

## **Provider Manual Excerpt – Draft 5/30/17**

### **RATES AND STANDARDS MATRIX**

The SUD benefit package is available to all Medi-Cal and My Health LA eligible beneficiaries as well as individuals who are mandated to participate in certain criminal justice programs such as Assembly Bill (AB) 109 and Drug Court who meet medical necessity criteria and reside in Los Angeles County (as detailed in the *Eligibility Determination and Establishing Benefits* Section). The *SUD Rates and Standards Matrix* details allowable Healthcare Common Procedure Coding System (HCPCS) codes and the associated service description, rate, unit of service, and treatment standard for each level of care.

Outpatient levels of care (ASAM 1.0, 2.1, 1-WM, 1-OTP, RSS) report by HCPCS codes and get reimbursed by HCPCS codes at the associated rate; residential/inpatient levels of care (ASAM 3.1, 3.3, 3.5, 3.2-WM, 3.7, 3.7-WM, 4.0, 4.0-WM) report by HCPCS codes and get reimbursed by day rate, and room and board rate.

Gathering this information for all levels of care is needed both to:

1. Understand the average and per person service mix and service frequency by provider and level of care; and
2. Inform the real cost of delivering medically necessary treatment services for use in the rates development process for the next fiscal year.

For this reason, it is critical that network providers report all delivered services even when the service is not currently reimbursable (e.g., alcohol/drug tests, screening) or when there are no minimum number of service hours required per day (e.g., ASAM 3.2-WM, 3.7, 3.7-WM, 4.0, 4.0-WM). For residential services (ASAM 3.1, 3.3, 3.5), however, it will be critical to document the total hours of services delivered each week to demonstrate meeting the per person standard (20, 24, and 22 hours respectively) and substantiate that patients are receiving services at the appropriate level of care.

The Sage System is configured to include the treatment standards outlined in the *SUD Rates and Standards Matrix*, and thus will disallow claims that exceed the standard, and send notifications and/or reduce payment if claims are below the standard. Examples:

1. Intensive Outpatient (ASAM 2.1): For youth service hours are between six (6) and nineteen (19) hours per week and adult service hours are between nine (9) and nineteen (19) hours per week. If the minimum hours of service are not met, reimbursement will be reduced to the ASAM 1.0 rate. If minimum service units are not met for four (4) or more weeks, the patient needs to step down to a lower level of care and further reimbursement will be disallowed.
2. High Intensity Residential Non-Population Specific (ASAM 3.5): For youth and adults service hours are at least 22 hours per week. If less than eleven (11) hours of service are provided per week, for more than two (age 12-20) or three (age 21+) weeks the patient needs to step down to a lower level of care and further reimbursement will be disallowed. When services provided are less than the minimum, it must be clinically necessary (e.g., hospitalized, on pass) and documented in the progress notes. Alerts will be sent via Sage if service unit minimums are not met. Claims cannot be submitted to

the County if a pre-authorization request has not been submitted and/or approved by the County, or in the event of an unauthorized extension.

The Sage system will also automatically calculate the group counseling and patient education claims per person based on the established formula, and ensure compliance with the group size (2-12 persons regardless of payer) and duration (60-90 minutes) limits. It will also have the capability to determine whether the following requirements are met:

1. Enrollment in Multiple Programs: An individual cannot be concurrently enrolled in two or more levels of care (except Opioid Treatment Programs and Recovery Bridge Housing) or be enrolled by more than one contractor at a time (except Opioid Treatment Programs and Recovery Bridge Housing).
2. Housing Subsidy with Treatment: Recovery Bridge Housing participants must be concurrently enrolled in outpatient (ASAM 1.0), intensive outpatient (ASAM 2.1) opioid treatment programs (ASAM 1-OTP) or ambulatory withdrawal management (ASAM 1-WM) services to receive the housing subsidy.
3. Lack of Services: If services are not provided for thirty (30) days an alert will be sent via Sage to notify the contractor to discharge the individual. If after forty (45) days no services have been provided, an administrative discharge will automatically be completed and the County monitors will discuss the deficiency at the next site visit.

Review the *SUD Rates and Standards Matrix* included within the appendix for more information on allowable services and standards by level of care.