



ALCOHOL, DRUG & MENTAL HEALTH SERVICES
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**Substance Use Service Definitions
 Drug Medi-Cal Organized Delivery System**

Substance Use Disorder (SUD) services shall be available as a Medi-Cal benefit for individuals who meet medical necessity criteria and reside in Alameda County. Determination of who may receive Drug Medi-Cal Organized Delivery System (DMC ODS) benefits shall be performed in accordance with DMC ODS Special Terms and Conditions (STC) 128 (d), Article II.E.4 of the Intergovernmental Agreement (IA).

- All claims must be entered through CG and InSyst by the minute with the exception of residential, includes WM RES, which must be entered by the day
- The service provider, or one of the service providers, must write the note

For more in-depth information on procedures and standards of care for treatment of SUD refer to BHCS Clinical Documentation Standards

Refer to the Acronym Key, Place of Services (POS) listing and Communications Grid at the end of this document.

Modality Acronym	Modality Name
OS	Outpatient Services
IOS	Intensive Outpatient Services
OTP/NTP	Opioid Treatment Program/Narcotics Treatment Program
RES	Residential
WM	Withdrawal Management

Administrative Discharge:

Not a claimable service and occurs when there is loss of contact with the client for more than 30 days. Administrative Discharge = date of last service; for OTP/NTP = missed 3 consecutive days.

American Society of Addiction Medicine (ASAM) Level of Care (ALOC) Assessment:

The ASAM Criteria® is the most widely used and comprehensive set of guidelines for the placement and continued stay and transfer/discharge of patients with addiction and co-occurring conditions.

- OS – Due within 30 days from episode opening date (EOD) and 90 days thereafter
- IOS – Due within 30 days from episode opening date (EOD) and 60 days thereafter
- OS/RSS;IOS/RSS – Due within 30 days from EOD and every 90 days thereafter

- **OTP/NTP – Due within 30 days of EOD and every 90 days thereafter**
- RES – Due within 5 days of EOD and every 30 days thereafter
- WM RES – Due within 24 hours from EOD and every 30 days thereafter.

Refer to Intake/Assessment for additional assessment information

Ambulatory Withdrawal Management: refer to Withdrawal Management

Assessment: refer to Intake/Assessment

Case Management-Care Coordination (CM-CC)

Bringing together various providers and information systems to coordinate health services, client needs, and information to help better achieve the goals of treatment and care. The focus is on the coordination of SUD care, integration around primary care especially for beneficiaries with a chronic SUD, and interaction with the criminal justice system, if needed (IA R.2.) and its contracted providers offer care coordination and ensure continuity of care in collaboration with partner organizations and agencies. CM-CC include activities associated with the provision of seamless transitions of care for beneficiaries in the DMC ODS system of care without disruption of services. (SUD Practice Guidelines BHCS).

- Modalities + PC: OS=665; IOS=254; 3.1 RES=112; 3.3 RES=142; 3.5 RES=172; 3.2 WM=392
- HCPC: H0006 for all modalities listed above
- Authorized Service Provider- SUD Counselors and LPHAs (IA R.4.).
- Frequency-must be clinically justified and frequency noted in the treatment plan
- Provision of Services-services may be provided in-person, by telephone, or by telehealth, and in any appropriate setting in the community.

Case Management-Service Coordination (CM-CS)

The focus of CM-CS is to assist clients in accessing needed medical, educational, social, prevocational, vocational, rehabilitative, and or other community services (IA Definition 12.). It is a collaborative process of assessment, planning, facilitation, care coordination , evaluations, and advocacy for options and services to meet an individual’s and family’s comprehensive health needs through communication and available resources to promote quality, cost effective outcomes. In order to link client with services and resources (e.g., financial, medical, or community services), case managers must have a working knowledge of the appropriate services needed for the client to optimize care through effective, relevant networks of support.

- Modalities + PC: OS=666; IOS=255; 3.1 RES=113; 3.3 RES=143; 3.5 RES=173; 3.2 WM=393
- HCPC: H0006 for all modalities
- Authorized Service Provider- SUD Counselors and LPHAs. (IA Definition 4.)
- Frequency-must be clinically justified and frequency noted in the treatment plan
- Provision of Services-services may be provided in-person, by telephone, or by telehealth, and in any appropriate setting in the community.

Collateral Services

Provided by an with LPHA, and/or SUD Counselor that includes family and/or significant persons in the life of a beneficiary, focusing on the treatment needs of the beneficiary in terms of supporting the achievement of the beneficiary's treatment goals. Significant persons are individuals that have a personal, not official or professional relationship with the beneficiary (IA Definition 14). A signed Release of Information (ROI) is required for all individuals participating in collateral services.

- Modalities + PC: OS=621; IOS=221; OTP/NTP=474
- HCPC: H0004 (OS;OTP/NTP) - H0015 (IOS)
- Authorized Service Provider-SUD Counselors and LPHAs
- Frequency-must be clinically justified and frequency noted in the treatment plan
- Provision of Services-services may be provided in-person, by telephone, or by telehealth, and in any appropriate setting in the community.

Collateral Family Services (adolescent contracts only)

Provided by an LPHA, and/or SUD Counselor that includes family and/or caretaker in the life of a adolescent beneficiary, focusing on the treatment needs of the beneficiary in terms of supporting the achievement of the beneficiary's treatment goals. Significant persons are individuals that have a personal, not official or professional relationship with the beneficiary (IA Definition 14.). (In the best interest of the beneficiary, parents/caregivers should participate in all phases of the beneficiary's treatment.) A signed Release of Information (ROI) is required for all individuals participating in collateral services.

- Modalities + PC – OS=622
- HCPC: H0004 for all modalities above
- Authorized Service Provider-SUD Counselors and LPHAs
- Frequency-must be clinically justified and frequency noted in the treatment plan
- Provision of Services-services may be provided in-person, by telephone, or by telehealth, and in any appropriate setting in the community.

Crisis Intervention

Contact between an LPHA or SUD counselor and a beneficiary in crisis. Services shall focus on alleviating the crisis problems. "Crisis" means an actual relapse or an unforeseen event or circumstance which presents to the beneficiary an imminent threat of relapse. Crisis intervention services shall be limited to the stabilization of the beneficiary's emergency situation (IA Definition 20.).

- Modalities + PC-OS=639;IOS=239; OTP/NTP=491
- HCPC: H0004 (OS;OTP/NTP) - H0015 (IOS)
- Authorized Service Provider-SUD Counselors and LPHAs
- Frequency-cannot be scheduled and must be clinically justified and noted if and/or when the treatment plan will be updated
- Provision of Services-services may be provided in-person, by telephone, or by telehealth, and in any appropriate setting in the community.

Discharge Planning

The process to prepare the beneficiary 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 (IA Definition 24.). **Post treatment and when the client is referred to Recovery Support Services (RSS) the discharge plan may be adopted and/or updated to meet the changing needs of the client when creating the RSS treatment plan.**

The Discharge Plan shall be prepared within 30 calendar days prior to the scheduled date of the last face-to-face treatment with the beneficiary (IA16.ii.b.). During the LPHA's or counselor's last face-to-face treatment with the beneficiary, the LPHA or counselor and the beneficiary shall type or legibly print their names, sign and date the discharge plan. A copy of the discharge plan shall be provided to the beneficiary and documented in the beneficiary record (IA Definition 16.ii. c.). Discharge services are not required to be in the treatment plan.

- Modalities + PC – OS=649;IOS=249;OTP/NTP=501
- HCPC: H0004 (OS;OTP/NTP) - H0015 (IOS)
- Authorized Service Provider-SUD Counselors and LPHAs
- Frequency-within 30 days prior to last in-person counseling session and episode closing date
- Provision of Services-services may be provided in-person, by telephone, or by telehealth, and in any appropriate setting in the community.

Discharge Summary (IA 16.iii) Non-Billable Service

The LPHA or counselor shall complete a discharge summary, for any beneficiary with whom the provider lost contact, in accordance with all of the following requirements:

- a. The LPHA or counselor shall complete the discharge summary within 30 calendar days of the date of the last face-to-face treatment contact with the beneficiary.
- b. The discharge summary shall include all of the following:
 - i. The duration of the beneficiary's treatment as determined by the dates of admission to and discharge from treatment.
 - ii. The reason for discharge.
 - iii. A narrative summary of the treatment episode.
 - iv. The beneficiary's prognosis.

Drug Testing

Drug and alcohol urine analysis (UA) test results assist in diagnosis, confirm clinical impressions, help modify the beneficiary's treatment plan, and determine the extent of the reduction in substance use. UA test specimens are urine specific and obtained during intake / assessment and on-going treatment. If UA is a required part of treatment then conduct collection during the treatment sessions and the time is a billable service, billing for individual services that includes time for UA is okay. Service related staff time is billable only when provided as a face-to-face service. SUD Programs provide and arrange all UA testing. UA testing in and of itself is NOT a billable service.

Family Therapy

Psychotherapy, involving both the client and their family members or significant others, that uses specific techniques and Evidence Based Practice e.g., family's systems theory, structural

therapy, etc., that are used in the treatment process, and education about factors that are important to the beneficiary's recovery as well as family and significant persons in their own recovery. Family members may provide social support to beneficiaries, help motivate their loved one to remain in treatment, and receive help and support for their own family recovery as well. (IA Definition 35.). A signed Release of Information (ROI) is required for all individuals participating in collateral services.

- Modalities + PC: OS=626; IOS=226; RES – use Day Rate
- HCPC: H0004 (OS) - H0015 (IOS)
- Authorized Service Provider- LPHAs with appropriate training (not included: LPCC without Family), Reg. Pharm, RN, LVN, NP
- Frequency-must be clinically justified and frequency noted in the treatment plan
- Provision of Services- services may be provided in-person, by telephone, or by telehealth (group counseling services cannot be conducted through telehealth), and in any appropriate setting in the community.

Group Counseling

Face-to-face contacts in which one or more LPHAs or SUD Counselors treat two (2) or more clients at the same time with a maximum of twelve (12) in the group (regardless of number of LPHAs or SUD Counselors present), focusing on the needs of the individuals served. Individual counseling often focuses on reducing or stopping substance use, skill building, adherence to a recovery plan, and social, family, and professional/educational outcomes. Group counseling is used in addition to individual counseling to provide social reinforcement for pursuit of recovery.

A beneficiary that is 17 years of age or younger shall not participate in group counseling with any participants who are 18 years of age or older. However, a beneficiary who is 17 years of age or younger may participate in group counseling with participants who are 18 years of age or older when the counseling is at a provider's certified school site (IA Definition 42.).

A sign-in sheet for every group counseling session must be established and maintained. The sign-in sheet must include: typed or legibly printed name & signature of the LPHA or SUD Counselor; date of the counseling session; topic of the counseling session; start and end time of the counseling session; and, typed or legibly printed list of the participants' names and signature of each participant that attended the counseling session. When a participant is present less than the full group time, the actual start and stop time must be indicated on the time sheet and the progress note. Sign-in by participants is required at the start of the session or sometime during the counseling session (IA. Definition 13.)

- Modalities + PC: OS=654; IOS=215 OTP/NTP=506
- HCPC: H0005 (OS); H0015 (IOS); H0004 (OTP/NTP); H0019 (RES) Use Day Rate Code
- Authorized Service Provider- LPHAs and SUD Counselors
- Frequency-must be clinically justified and frequency noted in the treatment plan
- Provision of Services-services may be provided in-person and in any appropriate setting in the community (group counseling services cannot be conducted through telehealth).

Group Education

Educational groups are designed to educate clients about substance abuse, and related behaviors and consequences. This type of group presents structured, group-specific content, often taught using educational films, audio recordings, and lectures.

Group Education sessions require sign-in sheets and individualized progress notes (PN) associated to the beneficiary's treatment goal(s) and/or objectives. Sign-in sheets are required for all DMC billable group services and are highly recommended for all group activities.

OS has a procedure code for Education Groups. IOS and OTP/NTP will use the Patient Education procedure code for both group and individual education services. RES Group Education services, non-clinical services, are included in the Day Rate code.

- Modalities + PC: OS=659; IOS=231; OTP/NTP=483; RES – use day rate code
- HCPC: H0005 (OS); H0015 (IOS); H0004 (OTP/NTP); H0019 (RES)
- Authorized Service Provider- LPHAs and SUD Counselors
- Frequency-must be clinically justified and frequency noted in the treatment plan
- Provision of Services-services may be provided in-person and in any appropriate setting in the community (group counseling services cannot be conducted through telehealth).

Group Multi-Family (adolescent contracted only)

A group process in which several families are together to obtain information on substance use disorder(s). The group can be topic focused with a set curriculum, or can be process focused using an EBP. By including family members in the treatment process, education about factors that are important to the patient's recovery as well as their own recovery can be conveyed. Family members can provide social support to the patient, help motivate their loved one to remain in treatment, and receive help and support for their own family. Sessions are considered as therapeutic counseling sessions which require a minimum of 2 and maximum of 12 in a group with a focus on group process. A signed Release of Information (ROI) is required for all individuals participating in collateral services.

- Modalities + PC: OS=664
- HCPC: H0005-OS
- Authorized Service Provider- LPHAs and SUD Counselors
- Frequency-must be clinically justified and frequency noted in the treatment plan
- Provision of Services-services may be provided in-person and in any appropriate setting in the community (group counseling services cannot be conducted through telehealth).

Individual Counseling

Conducted in a confidential setting so that individuals not participating in the counseling session cannot hear the comments of the beneficiary, SUD counselor or LPHA. Individual counseling focuses on reducing or stopping substance use, skill building, adherence to a recovery plan, and social, family, and professional/educational outcomes.

- Modalities + PC: OS=601; IOS=201; OTP/NTP=455

- HPCP: H0004 (OS); H0015 (IOS); H0004 (OTP/NTP); H0004 (RES)-Use Day Rate Code
- Authorized Service Provider- LPHAs and SUD Counselors
- Frequency-must be clinically justified and frequency noted in the treatment plan
- Provision of Services-services may be provided in-person, by telephone, or by telehealth, and in any appropriate setting in the community

Intake/Assessment

The date of the first face to face treatment service is referred to as the Episode Opening Date (EOD). **Admission to treatment includes informed consent “Informing Materials”, Incidental Disclosures and required Release of Information (ROIs).** The service provider shall complete a personal, medical, and substance use history of each beneficiary upon admission to treatment. The Perinatal/Parenting section of the Intake/Assessment must be completed by programs providing those services. It is highly recommended that, when applicable, this section be completed by all programs (women who are pregnant and all clients with children). When determining medical necessity, the LPHA shall review, evaluate and provide a written analysis (case formulation) of each beneficiary’s personal, medical and substance use history and ASAM LOC (ALOC) assessment. The LPHA shall document the diagnosis and criteria for medical necessity in the beneficiary’s individual record (Title 22 with LPHA). Refer to American Society of Addiction Medicine (ASAM) for ALOC timelines. Intake Assessment Timeline:

- Residential treatment programs must complete intake/assessment and treatment plan within 10 days of the EOD and thereafter, the treatment plan must be updated/revised 90 days from the most recent treatment plan.
- WM RES programs must complete intake/assessment and treatment plan within 24 hours from EOD
- OS and IOS programs, with or without RS services, must complete the intake/assessment & treatment plan within 30 days from the EOD and thereafter, the treatment plan must be updated/revised 90 days from the most recent treatment plan.

Intake means the process of determining a beneficiary meets medical necessity criteria and is admitted into a substance use disorder treatment program. Intake includes the evaluation or analysis of the cause or nature of mental, emotional, psychological, behavioral, and substance use disorders; and the assessment of treatment need to provide medically necessary services. Intake may include a physical examination and laboratory testing (e.g., body specimen screening) necessary for substance use disorder treatment and evaluation (IA Definition 45.) Other than time to conduct and document a drug test during intake/assessment, drug testing is not a M/C claimable service. **Refer to Drug Testing Service Definition for more information. Additional required information for Perinatal and OTP/NTP services specified in the SUD BHCS Clinical Documentation Standards.**

Medical Necessity Criteria-means adult beneficiaries must have one covered (SUD *included*) diagnosis from the DSM Fifth Edition for SU Related and Addictive Disorders with the exception of Tobacco-Related Disorders and Non-Substance-Related Disorders, and must meet the ASAM Criteria definition of medical necessity for services based on the ASAM criteria. Youth under 21 may be assessed to be at risk for developing a SUD, and if applicable must meet the ASAM

adolescent treatment criteria. Beneficiaries under age 21 are eligible to receive Medicaid service pursuant to the EPSDT mandate. Under the EPSDT mandate, beneficiaries under age 21 are eligible to receive all appropriate and medically necessary service needed to correct and ameliorate health.

- a. *Medical Necessity*- means those SUD treatment services that are reasonable and necessary to protect life, prevent significant illness or significant disability, or alleviate severe pain through the diagnosis or treatment of a disease, illness or injury consistent with and 42 CFR 438.210 (a) (4) or, in the case of EPSDT, services that meet the criteria specified in Title 22, Section 51303 and 51304.1 (IA Definition 54.)
- b. This service requires a face to face in-person or telehealth (*does not include telephone*) interaction at the time the Medical Director, licensed physician or licensed waived psychologist, licensed/waivered/registered social worker, licensed/waivered/registered marriage and family therapist, licensed/waivered registered Licensed Professional Clinical Counselor or registered nurse and nurse practitioners (STCs) .
- c. The face-to-face interaction must take place, at a minimum, between the SUD Counselor who has collected the assessment information for the beneficiary and the Medical Director, Physician or LPHA. It is allowable to include the beneficiary in this face-to-face interaction. The interaction must be documented appropriately in the medical record to establish the determination of medical necessity. The ALOC must be indicated when documenting medical necessity. The SUD Counselor/LPHA conducting the Intake/Assessment is required to sign the Intake/Assessment. When the Intake/Assessment is conducted by an SUD Counselor, the LPHA who determines Initial Medical Necessity must co-sign the Intake/Assessment.
- d. The LPHA co-signature documents the requirement of the LPHA to review the Intake/Assessment when determining medical necessity.

Determination time frames for Medical Necessity differ by level of care.

- Residential treatment programs must determine Initial Medical Necessity (IMN) within 5 days of Episode Opening Date (EOD) for Utilization Management (UM) prior authorization for treatment.
- OS and IOS programs, with or without RSS services, must determine IMN within the first 30 days from the EOD. Thereafter, between 5-6 months from the most recent determination of the Continuing Services Justification (CSJ) must be completed.
- **OTP/NTP programs, refer to Title 9 Subchapter 5 California Code of Regulations**
- Modalities + PC: OS=611; IOS=211;NTP/OTP=465
- HCPC: H0004 (OS;OTP/NTP) - H0015 (IOS)
- Authorized Service Provider-SUD Counselors and LPHAs (only LPHAs may determine medical necessity and diagnoses, unlicensed LPHAs require co-signature by licensed LPHAs).
- Frequency- initial intake may take several sessions to complete. Re-assessments include ALOC placement reviews

- Provision of Services-Intake services and Medical Necessity are provided in-person and in any appropriate setting in the community. ASAM Level of Care Assessments (ALOC) may be provided by telephone or telehealth.

Intensive Outpatient Services (IOS) refer to description of service type

Means (ASAM Level 2.1) structured programming services consisting primarily of counseling and education about addiction-related problems a minimum of nine (9) hours with a maximum of 19 hours per week for adults, and a minimum of six (6) hours with a maximum of 19 hours per week for adolescents. Services may be provided in any appropriate setting in the community. Services may be provided in-person, by telephone or by telehealth.

Medical Necessity: See Intake/Assessment

Medication Assisted Treatment (MAT)

Clients will be able to access MAT services (buprenorphine, methadone, naloxone and disulfiram) through the county's contracted Opioid Treatment Programs (not being procured under this RFP) or through primary care physicians authorized to prescribe MAT. Under the DMC-ODS, clients who receive MAT may be eligible to receive other forms of SUD treatment concurrently in the DMC-ODS (e.g. residential, intensive outpatient, etc.). While the MAT provider will be responsible for evaluating, administering, adjusting, and monitoring client medication support services, it is the responsibility of all SUD treatment providers in the DMC-ODS to communicate and coordinate care with the MAT provider regardless of whether the MAT provider is a formally contracted provider within BHCS' DMC-ODS system.

Medical Psychotherapy Treatment

An in-person discussion conducted by the medical director on a one-on-one basis with the patient, on issues identified in the patient's treatment plan, 9 CCR § 10345 (DHCS MAT FAQ #2. June 2018).

- Modalities + PC: OTP/NTP=479
- HCPC: H0004 for all modalities above
- Authorized Service Provider-MD, DO, NP, PA
- Frequency-must be clinically justified and or noted in the treatment plan if a repeated and on-going service
- Provision of Services-per Title 9, all services must be provided at the licensed program

Medication Services

The prescription or administration of medication (that can be dispensed by a local pharmacy) related to substance use treatment services, or the assessment of the side effects or results of that medication conducted by staff lawfully authorized to provide such services and/or order laboratory testing within their scope of practice or licensure. See Methadone Dosing for OTP/NTP services.

- Modalities + PC: OS=634; IOS=234; NTP/OTP=486; RES included in WM RES Day Rate
- HCPC: H0004 (OS;OTP/NTP) - H0015 (IOS)

- Authorized Service Provider-MD, NP, PA (RN, LVN, PT require their own code and will be trained-like MH)
- Frequency-must be clinically justified and noted in the treatment plan
- Provision of Services-services may be provided in-person, by telephone, or by telehealth, and in any appropriate setting in the community. **If the medication service is by telephone, our providers simply indicate “phone” in the location field.**

Methadone Dosing

The qualified provider Opioid Treatment Program / Narcotic Treatment Programs (OTP/NTP) may offer and prescribe medications to patients covered under the DMC ODS formulary as follows:

- Medications/Modalities + PC:
 - a. Methadone: OTP/NTP=519 – HCPC (H0020)
 - b. Buprenorphine (generic)=520 – HCPC (S5000)
 - c. Buprenorphine (brand)=521 – HCPC (S5001)
 - d. Disulfiram (generic)OTP/NTP=522 – HCPC (S5000)
 - e. Disulfiram (brand)OTP/NTP=523 – HCPC (S5001)
 - f. Naloxone (generic) OTP/NTP=524 – HCPC (S5000)
 - g. Naloxone (brand) OTP/NTP=525 – HCPC (S5001)
 - h. Bupr-Nalox-(generic) OTP/NTP=526 – HCPC S5000
 - i. Bupr-Nalox-(brand) OTP/NTP=527 – HCPC S5001
- Authorized Service Provider-MD, , Psychologist, Psychologist Tech, NP, PA, RN
- Frequency-must be clinically justified and frequency noted in the treatment plan and patient shall receive between 50 and 200 minutes of counseling per calendar month, and or when medically necessary, additional counseling service may be provided.
- Provision of Services-per Title 9, all services must be provided in-person at the licensed program.

Outpatient Services: Outpatient (OS) ASAM 1.0 and Intensive Outpatient (IOS) ASAM 2.1

OS 1.0 Service Requirements:

- Adults up to nine (9) hours of medically necessary services per week of medically necessary services (Adults 21+)
- Adolescents less than six (6) hours of medically necessary services per week of medically necessary services (Adolescents 12-20)
- Not limited to DMC certified sites (e.g., special populations contracts-older adults, youth prevention)

IOS 2.1 Service Requirements

- Adults a minimum of nine (9) hours and maximum of 19 hours per week of medically necessary services
- Adolescents a minimum of six (6) hours and maximum of 19 hours per week of medically necessary services

Components of allowable (claimable) services include:

1. Intake/Assessment

2. Treatment Planning
3. Individual & Group Counseling
4. Patient Education (Ind. Or Group)
5. Family Therapy (:PHA only)
6. Medication Services (Medical Providers – MD, DO, NP, PA ONLY)
7. Collateral Services
8. Crises Intervention
9. Discharge Planning and Coordination

Patient Education

Patient Education is considered a non-clinical research based education on addiction, treatment, relapse prevention and associated health risks in which educational materials, handouts, research, speaker(s), and health information provided relates to substance use disorders (IA Definition 70.). PNs for educational sessions must be individualized and relate to the beneficiary's treatment plan goal(s) and objectives. Patient Education may be provided as an individual session or a group service for IOS and RES. See definition of Group Education.

- Modalities + PC: OS=631; IOS=231; OTP/NTP=483; RES included in RES Day Rate
- HCPC: H0004 (OS); H0015 (IOS); H0004 (OTP/NTP)
- Authorized Service Provider- SUD Counselors and LPHAs
- Frequency-must be clinically justified and frequency noted in the treatment plan
- Provision of Services-services may be provided in-person, by telephone, or by telehealth, and in any appropriate setting in the community.

Physician Consultation

Physician consultation services are to support DMC provider physicians with complex cases, which may address medication selection, dosing side effect management, adherence, drug-drug interactions, or level of care considerations (IA Definition 76.). Physician consultation services are designed to assist DMC physicians by allowing them to seek expert advice when developing treatment plans for specific DMC ODS beneficiaries. Physician Consultation Services include DMC Physicians' consultation with *BHCS approved external* addiction medical physicians, addiction psychiatrists, or clinical pharmacists.

- Modalities + PC: OS=670; IOS=270; RES ASAM 3.1=116; RES ASAM 3.3=146; RES ASAM 3.5=176; WM ASAM 3.2=397
- HCPC: G9008 for all modalities above
- Authorized Service Provider- MD, Psychiatrist (Not Pharmacists, NP, & PAs)
- Frequency-must be clinically justified and frequency noted in the treatment plan
- Provision of Services-services may be provided in-person, by telephone and in any appropriate setting in the community.

Progress Notes (PN): Requirements

Documentation of treatment episode information for all modalities requires documentation of all activities, services, sessions, and assessments.

PN narratives must include the following:

- a. topic or purpose of the service(s);
- b. description of beneficiary's progress on the treatment plan problems, goals, action steps, objectives, and/or referrals;
- c. information on attendance, including the date, start & end times of each individual and group counseling session or treatment service (this includes travel time);
- d. identify if services were provided face-to-face, by telephone, or by telehealth and;
- e. if provided in the community, identify the location and how the provider ensured confidentiality in the community

PN must include legibly printed name, signature and date of the PN.

- RES Daily PN must be completed within 7 calendar days of the counseling sessions.
- IOS Daily PN must be completed within 7 calendar days of the counseling session(s)
- OS PN, each individual service (e.g., treatment plan, collateral) requires a PN. PNs must be completed within 7 calendar days of the counseling session(s)

All fields in the PN template must be completed

Recovery Residence: Non-DMC service

All residents of Recovery Residence (RR) must be actively engaged in medically necessary treatment and/or recovery support services (RSS) and all medically necessary treatment and or other approved activities are provided off-site from the RR. Residents are required to follow house rules and actively participating in their treatment/recovery.

Treatment providers, , will collaborate with House Manager from Recovery Residence and/or the BHCS Care Navigator through Center Point, Inc. on an on-going basis to validate that the beneficiary is actively participating in SUD treatment and meets medical necessity. The associated OS/IOS/RSS DMC treatment provider must conduct ALOC as required (OS-every 90 days; IOS every 60 day) and may coordinate ALOC assessment with the Care Navigator. Although the established maximum stay is six (6) months, special requests for an extension are considered and based on a case-by-case request.

Recovery Support Services (RSS) (with the exception of Monitoring by Peer Specialist)

Recovery Support Services are **medically necessary** and available when the client is triggered "at risk" for relapse, when the client has relapsed, or simply upon completion of treatment as a preventative measure to prevent relapse (IA.T.2.). RSS are available after the client's completion of their course of treatment and continues as a form of post-treatment aftercare that: (a) fosters health and resilience in individuals and families by helping them to navigate systems of care, and reduce barriers to employment, housing, education, and other life goals; (b) incorporate a broad range of support and social services that facilitate recovery; and (c)

wellness, and linkage to and coordination among service providers. RSS are important to the member's recovery and wellness. The treatment community becomes a therapeutic agent through which members are empowered and prepared to manage their health and health care. Therefore, treatment must emphasize the member's central role in managing their health, use effective self-management support strategies, and organize internal and community resources to provide ongoing self-management support to members (STCs, IA).

Recovery Services include individual and group counseling; **treatment plans**; recovery monitoring/substance abuse assistance (recovery coaching, relapse prevention, and peer-to-peer services); and case management (linkages to educational, vocational, family supports, community-based supports, housing, transportation, and other services based on need). Medical necessity criteria for recovery services must be appropriately documented in the medical record. **"Abuse in Remission" diagnosis codes for medical necessity determination (IN MHSUDS 17-063) are used for RSS. The Continuum of Care recommends use and/or review of the existing Discharge Plan for RSS.**

Unless clinical justification for reduced contact is provided by the LPHA, a minimum of one (1) contact per thirty (30) day period and services must be linked with a DMC certified service program (RFP-BHCS).

- Services/Modalities + PC:
 - a. RSS Individual Counseling: OS=677; IOS=278 – HCPC (H0004)
 - b. RSS Group Counseling: OS=680; IOS=281 – HCPC (H0005)
 - c. RSS Case Management-Care Coordination: OS=684; IOS=284 – HCPC (H0006)
 - d. RSS Case Management-Service Coordination: OS=685; IOS=285 – HCPC (H0006)
 - e. *RSS Monitoring: OS=689; IOS=289 – HCPC (T1012)
- Authorized Service Provider- SUD Counselors and LPHAs. *Peer Support Specialist may **only** provide Monitoring.
- Frequency- must be clinically justified and frequency noted in the treatment plan
- Provision of Services- services may be provided in-person, by telephone, or by telehealth, and in any appropriate setting in the community.

Residential (RES)

A non-institutional, 24-hour non-medical, short term residential program of any size that provides services to beneficiaries. Each beneficiary shall live on the premises and shall be supported in their efforts to restore, maintain, and apply interpersonal and independent living skills, and access to community support systems. Types of services include: Intake/Assessment (Medical Necessity & ALOC), Treatment Planning, Individual Counseling, Group Counseling, Group Education, Patient Education, Collateral Services, Crises Intervention, Family Therapy, and Discharge Planning. Program Standards for licensed residential programs, all levels of ASAM: 3.1, 3.3, 3.5 require a total of 20 hours of structured therapeutic activities to prepare them for outpatient treatment (IA Definition 100.) that may include, at a minimum, the following type of schedule:

3.1 = a minimum of five (5) clinical hours per week + a structured schedule that demonstrates, at a minimum, fifteen (15) additional hours that may include a mix of clinical and non-clinical services e.g., patient education. Perinatal treatment length of stay includes duration of medically confirmed pregnancy and two additional months of post-partum services.

3.3 and 3.5 = a minimum of twelve (12) clinical hours per week + a structured schedule that demonstrates, at a minimum, eight (8) additional hours that may include a mix of clinical and non-clinical services e.g., patient education. Program services include 24-hour care with trained counselors to stabilize multidimensional clients considered to be in imminent danger with a goal to prepare clients for outpatient treatment. Able to tolerate and use full milieu or therapeutic community. For perinatal residential, length of stay can include duration of pregnancy and 2 months post-partum. All Residential treatment and length of stay needs prior authorization.

All clinical services are provided in the facility. The structured weekly schedule of clinical and non-clinical activities per week are designed to prepare the beneficiary for outpatient treatment. A minimum of one (1) structured activity hour per day is required. Total weekly service hours for all levels are 20 hours per week (IA Definition 100.). The 20 hours are made up of the following components of RES are: intake/individual & group counseling/collateral/crisis intervention/transportation (provision to and from medically necessary treatment)/discharge services. Non-clinical services include patient education/ (STCs). **Perinatal and Adolescent RES providers must follow additional applicable guidelines and requirements.**

- Modalities + Codes:

- ASAM 3.1:

- a. RES Day=101 – HCPC (H0019)
 - b. RES Non-DMC Assessment NMN=106 – (not Medi-Cal billable)
 - c. RES Non-DMC Residential NMN=109 – (not Medi-Cal billable)

- ASAM 3.3:

- a. RES Day – HCPC (H0019)=131
 - b. RES Non-DMC Assessment NMN=136 -- (not Medi-Cal billable)
 - c. RES Non-DMC Residential NMN=139 – (not Medi-Cal billable)

- ASAM 3.5:

- a. RES Day – HCPC (H0019)=161
 - b. RES Non-DMC Assessment NMN=166 – (not Medi-Cal billable)
 - c. RES Non-DMC Residential NMN=169 – (not Medi-Cal billable)

- Authorized Service Provider- SUD Counselors and LPHAs.
- Frequency-must be clinically justified and frequency of types of services noted in the treatment plan
- Provision of Services- services may be provided in-person, by telephone, or by telehealth (group counseling sessions may not be conducted through telehealth), and in any appropriate setting in the community.

Screening Engagement (adolescent contract only)

Only applies to adolescent SUD programs and utilizes county specific screening tools. Beneficiaries under the age of 21 are eligible to receive all appropriate and medically necessary services needed to correct and ameliorate health conditions that are coverable under section 1905 (a) Medicaid authority.

- The adolescent shall be screened / assessed to be at risk for developing SUD; and,
- The adolescent individual shall meet the ASAM adolescent treatment criteria.
- Modalities + PC: OS=673
- HCPC: N/A (Not Medi-Cal billable)
- Authorized Service Provider- SUD Counselors and LPHAs.
- Frequency- must be clinically justified and noted in the PN
- Provision of Services- services may be provided in-person, by telephone, or by telehealth, and in any appropriate setting in the community.

Treatment Planning

For all services, the provider shall prepare an individualized written treatment plan, based upon information obtained during the intake and assessment process. Discharge Plan services are not required to be on the treatment plan.

Treatment Plans for RES programs:

- i. Completed, signed, and dated with **all required** signatures within treatment plan due dates;
- ii. Within 10 days of the episode opening date (EOD) for the initial plan and every 90 days thereafter from the counselor/LPHA signature on the previous treatment plan.

Perinatal RES Treatment Plan

- i. Perinatal exposure to substance harms developing fetuses. If this is identified as a need in the assessment there must be a goal to provide education to the mother, actions steps, and target date must be included in the plan to address this problem.
- ii. Completed, signed, and dated with **all required** signatures within treatment plan due dates;
- iii. Within 10 days of the episode opening date (EOD) for the initial plan and every 90 days thereafter from the counselor/LPHA signature on the previous treatment plan.

WM Residential

- i. Completed, signed, and dated with **all required** signatures within treatment plan due dates;
- ii. Within 24-48 hours of the episode opening date (EOD) for the initial plan

OS, OTP/NTP, IOS and RSS programs

- i. Completed, signed, and dated with **all required** signatures within treatment plan due dates;
- ii. Within 30 days of the episode opening date (EOD) for the initial plan and every 90 days thereafter from the counselor/LPHA signature on the previous treatment plan.

The treatment plan will be completed upon intake and then updated every subsequent 90 days unless there is a change in treatment modality or significant event that would then require a new treatment plan. The treatment plan shall include:

- A statement of problems to be addressed,
 - Goals to be reached which address each problem
 - Action steps which will be taken by the provider and/or beneficiary to accomplish identified goals,
 - Target dates for accomplishment of actions steps and goals, and a description of services including the type of counseling to be provided and the frequency thereof.
 - Treatment plans have specific quantifiable goal/treatment objectives related to the beneficiary's substance use disorder diagnosis and multidimensional assessment.
 - The treatment plan will identify the proposed types(s) of interventions/modality that includes a proposed frequency and duration.
 - The treatment plan will be consistent with the qualifying diagnosis and will be signed by the beneficiary and the Medical Director or LPHA.
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- Modalities + PC: OS=644; IOS=244; OTP/NTP=496
 - HCPC: H0004 (OS; OTP/NTP) – H0015 (IOS)
 - Authorized Service Provider- SUD Counselors (may not diagnose) and LPHAs.
 - Frequency-must be clinically justified and noted in the PN
 - Provision of Services-services may be provided in-person, by telephone, or by telehealth, and in any appropriate setting in the community

Transportation

Transportation is an ancillary residential service as a provision of access or arrangement to and from medically necessary treatment. RES providers must offer, arrange and provide transportation when needed. The provider must document why the transportation is medically necessary and how transportation supports treatment plan goals and reduces barriers.

Transportation is a non-clinical service that may be included in the minimum weekly structured hours.

Withdrawal Management (WM)

Means detoxification services provided in either an ambulatory or non-ambulatory setting consistent with the ASAM level of care criteria to DMC ODS beneficiaries (IA Definition 122). WM includes care coordination that provides a seamless transition of care for beneficiaries.

Beneficiaries receiving WM services are monitored during the detoxification process. Medication services are provided by licensed professionals working within their scope of practice. Other approved WM services may be provided by LPHAs and/or SUD Counselors (certified and/or registered). SUD Counselors must be under the supervision of an LPHA and working within the scope of their practice

Observation means the process of monitoring the beneficiary's course of withdrawal. It is to be conducted as frequently as deemed appropriate for the beneficiary and the level of care the beneficiary is receiving (IA Definition 67.) Services provided are medically necessary habilitative and rehabilitative services in accordance with an individualized treatment plan prescribed by a licensed physician or licensed prescriber (IA U.2., 3.).

During the first 24-48 hours a comprehensive assessment is completed addressing the six ASAM Dimensions, and a WM treatment plan is developed with the client. WM services include individual intake/assessment, medication services (medication or non-medication method of withdrawal management), treatment planning, observation, and discharge services. Service descriptions include:

WM Intake/Assessment-refer to Intake/Assessment description. WM 3.2 billed as a day rate.

- Modalities + PC: WM 3.2=372
- HCPC: H0012
- Authorized Service Provider- LPHAs and SUD Counselors; Medication Services must be provided by Authorized Medical Service Provider -MD, NP PA, RN, Registered PharmPHA, SUD Counselor
- Frequency-must be clinically justified and noted in the treatment plan
- Provision of Services-services must be provided in-person.

ACROYMS AND NAMES/DESCRIPTIONS

Acronym	Name/Description
ALOC	ASAM Level of Care
ASAM	American Society of Addiction Medicine
CM	Case Management
CM-CC	Case Management-Care Coordination
CM-SC	Case Management-Service Coordination
CSJ	Continuing Services Justification (medical necessity)
DMC ODS	Drug Medi-Cal Organized Delivery System
EPSDT	Early Periodic Screening, Diagnostic and Treatment
IA	Intergovernmental Agreement
IOS	Intensive Outpatient Services
LOC	Level of Care
LPHA	Licensed Practitioner of the Healing Arts include: Physician; Nurse Practitioners (NP); Physician Assistants (PA); Registered Nurses (RN); Registered Pharmacists (Reg Pharm); Licensed Clinical Psychologist (LCPsy); Licensed Clinical Social Worker (LCSW); Licensed Profession Clinical SUD counselor (LPCC); Licensed Marriage and Family Therapists (LMFT); and Licensed Eligible Practitioners (Lic Elig Prac) working under the supervision of Licensed Clinicians.
NTP	Narcotic Treatment Program
OTP	Opioid Treatment Program
OS	Outpatient Services
PC	Procedure Code
RES	Residential Services
ROI	Release of Information
RR	Recovery Residence
RSS	Recovery Support Services
STCs	Standard Terms and Conditions
SUD Counselor-C	Certified SUD Counselor
SUD Counselor-L	Licensed SUD Counselor
SUD Counselor-R	Registered SUD Counselor
SUD	Substance Use Disorder
SU	Substance Use
WM	Withdrawal Management Services
HCPC	Healthcare Common Procedure Coding

PLACE OF SERVICE CODES FOR PROFESSIONAL CLAIMS

DRUG MEDICAL ORGANIZED DELIVER SYSTEM

The following table includes clarification on the use of BHCS approved place of service (POS) when claiming DMC ODS services.

Documentation of service must note the location of service and how confidentiality was ensured if in the community.	
NTP Services may only be provided in NTP-licensed settings (DHCS FAQ June 2018).	
Place of Service	Place of Service (POS) Description
Telehealth	The location where health services and health related services are provided or received, through a telecommunication system.
School	A facility whose primary purpose is education
Homeless Shelter	A facility or location whose primary purpose is to provide temporary housing to homeless individuals (e.g., emergency shelters, individual or family shelters).
Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.
Inpatient-Hospital	A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services by, or under, the supervision of physicians to patient admitted for a variety of medical conditions.
Skilled Nursing Facility	A facility which primarily provides inpatient skilled nursing care and related service to patients who require medical, nursing, or rehabilitative services but does not provide the level of care or treatment available in a hospital.
Custodial Care Facility	A facility which provides room, board, and other personal assistance services, generally on a long-term basis, and which does not include a medical component.
Federally Qualified Health Center (FQHC)	A facility located in a medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general direction of a physician.

Inpatient Psychiatric Facility	A facility that provides inpatient psychiatric services for the diagnosis and treatment of mental illness on a 24-hour basis, by or under the supervision of a physician.
Psychiatric Facility-Partial Hospitalization	A facility for the diagnosis and treatment of mental illness that provides a planned therapeutic program for patients who do not require full time hospitalization, but who need broader programs than are possible from outpatient visits to a hospital-based or hospital-affiliated facility.
Community Mental Health Center	A facility that provides the following services: outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically ill, and residents of the CMHC's mental health services area who have been discharged from inpatient treatment at a mental health facility; 24 hour a day emergency care services; day treatment, other partial hospitalization services, or psychosocial rehabilitation services; screening for patients being considered for admission to State mental health facilities to determine the appropriateness of such admission; and consultation and education services.
Intermediate Care Facility/Individuals with Intellectual Disabilities	A facility which primarily provides health-related care and services above the level of custodial care to individuals but does not provide the level of care or treatment available in a hospital or SNF.
Residential Substance Abuse Treatment Facility	A facility which provides treatment for substance (alcohol and drug) abuse to live-in residents with acute medical care. Services include individual and group therapy and counseling, family counseling, drugs and supplies, psychological testing, and room and board.
Non-residential Substance Abuse Facility	A location which provides treatment for substance (alcohol and drug) abuse on an ambulatory basis. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, and psychological testing.
Public Health Clinic	A facility maintained by either State or local health departments that provides ambulatory primary medical care under the general direction of a physician.

Each service must identify if it was: in-person; by telephone; or telehealth.

Ways of Communication	
Face to Face / In-Person	Face to Face communication regarding client’s treatment will generally take place in a safe and confidential setting.
Phone	Phone contact is considered a secure form of communication. Ideally the client is in a setting which allows them to feel free to discuss issues as needed and the service provider is in a setting which allows them to speak freely without fear of being overheard or breaching confidentiality.
Telehealth	<p>The following definition applies to Place of Service (POS). The Telehealth Advancement Act of 2011 defines telehealth as the mode of delivering health care services and public health utilizing information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management and self-management of a patient’s health care while the patient is at the originating site and the health care provider is at the distant site. The Centers for Medicare & Medicaid Services defines telemedicine as the use of medical information exchanged from one site to another using interactive telecommunications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time, interactive communication <u>between the patient and physician or practitioner</u> at the distant site to improve a patient’s health. Medi-Cal uses the term telemedicine when it makes a distinction from telehealth.</p> <p>Telehealth between Provider and Beneficiary means office or outpatient visits via interactive audio and video communication systems (IA Definition 114.)</p> <p>Telehealth Between Providers: means communication between two providers for purposes of consultation, performed via intercity audio and video telecommunications systems (IA Definitions 115.).</p> <p>Please note: group counseling services cannot be conducted through telehealth (STCs Definition 16. Telehealth Services page 389 of 512).</p>

SUD Counselor Professional Credentials (as of 08-15-18):

CCAPP:

- SUD Counselor: Registered Alcohol Drug Technician (RADT & RADT-II); Certified Alcohol and Drug Counselor (CADC-1 & CADC-II); CADC Certified Addiction Specialist (CADC-CAS); Licensed Advanced Alcohol and Drug Counselor (LAADC)
- Specialty Certifications: Certified Clinical Supervisor (CCS); Certified Co-Occurring Disorder Professional (CCDP); Certified Criminal Justice Addiction Professional: California Certified Prevention Specialist (CCPS); Medication Assisted Treatment Specialist (MATS); Intervention Specialist Endorsement (IS); Women's Treatment Specialist (WTS); Certified Alcohol and Drug Treatment Executive (CTE)

California Association of Driving Under the Influence (DUI) Treatment Programs (CADTP)

- SUD Counselor: Certified Alcohol and Other Drug Counselor (CAODC); CAODC-Advanced (CAODC-A); CAODC-Clinical Supervisor (CAODC-CS)

Before employment as a counselor in a DHCS licensed or certified program an applicant must complete all required application forms in order to be registered with a DHCS approved counselor-certifying organization. SUD treatment services are denied and the ability to claim for that service provider will be withdrawn until primary verification of the credential is provided. Applicants have five (5) years from the date registered as an SUD Counselor to complete education, internships and the certification examination. For those who do not pass the examination and wish to re-apply there is a waiting period.

The Certified / Licensed ratio to Registered SUD Counselors requires a minimum of 30% Certified or Licensed to 70% Registered SUD Professionals. Minimum BHCS requirement for Registered SUD Counselors to conduct specified services in addition to other allowed services requires one (1) year of full time equivalent SUD treatment experience OR 158 hours of education+127 practicum hours+1500 supervised hours and attestation from supervisor. An LPHA or Registered/Certified/Licensed SUD Counselor provides case Management Services and with approval from QA BHCS Registered Counselors may conduct ALOCS, Intakes/Assessments and participate in SUD CQRT.

Sources:

Intergovernmental Agreement (IA) DHCS Boilerplate:

http://www.dhcs.ca.gov/provgovpart/Documents/DMC-ODS_Waiver/DMC-ODS_ExhibitA_AttachmentI_Boilerplate.pdf

Standard Terms and Conditions 1115 Waiver DMC ODS:

Refer to pages 96-127 and 376-407 for the DMC-ODS system. (Updated April 5, 2018)

http://www.dhcs.ca.gov/provgovpart/Documents/DMC-ODS_Waiver/DMC-ODS_ExhibitA_AttachmentI_Boilerplate.pdf

DMC ODS DHCS-FAQs, Fact Sheets and Information Notices:

http://www.dhcs.ca.gov/provgovpart/Pages/FAQs_Fact_Sheets.aspx

DHCS Approved SUD Counselor Certifying Organizations:

<http://www.dhcs.ca.gov/provgovpart/Pages/CounselorCertificationOrganizations.aspx>