

**SANTA CRUZ COUNTY
Behavioral Health Services**

POLICIES AND PROCEDURE MANUAL

Subject: DMC-ODS Services Definition

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Behavioral Health Director

QI Staff

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POLICY:

County shall ensure Drug Medi-Cal-Organized Delivery System (DMC-ODS) identified services are available to eligible beneficiaries in accordance to 42 CFR 438 managed care regulations and the State DMC-ODS Program agreement.

PURPOSES:

To delineate the scope and responsibility of DMC-ODS services in accordance the State agreement and the associated medical necessity diagnostic and ASAM level of care criteria.

DEFINITIONS:

1. Drug Medi-Cal Program:

Drug Medi-Cal (DMC) Program means the state system wherein beneficiaries receive covered services from DMC-certified substance use disorder treatment providers.

2. Delivery System

DMC-Organized Delivery System (DMC-ODS) is a benefit in counties that choose to opt into and implement the DMC-ODS program. DMC-ODS shall be available as a Medi-Cal benefit for individuals who meet the medical necessity criteria and reside in a county that opts into the Pilot program under contract with DHCS. The county shall, in turn, contract with DMC certified providers or offer county-operated services to provide all services outlined in the DMC-ODS

3. ASAM Criteria

The American Society of Addiction Medicine (ASAM) Criteria for substance use disorder treatment services is the foundational guide for determining medical necessity, level of care services and the continuum of care model of the DMC-ODS program.

4. Medical Necessity

Medical Necessity means those substance use treatment services that are reasonable and necessary to protect life, prevent significant illness or disability, or alleviate severe pain through the diagnosis and treatment of a disease, illness or injury consistent with 42 CFR 438.210(a)(4) or, in the case of EPSDT, services that meet the criteria specified in Title 22, Sections 51303 and 51340.1

- a. Medical necessity for an adult is determined using the following criteria:
 - i) Must receive at least one (1) diagnosis from the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) for Substance-Related and Addictive Disorders (Except: Tobacco-Related Disorders and Non-Substance Related Disorders).
 - ii) Must meet the American Society of Addiction Medicine (ASAM) Criteria definition of medical necessity for services based on the ASAM Criteria, including level of care needs.

- b. Medical necessity for youth (and those under age 21) is determined using the Early Periodic Screening, Diagnostic and Treatment (EPSDT) mandate. Under the EPSDT mandate, beneficiaries under the age 21 are eligible to receive all appropriate and medically necessary services needed to correct and ameliorate health concerns that are coverable under Section 1905(a)(13) of the Social Security Act; 42 C.F.R. § 440.130(d). Nothing in the DMC-ODS Pilot overrides any EPSDT requirements. Medical necessity for youth (under age 21) is determined using the following criteria:
 - i) The adolescent individual must be assessed to be at risk for developing a SUD; and
 - ii) The adolescent individual must meet the ASAM adolescent treatment criteria; and
 - iii) Must receive at least one (1) diagnosis from the Diagnostic and Statistical Manual of Mental Disorder (DSM-5) for Substance-Related and Addictive Disorders (Except: Tobacco-Related Disorders and Non-Substance Related Disorders).

- c. Medical necessity shall be evaluated for each beneficiary's receiving DMC-ODS services throughout treatment based on the ASAM Assessment level of care criteria. When a beneficiary receives services at the same level of care, continuing services shall be reviewed no sooner than 5 months and no later than 6 months by the Medical Director, licensed physician or LPHA to determine clinical appropriateness and authorization.

5. Qualified Service Providers

All DMC-ODS beneficiary services shall be performed by a DMC certified Program with qualified DMC-ODS staff based on licensure, certification and registration recognized under California State scope of practice statutes. Qualified staff include:

- a. Certified and Registered SUD Counselors
 - i. Staff must adhere to all requirements in the CCR, Title 9, Chapter 8; and
 - ii. Staff must be registered or certified by one of the two DHCS recognized certification agencies.
 - (1) California Consortium of Addiction Programs and Professionals
 - (2) California Association of DUI Treatment Programs

- b. Licensed Practitioner of the Healing Arts (LPHA)
 - i. Physician (MD, DO)
 - ii. Nurse Practitioner (NP)
 - iii. Physician Assistant (PA)
 - iv. Registered Nurse (RN)
 - v. Registered Pharmacist (RPh)
 - vi. Licensed Clinical Psychologist (LCP)
 - vii. Licensed Clinical Social Worker (LCSW)
 - viii. Licensed Marriage and Family Therapist (LMFT)
 - ix. Licensed Professional clinical Counselor (LPCC)
 - x. License-eligible practitioners working under the supervision of licensed clinicians (such as ASW, IMF, PCCI)

- c. SUD treatment programs shall ensure that all professional staff and certified or registered SUD counselors have appropriate experience and any necessary training, certifications and licenses for service delivery; and said documentation is contained in personnel files.

PROCEDURES:

County and Contracted substance use disorder (SUD) providers shall ensure beneficiaries have access to DMC-ODS services based on medical necessity. The ASAM assessment criteria guides the determination of appropriate treatment level of care (LOC) placement, coordination of care and recovery planning. Below are identified DMC-ODS services and provider types per service.

Santa Cruz County DMC-ODS Service Summary with ASAM Level of Care criteria:

1. Early Intervention (Level 0.5)
2. Outpatient Services (Level 1)
3. Intensive Outpatient Treatment (IOT 2.1)
4. Adult & Perinatal Residential Treatment (County prior authorization required) (3.1-3.5)
5. Withdrawal Management (Level 1, 2 and 3.2 WM)
6. Medication Assisted Treatment (MAT 1-3.5)
7. Opioid Treatment/ Narcotic Treatment Programs (OTP/ NTP Level 1)
8. Physician Consultation (all LOCs)
9. Recovery Maintenance Services (all LOCs)
10. Case Management (all LOCs)

DMC-ODS Service Details by ASAM Level of Care:

1. Early Intervention (ASAM Level 0.5)
 - a. Early interventions services explore and address any problems or risk factors that appear to be related to use of alcohol and or other drugs and addictive behaviors and that help the individual recognize the harmful consequences of high-risk use or behavior.

 - b. Early Intervention services are not funded through DMC-ODS, but services are an integral part of the continuum of care between medical, legal and substance prevention providers.

- c. Early intervention services may include:
 - i) **SBIRT: The Screening, Brief Intervention, and Referral to Treatment** screening tool performed by Central California Alliance for Health Medi-Cal primary care providers (PCPs). The healthcare provider shall make indicated referrals to the county for SUD treatment through DMC-ODS.
 - ii) **DUI: Driving Under the Influence** programs may be mandated by the court for completion as a prerequisite to reinstitute driving privileges. DUI programs shall make indicated referrals to the county for SUD treatment through DMC-ODS.
 - iii) **County SUDS Prevention Services:** County SUDS Prevention program objectives are focused on increasing awareness, knowledge and attitudes among youth, parents and the community-at-large through various prevention campaigns and drug-free social and recreational activities. SUDS Prevention staff shall educate beneficiaries of available DMC-ODS services and how to access SUD treatment through DMC-ODS.

2. Outpatient Services (OP/ODF) (ASAM 1.0)

- a. Outpatient Counseling services are provided when determined to be medically necessary and in accordance with a beneficiary's individualized treatment plan.
- b. Services can be provided by a licensed professional or a certified or registered counselor in a qualified DMC certified program.
- c. **Service Limits:**
 - i) **Adults:** Counseling services up to nine (9) hours a week
 - ii) **Adolescents:** Counseling services less than six (6) hours a week
 - iii) 15 minute billing increments
 - iv) Group billing uses participant calculation (see DMC-ODS Billing Manual, June 2017)
- d. Services include, in accordance with individualized treatment plan:
 - i) **Intake and Assessment**
Definition: The process of determining if a client meets the medical necessity criteria and a client is admitted into a substance use disorder treatment program.
 - ii) **Treatment planning**
Definition: The collaborative process between the client and therapist or counselor of developing a written agreed upon plan that identifies the client's treatment goals, objectives, action steps, target dates and program services to support goal completion.
 - iii) **Individual counseling**
Definition: A service activity between a client and a therapist or counselor. Service can be in-person, by phone or by telehealth.

- iv) **Group counseling**
Definition: A service activity in which one or more therapists or counselors treat two or more clients at the same time with a maximum of 12 in the group.
- v) **Family therapy**
Definition: The process of including the client's family members and loved ones in the treatment process to increase addiction education and support of client's recovery.
- vi) **Collateral services**
Definition: Sessions with therapist or counselor and significant persons in the life of a client, focused on the treatment needs of the client in terms of supporting the achievement of the client's treatment goals. Significant persons are individuals that have a personal, not official or professional, relationship with the client.
- vii) **Client education**
Definition: Service that provides research based education on addiction, treatment, recovery and associated health risks. Service is incorporated into individual or group counseling services.
- viii) **Case Management**
Definition: See #10 below.
- ix) **Medication services – Medication Assisted Treatment (MAT) or ambulatory Withdrawal Management (WM).**
Definition: See # 5 below.
- x) **Physician Consultation**
Definition: See # 8 below.
- xi) **Crisis Intervention services**
Definition: Service with therapist or counselor and client who is in crisis and focus is on alleviating crisis problems. "Crisis" means actual relapse or an unforeseen event or circumstance, which presents client with an imminent threat of relapse.
- xii) **Discharge planning**
Definition: The process to prepare the client for referral into another level of care, post treatment return or reentry into the community, and/or the linkage of the individual to essential community treatment, housing and human services. Process includes the development of a discharge plan focused on relapse prevention strategies and supports.
- xiii) **Recovery Services**
Definition: See # 9 below.

3. Intensive Outpatient Treatment (IOT) (ASAM 2.1)

- a. Intensive Outpatient Treatment services provided when determined to be medically necessary and in accordance with a beneficiary's individualized treatment plan.
- b. Services can be provided by a licensed professional or a certified or registered counselor in a qualified DMC certified program.

- c. **Service Limits:**
 - i) **Adults:** Minimum of nine (9) hours with a maximum of nineteen (19) hours a week.
 - ii) **Adolescents:** Minimum of six (6) hours with a maximum of nineteen (19) hours a week.
 - iii) Program structure consists of 3 hours of service 3 times a week.
 - iv) 15 minute billing increments.
 - v) Group billing uses participant calculation (see DMC-ODS Billing Manual, June 2017).
- d. **Services include, in accordance with individualized treatment plan:**
 - i) Primarily group and individual counseling, case management and education services about addiction-related problems.
 - ii) IOT Services includes the same components as Outpatient Services listed above. The increased number of hours of services are the main difference.

4. Residential Treatment: (ASAM 3.1-3.5) (County pre-authorization required)

- a. Residential treatment is a non-institutional, 24-hour non-medical, short-term residential program that provides rehabilitation services to beneficiaries with a SUD diagnosis when determined as medically necessary and in accordance with an individualized treatment plan.
- b. Each beneficiary shall live on the premises. Services can be provided in facilities with no bed capacity limit.
- c. Program focus is for beneficiary to restore, maintain and apply interpersonal independent living skills and access community support systems.
- d. Providers and beneficiary work collaboratively to define barriers, set priorities, establish goals, create individualized treatment plans and solve SUD related problems.
 - i) Goals include: sustaining abstinence, relapse trigger preparedness, personal health improvement, improved social functioning, and continued care and recovery engagement.
- e. **Service Limits:**
 - i) Pre-authorization required by Santa Cruz County.
 - ii) One (1) 30-day extension per year permitted based on medical necessity.
 - iii) **Adult:**
 - a. Only two (2) non-continuous regimens may be authorized for residential services are allowed in a one-year (365) period.
 - b. Each authorization can be for a range from 1-90 days with a 90-day maximum.
 - iv) **Adolescents:**
 - a. Each authorization can be for a range from 1-30 days with a maximum of 30 days.

- b. Early Periodic Screening, Diagnosis, and Treatment (EPSDT) eligible clients (under age 21) will not have the authorization limits described above as long as medical necessity establishes the need for ongoing residential services.
 - v) Perinatal women:
 - a. Pregnancy: Perinatal beneficiaries shall receive a length of stay for the duration of their pregnancy
 - b. Postpartum: Services shall be provided through the last day of the month that the 60th day after delivery occurs.
 - vii) Room and board is not a covered services under DMC-ODS.
- f. Services included in residential stay, in accordance with individualized treatment plan:
 - i) Intake and assessment
 - ii) Treatment planning
 - iii) Individual counseling
 - iv) Group counseling
 - v) Family therapy
 - vi) Collateral services
 - vii) Client education
 - viii) Medication services – MAT or Residential WM
 - ix) Safeguarding medications (facilities will store all resident medications and facility staff members may assist with resident’s self-administration of medications)
 - x) Crisis intervention services
 - xi) Transportation (provision of or arrangement for transportation to and from medically necessary treatment)
 - xii) Discharge planning
 - xiii) Case Management is an additional service based on individualized need.

5. Withdrawal Management (WM) (ASAM 1-2.0 Ambulatory & 3.2 Residential)

- a. Withdrawal Management (WM) services are provided when determined as medically necessary and in accordance with a beneficiary’s individualized treatment plan. These services address ASAM Dimension 1 withdrawal medication support.
- b. Withdrawal management services shall be provided at the ASAM WM 3.2 WM criteria level at a DMC-ODS residential facility with detox certification or at the ASAM 1 WM ambulatory criteria level.
 - i) 3.2 WM criteria indicators include moderate withdrawal, but needs 24-hour support to complete withdrawal management and increase likelihood of continuing treatment or recovery.
 - a. Each client shall reside at the facility if receiving a residential services and will be monitored during the detoxification process.
 - b. Each client shall be discharged from 3.2 WM level of care (LOC) to a 1.0 WM level of care (LOC) when treating physician indicates client is medically safe to complete an ambulatory withdrawal.

- c. Residential facility has a licensed physician, or registered nurse practitioner or physician assistant prescriber (as permitted by state and federal regs) for medically necessary medication services and WM treatment oversight.
 - Such staff must be approved and authorized to perform such services according to the State of California requirements.
- c. WM services include:
 - i) Intake and assessment
 - ii) Observation (to evaluate health status and response to any prescribed medications)
 - iii) Medication services
 - iv) Discharge planning

6. Narcotic (Opioid) Treatment Programs (NTP/OTP) (ASAM 1.0)

Narcotic Treatment services are a required DMC-ODS MAT services.

- a. Narcotic (Opioid) Treatment Program services are provided in a NTP/OTP facility licensed by the state to provide narcotic replacement therapy directed at stabilization and rehabilitation of persons who are opiate-addicted and have a SUD diagnosis.
- b. Medically necessary services are provided in accordance with a beneficiary's individualized treatment plan determined by a licensed physician or licensed prescriber, and approved and authorized according to the State of California.
- c. NTP/OTPs are required to offer and prescribe medications to clients covered under the DMC-ODS formulary including: Methadone, Buprenorphine, Naltrexone and Disulfiram.
- d. Service Limits:
 - i) A client must receive at minimum 50 minutes of counseling sessions with a therapist or counselor for up to 200 minutes per calendar month.
 - i) Additional services may be provided based on medical necessity.
- e. NTP/OTP Services include:
 - i) Prescribed medications as listed above.
 - ii) Same components as Outpatient Treatment Services, with the inclusion of medical psychotherapy consisting of a face-to-face discussion conducted by a physician on a one-to-one basis with the client.

7. Medication Assisted Treatment (MAT) (ASAM 1.0)

- a. Medication Assisted Treatment services are available outside of the NTP/OTP clinic. Naltrexone treatment services mean an outpatient treatment service directed at serving detoxified opiate addicts by using the drug Naltrexone, which blocks the euphoric effects of opiates and helps prevent relapse to opiate addiction.
- b. MAT is the use of prescription medications, in combination with counseling and behavioral therapies, to provide a whole-person approach to the treatment of SUD.
- c. MAT services include:
 - i) Ordering, prescribing, administering, and monitoring of all medications for SUD.
 - i) Opioid and alcohol dependence, in particular, have well established medication options.

- ii) Physicians and other prescribers may offer medications to clients covered under the DMC-ODS formulary including: buprenorphine, nalrexone, disulfiram, Vivitrol, acamprosate, or any FDA approved medication for the treatment of SUD.

8. Physician Consultation:

- a. Physician consultation services aim to support DMC physicians and other eligible prescribers who treat DMC-ODS beneficiaries; and are not direct care with DMC-ODS eligible beneficiaries; rather, they are designed to assist DMC physicians with seeking expert advice on designing treatment plans for specific DMC-ODS beneficiaries.
- b. Physician consultation services are provided by American Board of Addiction Medicine (ABAM)-certified physicians, including the County Behavioral Health Medical Director and ABAM-certified County physician staff.
- c. Consultation services will address treatment components, such as:
 - i) Medication selection
 - ii) Dosing, including drug to drug interactions
 - iii) Side effect management, patient adherence to taking medications as prescribed
 - iv) Level of care considerations

9. Recovery Services: Dimension 6, "Recovery Environment", of the ASAM Criteria

- a. Recovery Services are important to the member's recovery and wellness, and are DMC-ODS required services with medically necessity appropriateness, to support ongoing abstinence and maintain goals and objectives that were achieved during SUD treatment post discharge. The treatment community becomes a therapeutic agent through which clients are empowered and prepared to manage their health and health care.
- b. To provide ongoing self-management support to members, treatment delivery must:
 - i) Emphasize the client's central role in managing their health
 - ii) Promote the use of effective self-management support strategies
 - iii) Provide internal and community resources
- c. Recovery Services include, in accordance with individualized treatment plan:
 - i) Individual and group counseling
 - ii) Recovery monitoring/substance abuse assistance (recovery coaching, relapse prevention, and peer-to-peer services)
 - iii) Case Management (linkage to educational, vocational, family supports, community-based supports, housing, transportation and other services based on need).

10. Case Management (CM):

- a. Case Management services assist a client to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services.
- b. Case Management services focus on coordination of SUD care, integration around primary care especially for clients with a chronic SUD and interaction with the criminal justice system if needed.

- c. Case Management shall be consistent with and shall not violate confidentiality of any client as set forth in Federal and California law.
 - d. Case Management services include, in accordance with individualized treatment plan:
 - i) A comprehensive assessment and periodic reassessment of individual needs to determine the need for continuation of case management services.
 - ii) Transition to higher or lower levels of SUD care.
 - iii) Development and periodic revisions of a client plan that includes service activities.
 - iv) Communication, coordination, referral and related activities.
 - v) Monitoring service delivery to ensure client access to service and the service delivery system.
 - vi) Monitoring the client's progress.
 - vii) Client advocacy.
 - viii) Linkage to physical and mental health care, transportation and retention in primary care services.
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PRIOR VERSIONS: None

REFERENCES: DHCS DMC-ODS Beneficiary Handbook; DHCS-Santa Cruz County DMC-ODS Agreement

FORMS/ATTACHMENTS: