



# START-ODS

SYSTEM TRANSFORMATION TO ADVANCE RECOVERY AND TREATMENT



Los Angeles County's Substance Use Disorder Organized Delivery System

## *Provider Manual 5.0 Updates*

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## ***Section 2: Patient Service Standards***

- Eligibility Determination and Establishing Benefits
  - *County of Responsibility*
    - In accordance with State policy, the Los Angeles County specialty SUD benefit package follows a County of residence model of service delivery. As such, individuals need to be a resident of Los Angeles County to receive services; this includes individuals residing here but transferring benefits from another State or county
    - Providers should provide out-of-county patients with the county of residence phone number available at:  
<https://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx>.

## *Section 2: Patient Service Standards*

- Access to Care
  - Access begins with the point of first contact
  - There are four main ways to enter Los Angeles County’s specialty SUD system.
    - Substance Abuse Service Helpline (SASH)
    - Connecting to Opportunities for Recovery and Engagement (CORE) Centers
    - Client Engagement and Navigation Services (CENS)
    - Direct-to-provider self-referrals

## ***Section 2: Patient Service Standards***

- Additional Responsibilities for the CENS and/or CORE Centers Only
  - Follow-up with the selected Network Provider to ensure documentation of whether the patient did or did not attend the assessment appointment within the SUD Treatment Referral tracking Form or once the Sage system is configured.

## ***Section 2: Patient Service Standards***

- Network Provider Responsibilities for SASH, CENS, CORE Center, and Direct Referrals
  - Update SBAT on at least a daily basis
  - Answer the phone number listed on the SBAT
  - Limit additional screening questions to only allowable programmatic restrictions
  - Schedule intake/assessment appointments within five (5) business days of the call
  - Complete the bottom section of the SUD Treatment Referral Tracking Form for CENS

## ***Section 2: Patient Service Standards***

- Essential Functions of the CENS
  - Outreach and Engagement
  - Eligibility Determination and Benefits Enrollment
  - Educational Sessions
  - Screening, SUD Treatment Referral, Appointment Scheduling, Reminders and Follow-up
  - Service Navigation, Ancillary Referrals and Linkages
  - Documentation and Reporting
  - Agency and Community Education
  - Adult At-Risk Services

## *Section 2: Patient Service Standards*

- CENS Locations
  - CENS providers have Area Offices located in each of the eight (8) Service Planning Areas (SPA). CENS are also co-located at various state, County, city, and community sites to facilitate client entry into and navigation through the specialty SUD system.

## *Section 2: Patient Service Standards*

- CENS Staffing
  - CENS locations are at minimum staffed by registered and/or certified SUD counselors
  
- Hours of Operation
  - Hours of operation vary depending by location
  - CENS Area Offices are available Monday through Friday from 8:00 AM to 5:00 PM



## *Section 2: Patient Service Standards*

- CORE Center
  - The CORE Centers aim to increase opportunities for youth, adults, and family/friends throughout Los Angeles County.
  - The CORE Centers operate with Department of Public Health Community Wellness Complexes (formerly Public Health Centers) in Antelope Valley, Hollywood/Wilshire, Inglewood, South Los Angeles, and Pomona, and within the Wellness Center at LAC+USC Medical Center.

## *Section 2: Patient Service Standards*

- Direct-to-Provider
  - Individuals seeking SUD services can go directly to or contact a SUD treatment agency to initiate services.
- Treatment provider sites that offer the full SUD continuum of care
  - May begin with the full ASAM Continuum or SAPC Youth ASAM assessment
- Treatment provider sites that do NOT offer the full SUD continuum of care
  - Are to follow the Referral Connection process

## Section 2: Patient Service Standards

### The Service and Bed Availability Tool (SBAT)

#### SBAT Intake Slot Calculator

*Do you know how many intakes your agency can perform?*

The "SBAT Intake Slot Calculator" can help providers calculate the number of intakes that can be scheduled on a given day to maximize staff and organizational planning for the benefit of both treatment agencies and the patients they serve. Simply insert the information below, providing the number of staff you have available to work that day, the amount of time staff dedicated to intakes, the average intake time per client, and the number of intakes that were already scheduled for a given day. The calculator will calculate how many intakes you have available on a given day.

#### Instructions *(see below)*

Total Available Staff for Intakes:	5	Enter number of staff available to conduct intakes
X		
Average Time (hours) Dedicated to Intakes Per Staff:	0.5	Enter average time (hours, in increments of 0.25) that each staff can dedicate to
÷		
Average Intake Time (hours) Per Client:	0.75	Enter average time (hours, in increments of 0.25) it takes staff to complete an
-		
Existing Intake Appointments	2	Enter intake slot(s) that is/are already scheduled for the day
=		
Total Number of Intake Slots Available:	1	Total number of possible intake slots will be <u>auto-calculated</u> based on the values

## *Section 2: Patient Service Standards*

- Network Adequacy Certification Tool (NACT)
  - NACT, is completed by DMC-ODS Counties and used by DHCS to assess compliance to network adequacy requirements. The NACT assesses whether the County Plan:
    - Offers an appropriate range of services for the anticipated number of beneficiaries;
    - Maintains a network of providers, operating within the scope of practice under State law, that is sufficient in number, mix, and geographic distribution to meet the needs of the anticipated number of beneficiaries.
- NACT is currently completed annually

## ***Section 2: Patient Service Standards***

- **Ambulatory Withdrawal Management**
  - ASAM 1-WM and 2-WM services are staffed by interdisciplinary staff that are appropriately trained and credentialed to assess the patient and manage mild withdrawal. It is important that physicians/prescribers and nurses are readily available to assess, evaluate and confirm that patients are stable to be managed in an outpatient setting.
  - 3.7-WM and 4-WM programs are staffed by physicians/prescribers who are available by phone 24 hours per day. The facility requires 24-hour care with trained personnel, including awake staff on the overnight shift to address patient needs. A registered nurse or other licensed nurse is available to do a nursing assessment upon admission and is responsible for oversight of patient's progress and medication administration on an hourly basis (if needed).

## *Section 2: Patient Service Standards*

- Recovery Bridge Housing
  - Recovery Bridge Housing Authorization Process
    - SAPC will reimburse up to seven (7) days of RBH services while the participant is enrolling in outpatient treatment.



## ***Section 2: Patient Service Standards***

- Recovery Bridge Housing (Continued)
  - Service Hours of Operation
    - RBH must operate 24 hours per day, seven (7) days a week, and must accept intakes during regular weekday business hours (9:00 AM to 5:00 PM, at a minimum).
  - Staffing for Recovery Bridge Housing
    - RBH providers are responsible for ensuring that onsite house managers oversee the day-to-day operations of the facility.
    - RBH staff must submit any reports requested by the County and/or County partners, including required information and supporting documentation.

## *Section 2: Patient Service Standards*

- Service Delivery Options
  - Field-Based Services
    - A limit of five (5) field-based service sites are allowed per each DMC-certified location.
  - Field-Based Services Site Approvals
    - A current executed MOU, SDA, etc. must be in place at all times or services cannot be delivered.



## ***Section 2: Patient Service Standards***

- **Telehealth**

- Telehealth is defined as a SUD service that can be delivered between a registered or certified SUD counselor, and/or a LPHA and a patient via audio and video communications where the SUD counselor/LPHA and patient are not required to be at the same location.
- The type of settings patients can be located at while receiving telehealth services include but are not limited to, hospitals, medical offices, community clinics, or the patient's home.

## ***Section 2: Patient Service Standards***

- **Telehealth (Continued)**
  - Telehealth services are available to all individuals who meet eligibility requirements for SUD services. The following are allowable Levels of Care that can be conducted via Telehealth:
    - Outpatient services (ASAM 1.0 & 1.0-AR)
    - Intensive Outpatient services (ASAM 2.1)
    - Ambulatory Withdrawal Management (ASAM 1-WM & ASAM 2-WM)
    - Recovery Support Services (RSS)

## ***Section 2: Patient Service Standards***

- Telehealth (Continued)
  - Allowable Services within Levels of Care:
    - Case Management
    - Crisis Intervention
    - Collateral Services
    - Determination of Medical Necessity
    - Individual Counseling
    - Initial Clinical Assessment
    - Medication Services (MAT)
    - Treatment Planning
    - Substance Abuse Assistance
    - Recovery Monitoring

## ***Section 2: Patient Service Standards***

- Telehealth (Continued)
  - Services provided via telehealth are subject to the same privacy and security laws and regulations as services provided by in-person services, and providers must ensure that they comply with Health Insurance Portability and Accountability Act (HIPAA), the California Medical Information Act, and, if applicable, 42 CFR Part 2 or California Welfare & Institutions Code section 5328.
  - SAPC does not impose requirements of which live video platform can be used to provide services via telehealth, however, platforms must utilize HIPAA-compliant tools for the networking environment when providing Telehealth services.

## ***Section 2: Patient Service Standards***

- Intake and Enrollment
  - The Patient Handbook includes information on eligibility, accessing network providers that meet patient needs and preferences, patient rights and responsibilities and the grievances/appeals process.
  - The Patient Orientation Video will be used to provide patients with a user-friendly summary of the Provider Handbook and description of key benefits under the DMC ODS.

## *Section 2: Patient Service Standards*

- Los Angeles County Sheriff's Referrals
  - Treatment Discharge Procedures for Criminal Justice Referrals– Successful or Unsuccessful
    - Termination of any criminal justice referred patient can occur if the patient violates any facility rules, engages in violent behavior, utilizes alcohol and/or drugs, or makes threats to another participant.
    - Treatment agencies shall complete Incident Report Form START-Community Program, Incident Report added to Appendices that includes:
      - Participant progress
      - Description of incident
      - Documentation of Actions taken

## ***Section 2: Patient Service Standards***

- In-Custody to Community Referral Program (ICRP)
  - The ICRP is collaborative partnership among the DPH-SAPC, SUD treatment providers contracted by DPH-SAPC, Department of Health Services-Correctional Health Services (DHS-CHS) and Whole Person Care (WPC).
  - Referrals for ICRP must be initiated by Department of Health Services-Correctional Health Services (DHS-CHS) and Whole Person Care (WPC)

## *Section 2: Patient Service Standards*

- Homeless Services
  - All single adults, youth, and families who meet the homeless or chronic homeless definition set by the U.S. Department of Housing and Urban Development (HUD), Los Angeles County agencies, and other local housing organizations.
- Identification of 5% High Utilizers and prioritization of high-acuity homeless single adults for housing and supportive services. That includes:
  - Process for SUD treatment providers to determine whether patients have been identified as part of the 5% process
  - Determination of Appropriate Level of Care and linkage to treatment services
  - Processes if the patient is Enrolled in Treatment



## *Section 3: Clinical Process Standards*

- Eligibility Verification
  - Providers are required to confirm DMC eligibility on a monthly basis to ensure patients are actively enrolled in the DMC program.



## ***Section 3: Clinical Process Standards***

- Medications for Addiction Treatment for Youth
  - Per federal guidelines (CFR 42 Part 8): In order to be eligible for maintenance treatment, a person under 18 years of age is required to have had two documented unsuccessful attempts at short-term detoxification or drug-free treatment with a 12-month period.
  - OTPs may seek an exemption to this on a case by case basis by submitting a temporary exception (Form SMA-168) request to DHCS.

## *Section 3: Clinical Process Standards*

- **Medical Director Agreement Information**
  - Each SUD treatment site must have an agreement with their Medical Director outlining the following:
    - Ensure that medical care provided meets the appropriate standard of care and not influenced by fiscal considerations;
    - Duties and responsibilities; agreement needs to state these duties may not be delegated to non-physician staff;
    - Develop and implement medical policies and standards;
    - Lines of supervision; and
    - Education, training, work experience, and other qualifications for the position

## *Section 3: Clinical Process Standards*

- **Personnel File Requirements**
- All contracted providers must maintain a personnel file on a staff funded under their SAPC service contract. All personnel files must include, but are not limited to, the following documents:
  - Signed employment confirmation statement/duty statement
  - Job description
  - Performance evaluations
  - Health records/status as required by the provider, AOD Certification or CCR Title 9

## *Section 3: Clinical Process Standards*

- **Documentation**

- Documentation, including forms and assessments within Sage, must be completed and signed on the date indicated on the documentation. Providers may NOT back- or forward-date documentation so that it appears to have been completed and signed on a different date than was actually the case.

## ***Section 3: Clinical Process Standards***

- Residential Progress Notes
  - Residential progress notes can be completed by encounter or as daily summaries.
    - Documentation by encounter involves documenting every service and/or activity that a client is involved in within a residential setting, as it occurs.
    - Daily documentation involves summarizing all the services and/or activities that a client participates in within a given day in the residential setting.

## ***Section 3: Clinical Process Standards***

- **Complaints/Grievances and Appeals Processes**
  - Providers must post signage alerting patients of their right to file a grievance with SAPC, DHCS Office of Civil Rights and the U.S. Health and Human Services Office of Civil Rights.
  - Providers may initiate complaints/grievances verbally or in writing at any time. Patients can file a complaint with SAPC by phone or in writing via web application or mail by submitting a Patient Complaint Form.
  - Refer to Table 25. Grievance Timeline Table

## *Section 3: Clinical Process Standards*

- Notice of Adverse Benefit Determinations (NOABD)
  - NOABD letters provide information to Medi-Cal beneficiaries about their appeal rights and other beneficiary rights under the Medi-Cal program.
- Types of NOABD
  - Denial Notice (NOABD)
  - Payment Denial Notice (NOABD)
  - Delivery System Notice (NOABD)
  - Modification Notice (NOABD)
  - Termination Notice (NOABD)
  - Timely Access Notice (NOABD)
  - Financial Liability Notice (NOABD)
  - Authorization Delay Notice
  - NOABD Grievance and Appeal Timely Resolution Notice
  - Notice of Grievance Resolution (NGR)



## ***Section 4: Business Process Standards***

- Credentialing Attestation
  - In accordance with MHSUDS 18-019, providers must submit an attestation as part of the contracting process. The provider must submit a statement attesting the following:
    - Any limitations or inabilities that affect the provider's ability to perform any of the position's essential functions, with or without accommodation;
    - A history of loss of license or felony conviction;
    - A history of loss or limitation of privileges or disciplinary activity;
    - A lack of present illegal drug use; and
    - The application's accuracy and completeness.

## ***Section 4: Business Process Standards***

- Contracted Provider and Staff Credentialing
  - Contracts and Compliance Section will work with all treatment providers on credentialing and recredentialing all providers and their staff. This information includes, but is not limited, to:
    - Appropriate licenses, registrations, certifications
    - Evidence of completed required education and training, including medical residency and ongoing education, if applicable
    - Work history
    - Hospital and clinic privileges in good standing
    - History of any suspension or curtailment of hospital and clinic privileges
    - Current Drug Enforcement Administration identification number
    - National Provider Identifier number

## *Section 5: Appendices*

- APPENDICES

- Added Forms:

- SUD Screening Referral Form
- Substance Use Disorder (SUD) Screening Results and Treatment Referral Report
- SUD Treatment Referral Tracking Form
- START-Community Program Incident Report Form
- Telehealth Services Attestation Form



## THANK YOU

For more information, contact:

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SAPC Website: [www.publichealth.lacounty.gov/sapc](http://www.publichealth.lacounty.gov/sapc)

START-ODS Webpage: <http://www.publichealth.lacounty.gov/sapc/HealthCare/HealthCareReform.htm>