

**Department of Public Health, Substance Abuse Prevention and Control (SAPC)  
Provider Staffing Level Requirements for Delivery and Oversight of Treatment Services**

| BENEFIT PACKAGE COMPONENTS |                                   |  | STAFF LEVEL                        |                                       |                                      |                                       |                               |   |
|----------------------------|-----------------------------------|--|------------------------------------|---------------------------------------|--------------------------------------|---------------------------------------|-------------------------------|---|
| HCPCS                      | Description                       |  | Trained Support Staff <sup>1</sup> | Registered SUD Counselor <sup>2</sup> | Certified SUD Counselor <sup>3</sup> | LPHA <sup>4</sup>                     | Medical Director <sup>5</sup> | APPLICABLE ASAM LEVELS OF CARE AND OTHER BENEFITS <sup>6</sup>    |
| H0049                      | Screening                         |  |                                    | ✓                                     | ✓                                    | ✓                                     | ✓                             | SASH <sup>7</sup> , CENS <sup>8</sup> , OP, IOP, R, INPT, WM, OTP |
| H0001                      | Intake Forms and Documents        |  |                                    | ✓                                     | ✓                                    | ✓                                     | ✓                             | OP, IOP, R, INPT, WM, OTP, FBS                                    |
| H0001                      | ASAM Assessment                   | Assess                                 |                                    | ✓                                     | ✓                                    | ✓                                     | ✓                             | OP, IOP, R, INPT, WM, OTP, FBS                                    |
|                            |                                   | Sign                                   |                                    |                                       | ✓                                    | ✓                                     |                               |   |
| T1007                      | Treatment Plan                    | Develop, Update, Review, Sign          |                                    | ✓                                     | ✓                                    | ✓                                     | ✓                             | OP, IOP, R, INPT, WM, OTP, FBS                                    |
|                            |                                   | Sign without MAT (mandatory)           |                                    |                                       |                                      | ✓                                     | ✓                             |   |
|                            |                                   | Sign with MAT <sup>9</sup> (mandatory) |                                    |                                       |                                      | ✓ MD/DO, and qualified NP and PA only | ✓                             |   |
| 99203                      | Physical Exam                     |  |                                    |                                       |                                      | ✓ MD/DO, and qualified NP and PA only | ✓                             | OP, IOP, R, INPT, WM, OTP   |
| H0005                      | Group Counseling                  |  |                                    | ✓                                     | ✓                                    | ✓                                     | ✓                             | OP, IOP, R, INPT, WM, OTP, FBS, RSS                               |
| T1012                      | Patient Education                 |  |                                    | ✓                                     | ✓                                    | ✓                                     | ✓                             | OP, IOP, R, INPT, WM, OTP, FBS                                    |
| H0004                      | Individual Counseling             |  |                                    | ✓                                     | ✓                                    | ✓                                     | ✓                             | OP, IOP, R, INPT, WM, OTP, FBS, RSS                               |
| H2011                      | Crisis Intervention               |  |                                    | ✓                                     | ✓                                    | ✓                                     | ✓                             | OP, IOP, R, INPT, WM, OTP, FBS                                    |
| 90846                      | Family Therapy                    |  |                                    |                                       |                                      | ✓                                     | ✓                             | OP, IOP, R, INPT, WM, OTP, FBS                                    |
| T1006                      | Collateral Services               |  |                                    | ✓                                     | ✓                                    | ✓                                     | ✓                             | OP, IOP, R, INPT, WM, OTP, FBS                                    |
| T2001                      | Non-Emergency Transportation      |  | ✓                                  | ✓                                     | ✓                                    | ✓                                     | ✓                             | R, INPT   |
| H2010                      | Medication Services <sup>10</sup> |  |                                    | ✓                                     | ✓                                    | ✓                                     | ✓                             | OP, IOP, R, INPT, WM, OTP   |
|                            |                                   | Order                                  |                                    |                                       |                                      | ✓ MD/DO, and qualified NP and PA only | ✓                             | OP, IOP, INPT, WM, OTP  |

Substance Use Disorder (SUD) Treatment Services

**Department of Public Health, Substance Abuse Prevention and Control (SAPC)  
Provider Staffing Level Requirements for Delivery and Oversight of Treatment Services**

| BENEFIT PACKAGE COMPONENTS |   |                               | STAFF LEVEL                                |  |  |   |  |  |
|----------------------------|---|-------------------------------|--|--|--|---|--|--|
| HCPCS                      | Description                                 |                               | Trained Support Staff <sup>1</sup>         | Registered SUD Counselor <sup>2</sup>  | Certified SUD Counselor <sup>3</sup>   | LPHA <sup>4</sup>   | Medical Director <sup>5</sup>              | APPLICABLE ASAM LEVELS OF CARE AND OTHER BENEFITS <sup>6</sup> |
|                            | Medication-Assisted Treatment <sup>11</sup> | Prescribe (methadone)         |  |  |  | ✓ MD/DO only  | ✓  | OTP  |
|                            |   | Prescribe (buprenorphine)     |  |  |  | ✓ MD/DO, and qualified NP and PA only   | ✓  | OTP  |
|                            |   | Prescribe (other MAT options) |  |  |  | ✓ MD/DO, and qualified NP and PA only   | ✓  | OP, IOP, INPT, WM, OTP   |
|                            |   | Monitor                       |  |  |  | ✓ MD/DO, and qualified NP and PA only   | ✓  | OP, IOP, INPT, WM, OTP   |
| H0020                      | Methadone Dispensing                        |                               |  |  |  | ✓ MD/DO, and qualified NP, PA, RN and LVN <sup>12</sup> only                                | ✓  | OTP  |
| S5000                      | Naltrexone-Generic Dispensing               | Pill                          |  |  |  | ✓ MD/DO, and qualified NP, PA, RN and LVN only  | ✓  | OP, IOP, INPT, WM  |
|                            |   | Extended-Release Injectable   |  |  |  | ✓ MD/DO, and qualified NP, PA and RN only   | ✓  | OP, IOP, INPT, WM, OTP   |
| S5000                      | Buprenorphine-Generic Dispensing            |                               |  |  |  | ✓ MD/DO, and qualified NP, PA, RN and LVN only  | ✓  | OTP  |
| S5000                      | Disulfiram-Generic Dispensing               |                               |  |  |  | ✓ MD/DO, and qualified NP, PA, RN and LVN only  | ✓  | OP, IOP, INPT, WM, OTP   |
| S5000                      | Naloxone Dispensing                         |                               | * Self-Administered (patient or bystander) | * Self-Administered (patient or bystander)                                       | * Self-Administered (patient or bystander)                                       | * Self-Administered (patient or bystander)  | * Self-Administered (patient or bystander) | OP, IOP, INPT, WM, OTP   |
| H0014-1                    | Ambulatory Detoxification                   |                               |  | ✓ (SUD counselors must operate within their scope of practice if MAT is offered) | ✓ (SUD counselors must operate within their scope of practice if MAT is offered) | ✓ (Non-medical professionals must operate within their scope of practice if MAT is offered) | ✓  | 1-WM   |
| H0014-2                    | Ambulatory Detoxification                   |                               |  | ✓ (SUD counselors must operate within their scope of practice if MAT is offered) | ✓ (SUD counselors must operate within their scope of practice if MAT is offered) | ✓ (Non-medical professionals must operate within their scope of practice if MAT is offered) | ✓  | 2-WM   |
| H0012                      | Subacute Detox Residential                  |                               |  | ✓ (SUD counselors must operate within their scope of practice if MAT is offered) | ✓ (SUD counselors must operate within their scope of practice if MAT is offered) | ✓ (Non-medical professionals must operate within their scope of practice if MAT is offered) | ✓  | 3.2-WM   |
| H0010                      | Subacute Detox Inpatient                    |                               |  | ✓ (SUD counselors must operate within  | ✓ (SUD counselors must operate within  | ✓ (Non-medical professionals must operate within their                                      | ✓  | 3.7-WM   |

**Department of Public Health, Substance Abuse Prevention and Control (SAPC)  
Provider Staffing Level Requirements for Delivery and Oversight of Treatment Services**

| BENEFIT PACKAGE COMPONENTS |  |   | STAFF LEVEL                        |  |  |   |                               |  |
|----------------------------|--|---|------------------------------------|--|--|---|-------------------------------|--|
| HCPCS                      | Description                                    |   | Trained Support Staff <sup>1</sup> | Registered SUD Counselor <sup>2</sup>  | Certified SUD Counselor <sup>3</sup>   | LPHA <sup>4</sup>   | Medical Director <sup>5</sup> | APPLICABLE ASAM LEVELS OF CARE AND OTHER BENEFITS <sup>6</sup> |
|                            |  |   |                                    | their scope of practice if MAT is offered)                                       | their scope of practice if MAT is offered)                                       | scope of practice is MAT is offered)  |                               |  |
| H0011                      | Acute Detox Inpatient                          |   |                                    | ✓ (SUD counselors must operate within their scope of practice if MAT is offered) | ✓ (SUD counselors must operate within their scope of practice if MAT is offered) | ✓ (Non-medical professionals must operate within their scope of practice if MAT is offered) | ✓                             | 4.0-WM   |
| D0001                      | Discharge Services                             | Develop   |                                    | ✓  | ✓  | ✓   | ✓                             | OP, IOP, R, INPT, WM, OTP, FBS                                 |
|                            |  | Sign  |                                    |  | ✓  | ✓   | ✓                             |  |
| H0048                      | Alcohol/Drug Testing                           |   | ✓                                  | ✓  | ✓  | ✓   | ✓                             | OP, IOP, R, INPT, WM, OTP                                      |
| H0006                      | Case Management                                |   |                                    | ✓  | ✓  | ✓   | ✓                             | OP, IOP, R, INPT, WM, OTP, FBS, RSS                            |
| H0038-R                    | Recovery Monitoring                            |   |                                    | ✓  | ✓  | ✓   | ✓                             | RSS, FBS   |
| H0038-S                    | Substance Abuse Assistance: Relapse Prevention |   |                                    | ✓  | ✓  | ✓   | ✓                             | RSS, FBS   |
| -                          | Recovery Bridge Housing (House Managers)       |   |                                    | ✓  | ✓  | ✓   | ✓                             | RBH  |
| OI and UM Requirements     | -  | Appeals Filing                                  |                                    | ✓  | ✓  | ✓   | ✓                             | OP, IOP, R, INPT, WM, OTP, FBS, RSS                            |
|                            | -  | Authorization Request: MAT for clients under 18 |                                    | ✓  | ✓  | ✓   | ✓                             | Youth MAT  |
|                            | -  | Authorization Request: Recovery Bridge Housing  |                                    | ✓  | ✓  | ✓   | ✓                             | OP, IOP, OTP, 1-WM, 2-WM                                       |
|                            | -  | Authorization Request: WM for clients under 18  |                                    | ✓  | ✓  | ✓   | ✓                             | Youth WM   |
|                            | -  | DMC Benefit Verification <sup>13</sup>          |                                    | ✓  | ✓  | ✓   | ✓                             | OP, IOP, R, INPT, WM, OTP, FBS, RSS                            |
|                            | -  | Medical Necessity Determination                 |                                    |  |  | ✓   | ✓                             | OP, IOP, R, INPT, WM, OTP, FBS, RSS                            |
|                            | -  | Pre-Authorization Request: Residential Services |                                    | ✓  | ✓  | ✓   | ✓                             | R  |

**GLOSSARY OF TERMS**

<sup>1</sup> **Trained Support Staff:** Non-professional staff including clerical, billing, and facility management support who have received appropriate onsite orientation and training prior to performing assigned duties. Non-professional staff will be supervised by professional and/or administrative staff. *[DMC-ODS Special Terms and Conditions; SAPC Provider Manual]*

<sup>2</sup> **Registered Substance Use Disorder (SUD) Counselor:** A provider staff who has registered to fulfill the requirements of becoming a Certified SUD Counselor with any of the agencies accredited by the National Commission for Certifying Agencies (NCCA) and recognized by the California Department of Health Care Services (DHCS), which include the Addiction Counselor Certification Board of California as affiliated with California Association for Alcohol/Drug Educators (CAADE), the California Association of DUI Treatment Programs (CADTP), and the California Consortium of Addiction Programs and Professionals (CCAPP). *[California Department of Health Care Services; California Code of Regulations, Title 9]*

To be able to conduct services under START-ODS, a registered SUD counselor must have completed: 1) At least 6 months of paid or unpaid supervised work experience as an SUD counselor in a State-licensed alcohol and other drug treatment facility; 2) SUD counseling; and assessment, treatment planning or case management courses from an accredited addiction studies program, college or university; and 3) Motivational Interviewing, Cognitive Behavioral Therapy, Medication-Assisted Treatment, and the ASAM Criteria trainings. These requirements will apply beginning FY 2018-2019. *[Los Angeles County Department of Public Health-Substance Abuse Prevention and Control]*

<sup>3</sup> **Certified Substance Use Disorder (SUD) Counselor:** A provider staff who has been certified by one of the agencies accredited by the NCCA and recognized by DHCS, which include the Addiction Counselor Certification Board of California as affiliated with CAADE, CADTP, and CCAPP; and who must adhere to all requirements in the California Code of Regulations, Title 9, Chapter 8. *[California Department of Health Care Services; California Code of Regulations, Title 9]*

<sup>4</sup> **LPHA:** Abbreviation for Licensed Practitioner of the Healing Arts comprising the following clinical professionals: physicians (MD or DO); nurse practitioners (NP); physician assistants (PA); registered nurses (RN); registered pharmacists (RP); licensed clinical psychologists (LCP); licensed clinical social workers (LCSW); licensed professional clinical counselors (LPCC); licensed marriage and family therapists (LMFT); license-eligible practitioners working under the supervision of licensed clinicians. The LPHAs must provide services, and receive supervision required under their respective scope of practice laws. *[DMC-ODS Special Terms and Conditions]*

License-eligible practitioners or “waivered/registered professionals” are those who have registered with the State licensing authority for the respective field (i.e., the California Board of Psychology, and Board of Behavioral Sciences) to obtain supervised clinical hours for licensure. Non-registered interns or those who have not yet received their advanced degree in the respective field are not considered LPHAs. *[California Department of Health Care Services]*

<sup>5</sup> **Medical Director:** A physician required of all provider agency sites who serves as the medical director and must 1) have enrolled with DHCS under applicable state regulations; 2) have been screened in accordance with 42 Code of Federal Regulations (CFR) 455.450(a) as a “limited” categorical risk within a year prior to serving the position; and 3) have signed a Medicaid provider agreement with DHCS as required by 42 CFR 431.107. *[DMC-ODS Special Terms and Conditions]*

Whenever possible, it is recommended that Medical Directors at SUD provider agencies perform functions that others within the agency are unable to optimally perform. As such, some recommended responsibilities of Medical Directors to maximize their benefit and role within the SUD system of care include:

- Providing Medication-Assisted Treatment (MAT) when clinically necessary
- Providing withdrawal management when clinically necessary
- Providing clinical supervision for staff
- Providing physical exams when necessary
- Referring/treating co-occurring physical and mental health conditions
- Assisting other professional staff with challenging cases (e.g., refractory SUD, co-occurring conditions, certain special populations)
- Leading Quality Improvement (QI) functions/projects (e.g., QI Projects, leading clinical team meetings, etc.)
- Conducting clinical trainings on issues relevant to professional staff (e.g., documentation, ASAM Criteria, DSM-5, MAT, and co-occurring mental health conditions)

Minimum expectations for Medical Directors within the specialty SUD system include: complying with clinical standards of best practice, licensing, accreditation standards and other local, state, and federal regulatory and reporting requirements; interpreting and supporting standards and requirements to others; researching and maintaining

knowledge of evidenced-based practices, as well as updates regarding treatment of SUD and recovery-based services; and participating in SAPC-related meetings (e.g., Medical Director meetings, provider meetings, etc.). *[SAPC Provider Manual]*

<sup>6</sup> **Applicable American Society of Addiction Medicine (ASAM) levels of care (LOC)** include: ASAM 1 Outpatient (OP); ASAM 2.1 Intensive Outpatient (IOP); ASAM 3.1, 3.3, 3.5 Residential (R); ASAM 3.7, 4 Inpatient (INPT); ASAM 1, 2, 3.2, 3.7, 4 Withdrawal Management (WM); and ASAM 1 Opioid (Narcotic) Treatment Program (OTP). **Other benefits** include: Substance Abuse Service Helpline (SASH), Client Engagement and Navigation Services (CENS); Medication-Assisted Treatment (MAT); Recovery Support Services (RSS); and Field-Based Services (FBS). *[SAPC Provider Manual]*

<sup>7</sup> **SASH:** Abbreviation for the Substance Abuse Service Helpline, a centralized triage screening and referral service that is available 24 hours a day, seven days a week. Individuals can call the SASH to initiate a self-referral for treatment or they can also be referred by an organization or other individuals including, but not limited to, physical health providers, law enforcement, family members, mental health care providers, schools, and County departments. SASH will be staffed by at minimum registered SUD counselors or, depending on contracted call center's payroll positions, by personnel trained to conduct SUD triage and screening assessments and other skills deemed necessary by SAPC to perform SASH services. *[SAPC Provider Manual]*

<sup>8</sup> **CENS:** Abbreviation for the Client Engagement and Navigation Services, which serve as a liaison between involved State or County partners (e.g., courts) and the specialty SUD system to provide high-touch (e.g., face-to-face) interaction with patients to facilitate access to and completion of SUD treatment. *[SAPC Provider Manual]*

<sup>9</sup> **Treatment Plan Signing (with MAT):** When medications are included in the treatment plan, LPHAs who sign off on treatment plans must be licensed prescribers, whether in the opioid treatment program (OTP) setting or non-OTP settings. *[SAPC Provider Manual]*

<sup>10</sup> **Medications Services:** The prescription or administration of medication related to substance use treatment services, or the assessment of the side effects or results of that medication conducted by staff lawfully authorized to provide such services and/or order laboratory testing within their scope of practice or licensure. In residential facilities this includes storing all resident medication, and facility staff members may assist with patient's self-administration of medication. *[SAPC Provider Manual]*

<sup>11</sup> **Medication-Assisted Treatment (MAT):** The use of medications, in combination with counseling and behavioral therapies, to comprehensively treat SUD and provide a whole-patient approach to treatment that includes addressing the biomedical aspects of addiction. Physicians and licensed prescribers in Drug Medi-Cal (DMC) programs will be reimbursed through the general Fee-for-Service (FFS) Medi-Cal system for the ordering, prescribing, administering, and monitoring of MAT, other than MAT provided in OTP settings, which will be reimbursed through the DMC system. *[DMC-ODS Special Terms and Conditions; SAPC Provider Manual]*

<sup>12</sup> **LVN:** Abbreviation for Licensed Vocational Nurse, who is not considered a Licensed Practitioner of the Healing Arts (LPHA) but is professionally authorized to dispense methadone, naltrexone pill, buprenorphine, and disulfiram.

<sup>13</sup> **DMC Benefit Verification:** To be eligible for DMC-reimbursed treatment services, individuals must be confirmed to 1) reside within Los Angeles County; 2) have Medi-Cal and benefits assigned to Los Angeles County; and 3) meet the medical necessity criteria. Participants of My Health LA who meet medical necessity criteria receive the same benefit package, but services are reimbursed through non-federal funding sources. *[SAPC Bulletin, SAPC Provider Manual]*