

QUICK REFERENCE GUIDE:

Changes Made to Version 8.0 of the Substance Use Disorder Treatment Services Provider Manual

Changes are listed in order under their respective **subsection headings** (the large, bold, blue 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.**

ENTIRE DOCUMENT

- Updated language from “substance abuse” to “substance use”
- Updated language from “Criminal Justice-Involved” to “Justice-Involved”
- Updated language from “homeless” to “person experiencing homelessness (PEH)”
- Updated language from “Youth Treatment Guidelines” to “Adolescent Substance Use Disorder Best Practices Guide”
- Youth is now Youth (17 and under)

SECTION 2. PATIENT SERVICE STANDARDS

The Substance Use Disorder Package

- Covered Beneficiaries and Eligible Participants.....13-17
 - Added My Health LA (MHLA) program sunset date (January 2024)
- Establishing and Transferring Benefits.....17-20
 - Added new graphic on Key Inter-County Transfer Steps

Access to Care

- Network Provider Responsibilities for SASH, CENS, CORE Center, and Direct Referrals.....24-25
 - Separated into two sections: (1) treatment agencies around referrals from SASH, CENS, CORE, and other provider referrals and (2) providers making referrals to other agencies
 - Clarified when and how updates need to be made to the SBAT survey
- Member Support.....25
 - New section
- Service and Bed Availability Tool and Provider Directory.....34-35
 - Added SBAT Provider Site URL and New User Registration Form URL
- Table 3, SAPC Access and Services Delivery Standards.....35-38
 - Updated Urgent Appointment for Withdrawal Management and Data Submission (CalOMS/LACPRS)
 - Added Absence Without Leave (AWOL) Policy

- Described the steps for (1) patients in outpatient and intensive outpatient treatment settings and (2) for patients in residential treatment settings in Initial Problem List (for non-OTP Services) and Initial Treatment Plan (for OTP Services)
- Holiday Closure Pre-Approval.....40
 - Added section; updated to reflect religious holidays with additional clarity
- Out-of-Network Policy.....40-41
 - New section
- Network Adequacy Certification Submissions.....41-42
 - Renamed from Network Adequacy Certification Tool from 7.0
- Notifications and Provider NACT Coordinator.....41
 - New section
- Network Adequacy Certification Application.....42
 - Added section title and defines NACA
- Initial Engagement Authorizations.....42-43
 - New section
- Reimbursement and Diagnosis Codes.....47-48
 - Added info on usage of ICD-10 codes

Service Benefit and Levels of Care (LOCs)

- Certified Medi-Cal Peer Support Specialist Program.....64-67
 - New section
- Early Intervention Services for Youth and Young Adults (ASAM 0.5).....70-71
 - Included ICD-10 codes and added new training requirements
- High Intensity Residential – Population Specific (ASAM 3.3).....74-76
 - Included ASAM Level 3.5 for youth
- Table 7, Withdrawal Management.....78
 - Elaborated on 3.2, 3.7 and 4
- Assessment.....79
 - Added best practice statement and WM assessment content
- Stabilization.....79-80
 - Counselor changed to treatment team

- Ambulatory Withdrawal Management Without Extended Monitoring (ASAM 1-WM).....80-81
 - Corrected ASAM 1-WM phrases
 - Updated staffing procedures
- Ambulatory Withdrawal Management with Extended Monitoring (ASAM 2-WM).....81-82
 - Added a level of symptoms
- Residential Withdrawal Management (ASAM 3.2-WM)
 - Updated staffing requirements
- Inpatient Withdrawal Management – Medically Monitored (ASAM 3.7-WM).....83-85
 - Elaborated on ASAM 3.7-WM services and criteria for admission
- Inpatient Withdrawal Management – Medically Managed (ASAM 4-WM).....85-86
 - Elaborated on ASAM 4-WM services, criteria for admission, and staffing procedures
- Table 8, Recovery Bridge Housing.....92-94
 - Added 50+ sq. ft. req. & CARE Court clients

Early Intervention and Treatment Service Components

- Medications for Addiction Treatment.....103-107
 - Updated what Medi-Cal covers and what providers need to do
 - FDA-Approved Medications for Addiction Treatment Options, Table 9: includes medication formulations

Service Delivery Options

- Field Based Services.....111-117
 - Updated policy, application procedures, and documentation
- Available Telehealth Services.....118
 - Added group counseling sessions as a telehealth option

Moved population sections to Section 3

SECTION 3. PATIENT SERVICE STANDARDS: SPECIAL POPULATIONS

SAPC Justice-Involved Population

- Juvenile Justice-Involved Population....132-134
 - New sections on services delivered and Secure Youth Treatment Facilities
 - Reorganized sections; updated policy on Juvenile Justice Crime Prevention Act; referral process for CENS; and required background clearances

- Adult Justice-Involved Population.....135-142
 - Reorganized sections; made corrections to START-Community program; and removed language related to TCPX, CRRP, and ICRP

Family Programs

- CalWORKs Adult At-Risk Program Referral Process.....159
 - Added a step in the referral process
- CENS Area Office – CalWORKs Dedicated CENS Responsibilities.....159
 - Added notification time frame for CENS staff

Moved population sections from Section 2 here

Removed Sections: Youth Enhancement Services (YES), Juvenile Delinquency Drug Court

SECTION 4. CLINICAL PROCESS STANDARDS

Utilization Management Components.....165

- Updated information on member authorizations and reauthorizations

Eligibility Verification.....165-170

- Updated information on medical necessity determinations
- Timeliness of Authorization Submissions.....170
 - Added 4th exception to the 30 day rule

Pre-Authorized Services

- Residential Treatment.....172-174
 - Renamed “Homeless Patients” to “People Experiencing Homelessness”
 - Updated criteria for approval

Sage Outage Procedure.....179-180

- New section

Workforce

- Certified Medi-Cal Peer Support Specialists in the Workforce.....185-186
 - New section

SECTION 6. BUSINESS PROCESS STANDARDS

Contract Management

- How to Add or Expand Services.....215-216
 - Renamed section from "How to Join SAPC's Provider Network or Add Services"
 - Updated section to concentrate on service expansion within the existing network

- Table 23, Process for Contract Amendments.....217
 - Updated “Funding Augmentation” and “Add/Remove Services or locations”
- SAPC Compliance Monitoring.....218-219
 - Added language on fraud
- Protected Health Information (PHI) Requirements.....220
 - New section

Finance Management

- Rates and Standards.....222-223
 - Added Current Procedural Terminology (CPT) codes to what the SUD Rates and Standards Matrix details
 - Example: How to Calculate Group Counseling Sessions text box - updated how sessions are calculated
 - Clarified Sage capabilities pre- & post-CalAIM
 - Removed Lack of Services bullet
- Investments to Support a Modern SUD System.....223-225
 - Renamed “Capacity Building” to “Support a Modern SUD System”
 - Provides brief overview of actions needed from cost reimbursement to fee-for-service
- Table 25, Claims Submission Process for Medi-Cal Eligible/My Health LA Eligible but Not Enrolled.....227-228
 - Updated columns “Financial Eligibility Form” to “Financial Eligibility” and “Authorization Form” to “Financial Eligibility Form”
 - Referenced DHCS Billing Manual
- Fiscal Reporting.....228-230
 - Updated “access groups” to “user roles”

Information Technology Management

- Sage User Roles.....232
 - Added Current Procedural Terminology (CPT) codes to what the SUD Rates and Standards Matrix details

Removed Sections: Interested in becoming a SAPC Contracted Provider, DMC Contract Application, Cost Reconciliation Not Cost Reimbursement, Cost Allocation Considerations

SECTION 7. APPENDICES

Appendix A. Glossary.....235-242

- Edited definition of Family Services
- Added Campus-Like Provider

Appendix I. Juvenile Justice Substance Use Disorder (SUD) Screening and Treatment Referral Form.....261-262

- New form