COORDINATING CARE AND CASE MANAGEMENT WITHIN THE NEW PAYMENT STRUCTURE

June 1, 2017

Los Angeles County Department of Public Health
Substance Abuse Prevention and Control (SAPC)
WHAT IS IN YOUR PACKET?

• Agenda
• Presentation Handout
• Rates and Standards Provider Manual Excerpt
• Rates and Standards Matrix
• V-Cap Handout
COORDINATING CARE AND CASE MANAGEMENT WITHIN THE NEW PAYMENT STRUCTURE

SESSION CONTENT OVERVIEW

• Eligibility Determination
• Entryways into the Treatment System
  – Substance Abuse Service Helpline (SASH)
  – Whole Person Care – Substance Abuse Program
  – Client Engagement and Navigation Services (CENS)
  – Direct to Provider
• Case Management and Care Coordination
• Reimbursement, Claims and HCPCS Codes
• SUD Provider Manual
ENTRYWAYS INTO THE TREATMENT SYSTEM OF CARE
Main Entryways into the Specialty SUD System

Specialty SUD System

1. SASH
   - Substance Abuse Service Helpline (SASH)
     - Responsible for initial screening and referral to SUD provider

2. CENS
   - Client Engagement & Navigation Service (CENS)
     - SUD assessors and navigators at co-located State, County and city sites

3. Direct-to-provider
   - SUD Providers
     - Responsible for delivery of SUD services

Self-Referrals & County Stakeholders*

*No wrong door approach

Whole Person Care: Substance Use Disorder Engagement, Navigation and Support (SUD-ENS) Program

Communication & care coordination
Eligibility Criteria for SUD Services

- Medi-Cal or My Health LA eligible, which includes individuals who have not completed the application.

- Verifiable resident of Los Angeles County (LAC), including benefits assigned to LAC if Medi-Cal beneficiary.

- AB 109 or drug court participant who is not Medi-Cal or My Health LA eligible, and LAC resident.
Medi-Cal Eligibility

**MAGI MEDI-CAL**
- Single childless adults (19-64)
- Children (under age 19)
- Pregnant Women
- Parent/Caretaker Relatives

✓ Eligibility is determined based on corresponding Federal Poverty Level (FPL) for a specified MAGI population, and is calculated based on rules from the Internal Revenue Service.

✓ Deprivation requirement is no longer considered, and resources are exempt from the eligibility determination.

**NON-MAGI MEDI-CAL**
- Aged (65 or over), Blind, or Disabled
- Long-Term Care
- Foster Care/Former Foster Care Children
- Supplemental Security Income (SSI)
- Medicare Savings Program
- Medically Needy (MN)
- Sneede
- Home and Community-Based Waiver
- 250% Working Disabled Program
- Pickle Program
- Minor Consent

For more information on Medi-Cal eligibility and enrollment see the Department of Public Social Services presentation handout and video for the May 4, 2017 SAPC Provider Meeting. MAGI = Modified Adjusted Gross Income.
My Health LA Eligibility

My Health LA provides primary health care at no cost to eligible residents of Los Angeles County. It is not insurance. It is a health care program for the uninsured (and un-insurable) residents of Los Angeles.

- People who live in LA County
- Age 19 and older
- Individuals or families with incomes below a monthly limit (see table)
- People that do not have health insurance and cannot get health insurance

<table>
<thead>
<tr>
<th>Family Members in the Home¹</th>
<th>Total Monthly Income Maximum²</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>at or below $ 1,387</td>
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<tr>
<td>2</td>
<td>at or below $ 1,868</td>
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<td>at or below $ 2,349</td>
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<td>4</td>
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<td>at or below $ 3,310</td>
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<td>6</td>
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<td>at or below $ 4,272</td>
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<td>8</td>
<td>at or below $ 4,752</td>
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<tr>
<td>9</td>
<td>at or below $ 5,233</td>
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<tr>
<td>10</td>
<td>at or below $ 5,714</td>
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<tr>
<td>11</td>
<td>at or below $ 6,195</td>
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<tr>
<td>12</td>
<td>at or below $ 6,676</td>
</tr>
<tr>
<td>13+</td>
<td>Add $481 each member</td>
</tr>
</tbody>
</table>

¹ Include unborn in family size.
² For ATP, all deductions are eliminated: $90 per working person; child care; medical insurance expenses, alimony/child support paid.
My Health LA Services

**What is Covered?**
- Ongoing primary care and health screenings
- Health information and advice
- Specialty care at Los Angeles County, Department of Health Services (DHS) clinics
- Hospital and emergency care at Los Angeles County, DHS hospitals.
- Prescription medicines
- Laboratory services and tests
- **Same SUD services as DMC**
- Other related health care services

**How to Enroll/Apply?**
- My Health LA partners with 193 clinics called Community Partners. Locate a nearby clinic by viewing the [map](#) or [directory](#) and then contact a site to see if it is accepting new patients.
- A photo ID, proof of Los Angeles County residency, and income verification such as a pay stub or tax form is needed for enrollment.
Non-SAPC Funded Individuals

- Individuals with commercial insurance, including those with high deductibles or co-pays
- Share-of-cost Medi-Cal, prior to reaching the minimum share-of-cost amount

Agencies may serve these individuals based on a sliding fee scale but costs/charges associated with services cannot be claimed to SAPC.

Fees (e.g., waitlist fee, assessment fee) or charges (e.g., group session) are not allowable for Medi-Cal and My Health LA eligible individuals.
ENTRYWAY #1

SUBSTANCE ABUSE SERVICE HELPLINE (SASH)
What is the Substance Abuse Service Helpline (SASH)?

• The SASH is a toll-free call line that helps connect individuals (youth, young adults, and adults), providers and other stakeholders who are seeking specialty SUD services with appropriate SUD providers throughout Los Angeles County.
  – Staffed by LPHAs and SUD counselors 24/7/365
  – Launch date of 7/1/17, concurrent with START-ODS
  – Established in collaboration between SAPC and the Department of Health Services
  – Facilitates SUD treatment access by removing the need for an in-person, pre-treatment appointment
SUD SCREENING
Determine most appropriate provisional ASAM level of care
- Young Adults/Adults
  ASAM Triage Tool
- Youth/Parent
  Youth Engagement Screener

FIND PROVIDER
Use Service & Bed Availability Tool (SBAT) to identify SUD provider that offers necessary services that match individual service preferences

REFER & LINK
Schedule an intake appointment with the identified provider within timely access standards (10 business days)

RESPONSIBILITIES OF THE SASH

ENGAGEMENT
Use Motivational Interviewing techniques to support completion of the screening and ultimately connect with the treatment provider

ELIGIBILITY
Ask basic Medi-Cal or My Health LA eligibility, and Los Angeles County residency review to detect if likely eligible for services

RESOURCES
Provide other resources to callers as needed, particularly if the purpose of the call is not for SUD services
Whole Person Care – Los Angeles

Clemens Hong MD, MPH
Director, WPC

Belinda Waltman, MD
Medical Director, WPC
Populations & Overview

- Builds a Regional, Integrated Health Delivery System for the sickest, most vulnerable LA County Residents
- Regional complex care management model with “Any Door” entry
- Community Health Worker-driven social service teams
  - Jobs for individuals with shared lived experience
- Care coordination focused on high-risk times
  - Linkage to & Integration with the existing longitudinal providers
Populations & Programs

- WPC
  - Homeless High-Risk*
    - Homeless Care Support Service
    - Tenancy Support Services
    - Recuperative Care
    - Sobering Center
    - Benefits Advocacy
  - Justice-Involved High-Risk
    - Re-entry Enhanced Care Coordination
    - Community-based Re-entry
  - Mental Health High-Risk
    - Intensive Service Recipients
    - Residential and Bridging Care
  - SUD High-Risk
    - SUD Engagement, Navigation and Support
  - Medical High-Risk
    - Transitions of Care

*Does not cover housing subsidy
Central Program Support

WPC Hub

Program Leadership
- WPC Leadership
  - Management Advisory Board/Workgroups
  - County Inputs

Countywide Data/ Analytics
- Data Sharing/Integration
  - Health Plans, HIE
- Analytic support

Enabling IT & Support
- CHAMP – Comprehensive Health Accompaniment & Management Platform
- Community Resource Platform

Training Institute
- Countywide Training Collaborative to support WPC training
- Develop curriculum & tools to support WPC

Performance Improvement
- Evaluation & Learning Team - Relentless pursuit of value
- Improvement Advisors to support PI activities
Substance Use Disorder Engagement, Navigation, and Support (SUD-ENS)

- Two month navigation program for high-risk individuals with substance use disorder
- Patients will be engaged in a variety of settings (hospitals, ambulatory clinics, drug courts, settings with CENS workers)
- Each client will be paired with a Community Health Worker who will help them engage in treatment, accompany them to provider visits, address other social needs, and assist in transitioning between levels of care
WPC Eligibility

1. LA County Resident
2. Medi-Cal Beneficiary (certain types)
3. Meets WPC program inclusion criteria
SUD-ENS Inclusion Criteria

- Active Substance Use Disorder
- AND Willing to receive treatment
- AND any of the following in the past 12 months:
  - 3+ SUD-related emergency department (ED) visits
  - 2+ SUD-related inpatient hospital admissions
  - 3+ sobering center visits
  - 2+ residential treatment programs
  - 2+ SUD-related incarcerations
  - Drug court referral
  - Homelessness with concurrent SUD
  - History of overdose (in the past 2 years)
  - Pregnant with concurrent SUD
  - Active IV drug use
WPC-SAPC Areas of Integration, Collaboration, and Opportunity

- SASH and WPC Call Line
- Settings with co-located CENS workers who can refer to our CHWs for longer-term engagement
- The opportunity for embedded CHWs in high-volume treatment centers
- The opportunity to refer your clients to WPC to address additional needs
Questions?

Contact:

wpc-la@dhs.lacounty.gov

chong@dhs.lacounty.gov

bwaltman@dhs.lacounty.gov
ENTRYWAY #2

CLIENT ENGAGEMENT AND NAVIGATION SERVICES (CENS)
What is the Client Engagement and Navigation Services (CENS)?

- CENS will target populations who require face-to-face and higher touch interactions to access SUD treatment, including individuals who are criminal-justice-involved, uninsured, homeless, and/or have a co-occurring disorder.

- CENS will be co-located at various government and community facilities, including:
  - Los Angeles Superior Courts
  - Probation Department (e.g., Assembly Bill 109 HUBS)
  - Sheriff’s Department (e.g., Pitchess Detention Center and Century Regional Detention Center)
  - Department of Health Services Psychiatric Urgent Care Centers (UCC)
SUD SCREENING
Determine most appropriate provisional ASAM level of care
- Young Adults/Adults
  ASAM Triage Tool
- Youth/Parent
  Youth Engagement Screener

FIND PROVIDER
Use Service & Bed Availability Tool (SBAT) to identify SUD provider that offers necessary services that match individual service preferences

REFER & LINK
Schedule an intake appointment with the identified provider within timely access standards (10 business days) and confirm appointment kept, and assist if not

RESPONSIBILITIES OF THE CENS

ENGAGEMENT
Use Motivational Interviewing techniques to support completion of the screening and ultimately connect with the treatment provider

ELIGIBILITY
Conduct Medi-Cal or My Health LA eligibility, and LAC residency determination, and initiate new or transfer of benefits if needed

RESOURCES
Provide other resources and referrals to clients as needed, including providing basic education on SUD related topics
As of July 1, 2017, the 19 CASC locations will no longer be funded by SAPC to provide in-person assessment and referral services.

- Screening functions will transfer to the SASH, CENS, and treatment providers
- The helpline (1-888-742-7900) will rollover to the SASH
- Any new referrals to these site locations will likely be assessed and referred into that agency’s network and not other local agencies, unless the needed level of care is not provided or selected based on patient preference.
How will the SASH or CENS know about us?

• Complete and update your agency and site address profile when changes occur for use in the SBAT.

• Update the SBAT daily with available assessment appointments and/or beds.
ENTRYWAY #3

DIRECT-TO-PROVIDER
<table>
<thead>
<tr>
<th>SUD SCREENING</th>
<th>FIND PROVIDER</th>
<th>REFER &amp; LINK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Determine most</td>
<td>If the individual needs a level of care that is not</td>
<td>If the individual needs to be referred to</td>
</tr>
<tr>
<td>appropriate ASAM</td>
<td>offered by the agency or an agency that better</td>
<td>another agency, help schedule an intake</td>
</tr>
<tr>
<td>level of care</td>
<td>matches the individual’s service preferences - use the</td>
<td>appointment within timely access standards</td>
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<tr>
<td></td>
<td>SBAT</td>
<td>(10 business days)</td>
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<td></td>
<td></td>
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<tr>
<td>Young Adults/Adults</td>
<td></td>
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<tr>
<td>ASAM Triage Tool</td>
<td></td>
<td></td>
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<tr>
<td>Youth/Parent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Youth Engagement Screen</td>
<td></td>
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</tr>
</tbody>
</table>

### RESPONSIBILITIES OF THE PROVIDER

<table>
<thead>
<tr>
<th>ENGAGEMENT</th>
<th>ELIGIBILITY</th>
<th>RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use Motivational</td>
<td>Conduct Medi-Cal or My Health LA eligibility, and LAC residency determination,</td>
<td>Provide other resources and referrals to clients as needed using the</td>
</tr>
<tr>
<td>Interviewing</td>
<td>and initiate new or transfer of benefits if needed</td>
<td>case management benefit for individual who meet medical necessity</td>
</tr>
<tr>
<td>techniques to</td>
<td></td>
<td></td>
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<tr>
<td>support completion</td>
<td></td>
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<td>of the screening</td>
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<td></td>
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<tr>
<td>and/or assessment</td>
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</tbody>
</table>
CASE MANAGEMENT

• A coordinated approach to the delivery of health (e.g., physical and mental health, substance use) and social services (e.g., housing, vocational assistance, financial assistance)

• Reimbursement Rate $33.83 per 15-minute increment

• Maximum 28 units or 7 hours per month, per patient for all levels of care except fewer units/hours for outpatient services for at-risk youth and young adults, and recovery support services
EXPECTATIONS UPON INTAKE: HEALTH BENEFITS

• Assist eligible patients to complete the Medi-Cal application via DPSS’ Your Benefits Now website to expedite processing.
  – https://www.dpssbenefits.lacounty.gov/ybn/Index.html

• Assist eligible patients to complete the My Health LA application.
  – http://dhs.lacounty.gov/wps/portal/dhs/mhla

• Assist patients who previously resided out-of-county transfer Medi-Cal benefits to Los Angeles County.
  – Report change of address to the previous County of residence
EXPECTATIONS UPON INTAKE: HEALTH SERVICES

• Assist patients to connect with their Medi-Cal managed care health plan for needed physical health services or non-specialty mental health services, including a physical exam as needed.
  – L.A. Care or its delegated partners Kaiser Foundation Health Plan, Anthem Blue Cross and Care 1st Health Plan
  – Health Net or its delegated partner, Molina Health Care

• Assist patients to connect with the Department of Mental Health for specialty mental health services for a new or existing condition.
EXPECTATIONS THROUGHOUT TREATMENT

• Ensure Health Benefits are Maintained if Eligible
  – Check Monthly to Ensure Benefits are Active
  – Support Patients in Submitting Required Documentation
  – Assist with the Annual Redetermination/Recertification Process

• Ensure Other Health Needs are Addressed
  – Support patients in making and keeping doctor’s appointments
  – Communicate with medical personnel as needed to coordinate care
• Encourage and Enable Transitions in Care
  – Prepare patient to step down to lower levels of care when treatment goals are being met. Coordinate the transition and connect the patient to new services.
    • Residential → Intensive Outpatient
    • Intensive Outpatient → Outpatient
  – Similarly prepare patient to step up to higher levels of care when treatment goals would be better met by more intensive services. Coordinate and connect here too.

• Enable Transition to and Participation in Recovery Services
  – Follow up post discharge to monitor recovery and provide linkages to support services.
  – Encourage continued connection with recovery support services (individuals/groups) as appropriate to sustain recovery goals.
EXPECTATIONS THROUGHOUT TREATMENT

• Ensure Other Social Needs are Addressed
  – Support patients in making and keeping appointments for educational/vocational services, employment opportunities, housing, and in obtaining other needed services, such as food and clothing
  – Communicate with other key individuals as needed to coordinate care

• Ensure Connections with Other County Department Workers
  – Support patients in making and keeping appointments with case workers
  – Communicate with case workers as needed and appropriate to coordinate care
CARE COORDINATION
(Reimbursed and Tracked as Case Management)

• Care coordination involves efforts to organize patient care to ensure that health and other social services and patient care activities as described above are coordinated among providers involved in patient care, such as SUD, primary care, mental health providers.

• Care coordination services are best delivered by a team of interdisciplinary staff who are capable of effectively advocating for the patients by communicating and consulting among a network of providers across multiple disciplines.

• Care coordination is patient centered and driven by a combination of patient need and preference, as well as clinical judgement, so information sharing and coordinated care are in the best interest of patient.
COUNTY/HEALTH PLANS
MEMORANDUM OF UNDERSTANDING (MOU)

• Health Plans to screen members and refer to SASH for specialty SUD services.

• SAPC Provider and Primary Care Physician (PCP) share Protected Health Information (PHI) with patient consent to support coordinated care to improve health outcomes.

• Health Plan, DMH, and SAPC (with SAPC provider, where appropriate) participate in three interagency care management teams to seamlessly coordinate care.
COUNTY/HEALTH PLANS
MOU – DATA SHARING

• Encourage patient to sign consent to share PHI.
  – Enables Health Plan to know when a member is receiving SUD treatment and better manage care.
  – Enables SAPC provider to learn about, and motivate the patient to address, other physical health needs/conditions using case management benefit.
  – Enables SAPC to demonstrate that the new DMC case management benefit improves care across the health system and contributes to reduced costs.
  – Enables Patient to address all health needs in a more coordinated and efficient way – and achieve overall health.
COUNTY/HEALTH PLANS
MOU – DATA SHARING

• How Data will be Shared and Used:

  – Data Matching to Identify Common Members in compliance with HIPAA and 42 CFR Part 2
    
    • Health Plan provides information on members to SAPC.
    
    • SAPC identifies which members are receiving SUD treatment (provided signed patient consent) and shares the patient’s diagnosis, admission/discharge dates and treating provider.
    
    • Information on non-Common members is destroyed.

  – Information will be used to support coordination and integration of care – a key priority of the DMC-ODS Waiver – and the ability to demonstrate effectiveness of the expanded DMC-ODS benefit package.
COUNTY/HEALTH PLANS
MOU – DATA SHARING

• How to Obtain and Document Consent to Disclose Protected Health Information:
  – There will be two separate consent forms available within Sage (for Sage users) and an online portal (for non-Sage users):
    1. Sharing information between specialty SUD providers *within* SAPC network
    2. Sharing information with other providers *external* to the specialty SUD system
  – These two consent forms are compliant with HIPAA and 42 CFR Part 2
CONSENT TO DISCLOSE PROTECTED HEALTH INFORMATION
– WITHIN SPECIALTY SUD PROVIDER NETWORK

II. ENTITIES WHO MAY SHARE HEALTH INFORMATION

Option 1 – All Providers within the SAPC Provider Network
☐ I authorize All Providers within the SAPC Provider Network (the provider list is below and referred to as Addendum) that are participating in my treatment to have access to and share my protected health information with each other for the purpose of coordinating my care and treatment. SAPC and its Provider Network will have access to SAPC's electronic health record database that contains my electronic health information.

Option 2 – Select Providers within the SAPC Provider Network
☐ I authorize the following entities listed below that are participating in my treatment to share my protected health information with each other for the purpose of coordinating my care and treatment (Please enter ALL names of SAPC provider organizations/agencies participating in the exchange of protected health information):

- 
- 
- 
- 
- 
-
II. ENTITIES WHO MAY SHARE HEALTH INFORMATION

I authorize the following entities listed below that are participating in my treatment to share my protected health information with each other for the purpose of coordinating my care and treatment.

**Entity/entities disclosing information:**

- 
- 
- 
- 

**Entity/entities receiving information:**

- 
- 
- 

THE BUSINESS CASE FOR CASE MANAGEMENT
IMPROVED CASE MANAGEMENT AND CARE COORDINATION NOT ONLY MAKES GOOD SENSE FOR PATIENT CARE BUT MAKES GOOD SENSE FOR YOUR BOTTOM LINE
Reimbursement FY 2016-2017: Cost Settlement

If fee-for-service claims for patients served is **below** allowable expenditures, SAPC covers the difference.
Reimbursement FY 2017-2018: Cost Reconciliation

If fee-for-service claims for patients served is below allowable expenditures, SAPC does not cover the difference.
To Cover Your Annual Costs You Must Serve Enough Medi-Cal and My Health LA Eligible People and Deliver Enough Medically Necessary Services

If you have $120,000 in costs how many people need to be served with how many units of service?
If your agency does not currently have the volume of patients needed to provide **medically necessary** services at the **appropriate frequency** to cover costs, what business development efforts need to occur?

What is this amount at your agency?
Patient treatment plans cannot be designed to draw patients into services as a means to cover the agency’s fixed costs.
NO COOKIE CUTTER PROGRAMS

The frequency of services vary based on patient need and medical necessity
So.... patients should not be told at admission “this program requires that you....to be compliant”

NO ONE SIZE FITS ALL

The types of services vary based on patient need and medical necessity
So.... patients who respond better to individual over group sessions should have a treatment plan that emphasizes that approach
Is it better to put more equal emphasis on each service within the benefit package or focus most on group counseling and patient education?
A more balanced service approach, with an emphasis on effective case management (CM) makes sense financially and clinically.
Allowable for between 1-28 case management units per level of care per month. This equates to $33.83 - $947.24 per patient as needed.
What does your agency need to do to maximize its budget and patient outcomes?

- Have Medi-Cal & MHLA enrollment specialists?
- Expand Recovery Support?
- Hire a dedicated case manager?
- Assign someone to manage monthly utilization?
- Build referral network for support services?
- Develop relationships with health plans and clinics?
- Better manage and increase care transitions?
- Update procedures to expand CM?
TO LEARN MORE ABOUT PROJECTING SERVICE CAPACITY AND REVENUE
SEE THE MAY 3, 2017 CIBHS WEBINAR AND EXCEL TOOL

AVAILABLE AT:
http://publichealth.lacounty.gov/sapc/Event/event.htm
CLAIMS AND HCPCS
(HEALTHCARE COMMON PROCEDURE CODE SYSTEM)
SUD Rates and Standards Crosswalk

RATES – STANDARDS – HCPCS REPORTING

• Outlines rates by level of care and HCPCS code
  – Outpatient LOCs: Report and bill by HCPCS
  – Residential LOCs: Report by HCPCS and bill by day rate

• Identifies minimums and maximums, and other limits
  – By youth (12-17), young adults (18-20) and adults (21+)
  – Individual cannot be enrolled in treatment at more than one agency or level of care, except for opioid treatment program or recovery bridge housing
  – Funding plan for residential admission for less than 7 days

• Identifies reimbursable services
  – Drug tests are not a billable service
  – Groups rate is dependent on duration not number of participants
### SUD Rates and Standards Matrix

**RATES – STANDARDS – HCPCS REPORTING**

<table>
<thead>
<tr>
<th>ASAM 1.0</th>
<th>Description</th>
<th>Rate</th>
<th>Time Increment</th>
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<tbody>
<tr>
<td>H0049</td>
<td>Screening</td>
<td>$00.00</td>
<td>Screen</td>
</tr>
<tr>
<td>H0001</td>
<td>Assessment/Intake</td>
<td>$29.63</td>
<td>15-Minute</td>
</tr>
<tr>
<td>T1007</td>
<td>Treatment Plan</td>
<td>$29.63</td>
<td>15-Minute</td>
</tr>
<tr>
<td>99203</td>
<td>Physical Exam</td>
<td>$29.63</td>
<td>15-Minute</td>
</tr>
<tr>
<td>H0005</td>
<td>Group Counseling</td>
<td>$29.63</td>
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<td>T1012</td>
<td>Patient Education</td>
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<td>$1.98 minute</td>
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<td>H0004</td>
<td>Individual Counseling</td>
<td>$29.63</td>
<td>15-Minute</td>
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<tr>
<td>H2011</td>
<td>Crisis Intervention</td>
<td>$29.63</td>
<td>15-Minute</td>
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<td>90846</td>
<td>Family Therapy</td>
<td>$29.63</td>
<td>15-Minute</td>
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<tr>
<td>T1006</td>
<td>Collateral Services</td>
<td>$29.63</td>
<td>15-Minute</td>
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<tr>
<td>H2010</td>
<td>Medication Services</td>
<td>$29.63</td>
<td>15-Minute</td>
</tr>
<tr>
<td>D0001</td>
<td>Discharge Services</td>
<td>$29.63</td>
<td>15-Minute</td>
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<tr>
<td>H0048</td>
<td>Alcohol/Drug Testing</td>
<td>$00.00</td>
<td>UA Test – 1 Unit</td>
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<tr>
<td>H0006</td>
<td>Case Management</td>
<td>$33.83</td>
<td>15-Minute</td>
</tr>
</tbody>
</table>

**COMBINED SERVICES:**

**Age 12-17:**
- Minimum 2 hours per month and no less or more than 0-24 units per week or 0-6 hours per week²³

**Age 18 and Over:**
- Minimum 2 hours per month and no less or more than 0-36 units per week or 0-9 hours per week²³

1. Minimum of 60 minutes and maximum of 90 minutes
2. Minimum of 60 minutes
3. Minimum of 90 minutes
# SUD Rates and Standards Matrix

**RATES – STANDARDS – HCPCS REPORTING**

<table>
<thead>
<tr>
<th>ASAM 3.5</th>
<th>Service</th>
<th>Rate</th>
<th>Day Rate</th>
<th>Pre-Authorization by County Required</th>
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<tbody>
<tr>
<td>H0049</td>
<td>Screening</td>
<td></td>
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<tr>
<td>H0001</td>
<td>Assessment/Intake</td>
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**Day Rate**

- If less than 11 hours or 44 units of service are provided, for more than 2 (age 12-20) or 3 (age 21+) weeks the patient needs to step down to a lower LOC 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 units’ minimums are not met.

**COMBINED**

- **Age 12-17:**
  - 88+ units per week or 22+ hours per week\(^3\)
  - Maximum 2 noncontiguous 30-day stays with one 30-day extension per year for any ASAM residential LOC unless medically necessary/perinatal\(^5\)

- **Age 18-20:**
  - 88+ units per week or 22+ hours per week\(^3\)
  - Maximum 2 noncontiguous 30-day stays with one 30-day extension per year for any ASAM residential LOC unless medically necessary/perinatal\(^5\)

- **Age 21 and over:**
  - 88+ units per week or 22+ hours per week\(^3\)
  - Maximum 2 noncontiguous 30-day stays with one 30-day extension per year at or for any ASAM residential LOC. Perinatal clients can remain 90-days post-partum under DMC, criminal justice transition to other payers if medically necessary and allowable for days 91-100\(^5\)

**15-Minute Increment**

- 1-28 Units per month
An integrated guide for SAPC’s network of providers containing updated SUD treatment benefits, standards, procedures, and policies as aligned with the DMC-ODS Waiver requirements.

- Sections:
  - SUD Treatment System of Care Transformation
  - Patient Service Standards
  - Clinical Process Standards
  - Business Process Standards
  - Forms, Definitions, SAPC Directory, Other Requirements
• Provider Review Period: May 26 – June 9, 2017

• Provider Review Period:
  - Use Word’s “Track Changes” and/or “Comment” function in reviewing the document
  - Save document with comments and/or recommended changes as a **Word file**, not as PDF
  - Integrate all of your agency staff’s review into just **one** document, and send to: **SUDTransformation@ph.lacounty.gov**
CONTRACT UPDATES AND BULLETINS
Provider Notices and Contract Changes

• Respond by the Deadlines
  – Surveys collect vital data
  – Sage, SBAT, SASH
  – PROVIDER DIRECTORY SURVEY (Due tomorrow – 6/2/17):
    https://www.surveymonkey.com/r/Provider_Directory_Survey

• Changes via Contract Bulletins
  – Provide feedback on pre-release bulletins
  – Implement changes based on finalized bulletins
Discussion: Financial Resources For Provider Capacity Development for START-ODS

June 1, 2017

www.vitalcap.org
About Vital Healthcare Capital (V-Cap)

Flexible Financing for a Changing Healthcare System

• V-Cap is a non-profit social impact loan fund supporting quality healthcare and good healthcare jobs in low-income communities

• V-Cap finances providers for whom access to capital is a potential barrier

• V-Cap prioritizes:
  ✓ Integrated, person-centered care for vulnerable populations
  ✓ Care models that create and enhance front-line healthcare jobs

• V-Cap offers facility, bridge and business loans.

• V-Cap partners to develop creative mixes of advantaged capital, and flexible terms to meet the needs of providers

V-Cap Loan Capital

Our funders and investors in V-Cap lending have included:

- Atlantic Philanthropies
- Bank of America
- Dignity Health
- Ford Foundation
- JPM Chase
- MetLife
- The Colorado Health Foundation
- The Robert Wood Johnson Foundation

Investing in Care that Works
Opportunities and Challenges for Providers in START-ODS: 
Financial Implications

Enhanced rates create:

- Opportunities for improved system of care, and expansion of services
- Expectations of provider investments in capacity
Investments In Service Capacity and Organizational Capacity

Capacity Needs Identified by LA County SAPC

Service Capacity Expansion Needed For Early Phase ODS:
- Adult Outpatient: expand Tx slots from 2,402 to 5,195
- Adult Intensive Outpatient: expand Tx slots from 375 to 689
- Adult Residential: expand beds from 1,220 to 2,365
- Adult Residential Med Detox: expand beds from 107 to 155
- Adult Opioid Treatment: expand Tx slots from 5,373 to 7,096
- Youth services: expanded capacity to expand youth served to 16,696.

Organizational Capacity Needs
- Upgrade technology
- Clinical Workforce
- Administrative capacity
- Strategic planning
- Policies/Procedures
- Training
- Weekend/Evening hours
- Salary/Benefit enhancement

Investing in Care that Works
Scoping Provider Investment Needs

What additional financial resources will providers need to thrive under Start-ODS?

Financing Provider Capacity – Key Questions

- What investments will providers need to:
  - Perform under the new requirements of ODS
  - Expand capacity
  - Capture the opportunities of enhanced rates, and avoid refunding at reconciliation

- How will those investments be funded?

- Are there gaps in up-front funds needed for providers to thrive within these new programs?

- Which projects require near-term financing to proceed?

- Is a dedicated pool of advantaged financing needed for your organization and the provider community?

Investing in Care that Works
V-Cap Next Steps

Scoping what financial resources providers need to thrive under START-ODS?

Interviews with Providers Participating in START-ODS:
- Key informant interviews scheduled at your convenience in upcoming weeks

Near Term Project Needs:
- V-Cap has a limited pool of reduced interest rate financing available for providers with qualifying projects

Fund Development:
- Assessment of whether a dedicated pool of flexible financing for providers participating in START-ODS is needed

For More Information

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Karen Linkins, Consultant
Desert Vista Consulting
karen@desertvistaconsulting.com

Investing in Care that Works
QUESTIONS & ANSWERS:
SAPC PANEL
<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>John Connolly</td>
<td>Chief Deputy Director</td>
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<tr>
<td>Gary Tsai</td>
<td>Medical Director</td>
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<tr>
<td>Yanira Lima</td>
<td>Adult Services Chief</td>
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<td>Timothy Duenas</td>
<td>Youth Services Chief</td>
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<tr>
<td>Daniel Deniz</td>
<td>Contract Services Chief</td>
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<tr>
<td>Babatunde Yates</td>
<td>Finance Services Chief</td>
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</table>
As we launch START-ODS, it will be important for agency management to understand both business and clinical changes to the treatment system, therefore, the format of the next week will be break-out sessions on the following topics. There will be a morning and afternoon session – registration information will be sent soon.

At least 2 managers from each contract agency need to attend.

BREAK-OUT SESSION TOPICS
1. Defining Field-Based Services and the Location Approval Process
2. New Reimbursement Structure (Cost Reconciliation), and Review of the Budget and Justification
3. Eligibility Determination, Medical Necessity and the Authorization Process
Los Angeles County Department of Public Health
Substance Abuse Prevention and Control (SAPC)

WEBSITE: www.publichealth.lacounty.gov/sapc


START-ODS EMAIL LISTSERV: SUDTransformation@ph.lacounty.gov