



Preparing the Specialty SUD System in Los Angeles County for Payment Reform

April 26, 2023

Division of Substance Abuse Prevention and Control
Los Angeles County Department of Public Health



Overview of SAPC's Payment Reform Approach & Updates

Dr. Gary Tsai





DHCS Updates and Pending Issues

- **Residential Bundled Rates Update**
 - Care Coordination
 - Recovery Services
 - Medication Services/Medication for Addiction Treatment (MAT)
- **Mobile Crisis Benefit**
- **Licensed Vocational Nurse (LVN), Medical Assistant (MA), Psych Tech Issue**
- **Naloxone Rate**



Capacity Building and Incentives

Michelle Gibson



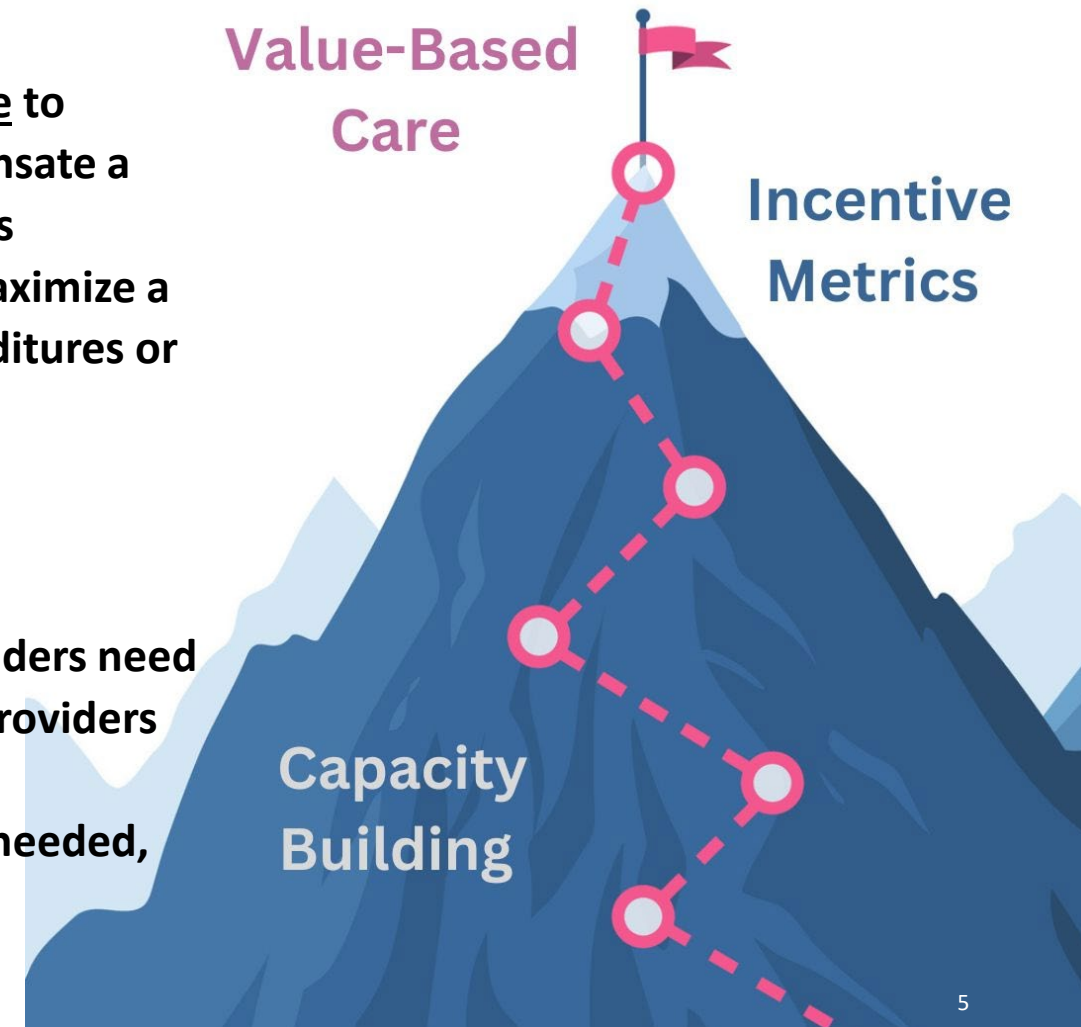
Financial Investments to Prepare for Value-Based Care

What is capacity building?

Funds that DPH-SAPC pays a treatment provider either in advance to ensure start-up funds to do something or after the fact to compensate a treatment provider for completing something. Capacity building is designed to help prepare providers to meet select metrics and maximize a supplemental incentive payment. Providers need to verify expenditures or submit a deliverable for full payment.

What are incentives?

Funds that DPH-SAPC pays a treatment provider after achieving a performance metric associated with the incentive payment. Providers need to verify completion and submit relevant data for full payment. Providers keep all funds if the metric is met and do not submit expenditure verification. The funds can be used to reinvest in the program as needed, including to support activities associated with the metric.

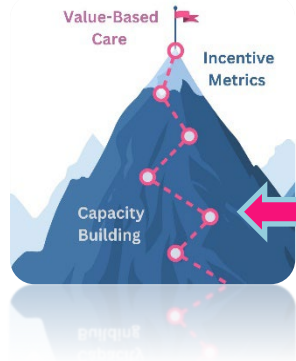


Updated: Capacity Building and Incentives Adjusted to Tiers Model

- **What levels of care have tiered rates?**
 - Tiered: Outpatient, Intensive Outpatient, Outpatient Withdrawal Management, Residential
 - Non-Tiered: Inpatient Withdrawal Management, Opioid Treatment Programs, Recovery Bridge Housing
- **What were the criteria for Tier 1, 2, and 3?**
 - Tier 1: 1-2 levels of care (accreditation counts as 1 level if applicable) **55% of agencies**
 - Tier 2: 3-5 levels of care (accreditation counts as 1 level if applicable) **31% of agencies**
 - Tier 3: 6+ levels of care (accreditation counts as 1 level if applicable) **14% of agencies**
- **Can treatment contractors move between tiers?**
 - Movement between tiers will only occur in advance of each fiscal year the model is continued. Providers in Tier 2 or Tier 3 will be required to complete SAPC's Fiscal Reporting Tool to continue in their assigned tier or to move between tiers. New levels of care will be required to move up tiers.
- **Will population (youth, perinatal) modifiers continue?**
 - No as it is expected that the tiered model will advantage most of the impacted providers.

FY 2023-2024 – Capacity Building Investment

- **Capacity Building Categories**
 - Workforce Development (recruitment, retention, & training)
 - Additional Revenue Potential with Incentives
 - Access to Care (Reaching the 95%)
 - Additional Revenue Potential with Incentives
 - Fiscal and Operational Efficiency
- **Maximum SAPC Investment in Capacity Building if 100% Participation (REVISED)**
 - **\$23,430,500**
- **Minimum Range of Agency Revenue (REVISED)**
 - Tier 1 Agencies: \$179,000
 - **Tier 2 Agencies: \$261,000**
 - **Tier 3 Agencies: \$343,000**



***Fiscal Year (FY) 2023-2024
Capacity Building Package***

Tier 1 - \$179,000, Tier 2 - \$261,000, Tier 3 - \$343,000
**in funds, that each agency based on assigned Tier can
 opt-in to use to support staff and other costs to
 advance these efforts! Up to \$5,000 to support each
 of your registered counselors get certified!**
Total Available - \$23,430,500

Counselor Workforce – Tier 1		Reaching the 95% - Tier 1		Fiscal Operations – Tier 1	
Agency Survey	\$10,000	Planning	\$28,000	Accounting System	\$10,000
Staff Survey	\$5,000	Field Based Services	\$20,000	Revenue/Expenditure	\$20,000
Sustainability Plan	\$20,000	30-60 Day Policy	\$10,000	Training & Tool	
Tuition/Paid Time	\$2,500 pp	Admit/DC Policies	\$30,000		
Certification	\$2,500 pp	Low Barrier Care	\$6,000+		
		Harm Red. Referrals	\$20,000		
Total	\$35,000+pp	Total	\$114,000+	Total	\$30,000



Counselor Workforce – Tier 2		Reaching the 95% - Tier 2		Fiscal Operations – Tier 2	
Agency Survey	\$15,000	Planning	\$39,500	Accounting System	\$15,000
Staff Survey	\$7,500	Field Based Services	\$27,500	Revenue/Expenditure	\$30,000
Sustainability Plan	\$30,000	30-60 Day Policy	\$15,000	Training & Tool	
Tuition/Paid Time	\$2,500 pp	Admit/DC Policies	\$45,000		
Certification	\$2,500 pp	Low Barrier Care	\$9,000+		
		Harm Red. Referrals	\$27,500		
Total	\$52,500+pp	Total	\$163,500+	Total	\$45,000

Counselor Workforce – Tier 3		Reaching the 95% - Tier 3		Fiscal Operations – Tier 3	
Agency Survey	\$20,000	Planning	\$51,000	Accounting System	\$20,000
Staff Survey	\$10,00	Field Based Services	\$35,000	Revenue/Expenditure	\$40,000
Sustainability Plan	\$40,000	30-60 Day Policy	\$20,000	Training & Tool	
Tuition/Paid Time	\$2,500 pp	Admit/DC Policies	\$60,000		
Certification	\$2,500 pp	Low Barrier Care	\$12,000+		
		Harm Red. Referrals	\$35,000		
Total	\$70,000+pp	Total	\$213,000+	Total	\$60,000

Capacity Building Category: Workforce Development

- Over 80% of LAC's SUD workforce are counselors, 50% of them are registered and 30% certified (licensed clinicians comprise the bulk of the remaining workforce).
- California has the lowest educational training hour requirement for SUD counselors in the United States.
- 9 hours (1 – 2 days) of training allows registered counselors to deliver direct services, this increases to the minimum training standard set for peer specialists (80 hours [2 weeks]) in 2025 with the implementation of AB 2473.
- Agencies report counselors cannot afford the cost of tuition or to take time off from work to complete coursework and often do not finish before the 5-year deadline.
- Workforce surveys indicate counselors leave the field for higher paying and/or less stressful jobs in retail and food service, further impacting the workforce shortage.

DPH-SAPC's capacity building funds are designed to address the above challenges and better ensure that staff are prepared to work with an increasingly complex patient population and a specialty SUD treatment environment where outcomes will be central to future reimbursement models.

Capacity Building Category: Workforce Development

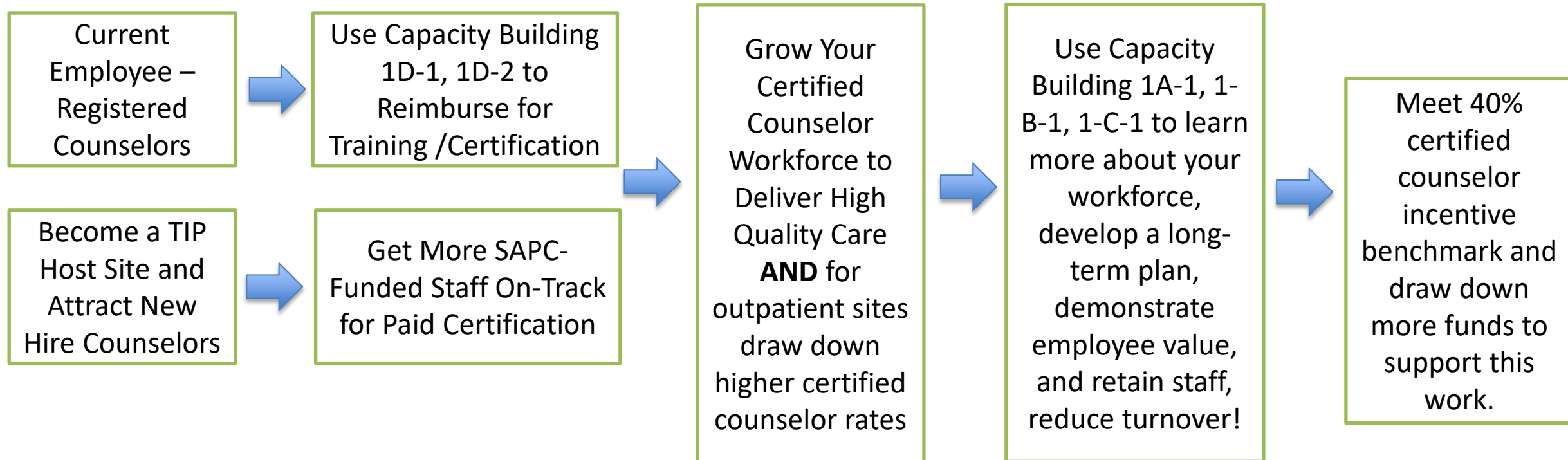
Why Participate in Workforce Capacity Building Efforts? Your agency will get additional funding to support your counselor workforce. Your participation is mutually beneficial:

Counselors: Receive tuition assistance, paid time-off to complete coursework, and/or obtain expedited certification to increase skills to provide effective treatment.

Agencies: Reduce turnover and associated recruitment and onboarding costs, receive increased outpatient rates when counselors become certified, and/or will be eligible for the additional workforce incentive payment when 40% or more of your counselor workforce is certified.

**In addition, participation in these efforts should improve your ability to meet Incentive 1-a Metric:
*At least 50% of SUD counselors providing direct services are certified SUD counselors - \$30,000 (Tier 1), \$45,000 (Tier 2), \$60,000 (Tier 3)***

Not only can participation in **CAPACITY BUILDING EFFORTS** enable you to pay for your current registered counselor employees to get certified to draw down higher rates, but you can also grow your workforce by becoming **TUITION INCENTIVE PROGRAM (TIP)** intern host site and attract new employees and serve more patients (attend 5/2/23 Provider Meeting for more information). Participation in other efforts (survey, sustainability plan) can also provide additional resources to support added supervision needed for interns.



Capacity Building Category: Reaching the 95% (R95)

- SUD systems are serving about 5% of people who need treatment because the other 95% of people who need SUD treatment either don't think they need it or don't want it. The R95 Initiative is designed to:
 - Ensure that DPH-SAPC designs a specialty SUD system that is focused not just on the ~5% of people with SUDs who are already receiving and open to treatment, but also the ~95% of people with SUDs who do not receive treatment for any reason; and
 - Communicate – through words, policies, and actions – that people with SUD are worthy of our time and attention, no matter where they are in their recovery journey, including if they haven't even started it yet.

- Under the R95 Initiative, there are 6 Incentive Options in two Focus Areas that agencies can participate in and seek to draw down by meeting specified benchmarks and activity-related deliverables:
 - Focus Area 1: Outreach and engagement
 - Focus Area 2: Establishing low barrier care

Why Participate in Access to Care – R95 Capacity Building Efforts? Your agency will get additional funding to adapt program services to serve more people and draw-down more revenue.

Your participation is mutually beneficial:

Patients: Obtain needed and desired services before they are ready for abstinence and so they have the opportunity to consider all recovery options from your skilled staff.

Agencies: Provide tailored services that meet individual patient needs and preferences and can draw-down additional revenue for the expanded patient population.

In addition, participation in these efforts should improve your ability to meet Incentive 2-a

Metric:

Become a R95 Champion by completing all components of Capacity Building Efforts 2C, 2E, and at least one other effort - \$30,000, \$45,000 (Tier 2), \$60,000 (Tier 3)

Capacity Building Category: Reaching the 95% (R95)

PLAN
(Get Paid):
Meet with
Partners

LOW BARRIER
(Get Paid):
Service Design

PLAN
(Get Paid):
Execute
MOUs

POLICIES
(Get Paid):
Admit
Policy
(Required)

LOW
BARRIER
(Get Paid):
Plan

30-60 Day
(Get Paid):
Engagement
Policy

30-60 Day
(Get Paid):
Verify
Claims
(Required)

ADD FBS
(Get Paid):
Verify
Claims

LOW BARRIER
(Get Paid):
Walk-Through

HARM
REDUCTION
(Get Paid):
Verified
Claims

ADD FBS
(Get Paid):
Execute MOUs

PLAN
(Get Paid):
Draft a
Plan

POLICIES
(Get Paid):
DC Policy
(Required)

HARM
REDUCTION
(Get Paid):
Bidirectional
Referrals

POLICIES
(Get Paid):
Presentation

Mix and Match – Or Do All to Reach those in Need and Increase Revenue!
AND
Complete all 2C, 2D and one more category to be **R95 Champion** and get incentive!

Capacity Building Category: Fiscal and Operational Efficiency

- In July 2023, DPH-SAPC and treatment providers will experience another significant shift in how DMC services are reimbursed with the movement from cost reconciliation (lesser of costs or charges) to fee-for-service (FFS), and practitioner-level rates for outpatient services. This effectively means once a claim has been approved and paid, there will be no other reconciliations or payments involved for that claim.
- Now more than ever, it is essential that providers take action to ensure they have a strong and viable organization, and that enough appropriate treatment services are delivered to generate sufficient revenue to cover operational costs. When revenue exceeds expenditures, agencies have the opportunity to reexamine current practices and make adjustments to increase clinical and operational efficiencies and shift those savings to new investments in patient care and their workforce and establish themselves as effective competitors in the SUD treatment marketplace. This can also ease the transition to value-based care where patient outcomes rather than service volume become the basis for reimbursement.

Capacity Building Category: Fiscal and Operational Efficiency

Why Participate in Fiscal and Operational Efficiency Capacity Building Efforts? Your agency will get additional funding to support your accounting/financial infrastructure and increase your operational efficiency. Your participation is mutually beneficial:

Patients: Effective clinical care requires efficient fiscal operations and reinvestment in patient care and direct service staff to facilitate positive treatment outcomes.

Agencies: Increase your internal capacity to better manage your organization by monitoring staff's productivity and how much resources are truly needed to run your organization, and learn where reinvestment can be made by improving operational efficiencies.

AND - Develop tools to ensure fiscal viability, get paid to be trained!!

FY 2023-2024 – Incentive Investment

- **Incentive Categories**

- Workforce Development (recruitment, retention, & training)
 - Additional Revenue Potential with Capacity Building
- Access to Care (Reaching the 95%)
 - Additional Revenue Potential with Capacity Building s
- Medications for Addiction Treatment (MAT)
- Care Coordination
- Data Reporting (**NEW**)

- **Maximum SAPC Investment in Incentives if 100% Participation (REVISED)**

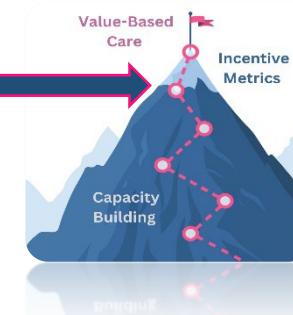
- **\$27,000,000**

- **Range of Agency Revenue (REVISED)**

- Tier 1 Agencies: **\$240,000**
- Tier 2 Agencies: **\$360,000**
- Tier 3 Agencies: **\$480,000**

**Tier 1 - \$240,000, Tier 2 - \$360,000, Tier 3 - \$480,000
for each agency that meets the following metrics!
Total Available Across SAPC Network - \$27M**

*Fiscal Year (FY) 2023-2024
Incentive Metrics Package*



Incentive Metrics		Tier 1
Workforce	40% of counselor workforce is certified (REVISED)	\$30,000
	LPHA-to-SUD counselor ratio is at least 1:15	\$30,000
Access to Care	Become R95 Champion	\$30,000
MAT	50% OUD/AUD patients receive MAT education/MAT services	\$30,000
	50% patients receive naloxone	\$30,000
Care Coordination	75% of patient have ROI for information sharing	\$30,000
	30% of patients referred to another LOC post-discharge	\$30,000
Data Reporting	30% of CalOMS admission/discharge records timely/complete (NEW)	\$30,000
Maximum for Tier 1 Agencies		\$240,000



Incentive Metrics		Tier 2
Workforce	40% of counselor workforce is certified (REVISED)	\$45,000
	LPHA-to-SUD counselor ratio is at least 1:15	\$45,000
Access to Care	Become R95 Champion	\$45,000
MAT	50% OUD/AUD patients receive MAT education/MAT services	\$45,000
	50% patients receive naloxone	\$45,000
Care Coordination	75% of patient have ROI for information sharing	\$45,000
	30% of patients referred to another LOC post-discharge	\$45,000
Data Reporting	30% of CalOMS admission/discharge records timely/complete (NEW)	\$45,000
Maximum for Tier 2 Agencies		\$360,000

Incentive Metrics		Tier 3
Workforce	40% of counselor workforce is certified (REVISED)	\$60,000
	LPHA-to-SUD counselor ratio is at least 1:15	\$60,000
Access to Care	Become R95 Champion	\$60,000
MAT	50% OUD/AUD patients receive MAT education/MAT services	\$60,000
	50% patients receive naloxone	\$60,000
Care Coordination	75% of patient have ROI for information sharing	\$60,000
	30% of patients referred to another LOC post-discharge	\$60,000
Data Reporting	30% of CalOMS admission/discharge records timely/complete (NEW)	\$60,000
Maximum for Tier 3 Agencies		\$480,000

Interested in Learning More on Capacity Building & Incentives?

Review the Capacity Building and Incentives Documents
for More Details on Funded Projects

Do you want to learn more about options, or feel you may need support thinking through options **add your agency and contact information to the chat**. SAPC hopes to reach out and encourage broad participation.

Review the total funding available to your agency based on your assigned tier. You may have enough funds to add staff to support these efforts.



Frequently Asked Questions - Review

Daniel Deniz





Payment Reform – Frequently Asked Questions

Which levels of care (LOC) are considered tiered?

Tiered Levels of Care

- Outpatient
- Intensive Outpatient (IOP)
- Outpatient Withdrawal Management (OP WM)
- Residential (RES)

Non-Tiered Levels of Care

- Inpatient Withdrawal Management (INP WM)
- Opioid Treatment Programs (OTP)
- Recovery Bridge Housing (RBH)

What type of accreditation would count as an additional level of care?

Examples of accreditation:

Commission on Accreditation of Rehabilitation Facilities (CARF)

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO).



Payment Reform – Frequently Asked Questions

How did SAPC calculate Tiered Levels for each Agency?

SAPC reviewed agency contracted Levels of Care (LOC) that were utilized in FY 22-23 to determine your agency's tier level.

Contracted LOC	Utilized LOC	Tier Level
Agency A: ASAM 3.1 ASAM 3.5 ASAM 3.2-WM	ASAM 3.1 ASAM 3.5 ASAM 3.2-WM	Tier 2
Agency B: ASAM 3.1 ASAM 3.5 ASAM 3.2 WM RBH* (non-tiered)	ASAM 3.1 ASAM 3.5	Tier 1



Payment Reform – Frequently Asked Questions

What Levels of Care were considered in determining tiers?

- ASAM 0.5 - Early Intervention
 - ASAM 1.0 - Outpatient
 - ASAM 2.1 – Intensive Outpatient
 - ASAM 1 - WM
 - ASAM 3.1 - Residential
 - ASAM 3.3 - Residential
 - ASAM 3.5 - Residential
 - ASAM 3.2 - WM
 - ASAM 3.7 - WM - Inpatient
 - ASAM 4.0 - WM - Inpatient
 - Opioid Treatment Program
 - Recovery Bridge Housing
 - Accreditation
- **Based on Levels of Care, NOT Sites.**
 - **Questions:**
SAPC-Finance@ph.lacounty.gov



Payment Reform – Frequently Asked Questions

Rate Questions

When will these rates become effective?	The rates will become effective July 1, 2023.
Why are rates vastly different between LPHAs and psychologists for the same services?	These rates differentials are set in part by the state. Given the difference in education and clinical capabilities, the personnel costs for some provider types, including psychologists are higher.
Will the room & board rate be included in the daily rate?	A \$25 Room and Board rate has been added to the matrix.
Are Outpatient rates inclusive of Early Intervention for Youth and Recovery Support Services?	Yes, Outpatient rates are both inclusive of Early Intervention for Youth and Recovery Support Services.



Payment Reform – Frequently Asked Questions

Billing Questions

Will there still be billable documentation time?

In accordance with the Draft Rates provided, there documentation is not separately billable. However, increased rates account for 40% direct services—which would allot 60% for activities including documentation within the updated rate.

What prevents providers from billing all services under the employee that has a higher status such as LPHA or physician?

While SAPC will continue to explore technological ways to prevent and detect billing aberrations, billing for services for someone who did not perform a service is considered fraud. This is a severe ethical breach and subject to contract action (including potentially termination depending on the circumstances) and financial recoupment.

How will SAPC identify the level of clinician providing counseling services on the claim for OTPs? Will a provider type modifier be required?

Services will be claimed through taxonomy/NPI code.

Since Pregnant and Parenting (PPW) modifiers will no longer be in use in OP/ IOP/ RES settings, will PPW authorization still be assigned?

PPW HD modifiers will remain under CalAIM and must be used on corresponding claims.



Payment Reform – Frequently Asked Questions

Sage & Contract Questions

Will Sage reflect these rate changes once they go into effect?

Sage will be updated once the FY 23-24 rates are finalized. SAPC is working on a configuration plan now and will notify the Provider Network once it's finalized.

Will there be an increase in funds available to raise wages for staff to support retention of a more skilled workforce?

SAPC is offering increased rates across services with the intention to enable providers to be able use this increased revenue to raise wages and engage in other efforts for workforce recruitment, retention, and development. SAPC is also offering capacity building funds to support registered counselors to pay for the necessary coursework to get certified.

Will providers receive an automatic increase in their contract limit based on the new rates?

SAPC will be initiating contract increases for FY 23-24 that will likely be processed in the early part of the new FY. In the interim, providers have the current annual contract allocation available to bill against on July 1.

Will future audits shift focus to the cost allocation model?

Yes, auditing processes will change to model fiscal requirements for CalAIM. SAPC is working with auditor control to implement CalAIM models for fiscal reporting.



FY 23-24 Rates Matrix

Daniel Deniz





FY23-24 Rate Matrix - Updates

TIER 2 RESIDENTIAL TREATMENT													
Level of Care	Code Type	Service	Code	Peer Recovery Specialist	Registered Alcohol and Drug Counselor	Certified Alcohol and Drug Counselor	LPHA (LMFT, LCSW, LPCC)/ LPHA and LE-LPHA (AMFT)	Psychologist/Psychological Associate	Registered Nurse	Physicians Assistant	Pharmacist	Nurse Practitioner	Physician
ASAM 3.1 (U1)	Room and Board	Room and Board Per Day	S9976	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00
ASAM 3.3 (U2)	Room and Board	Room and Board Per Day	S9976	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00
ASAM 3.5 (U3)	Room and Board	Room and Board Per Day	S9976	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00
ASAM 3.1 (U1)	Supplemental Services	Interactive Complexity	90785	NA	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
ASAM 3.1 (U1)	Residential	Term Residential	H0019	\$ 213.46	\$ 213.46	\$ 213.46	\$ 213.46	\$ 213.46	\$ 213.46	\$ 213.46	\$ 213.46	\$ 213.46	\$ 213.46
ASAM 3.3 (U2)	High Intensity Residential	Behavioral Health; Long Term Residential											

	A	B	C	D	E	F	G	H
1	ASAM 3.7 WM & 4.0 WITHDRAWAL MANAGEMENT							
2	Level of Care	Code Type	Service	Revenue Code	PCS Code	DPI Segment	Unit	Rate
10	ASAM 4.0 WM	Inpatient Withdrawal Management Medically Managed	Withdrawal Management 4.0 Youth Non-Perinatal	0953	H22ZZZZ	WM40Y	Per Day	\$ 1,051.74
11	Level of Care	Code Type	Service	HCPCS Code	Rate	Unit	Taxonomy Code	
12	ASAM 3.7 WM	Room and Board	Room and Board	S9976	\$25.00	Per Day	Bill under Any Taxonomy Code	
13	ASAM 4.0 WM	Room and Board	Room and Board	S9976	\$25.00	Per Day	Bill under Any Taxonomy Code	

Room & Board rates have been added.



FY23-24 Rate Matrix - Updates

TIER 1 OUTPATIENT/INTENSIVE OUTPATIENT RATES										
Level of Care	Code Type	Service	Code	Peer Recovery Specialist	Registered Alcohol and Drug Counselor	Certified Alcohol and Drug Counselor	LPHA (LMFT, LCSW, LPCC)/ LPHA and LE-LPHA (AMFT, ASW, APCC)	Psychologist/Psychological Associate	Registered Nurse	Physicians Assistant
ASAM 0.5 (U7)	Supplemental Services	Interactive Complexity	90785	NA	\$ 16.50	\$ 16.50	\$ 16.50	\$ 16.50	\$ 16.50	\$ 16.50
ASAM 0.5 (U7)	Assessment	Psychiatric Diagnostic Evaluation, 15 Minutes	90791	NA	NA	NA	\$ 59.44	\$ 91.37	NA	\$ 102.17
ASAM 0.5 (U7)	Assessment	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	90792	NA	NA	NA	NA	NA	NA	\$ 102.17
ASAM 0.5 (U7)	Family Therapy	Family Psychotherapy (Without the Patient Present), 26-50 minutes	90846	NA	NA	NA	\$ 178.31	\$ 274.10	NA	\$ 306.52
ASAM 0.5 (U7)	Family Therapy	Family Psychotherapy (Conjoint psychotherapy with Patient Present), 26-50 minutes	90847	NA	NA	NA	\$ 178.31	\$ 274.10	NA	\$ 306.52
ASAM 0.5 (U7)	Family Therapy	Multiple-Family Group Psychotherapy, 15 Minutes	90849	NA	NA	NA	\$ 59.44	\$ 91.37	NA	\$ 102.17

Rates have been revised to reflect duration of services



FY23-24 Rate Matrix - Updates

MAT NON-OTP														
Tier	Level of Care	Code Type	Service	Code	Peer Support Specialist	Registered Alcohol and Drug Counselor	Certified Alcohol and Drug Counselor	LPHA (LMFT, LCSW, LPCC)/ LPHA and LE-LPHA (AMFT, ASW, APCC)	Psychologist/Psychological Associate	Registered Nurse	Physicians Assistant	Pharmacist	Nurse Practitioner	Physician
Tier 1	ASAM 0.5 (U7)	Assessment / Medication Services / MAT	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	99202	NA	NA	NA	NA	NA	NA	\$ 102.17	NA	\$ 112.98	\$ 227.43
Tier 1	ASAM 0.5 (U7)	Assessment / Medication Services / MAT	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	99203	NA	NA	NA	NA	NA	NA	\$ 204.35	NA	\$ 225.96	\$ 454.87
Tier 1	ASAM 0.5 (U7)	Assessment / Medication Services / MAT	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	99204	NA	NA	NA	NA	NA	NA	\$ 306.52	NA	\$ 338.94	\$ 682.30
Tier 1	ASAM 0.5 (U7)	Assessment / Medication Services / MAT	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	99205	NA	NA	NA	NA	NA	NA	\$ 408.69	NA	\$ 451.92	\$ 909.74
Tier 1	ASAM 0.5 (U7)	Assessment / Medication Services / MAT	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	99212	NA	NA	NA	NA	NA	NA	\$ 76.63	NA	\$ 84.74	\$ 170.58
Tier 1	ASAM 0.5 (U7)	Assessment / Medication Services / MAT	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	99213	NA	NA	NA	NA	NA	NA	\$ 153.26	NA	\$ 169.47	\$ 341.15
Tier 1	ASAM 0.5 (U7)	Assessment / Medication Services / MAT	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	99214	NA	NA	NA	NA	NA	NA	\$ 204.35	NA	\$ 225.96	\$ 454.87

MAT Practitioner Rates have been added.

FY23-24 Rate Matrix - Updates

CARE COORDINATION									
Tier	Level of Care	Code Type	Service	Code	Peer Recovery Specialist	Registered Alcohol and Drug Counselor	Certified Alcohol and Drug Counselor	LPHA (LMFT, LCSW, LPCC)/ LPHA and LE-LPHA (AMFT, ASW, APCC)	Psychologist
Tier 1	ASAM 0.5 (U7)	Care Coordination	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purpose) for other individuals, agencies, or insurance carriers.	90889	NA	NA	NA	\$ 59.44	\$
Tier 1	ASAM 0.5 (U7)	Care Coordination	Administration of patient-focused health risk assessment instrument.	96160	NA	NA	NA	\$ 59.44	\$
Tier 1	ASAM 0.5 (U7)	Care Coordination	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Physician. Patient and/or Family not Present. 30 Minutes or More	99367	NA	NA	NA	NA	NA
Tier 1	ASAM 0.5 (U7)	Care Coordination	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non-	99368					

The matrix has been revised to better display the following Levels of Care:

- MAT (Non-OTP)
- Care Coordination
- Recovery Services

Providers can filter by Level of Care to identify the needed codes and service information.

MAT NON-OTP Care Coordination Recovery Services

Outpatient-IntensiveOP Tier 1 Outpatient-IntensiveOP Tier 2 Outpatient-IntensiveOP Tier 3



FY23-24 Rate Matrix - Updates

ASAM 3.7 WM & 4.0 WITHDRAWAL MANAGEMENT							
Level of Care	Code Type	Service	Revenue Code	PCS Code	DPI Segment	Unnit	Rate
ASAM 3.7 WM	Inpatient Withdrawal Management Medically Monitored	Withdrawal Management 3.7 Adult Perinatal	0953	HZ2ZZZZ	WM37P	Per Day	\$ 1,000.39
ASAM 3.7 WM	Inpatient Withdrawal Management Medically Monitored	Withdrawal Management 3.7 Perinatal Youth	0953	HZ2ZZZZ	WM37PY	Per Day	\$ 1,000.39
ASAM 3.7 WM	Inpatient Withdrawal Management Medically Monitored	Withdrawal Management 3.7 Adult Non-Perinatal	0953	HZ2ZZZZ	WM37	Per Day	\$ 1,000.39
ASAM 3.7 WM	Inpatient Withdrawal Management Medically Monitored	Withdrawal Management 3.7 Youth Non-Perinatal	0953	HZ2ZZZZ	WM37Y	Per Day	\$ 1,000.39
ASAM 4.0 WM	Inpatient Withdrawal Management Medically Managed	Withdrawal Management 4.0 Adult Perinatal	0953	HZ2ZZZZ	WM40P	Per Day	\$ 1,051.74
ASAM 4.0 WM	Inpatient Withdrawal Management Medically Managed	Withdrawal Management 4.0 Perinatal Youth	0953	HZ2ZZZZ	WM40PY	Per Day	\$ 1,051.74
ASAM 4.0 WM	Inpatient Withdrawal Management Medically Managed	Withdrawal Management 4.0 Adult Non-Perinatal	0953	HZ2ZZZZ	WM40	Per Day	\$ 1,051.74
ASAM 4.0 WM	Inpatient Withdrawal Management Medically Managed	Withdrawal Management 4.0 Youth Non-Perinatal	0953	HZ2ZZZZ	WM40Y	Per Day	\$ 1,051.74

The FY23-24 Rates have been increased for the following levels of care:

- ASAM 3.4
- ASAM 4.0

The increase reflects a 5.4% increase from FY22-23 Rates.



Provider Discussion

Amy McIlvaine



FOR MORE INFORMATION ON PAST PRESENTATIONS

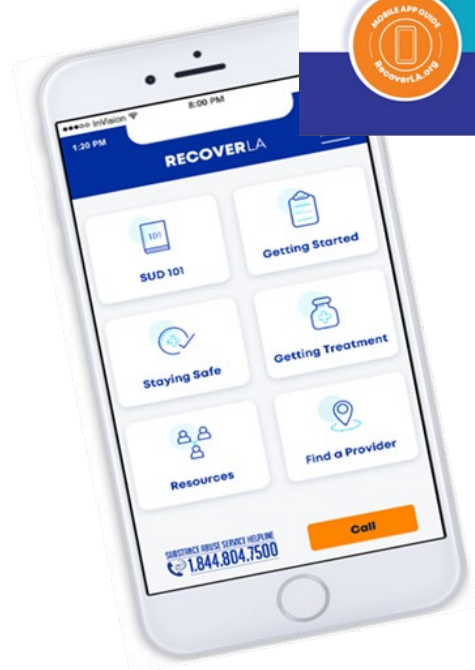
Go to the Treatment Provider Meetings Page, CaAIM Prep Section for more information on payment reform workgroup meetings, including presentations, videos and attachments: [LINK](#)

REMINDER

The payment reform provider meeting series is intended to provide a forum to discuss how rates and reimbursement is expected to change beginning July 2023. Because these discussions are happening before DHCS has provided full information on rates and DPH-SAPC has been able to fully evaluate feasibility of rates for FY 23-24 and strategies to support optimal SUD treatment services, content is considered conceptual and draft, and may change. Only when DPH-SAPC has full visibility on all DHCS rates and the impact of State decisions, can a final rates/reimbursement approach be determined.

RecoverLA:

A Los Angeles County Guide to
Substance Use Disorder Prevention
and Treatment Resources



Thank You!

Visit RecoverLA.org on your smart phone or tablet to learn more about SUD services and resources, including a mobile friendly version of the provider directory and an easy way to connect to our Substance Abuse Service Helpline at 1-844-804-7500!