the Fast Service Entry Submission form within Sage).
- Secondary Sage users must submit claims for FBS by entering the appropriate Place of Service Code in the SV105 line (see [Companion Guide HIPAA 837P](#) for details).

Place of Service Codes for Common Field-Based Services Locations

Location Name	Description	Place of Service Code
School	A facility whose primary purpose is education (e.g., high school, continuation school, grade school, college/university).	3
Homeless Shelter	A facility or location whose primary purpose is to provide temporary housing to homeless individuals (e.g., emergency shelters, individual or family shelters).	4

Location Name	Description	Place of Service Code
Office	A facility or location where a health professional routinely provides health examinations, diagnoses, and treatment of illness or injury on an ambulatory basis (e.g., doctor's office). This code is NOT used for services at an SUD outpatient or residential treatment facility.	11
Home	Location, other than a hospital or other facility, where the client receives care in a private residence.	12
Assisted Living Facility	Congregate residential facility with self-contained units providing assessment of each resident's needs and offering on-site services, including some health care.	13
Group Home	A residence with shared living areas, where clients receive supervision and other services such as social and/or behavioral services, custodial services, and minimal services (e.g., medication), including Short-Term Residential Therapeutic Program.	14
Mobile Unit	A facility/unit that moves from place to place and is equipped to provide preventive screening, diagnostic, and/or treatment services.	15
Temporary Lodging	A short-term accommodation, including hotels, campgrounds, or hostels, where the client receives care.	16
Urgent Care Facility	A location, distinct from a hospital emergency room, an office, or a clinic, with the purpose to diagnose and treat illness or injury for unscheduled, ambulatory clients seeking immediate medical attention.	20
Emergency Room—Hospital	A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.	23
Outreach Site/Street	A non-permanent location on the street or found environment, including encampments where services are provided to persons experiencing homelessness (PEH)	27
Nursing Facility	A facility for residents in skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons; or, on a regular basis, health-related care services above the level of custodial care to residents other than individuals with intellectual disabilities.	32
Custodial Care Facility	A facility that provides room, board, and other personal assistance services, generally on a long-term basis, and which does not include a medical component.	33
Federally Qualified Health Center	A facility located in a medically underserved area that provides Medi-Cal and Medicare beneficiaries with preventive primary medical care under the general direction of a physician.	50
Community Mental Health Center (CMHC)	A facility that provides mental health services, including Department of Mental Health provider agencies and other mental health services organizations.	53

Location Name	Description	Place of Service Code
Public Health Clinic	A facility maintained by either State or local health departments that provides ambulatory primary medical care under the general direction of a physician.	71
Other Place of Service	Other Place of Service not identified above , including community centers, parks, faith-based organizations, community-based organizations, non-profit organizations, neighborhood walk, court, restaurant, business*	99

***Email SAPC-SOC@ph.lacounty.gov for instructions on which Place of Service code to use if unsure. Place of Service 99 cannot be used for locations outside of the locations described or similar.**

Since clients can receive services both at a DMC-Certified facility and through FBS while in treatment, it is required that the Place of Service Code corresponds to the location where services were delivered.

IX. Monitoring

SAPC will conduct ongoing monitoring activities to evaluate quality and compliance with FBS Standards and Practices and DMC-ODS requirements. FBS monitoring activities may include, but are not limited to, review of claims, review of progress notes, and a site inspection.

Upon request from SAPC, SAPC provider agencies will share a schedule of when and where FBS services are planned to assist with site inspections which includes location, time of services, duration of services, service type(s), and the name, phone number, and email address for the rendering practitioner.

If SAPC provider agencies are not actively conducting services at an Established FBS Location, SAPC may rescind approval. SAPC reserves the authority to manage a SAPC provider agency's method of service delivery, including FBS, to ensure that it is meeting its obligation to prioritize the needs of the community and that specialty SUD services throughout LA County are of the highest quality and integrity, sustainable, and operating in accordance with local, State, and Federal requirements.

X. Conclusion

SAPC strongly supports using FBS to facilitate greater access to SUD services and high-quality care. One of SAPC's key goals is to ensure that clients receiving SUD services in LA County receive the correct service, at the right time, for the right duration, and in the right setting. FBS expands opportunities for engagement, retention, motivation, and delivery of services, particularly for underserved populations.