



START-ODS Contract Requirements

Bulletins and Provider Manual



Outline & Goal

- **Review & Understand Key Bulletins**
 - Identify Action Items
 - Identify Key Timelines

- **Review Provider Manual**
 - Understand Role of Manual
 - Identify Critical Areas





SAPC Bulletin #17-01

CLIENT TRANSITION PLAN TO PREPARE FOR THE JULY 1, 2017 LAUNCH OF THE NEW SUD TREATMENT SYSTEM

1. Individuals eligible for reimbursement:

- Medi-Cal eligible
- My Health LA eligible
- Participant of qualified criminal justice programs

2. County of Residence: Provider must work with patients to ensure LA County is designated as county of residence or transfer/discharge client.

3. Existing residential cases

- All existing residential treatment clients receiving services as of July 1, 2017 will automatically be authorized (30-days for youth [< age 18], 60-days young adults and adults [age 18+]) at the ASAM Level 3.1 rate of \$145.71 per day.
- Longer lengths of residential stay beyond the automatic authorization periods above will require re-authorization by the SAPC Utilization Management Unit, per standard authorization protocols.

SAPC Bulletin #17-01

CLIENT TRANSITION PLAN TO PREPARE FOR THE JULY 1, 2017
LAUNCH OF THE NEW TREATMENT SYSTEM OF CARE

Helpful information/resources on transitioning patients:

- **DPSS Your Benefits**
Now <https://dpsbenefits.lacounty.gov/ybn/Index.html>
- **Transitioning to START-ODS Provider Meeting**
Presentation <http://publichealth.lacounty.gov/sapc/HealthCare/StartODS/061517/TransitioningSTARTODS060617.pdf>
- **SAPC Provider**
Manual <http://publichealth.lacounty.gov/sapc/NetworkProviders/Privacy/ProviderManualJuly2017.pdf>
 - Section 2: Patient Service Standards
 - Table 17: Preauthorized and Authorized Service Request Timeframes





SAPC Bulletin #17-02

SAGE – MANAGED CARE INFORMATION SYSTEM

- Mandated use of a certified electronic health record system with minimum security and technology specifications.

Benefits to Implementing Sage

1. **Alignment with DMC-ODS waiver and SAPC priorities**
2. **Fully functioning EHR** with clinical (including assessments), administrative, data reporting, and billing functionality
3. **Good value** – SAPC will fund licensing and implementation costs for Sage and will also share technical support responsibilities with providers to ensure continued evolution of the EHR with the addiction field and SUD service delivery requirements
4. **Minimizing disallowances & streamlining auditing** from improved accuracy and reporting of service delivery and data

SAPC Bulletin #17-02

SAGE – MANAGED CARE INFORMATION SYSTEM

Helpful information/resources on Sage:

- **SAPC Sage Website**

<http://publichealth.lacounty.gov/sapc/Sage/Sageinfo.htm>

- **Provider Meeting Presentation: SAGE - LA County's Electronic Managed Care Information System**

<http://publichealth.lacounty.gov/sapc/HealthCare/StartODS/040617/SageOverview032717.pdf>

- **SAPC Provider Manual**

<http://publichealth.lacounty.gov/sapc/NetworkProviders/Privacy/ProviderManualJuly2017.pdf>

- Section 4: Business Process Standards
- Page 164: Sage & Electronic Health Records Requirements



SAPC Bulletin #17-03

FIELD-BASED SERVICES UNDER THE START-ODS

Helpful information/resources on Field-Based Services:

- **SAPC Provider**

Manual <http://publichealth.lacounty.gov/sapc/NetworkProviders/Privacy/ProviderManualJuly2017.pdf>

- Section 2: Patient Services Standards
- Page 64: Field-Based Services



SAPC Bulletin #17-04

SUBSTANCE USE DISORDER TREATMENT SERVICES PROVIDER MANUAL

The Provider Manual covers the following areas to ensure patients receive the same quality of care and benefit package throughout the County:





SAPC Bulletin #17-04

SUBSTANCE USE DISORDER TREATMENT SERVICES PROVIDER MANUAL

Contract Program Auditors will work with providers to understand role of the Provider Manual

Helpful information/resources on the SUD Treatment Services Provider Manual:

- **SAPC Provider Manual**
<http://publichealth.lacounty.gov/sapc/NetworkProviders/Privacy/ProviderManualJuly2017.pdf>

SAPC Bulletin #17-05

Service and Bed Availability Tool (SBAT)

A web-based tool that provides a dashboard of available specialty SUD services throughout Los Angeles County, including:

- Outpatient
- Intensive Outpatient Treatment
- Various Levels of Residential Treatment
- Withdrawal management
- Opioid Treatment Programs
- Recovery Bridge Housing
- Driving Under the Influence programs



Providers MUST log-in to the SBAT provider portal to update profile at least once a day:

1. Number of beds and intake slots available to expedite access
2. Changes in intake appointment times

*If no updates, providers have the option of reporting “no changes” on the SBAT provider portal, but are still required to log-in and report this on at least a daily basis



SAPC Bulletin #17-05

SERVICE AND BED AVAILABILITY TOOL (SBAT)

Helpful information/resources on SBAT:

- **SBAT Website**
<http://sapccis.ph.lacounty.gov/sbat/>
- **SBAT Update Instructions**
<http://publichealth.lacounty.gov/sapc/NetworkProviders/Sbat/SBATUpdateInstructions062817.pdf>
- **SAPC Provider Manual**
<http://publichealth.lacounty.gov/sapc/NetworkProviders/Privacy/ProviderManualJuly2017.pdf>
 - Section 2: Patient Service Standards
 - Page 43: Services and Bed Availability Tool

SAPC Bulletin #17-06

MEDICAL NECESSITY DETERMINATION

- Updates SAPC Bulletin #13-01 and
- Applies to ALL treatment, ALL contracts → NOT just DMC
- Expands who may establish medical necessity → LPHA's



1. Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnosis

- Adults (age 21+)
 - Meet criteria for at least one diagnosis from the current DSM for Substance-Related and Addictive Disorders, with the exception of Tobacco-Related Disorders and Non-Substance-Related Disorders.
- Young Adults (age 18 – 20) and Youth (age 12 – 17)
 - Either meet criteria for the DSM criteria specified for adults;
OR
 - Be determined to be “at-risk” for developing a SUD (see *Definition of At-Risk for Individuals up to Age 21* section for additional details).

2. American Society of Addiction Medicine (ASAM) treatment criteria for services: Patients must meet the ASAM treatment criteria for services, including the ASAM adolescent treatment criteria, when applicable.



SAPC Bulletin #17-06

MEDICAL NECESSITY DETERMINATION

Helpful information/resources on Medical Necessity:

- **SAPC Provider Manual**

<http://publichealth.lacounty.gov/sapc/NetworkProviders/Privacy/ProviderManualJuly2017.pdf>

- Section 2: Patient Service Standards
- Page 32: Determining Medical Necessity



SAPC Bulletin #17-07

SYSTEM TRANSFORMATION TO ADVANCE RECOVERY AND TREATMENT – ORGANIZED DELIVERY SYSTEM (START-ODS) SERVICE REIMBURSEMENT RATES

- **Treatment Standards that describe minimum and maximum parameters for services provided under each level of care (LOC).**
- **Group counseling calculations:**
 - Formula: (# minutes in the group divided by # of participants in the group) x (LOC group rate divided by 15 to get per minute rate) = amount claimed per person
 - Standards: Minimum group duration is 60 minutes and maximum 90 minutes
Minimum 2 persons and maximum 12 persons per group
 - Documentation: Strict guidelines on allowable reimbursement for documentation.
- **30-day alerts and 45-day patient administrative discharge for non-activity.**
- **Requirements and restrictions on concurrent enrollment in levels of care.**
- **Admitting a residential patient without preauthorization is allowable and at times clinically appropriate, but may result in financial loss, if authorization is ultimately denied.**

SAPC Bulletin #17-07

SYSTEM TRANSFORMATION TO ADVANCE RECOVERY AND TREATMENT – ORGANIZED DELIVERY SYSTEM (START-ODS) SERVICE REIMBURSEMENT RATES

Helpful information/resources on Services Reimbursement Rates:

- **June 15, 2017 Meeting**
Handout<http://publichealth.lacounty.gov/sapc/HealthCare/StartODS/061517/TransitioningSTARTODS060617.pdf>
- **SAPC Provider**
Manual<http://publichealth.lacounty.gov/sapc/NetworkProviders/Privacy/ProviderManualJuly2017.pdf>
 - Section 4: Business Process Standards
 - Page 163: Rates and Standards





SAPC Bulletin #17-08

REVISED: SPECIFIC SERVICES TO BE PROVIDED

- **ASAM Criteria:** Use of the American Society of Addiction Medicine (ASAM) Criteria is required to designate appropriate level of care (LOC) placement.
- **Medical Necessity:** Medical necessity determination is required to substantiate all treatment admissions.
 - Preauthorization by SAPC is required for residential treatment, as is authorization for other select services (e.g., youth withdrawal management, youth Medication-Assisted Treatment, and Recovery Bridge Housing).
 - Required timeframes are specified for each LOC.
- **Hours/Days of Operation**
 - Treatment sites must be open for a minimum of five (5) days a week, including at least one (1) full weekend day (8 hours, either all in one weekend day or divided between 2 weekend days).
 - All non-OTP levels of care are required to be open at least two (2) evenings (5:00 pm – 9:00 pm) per week.
- **Service Standards:** Minimums and maximums regarding cumulative hours of treatment have been established for each LOC to ensure a consistent standard of care.
- **Terminology:** Former modalities have been updated to reflect current terminology.

SAPC Bulletin #17-08

REVISED: SPECIFIC SERVICES TO BE PROVIDED



Contract Program Auditors will work with providers to understand these requirements

Helpful information/resources on the revised “Specific Services to be Provided” exhibit:

- **SAPC Provider Manual**

<http://publichealth.lacounty.gov/sapc/NetworkProviders/Privacy/ProviderManualJuly2017.pdf>



Drug Medi-Cal & My Health LA

- **Medi-Cal or My Health LA eligible patients cannot be turned away, regardless of benefit status.**
- **Network providers need to screen individuals and, if treatment services are likely needed, assist individuals in acquiring benefits and establish medical necessity via the assessment process.**
- **Providers will also be reimbursed for delivered treatment services for up to 45 days after admission and completion of LACPRS for:**
 - Patients who are ultimately approved for Medi-Cal by the State.
 - Patients who are likely eligible for Medi-Cal and whose complete Medi-Cal application is submitted with a CIN number assigned, but whose application was ultimately denied by the State.
 - Patients who need current Medi-Cal benefits re-assigned to Los Angeles County due to a permanent move.



Drug Medi-Cal & My Health LA

- **To receive reimbursement, providers must:**
 - Provide evidence supporting why the patient is suspected to be DMC or MHLA eligible
 - Show documentation of submitted application and efforts to actively pursue enrollment

Helpful information/resources on enrolling clients in DMC/MHLA Program:

- **DPSS Your Benefits Now**
<https://dpssbenefits.lacounty.gov/ybn/Index.html>
- **LA County Health Services – My Health LA**
<http://dhs.lacounty.gov/wps/portal/dhs/mhla>
- **SAPC Provider Manual**
<http://publichealth.lacounty.gov/sapc/NetworkProviders/Privacy/ProviderManualJuly2017.pdf>



START-ODS Transition of Active Non-Residential Cases

Medical necessity verification by level of care

OUTPATIENT WITHDRAWAL MANAGEMENT (ASAM 1-WM) CASES

- Medical necessity needs to be verified by SAPC ***within 1 month*** of DMC-ODS launch (by 8/1/17)

INTENSIVE OUTPATIENT (ASAM 2.1) CASES

- Medical necessity needs to be verified by SAPC ***within 3 months*** of DMC-ODS launch (by 10/1/17)

OUTPATIENT (ASAM 1.0) CASES

- Medical necessity needs to be verified by SAPC ***within 4 months*** of DMC-ODS launch (by 11/1/17)

OPIOID TREATMENT PROGRAM (OTP) CASES

- Medical necessity needs to be verified by SAPC ***within 6 months*** of DMC-ODS launch (by 1/1/18)