Changes are listed in order under their respective subsection headings (the large Blue italicized headings in the Provider Manual). Page numbers are added for ease of use. Each segment should be reviewed in its entirety (as opposed to just the page indicated) to ensure understanding.

SECTION 2: PATIENT SERVICE STANDARDS

Eligibility Determination and Establishing Benefits

- Removed explanation of OTPs exception policy from County of Responsibility
  - Added Out-of-County Treatment Facilities section
  - Added OTP Courtesy Dosing section
  - Added explanation of admission requirements for patient’s whose benefits are being transferred between counties to Inter-County Transfers section

Access to Care

- Added explanation regarding obtaining consent from patients if SUD providers want information from the SASH under the Substance Abuse Service Helpline Section

SUD Treatment Agency Responsibilities in Receiving SASH Referrals

- Added clarification that treatment agency staff are prohibited from conducting additional assessments when receiving SASH referrals

Client Engagement and Navigation Services

- Added explanation of homeless encampments, Permanent Supportive Sites, and medical facilities as SAPC approved sites for CENS co-locations

Service and Bed Availability Tool and Provider Directory

- Revised calculation of intake appointment slots
- Updated Table 4. SAPC Access and Services Delivery Standards

Hours of Operation by Benefit

- Added explanation of the minimum and maximum number of hours per week that do not change for weeks that include the holiday

Process for Determining Medical Necessity

- Added explanation of documentation requirements for verification and re-verification of Medical Necessity

Service Benefit and Levels of Care

- Added a note footer following Table 7. SUD and Levels of Care
- Case Management
  - Increased Case Management Service Hour Requirements
- Outpatient At-Risk Youth and Young Adults (ASAM 1.0 AR)
  - Increased treatment Service Hour Requirements for At-Risk population
- Residential Services
  - Added explanation of Incidental Medical Services and MAT to be provided in Residential settings for Residential Level of Cares (ASAM 3.1, ASAM 3.3, and ASAM 3.5)
- Updated Service Hour Requirements for Residential Level of Cares (ASAM 3.1, ASAM 3.3, and ASAM 3.5)

Ambulatory Withdrawal Management
Changes Made to Version 4.0 of the Substance Use Disorder Provider Manual

December 2018

- Added definition of staffing requirements to Residential Withdrawal Management (ASAM 3.2-WM) section.........................61
- Opioid Treatment Programs (1-OTP)........63
  - Added Documentation section.............64
- Recovery Support Services.....................64
  - Added explanation to Service Requirements and Components............................66
- Recovery Bridge Housing......................67
  - Added bed hold policy.........................68
  - Updated Table 10. Recovery Bridge Housing Foundational Principles.....68
  - Updated Recovery Bridge Housing Considerations section............................70
  - Updated Assessing Housing Options section...........................................71
- Updated Recovery Housing Authorization Process.........................72
- Updated Duration of Recovery Bridge Housing section............................72
- Updated Staffing for Recovery Bridge Housing section............................73

Intake and Enrollment........................................80
- Required Forms........................................80
  - Added information on the Patient Handbook Summary to the Patient Handbook section...............................81
  - Updated Confidentiality/Release of Information section............................81
  - Updated Physical Examination section...........................................84

Treatment Service Components..................................85
- Updated Patient Education section...............86
  - Added explanation to the Individual Counseling session section..................86
- Updated the Medication Services and Safeguarding Medications section and updated to include qualified staff........90
- Updated the Non-Emergency Transportation section............................91
- Updated Discharge Planning section........91
- Updated the Culturally, Linguistically, and Population-Appropriate Services section............................................92

- Pregnant and Parenting Women Population...........................................95

Population-Based Services by Funding Source – Adult.................................108
- Updated Los Angeles County Superior Court Referrals section and also included updated language referring to START-ODS superseding previous regulations........109
- Updated Screening and Referral Process section........................................111
- Updated referral process, to Treatment Program Procedures for Probation Referrals section..............................112
  - Updated Probation Populations...112
- Updated Los Angeles County Sheriff’s Referrals section...........................116
  - Added Substance Treatment and Re-entry Transition-Community (START-Community) description of program to Referral Process for Re-entry Populations section......................116
  - Updated Community Re-entry and Resources Center (CRRC) section...................116
  - Added note to Assessment Process section...........................................116
  - Added Division of Adult Parole Operations (DAPO) section.........................118

- Updated Pregnant and Parenting Women section........................................124
  - Updated Perinatal Process........124
  - Updated Perinatal Target Population section...........................................124
  - Added Childcare section to Treatment Requirements and Case Management for Perinatal Populations section...............125
  - Updated Eligibility for Drug Medi-Cal Perinatal Eligibility section...........126
  - Updated Mother/Child Habilitative Services section...............................126
  - Updated Additional Perinatal Services section.......................................126

- Updated Homeless Services ..............127
  - Updated Assessment section........127

Population-Based Services by Funding Source – Youth...............................128
- Updated the Referral Process under the Juvenile Justice Crime Prevention Act Program (JJCPA) .................................................. 129
- Updated the Reporting Requirements and Procedures under the JJCPA section ...... 129

SECTION 3: CLINICAL PROCESS STANDARDS

Quality Improvement and Utilization Management Program .............................................. 135
- Updated Table 14. Committee Structure Summary .................................................. 136
- Eligibility Verification ................................................................................................. 139
  - Updated Table 16. Utilization Management Notification Timeframes ...................... 140
  - Added language from updated Checklist of Required Documentation for Utilization Management document to Transitions in Care section ........... 146
- Preauthorized Services .............................................................................................. 147
  - Updated Table 17. Residential Pre-authorization and Reauthorization Service Limits .......................................................... 147
  - Added Criminal Justice Involved section to Residential Treatment .................... 150
- Added Note to Required documentation for initial pre-authorizations for residential services for all populations section .................................................. 150
- Added explanation of minimum and maximum number of hours per week not changing in relation state or local holidays .......................................................... 150
- Authorized Services ................................................................................................ 151
  - Updated Recovery Bridge Housing ................................................................. 153
- Updated Table 18. Pre-authorized and Authorized Services Timeframes ................ 154

Providers–Quality Improvement Expectations ................................................................. 156
- Updated Minimum Staffing Requirements section ................................................. 161
- Updated Training Options table ............................................................................ 163
- Updated Quality Assurance – Regulations section ................................................. 164

Documentation ............................................................................................................. 167
- Updated Treatment Plan section ............................................................................ 169

- Added clarification to Residential Progress Notes section .................................... 173

Complaints/Grievances and Appeals Processes ............................................................... 174
- Updated Complaint/Grievance Process ................................................................. 175

SECTION 4: BUSINESS PROCESS STANDARDS

Updated Contract Management section ......................................................................... 184
- Updated How to Join SAPC’s Provider Network or Add Services section .............. 184
- Added DMC Contract Application, DHCS DMC Certification Application, and DHCS ASAM Designation sections ........................................... 184
- Added Table 26 ........................................................................................................ 185
- Added Ongoing Compliance Monitoring section, including SAPC Compliance Monitoring, State Monitoring, and Fiscal Monitoring ........................................... 186
- Added Contractual and Regulatory Technical Assistance section .......................... 187
- Updated SAPC Provider Policy Requirements section ............................................ 188

Finance Management .................................................................................................. 188
- Updated Direct Costs section under the Budget Development Process Section ........ 194
- Added Claims Submission Process: Medi-Cal Eligible or My Health LA Eligible but Not Enrolled Table and Note ......................................................... 195
- Added Table 28 ........................................................................................................ 195
- Added Sage Access Group Management section to Providers Eligible for Sage section ......................................................................................... 201
- Updated Provider Responsibilities to include Sage outage procedures ................. 202

SECTION 5: APPENDICES

- Added CENS: Procedure for Additional Co-Location Sites .................................... 219