

**SUBSTANCE USE DISORDER
TREATMENT SERVICES
BULLETIN 18-01 FAQ**

**Recovery Bridge
Housing (RBH)**



System Transformation to Advance Recovery and Treatment, Los Angeles County's Substance Use Disorder Organized Delivery System

START-ODS Recovery Bridge Housing Inquiries
May 2019

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Recovery Bridge Housing (RBH) is available for young adults (ages 18-20) and adults (ages 21+) who are:

- In need of a stable, safe living environment that best supports their recovery from SUD; and***
- Concurrently enrolled in a qualified American Society of Addiction Medicine (ASAM) level of care: Outpatient (ASAM 1.0), Intensive Outpatient (ASAM 2.1), Opioid Treatment Program (1-OTP), Ambulatory Withdrawal Management (ASAM 1-WM, 2-WM).***

SECTION 1. RECOVERY BRIDGE HOUSING

Recovery Bridge Housing (RBH) is an abstinence-based interim living environment for young adults (18-20 years old) and adults (21 years and older) who are homeless according to the United States Department of Housing and Urban Development (HUD) definition, or unstably housed including couch surfing individuals; and who are currently enrolled in a qualified American Society of Addiction Medicine (ASAM) level of care: Outpatient (ASAM 1.0), Intensive Outpatient (ASAM 2.1), Opioid Treatment Program (1-OTP), Ambulatory Withdrawal Management (ASAM 1-WM, 2-WM). Providers may not exclude patients from RBH who are prescribed Medications for Addiction Treatment (MAT), which includes generic or brand-name buprenorphine, disulfiram, methadone, naltrexone, and naloxone.

SAPC Bulletin No. 18-12 START-RBH was released March 2018. This Frequently Asked Questions (FAQ) document compiles information about RBH found on the SAPC website, and/or asked through the monthly provider meetings or SUDTransformation@ph.lacounty.gov email.

SECTION 2. GENERAL INFORMATION

1. Where can I find information regarding RBH?

Click links below to access document:

Title	Link
Provider Manual Pages 67-73	http://publichealth.lacounty.gov/sapc/NetworkProviders/Privacy/ProviderManual.pdf
SAPC Bulletin 18-01-START Recovery Bridge Housing March 23, 2018	http://publichealth.lacounty.gov/sapc/Bulletins/START-ODS/Bulletin18-01RecoveryBridgeHousing.pdf
SAPC Bulletin No. 18-12 September 20, 2018 Rates & Standards Matrix	http://publichealth.lacounty.gov/sapc/Bulletins/START-ODS/Bulletin18-12RevisedSTART-ODSServiceReimbursementRates.pdf
Eligibility Verification and Service Authorization Request Checklist (Sage), page 8	http://publichealth.lacounty.gov/sapc/NetworkProviders/ClinicalForms/TS/SageVersion-ChecklistEligibilityVerificationServiceAuthorizations.pdf
Eligibility Verification and Service Authorization Request Checklist (Non-Sage), Page 8	http://publichealth.lacounty.gov/sapc/NetworkProviders/ClinicalForms/TS/ManualVersion-ChecklistEligibilityVerificationServiceAuthorizations.pdf
SAPC Bulletin No. 19-02 Provider Staffing Guidelines	http://publichealth.lacounty.gov/sapc/Bulletins/START-ODS/Bulletin19-02ProviderStaffingGuidelines.pdf
Recovery Bridge Housing (RBH) Authorization Request Form	http://publichealth.lacounty.gov/sapc/NetworkProviders/ClinicalForms/AQI/RBHAuthorizationRequestForm.pdf
Recovery Bridge Housing (RBH) Discharge	http://publichealth.lacounty.gov/sapc/NetworkProviders/ClinicalForms/AQI/DischargeFormRBH.pdf

2. Where can I find other SAPC-related information?

Sage is the County’s electronic health record (EHR) system. The SBAT is the online provider directory known as the Service Bed Availability Tool which is used to identify appropriate referrals by level of care, age, gender, language of services, and other key categories.

Title	Link
Sage (EHR webpage)	http://publichealth.lacounty.gov/sapc/Sage/Sageinfo.htm
Sage Frequently Asked Questions (FAQ):	http://publichealth.lacounty.gov/sapc/Sage/Documentation/SageFAQ.pdf
Service and Bed Availability Tool (SBAT)	http://sapccis.ph.lacounty.gov/sbat/
Contact Information	
Sage Helpdesk	1-855-346-2392
General Questions for SAPC?	SUDTransformation@ph.lacounty.gov
Clinical Questions	SAPC.QI.UM@ph.lacounty.gov

SECTION 3. CLINICAL RELATED

Standards of Care, Authorization, Training

3. Are there income criteria for patients to be eligible for RBH?

Recovery Bridge Housing (RBH) is available at no cost for patients. Patients qualify for RBH when they (1) meet RBH housing eligibility requirements; (2) are eligible for Medi-Cal or MHLA or qualify for another county funded program (such as AB 109, PSSF-TLFR, JJCPA, and/or Title IV-E) ; and (3) are concurrently enrolled in outpatient (ASAM 1.0), intensive outpatient (ASAM 2.1), ambulatory withdrawal management (ASAM 1-WM, 2-WM) and/or opioid treatment programs (1-OTP) services.

4. Do RBH providers need to follow the Outpatient 10-mile radius if the patient is staying in the RBH provider’s facility?

No. RBH is a non-DMC billable benefit and is therefore not subject to the DMC-ODS Waiver distance requirement. However, the best practice is to refer patients to the RBH provider within close proximity to the site where they are receiving concurrent SUD treatment. Their needs and preferences should also be considered when selecting RBH providers with bed availability.

5. What is the responsibility of the RBH provider to either supplement and/or provide nutritional support to RBH clients who have no means of financial support? Will there be legal liabilities for not providing this?

There are no SAPC policies preventing RBH providers from offering nutritional support to its patients. The outpatient treatment provider also needs to use the case-management benefit to ensure access to eligible benefits such as General Relief or CalFresh, or other non-profit organizations such as food pantries that provide no cost services.

6. Can an RBH provider perform drug testing (UA) to its clients?

No. Urinalysis (UA) or Alcohol/Drug Testing is not an allowable billing service under RBH. Per [Rates & Standards Matrix](#), the RBH rate only covers the cost of the bed. Moreover, UA Testing is considered a treatment service which is not allowed in RBH settings. The RBH provider can coordinate with the treating provider, and request that the test be conducted for the patient. However, patient consent must be secured to release the test result to the RBH provider.

7. *What is the procedure for RBH providers needing to move a patient from one site to another?*

RBH residents who move to a different site address (excluding residents who move between apartments or rooms at the same street address) require: 1) a discharge from the original RBH address; and 2) submission of a new authorization request that includes the new site address for approval by SAPC's Utilization Management Unit. For claims purposes, when a resident moves to a different address, providers must submit the day rate for the new location and not the original location.

8. *Since RBH is abstinence-based, how should we handle relapses that occur during RBH stay?*

SAPC funded RBH facilities must have a policy and procedure (P&P) that support patients who relapse but are willing to reestablish sobriety –either allow patients to remain in the RBH location if appropriate or provide access to withdrawal management services or an appropriate alternate living location to support abstinence and treatment goals thereby limiting the negative impact of their relapse. This activity could be fulfilled by the RBH house manager or outpatient provider as long as the responsible party is clear and outlined in the P&P. This may also involve increasing support at RBH, coordinating with the patient's outpatient provider (RBH and outpatient provider need to have a release of information to coordinate care), providing support/encouragement that although a relapse occurred, personal treatment goals should not be abandoned.

Additionally, it is important to note that “abstinence-based” does not include Medications for Addiction Treatment (MAT), meaning that RBH facilities are encouraged to have policies that accommodate residents who may require MAT to support their recovery.

9. *What is the guarantor entity for RBH patients?*

Authorizations: For the purposes of submitting RBH service authorizations the “Funding Source” on the Authorization request will always be Non-DMC.

Billing: For the purposes of submitting billing, the financial eligibility of the patient will determine the guarantor information.

- If the patient has DMC, then DMC will be primary guarantor and a secondary guarantor of LA County Non-DMC MUST be entered.
- If the patient does not have DMC, then only the LA County Non-DMC guarantor should be entered, and the Cal-OMS MUST reflect the county program or MHLA that is covering the services.

10. *If LA County Non-DMC is selected as the Guarantor, what address should RBH providers indicate for that guarantor?*

Providers do not need to indicate an address when selecting Non-DMC as guarantor.

SECTION 4. FINANCE RELATED

Reimbursement, Budget, Cost Report

11. Are there any additional processes RBH providers need to follow to obtain additional reimbursements given the change in RBH rates effective July 1, 2018?

No. SAPC will process the rate adjustments internally from July 1, 2018 and send payments to providers. There is no additional documentation for additional reimbursements.

12. What is SAPC's bed hold policy for RBH and residential?

SAPC's RBH bed hold policy states that providers may hold and bill beds for up to seven (7) days for patients who need to leave the housing facility for reasons such as hospitalization, therapeutic pass, flash incarceration, and return to treatment after discharging against medical advice.

In a Residential setting, transitioning to another level of care (e.g. withdrawal management) is not an allowable reason for a bed hold. Only Room and Board is reimbursable during bed hold days since no Clinical Services are provided while patients are temporarily absent from the facility.

13. Can RBH providers bill for at least the residential room and board while the patient has yet to transition into RBH pending Outpatient (OP) enrollment?

No. The Room and Board rate cannot be charged on the same day as the RBH day rate.

SECTION 5. PROGRAM ADMINISTRATION RELATED

Staffing, Operations, Facility, Management

14. How long does it take to get credentials from SAPC to update the SBAT?

The SBAT is one of the main tools that the public, Substance Abuse Service Helpline (SASH), and Client Engagement and Navigation Services (CENS) will use to identify referral sites. Therefore, it is important to keep your information current, including updating appointment/bed availability on a daily-basis per SAPC requirements. Instructions are included on the [SBAT Update Instructions](#) document or enter information here: <http://sapccis.ph.lacounty.gov/SBAT/Account/Login.aspx>

The SBAT only includes DMC-certified locations listed in your SAPC contract. For this reason, it is important to notify SAPC_Compliance@ph.lacounty.gov as soon as a DMC location is certified to include it in your contract and then eventually the SBAT.

Log-in credentials should be provided within two (2) business days of receipt of the [SBAT User Registration Form](#).

15. We are a female RBH site, and we were told that on the Service and Bed Availability Tool (SBAT), we were instructed to leave the "male" section at 0. Is this correct?

The Service and Bed Availability Tool (SBAT) has now been updated to display only the gender population/s that an RBH site serves.