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www.publichealth.lacounty.gov

SAPC INFORMATION NOTICE NO. 20-02
Sunset effective 3/1/22, Superseded by 22-05

March 4, 2020

TO: Los Angeles County Youth Substance Use Disorder Services Provider

FROM: Gary Tsai, M.D., Interim Division Director
Substance Abuse Prevention and Control *GT*

SUBJECT: **YOUTH ENHANCEMENT SERVICES PILOT**

In accordance with your Drug Medi-Cal (DMC) agreement section, titled Services for Youth, the Los Angeles County Department of Probation and the Department of Public Health, Substance Abuse Prevention and Control (DPH-SAPC) is launching a pilot program to enhance the Drug Medi-Cal-Organized Delivery System (DMC-ODS) substance use disorder (SUD) benefit package for eligible youth (aged 12-17).

The Youth Enhancement Services (YES) pilot enriches the youth beneficiary package by reimbursing DPH-SAPC youth-contracted SUD treatment providers for services that are not covered under DMC but are in alignment with the most current version of the Youth Treatment Guidelines available at:

https://www.dhcs.ca.gov/individuals/Documents/Youth_Treatment_Guidelines.pdf

The following are reimbursable services as part of the pilot:

1. Outreach and Engagement Services:

Outreach and engagement services aim to increase linkages and enrollment into SUD treatment services, with the intent to prevent at-risk youth from entry into or repeat involvement in the juvenile justice system. Outreach and engagement services will support activities which identify and encourage youth who meet criteria for a SUD or are at-risk of developing a SUD and meet criteria for American Society of Addiction Medicine (ASAM) At-Risk (AR) 1.0 services, to take advantage of treatment services.

Youth who screened positive for a SUD, or meet criteria for at-risk services, should be referred to a youth SUD provider for a comprehensive assessment and treatment related services. Supported outreach and engagement activities include referral and linkages to SUD treatment services, brief intervention, patient education, and care coordination services. Outreach and Engagement services must be documented in 15-minute increments and payment is limited to \$30.00 per youth per day for a maximum of five (5) days per fiscal year.

2. Positive Youth Development Services:

Positive Youth Development (PYD) services are on-going strengths-based, person-centered programs which include activities and experiences which assist in the development of social, ethical, emotional, physical, and cognitive competencies in SUD treatment settings. Programming may include instructor-led topic driven groups, workforce development skills, academic support, therapeutic activities (e.g., art therapy, journal writing, and mindfulness programs), diversionary recreation (e.g., sports, games, and supervised outings), and other pro-social activities. Reimbursement for PYD services is limited to 17 hours per month (which is approximately four [4] hours per week) at a maximum rate of \$73.70 per hour; inclusive of staff planning and direct time, program supplies, and nutritious snacks and beverages. PYD programming must be supervised by a SUD treatment staff that is a registered or certified counselor or a Licensed Practitioner of the Healing Arts (LPHA). Expenses for Triple-P, a positive parenting curriculum, may be claimed separately up to a maximum of 10 licenses per site per fiscal year. (Each license is good for one participant.)

3. Transportation Services:

Transportation service enhancements assist youth enrolled in outpatient for at risk youth (ASAM 1.0 AR), outpatient (ASAM 1.0), intensive outpatient (ASAM 2.1) treatment services as well as recovery support services (RSS) with getting to and from the following services: SUD treatment, primary medical care, behavioral health services and other SUD treatment-related services. The transportation services benefit will reimburse up to \$43.00/month towards fares (e.g., K-12/College/Vocational student Transit Access Pass (TAP) cards or single rides) for public transportation (e.g., buses, subway, light-rail, and shuttles) or transportation services provided by agency owned or leased vehicles for up to 80 miles or \$40.80 per month, per client/family, when agencies are not also leveraging transportation services funded by other programs. Please note: This benefit is not available to residential providers as transportation costs are built into the treatment rate.

ELIGIBILITY

The YES pilot is limited to providers with an active SUD contract to serve youth and that is in good standing. To participate, submit a Letter of Intent Form (Attachment I) for each DMC certified site by March 9, 2020.

EFFECTIVE PERIOD

The YES pilot will be effective on March 4, 2020 through June 30, 2020. Contingent upon the availability of continued funding, this pilot program will be extended through June 30, 2021. Providers may begin services on the date that SAPC receives the Letter of Intent confirming participation. Providers will be notified of their allocation by March 16, 2020.

DOCUMENTATION

Providers are required to document all activities of this pilot on the Participant and Services Log. Once individuals are enrolled in treatment services, services provided under this pilot must also be documented in a miscellaneous note (type: miscellaneous) in Sage or in the provider's own electronic health record (EHR) system, accessible for review by SAPC upon request.

REIMBURSEMENT

To receive reimbursement for the enhanced services under YES, providers must submit the following by mail before the 10th of each month:

- Cost/Line Item Reimbursement Form - (Attachment II)
- Participant and Services Log - (Attachment III)

Please send completed forms to:

Elizabeth Norris-Walczak, Ph.D.
Chief, Youth and Families Services
Substance Abuse Prevention and Control
1000 South Fremont Avenue, Building A-9 East, Third floor Box 34
Alhambra, California 91803

For additional information regarding this bulletin, please contact Elizabeth Norris-Walczak, Ph.D., Youth and Family Services, at (626) 299-3570 or email at enorris@ph.lacounty.gov

GT:YL:enw

**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH
SUBSTANCE ABUSE PREVENTION AND CONTROL (DPH-SAPC)
YOUTH ENHANCEMENT SERVICES PILOT**

LETTER OF INTENT FORM

Please complete a form for each DMC-certified location.

Agency Name: _____

Address: _____

City: _____ Zip: _____

Contact Person: _____

Phone: _____

Please indicate your agency's interest in participating in the Youth Enhancement Services Enhancement (YES) Pilot (check all that apply):

- Yes -- We will participate in the YES Pilot
- No -- We will NOT participate in the YES Pilot

Please return this form on or before March 9, 2020 via email to Dr. Elizabeth Norris-Walczak, Ph.D. at enorris@ph.lacounty.gov

**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH
SUBSTANCE ABUSE PREVENTION AND CONTROL (DPH-SAPC)
YOUTH ENHANCEMENT SERVICES (YES) PILOT
COST / LINE ITEM REIMBURSEMENT**

Provider Name _____
 Address: _____
 City and Zip Code: _____
 Service Category: *Youth Enhancement Services* _____
 Contact Person: _____

Contract Number: _____
 Claim Period: _____
 Date Prepared: _____
 Phone Number: _____
 Original: Supplemental:

	AMOUNT CLAIMED THIS PERIOD	YTD AMOUNT	FOR COUNTY USE ONLY
1. OUTREACH & ENGAGEMENT SERVICES			
<i>SUD Treatment Referral and Linkages</i>			
<i>Brief Intervention</i>			
<i>Patient Education</i>			
<i>Care Coordination</i>			
<i>Other:</i>			
SUB-TOTAL: OUTREACH & ENGAGEMENT	\$ -	\$	\$

2. POSITIVE YOUTH DEVELOPMENT PROGRAMS			
<i>Therapeutic Activities</i>		\$	
<i>Educational and Vocational Programs</i>			
<i>Leadership Development Programs</i>			
<i>Diversionary and Recreation</i>			
<i>Programming Supplies</i>			
<i>Positive Parenting Program (Triple-P)</i>			
<i>Food and Beverage</i>			
<i>Other:</i>			
SUB-TOTAL: POS. YOUTH DEV. PROGRAMS	\$ -	\$	\$

3. TRANSPORTATION - MILEAGE				
TOTAL MILES (A)	RATE (B)	AMOUNT CLAIMED THIS PERIOD (A) * (B)	YTD AMOUNT	FOR COUNTY USE ONLY
	\$0.51/MILE	\$ -		
TOTAL TRANSPORTATION - MILEAGE		\$ -	\$	\$

4. TRANSPORTATION - OTHER			
	\$	\$	
TOTAL TRANSPORTATION - OTHER	\$ -	\$	\$
TOTAL	\$ -	\$	\$

Claims must be submitted by the **10th of each month**. Payment on this claim may be delayed or withheld if this request for reimbursement contains any errors or omissions. **A "Participant and Services Log" for each participant must be attached to this invoice.**

 AUTHORIZED SIGNATURE

 DATE

LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH
 SUBSTANCE ABUSE PREVENTION AND CONTROL (DPH-SAPC)
 YOUTH ENHANCEMENT SERVICES (YES) PILOT
 PARTICIPANT AND SERVICES LOG

SECTION A: PARTICIPANT INFORMATION

Name: _____ Sage or Client ID: _____
 Date of Birth: _____
 Zip Code : _____ Age: _____ Gender: _____
 Phone: _____ Race/Ethnicity: _____

Living Arrangement: Parent/Legal Guardian Independent Living Homeless
 Agency / Other (Specify): _____

Referred By: Probation / JJCPA Other: _____

SECTION B: SUD and WRAP-AROUND SERVICES REFERRAL

SUD Services	Referral Date	Outcome / Comment
SUD Screening	_____	_____
SUD Treatment	_____	_____

Wrap-Around Services : Physical Health Housing
 Mental Health Employment
 Academic Other _____

SECTION C: PARTICIPANT SERVICE LOG

Date	Type of Service	Description of Service	Duration	Mileage	Amount