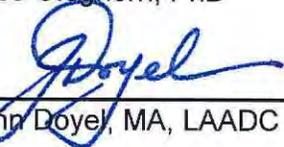




SANTA BARBARA COUNTY
DEPARTMENT OF
Behavioral Wellness
A System of Care and Recovery

Departmental Policy and Procedure

Section	Alcohol and Drug Program (ADP)	Effective:	8/9/2017
Sub-section		Version:	1.0
Policy	Drug Medi-Cal Organized Delivery System (DMC-ODS) Continuum of Care	Last Revised:	6/13/2018
Policy #	7.006		
Director's Approval	 _____ Alice Gléghorn, PhD	Date	<u>7/3/18</u>
ADP Division Chief's Approval	 _____ John Doyel, MA, LAADC	Date	<u>7-9-18</u>
Supersedes:	New policy	Audit Date:	6/13/2021

1. PURPOSE

- 1.1. To ensure compliance with the requirements of the Drug Medi-Cal Organized Delivery System (DMC-ODS) waiver.

2. BACKGROUND

- 2.1. The Drug Medi-Cal Organized Delivery System (DMC-ODS) provides a continuum of care modeled after the American Society of Addiction Medicine (ASAM) Criteria for substance use disorder treatment services. As designed, the DMC-ODS enables more local control and accountability, provides greater administrative oversight, creates utilization controls to improve care and efficient use of resources, implements evidence-based practices in substance abuse treatment, and coordinates with other systems of care. This approach provides the beneficiary with access to the care and system interaction needed in order to achieve sustainable recovery.

3. DEFINITIONS

The following terms are limited to the purposes of this policy:

- 3.1. Licensed Practitioner of the Healing Arts (LPHA) – an individual employed or contracted by the county who is licensed in the state of California as a physician (MD/DO), nurse practitioner (NP), physician's assistant (PA), registered nurse (RN), registered pharmacist (RPh), licensed clinical psychologist, licensed clinical social worker (LCSW), licensed professional clinical counselor (LPCC), licensed marriage and family therapist (LMFT), or license-eligible practitioner working under the supervision of a licensed clinician.

- 3.2. American Society of Addiction Medicine (ASAM) Criteria – an outcome-oriented, results-based set of guidelines for placement, continued stay and transfer/discharge of individuals with addiction and co-occurring conditions.

4. POLICY

- 4.1. The Alcohol and Drug Program (ADP), a division of the Santa Barbara County Department of Behavioral Wellness (hereafter “the Department”), provides a continuum of substance use disorder (SUD) treatment services primarily through contracts with local community-based organizations (CBOs). It is the policy of the Department to comply with or adhere to all requirements as outlined in the Department of Health Care Services (DHCS) approved DMC-ODS waiver and hold responsibility for implementation, oversight and quality management of all programmatic components.
- 4.2. The Department shall monitor contractors providing DMC-ODS treatment services at a level of frequency that ensures program accountability and compliance with best practices, contract requirements, and applicable federal, state and local laws.

5. ELIGIBILITY

- 5.1. To be eligible to receive DMC-ODS treatment services, adult and adolescent beneficiaries must:
1. Be enrolled in Medi-Cal;
 2. Reside in Santa Barbara County;¹
 3. Meet medical necessity criteria² as defined in Title 22 and by the DMC-ODS Standard Terms and Conditions, hereafter “STCs” (note that per the DMC-ODS STCs, the initial medical necessity determination and any reauthorizations for medical necessity must be performed by a Medical Director, licensed physician or a LPHA, and signed by a physician); and
 4. Meet the ASAM Criteria definition of medical necessity, in which all of the following must be true:
 - a. The beneficiary must be diagnosed with a substance-related and addictive disorder in the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-V);
 - b. The services requested are needed to identify or treat an illness that has been diagnosed or suspected;
 - c. Treatment services are consistent with the diagnosis, treatment of the condition, and the standards of good medical practice; and
 - d. Treatment services are required for reasons other than convenience.

¹ If a client is being served in Santa Barbara County, but their current residence is in another county, the .

² Please refer to the Behavioral Wellness ADP Documentation Manual for more information regarding medical necessity.

6. MEDI-CAL ELIGIBILITY AND MEDICAL NECESSITY DETERMINATION

- 6.1. Contracted providers are responsible for establishing Medi-Cal eligibility and medical necessity prior to the provision of reimbursable services.
- 6.2. The determination of medical necessity shall be performed by a LPHA and signed by a physician.
- 6.3. Assessments for medical necessity may occur face-to-face or through telehealth (e.g., video/audio conferencing). Medical necessity cannot be determined over the phone.
- 6.4. After establishing eligibility, the ASAM Criteria shall be applied by a LPHA to determine placement into the most appropriate level of care.
- 6.5. All beneficiaries shall be regularly reassessed to ensure medical necessity is still present. Assessment is an ongoing process and all documentation must reflect that the beneficiary meets medical necessity at any point in treatment. Reassessment is particularly important any time there is a significant change in the beneficiary's status or diagnosis. Reassessment may be requested by the Department's Quality Care Management (QCM) division, the Medical Director, assigned LPHA, and/or the beneficiary.
 1. Providers will use the Department-designated tool to reassess beneficiaries. For the most up-to-date reassessment tool, please contact ADP staff.
- 6.6. A beneficiary found to no longer meet medical necessity shall be transitioned to a lower level of care or to community supports. This process will be collaborative between the LPHA or the certified AOD counselor and the beneficiary. The LPHA or the certified AOD counselor will discuss treatment progress and transition planning with the beneficiary and issue a Letter of Intent (LOI)³ outlining the transition plan. All beneficiaries must receive an LOI regardless of whether or not they agree with the decision to transition.
 1. If a beneficiary does not agree with the decision to modify or terminate services, the provider shall issue a Notice of Action (NOA)⁴.
- 6.7. For Residential Treatment Services, providers conducting eligibility determination must submit findings to the Department for review and authorization prior to reimbursement.⁵

³ For instructions on how to issue a Letter of Intent (LOI), please refer to the QCM memo issued on 6/5/2017.

⁴ Please refer to the Department's policy QCM-4.010 "Notices of Action" for further details on NOA procedures.

⁵ Please refer to the Department's policy ADP-7.007 "DMC-ODS Residential Treatment Services" for further details.

7. REQUIRED TREATMENT SERVICES

7.1. As a DMC-ODS pilot county, the Department is required to provide the following:

1. Early Intervention
2. Outpatient Services (includes Intensive Outpatient Treatment [IOT] and naltrexone)
3. Residential Treatment Services
4. Opioid (Narcotic) Treatment Program (OTP)
5. Withdrawal Management
6. Recovery Services
7. Case Management
8. Physician Consultation

8. EARLY INTERVENTION

8.1. Early Intervention services explore and address any problems or risk factors that appear to be related to use of alcohol and/or other drugs. Treatment goals help the individual to recognize the harmful consequences of high-risk use or behavior. Such individuals may not appear to meet the diagnosis for a substance use or addictive disorder, but require early intervention for education and further assessment.

8.2. While no Early Intervention services will be funded through the DMC-ODS waiver, the services are an integral part of the continuum of care. Early Intervention services may include, but are not limited to:

1. The application of the Screening, Brief Intervention, and Referral to Treatment (SBIRT) to screen adults and adolescents for alcohol use disorders; and
2. Driving Under the Influence (DUI) Programs as mandated by the court.

9. OUTPATIENT SERVICES

9.1. Outpatient Services are provided by a LPHA or certified AOD counselor in a DMC-certified, County-contracted facility.

1. If Outpatient Services are provided in the community, the provider must be linked to a physical site that is a DMC-certified, County-contracted facility.

9.2. Based on treatment recommendations, type of service, and preferences of the beneficiary, services can be provided in-person, by telephone or via telehealth.

9.3. Outpatient Services are sub-categorized according to the frequency and programmatic structure:

1. **Outpatient:** Includes counseling services and administration of oral naltrexone. Services are not to exceed nine (9) hours a week for adults.
2. **Intensive Outpatient:** Includes structured programming. Services are provided no less than nine (9) hours a week with a maximum of 19 hours a week for adults.

10. RESIDENTIAL TREATMENT SERVICES

- 10.1. Residential Treatment Services⁶ is a 24/7 non-medical, short-term residential program that provides rehabilitation services to beneficiaries with a substance use disorder diagnosis when determined by a Medical Director or LPHA as medically necessary and in accordance with the individual treatment plan.
- 10.2. Residential Treatment Services are provided to non-perinatal and perinatal beneficiaries. Providers and residents work collaboratively to define barriers, set priorities, establish individualized goals, create treatment plans, and solve problems. Goals may include but are not limited to reducing the harm of alcohol and other drug use, obtaining and sustaining abstinence, preparing for relapse triggers, improving personal health and social functioning, and engaging in continuing care.
- 10.3. Residential Treatment Services may only be provided in a DHCS licensed and certified residential facility that also has been designated by DHCS to meet ASAM Criteria.
- 10.4. There is no bed capacity limit for facilities. Residential Treatment Services can be provided in facilities of any size.
- 10.5. Lengths of stay must not exceed 90 days.
 1. Beneficiaries are allowed two (2) non-continuous 90-day placements in a one-year period (365 days).
 2. If medically necessary, providers may apply for a one-time extension of up to 30 days—beyond the maximum length of stay of 90 days—for one (1) continuous length of stay in a one-year period (365 days).
- 10.6. Residential Treatment Service components include, but are not limited to: intake; individual and group counseling; patient education; family therapy; safeguarding medications; collateral services; crisis intervention services; treatment planning; transportation services; and discharge services.⁷

11. OPIOID (NARCOTIC) TREATMENT PROGRAM (OTP)

- 11.1. Opioid (Narcotic) Treatment Program (OTP) services are provided in OTP licensed facilities by a licensed physician or prescriber (e.g. nurse practitioner).
- 11.2. Medications authorized for prescription under Opioid (Narcotic) Treatment Program (OTP) services include, but are not limited to:
 1. Methadone
 2. Buprenorphine
 3. Naloxone (aka Narcan)
 4. Disulfiram
 5. Naltrexone

⁶ Please see the Department's policy ADP-7.007 "DMC-ODS Residential Treatment Services" further details.

⁷ Please see the Department's policy ADP-7.006 "DMC-ODS Residential Treatment Services" for a complete description of each Residential Treatment Services component.

- 11.3. OTP beneficiaries must receive 50-200 minutes of individual or group counseling per month.

12. WITHDRAWAL MANAGEMENT

- 12.1. Withdrawal Management services are provided as per the five (5) levels of Withdrawal Management in the ASAM Criteria when authorized by a Medical Director or LPHA as medically necessary. Beneficiaries are placed at Withdrawal Management facilities based on the ASAM level of care required to address the severity of the condition.
- 12.2. Each beneficiary shall reside at the facility if receiving a residential service and will be monitored during the detoxification process.
- 12.3. The components of Withdrawal Management services are:
 1. Intake;
 2. Observation and monitoring (course of withdrawal);
 3. Medication services (lawfully authorized medical staff); and
 4. Discharge services.

13. RECOVERY SERVICES

- 13.1. Recovery Services (1) focus on the beneficiary's central role in managing his/her health, (2) promote the use of effective self-management skills, and (3) ensure linkage to community resources.⁸ These services may be accessed, if medically necessary, after the beneficiary has completed a course of treatment and is triggered, has relapsed, or as a preventative measure to prevent relapse.
- 13.2. Recovery Services are provided by a LPHA, certified AOD counselor, and/or peers (Substance Abuse Assistance only; see Section 13.4.3 below) in a DMC-certified, County-contracted facility.
 1. If Recovery Services are provided in the community, the provider must be linked to a physical site that is a DMC-certified, County-contracted facility.
- 13.3. Based on treatment recommendations, type of service, and preferences of the beneficiary, services can be provided in-person, by telephone or via telehealth.
- 13.4. The components of Recovery Services are:
 1. **Outpatient Counseling:** Individual or group counseling to stabilize the beneficiary and reassess if further care is needed.
 2. **Recovery Monitoring:** Recovery coaching and monitoring in-person, by telephone or via telehealth.

⁸ Please see the Department's policy ADP-7.010 "DMC-ODS Recovery Services" for more information.

3. **Substance Abuse Assistance:** Peer-to-peer services and relapse prevention.
4. **Support for Education and Job Skills:** Linkages to life skills, employment services, job training, and education services.
5. **Family Support:** Linkages to childcare, parent education, child development support services, and family/marriage education.
6. **Support Groups:** Linkages to self-help and faith-based support.
7. **Ancillary Services:** Services may include but are not limited to linkages to housing assistance, vocational services, transportation, and individual services coordination (e.g. linkage support to appointments).

14. CASE MANAGEMENT

- 14.1. Various Case Management services may be provided by a LPHA and/or certified AOD counselor.⁹ Case Management services assist a beneficiary in accessing needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. These services focus on coordination of substance use disorder (SUD) care, integration around primary care (especially for beneficiaries with a chronic SUD), and interaction with the criminal justice system, if needed.
- 14.2. Case Management services may be provided face-to-face, by telephone, or by telehealth with the beneficiary and may be provided anywhere in the community.
- 14.3. Case Management services include:
 1. Comprehensive assessment and periodic reassessment of individual needs to determine the need for continuation of Case Management services;
 2. Transition to a higher or lower level SUD of care;
 3. Development and periodic revision of a client plan that includes service activities;
 4. Communication, coordination, referral and related activities;
 5. Monitoring service delivery to ensure client access to service and the service delivery system;
 6. Monitoring the client's progress; and
 7. Patient advocacy, linkages to physical and mental health care, transportation and retention in primary care services.

15. PHYSICIAN CONSULTATION SERVICES

- 15.1. Physicians may consult, in person or via telehealth, with trained and certified physicians in the field of addiction medicine or addiction psychiatry.

⁹ Please see the Department's policy ADP-7.008 "DMC-ODS Case Management" for more information.

- 15.2. Providers may contract with one or more California Society of Addiction Medicine (CSAM) psychiatry specialists in order to provide the Medical Director or LPHA with consultation services, including but not limited to:
1. Information pertaining to the effectiveness of medication assisted treatment (MAT);
 2. Prescribing medication to treat SUDs;
 3. Dosage recommendations;
 4. Management of unusual or difficult cases; and
 5. Level of care recommendations.

16. OPTIONAL SERVICES

- 16.1. **Medication Assisted Treatment (MAT):**¹⁰ MAT is an evidence-based practice (EBP) that is indicated for beneficiaries who need medical interventions to reduce the harm caused by active substance use. MAT services can be provided as indicated and must meet medical necessity.

17. COORDINATION AND CONTINUITY OF CARE

- 17.1. As all beneficiaries receiving DMC-ODS services shall have special health care needs, it is required that each direct service provider implement procedures to deliver care and coordinate services for all of its beneficiaries. Transitioning clients between levels and settings of care, and coordinating integrated services, is essential for client success and recovery.
- 17.2. Each beneficiary will have an ongoing source of care appropriate to his or her needs and a person or entity formally designated as primarily responsible for coordinating the services accessed by the beneficiary.¹¹ Contracted treatment providers will assign specific individuals to coordinate the care for specific beneficiaries and the Department will assign one (1) or two (2) specific Quality Care Coordinators to ensure coordination and continuity of care.
- 17.3. A thorough, client-driven discharge plan must be developed for each beneficiary prior to transitioning the beneficiary from one ASAM level of care to another, between settings of care, or when beneficiary completes the treatment plan.
- 17.4. Primary care coordination contact information must be included throughout the treatment process and on the beneficiary discharge plan.
- 17.5. Between settings of care, Release of Information Authorizations (ROIs) must be signed and implemented per all established rules and regulations where applicable and indicated.

¹⁰ Please see the Department's policy ADP-7.021 "Medication Assisted Treatment (MAT)" for further details.

¹¹ Please see the Department's policy ADP-7.008 "DMC-ODS Case Management" for further details.

17.6. Seamless care coordination, including “warm handoffs” and transportation services, will be provided by assigned care coordinators.

REFERENCE

Centers for Medicare and Medicaid Services (CMS)

Special Terms and Conditions: California Medi-Cal 2020 Section 1115(1) Demonstration #11-W-00193/9, pgs. 89-121

California Department of Health Care Services (DHCS)

Mental Health and Substance Use Disorder Services (MHSUDS) Information Notice NO: 15-032, August 20, 2015. Drug Medi-Cal Organized Delivery System Waiver Approval

California Code of Regulations – Drug Medi-Cal

Title 22, Section 51341.1

State of California County Contract, County of Santa Barbara #14-90100 A02

RELATED POLICIES

[ADP-7.007 – Drug Medi-Cal Organized Delivery System \(DMC-ODS\) Residential Treatment Services](#)

[QCM-4.010 – Notices of Adverse Benefit Determination \(NOABD\)](#)

[ADP-7.008 – DMC-ODS Case Management](#)

[ADP-7.010 – DMC-ODS Recovery Services](#)

[ADP-7.021 – Medication Assisted Treatment \(MAT\)](#)

REVISION RECORD

DATE	VERSION	REVISION DESCRIPTION
6/13/2018	1.1	<ul style="list-style-type: none"> Revised to address coordination and continuity of care.

Culturally and Linguistically Competent Policies

The Department of Behavioral Wellness is committed to the tenets of cultural competency and understands that culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse individuals. All policies and procedures are intended to reflect the integration of diversity and cultural literacy throughout the Department. To the fullest extent possible, information, services and treatments will be provided (in verbal and/or written form) in the individual’s preferred language or mode of communication (i.e. assistive devices for blind/deaf).