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

The Substance Use Disorder Benefit Package……….18
• Added further explanation about transferring non-LAC OTP/NTP patients to County of Responsibility……………………………….18
  ▪ Added Inter-County Transfers section……………………………19
• Updated Table 3. Eligibility Requirements for Specialty SUD Services in Los Angeles County……………………………….19
• Added loss of Medi-Cal eligibility description to Eligibility Determination Process……….20
• Establishing Benefits and Concurrent Services section……………………………20
  ▪ Added County-funded programs to Non-Medi-Cal Eligible Participants……………………………22
Access to Care……………………………….23
• Updated Table 4. SAPC Access and Service Delivery Standards……………………………34
• Updated Table 5. Hours of Operation by Benefit………………………………….35
• Updated timeframe for submission of youth documentation to Timeliness of Medical Necessity Determination……………………………39
• Updated ASAM assessment tools for youth and adults to Assessment Tools……………………………40
Service Benefit and Levels of Care…………………40
• Updated Table 7. SUD Continuum and Levels of Care……………………………41
• Updated Case Management section …….43
• Removed Intensive Inpatient Services (ASAM 3.7 and 4.0)……………………………53
• Recovery Support Services……….60
  ▪ Added explanation of medical necessity……………………………60
  ▪ Added explanation of eligibility criteria to Service Requirements and Components……………………………62
  ▪ Added explanation of patient mix for groups to Counseling……………………………62
• Recovery Bridge Housing……………………………63
  ▪ Updated Table 10. Recovery Bridge Housing Foundational Principles and related notes……………………………64
  ▪ Added explanation of medical screening requirement to Recovery Bridge Housing Considerations…………66
  ▪ Added explanation of housing assessment tools and available housing resources to Assessing Housing Options……………………………66
  ▪ Added a Discharging Patients from Recovery Bridge Housing section……………………………68
  ▪ Added housing provider requirements to Eligible Recovery Bridge Housing Providers……………………………68
  ▪ Added a Staffing for Recovery Bridge Housing section……………………………68
Service Delivery Options……………………………70
• Added explanation on off-site OTP services to Field-Based Services……………………………71
Intake and Enrollment……………………………74
• Added Notices of Privacy Practices section……………………………74
• Added explanation of timeframe for completion of the initial treatment plan and documentation requirements to Treatment Plan Development and Update……………………………77
Changes Made to Version 3.0 of the Substance Use Disorder Provider Manual
February 2018

Substance Abuse Prevention and Control

Treatment Service Components…………………… 78
  • Added explanation of group size and patient mix to Group Counseling………… 79
  • Added explanation of group size and patient mix to Patient Education………… 79
  • Updated terminology of MAT to Medication for Addiction Treatment within All Levels of Care…………………………………………..82
  • Added explanation of billable services to Non-Emergency Transportation…… 84

Population-Based Services by Funding Source – Adult……………………………101
  • Updated referral process, intake, and treatment requirements to Department of Public Social Services (DPSS) – California Work Opportunity and Responsibility to Kids (CalWORKs) Referrals……………… 110
  • Updated referral process, intake, and treatment requirements to Department of Children and Family Services (DCFS) – Promoting Safe and Stable Families Time Limited Family Reunification (PSSF-TLFR) Referrals………………………………….113
  • Updated referral process, intake, and treatment requirements to Department of Children and Family Services – Family Dependency Drug Court (FDDC) Referrals…………………………………….114
  • Added child Case Management, Child Care, and explanation of where to obtain further information to Perinatal Services Network……………………………………..116
  • Updated Homeless Services section...........117

Population-Based Services by Funding Source – Youth………………………….119
  • Added Staffing and Fingerprint Clearance section to Juvenile Justice Crime Prevention Act Program .........................120

SECTION 3: CLINICAL PROCESS STANDARDS

Quality Improvement and Utilization Management Program ......................126
  • Updated Table 16. Utilization Management Notification Timeframes and related notes………………………………………….131
  • Added Transitions in Care section .........136
  • Preauthorized Services..................137
  • Updated Table 17. Residential Preauthorization and Reauthorization Service Limits.................................137
  • Added explanation about incomplete authorization requests to Residential Treatment………………………………….139
  • Removed Special Adult Populations section…………………………………….140
  • Removed Residential Grace Period from Residential Treatment……..141
  • Added explanation of submission process for pending Medi-Cal applications to Residential Treatment……………………………141
  • Added explanation of residential day rate calculation to Residential Treatment……………………………………..141
  • Removed Intensive Inpatient Treatment section……………………………142
  • Updated Table 18. Preauthorized and Authorized Service Request Timeframes………………………………….146

Providers – Quality Improvement Expectations...148
  • Updated site hour requirements to Medical Director…………………… 152
  • Added explanation of role and responsibilities for Licensed-eligible LPHAs, licensed prescribers, students, interns, and trainees to Licensed Practitioners of the Healing Arts.................................153
  • Added explanation of training requirements and options to Minimum Staffing Requirements…………………………………154

Documentation...............................................159
  • Updated Table 19. Treatment Plan Minimum Requirements...............................161
  • Added explanation of type(s) and frequency of services to Treatment Plan……162
  • Added Residential Progress Notes section...................................................164
  • Added explanation of Sage submission process to Discharge Summary and Transfer..................................................165

Risk Management and Reportable Incidents.....171
  • Added explanation of provider-preventable conditions to Reportable Incidents.....172

SECTION 4: BUSINESS PROCESS STANDARDS
Contract Management………………………………175
  • Added explanation documentation requirement for patient records……….177
  • Added SAPC Provider Policy Requirements section…………………………177
  • Added State Monitoring – Post-service Post-payment Utilization Reviews section……179

Finance Management………………………………179
  • Added explanation of group counseling calculations…………………………181
  • Added explanation of reimbursable services to Cost Reconciliation Not cost Reimbursement…………………………182
  • Added explanation of contract augmentation to Projecting Utilization and Managing Expenditures…………………………183
  • Added Cost Reporting section…………186

SECTION 5: APPENDICES
  • Added Case Management References….205