



Contra Costa County

*Drug Medi-Cal Organized Delivery System
(DMC-ODS) PLAN PRACTICE GUIDELINES*

**Behavioral Health Division
ALCOHOL AND OTHER DRUG SERVICES
12/17/2018**

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INTRODUCTION

Background

On August 13, 2015, the California Department of Health Care Services (DHCS) received approval from the Centers for Medicare and Medicaid Services to implement the Drug Medi-Cal Organized Delivery System (DMC-ODS) waiver. The DMC-ODS is a pilot project authorized originally under the California's Section 1115 Bridge to Reform Demonstration Waiver and continued in the Medi-Cal 2020 Waiver. The purpose of the pilot program is to test a new paradigm for organized delivery of health care services for Medicaid eligible individuals with Substance Use Disorders (SUD). Prior to the implementation of the Waiver, people with SUD had limited treatment options available. The DMC-ODS Intergovernmental Agreement has allowed Contra Costa residents to receive a full array of services covered under Medi-Cal. Contra Costa County—specifically, the Behavioral Health Division's Alcohol and Other Drug Services (AODS)—received a contract from DHCS on June 30, 2017. Because of its commitment to ensure successful implementation of the DMC-ODS Intergovernmental Agreement, AODS provides this Plan Practice Guidelines as guidance to promote standards of practice that comply with Federal, State and County SUD treatment standards.

For access to the current Intergovernmental Agreement between Contra Costa and the California Department of Health Care Services, see *Appendix V—Important Links/Documents*.

Overview and Philosophy

Alcohol and Other Drugs (AOD) Prevention, Treatment and Recovery Services provides a continuum of care of treatment for SUD modeled after the American Society of Addiction Medicine (ASAM) criteria, in partnership with community based providers and county operated programs.

Contra Costa's system of care uses the American Society of Addiction Medicine Criteria not only to improve assessment to the appropriate placement, but also as a mechanism to enhance clinical practices that promote patient-centeredness and to establish a shared partnership with beneficiaries to help them make the best decisions regarding their treatment.

AOD advocates for changing social norms that criminalize SUD and increases community understanding that addiction is a chronic and medical disease. At its core, Contra Costa focuses on developing *beneficiary-centered* services. These services are trauma-informed, based on individual needs, and customized for the beneficiary wherever they are in the spectrum of recovery.

While agencies may have additional requirements and expectations, the purpose of this Plan Practice Guidelines is to offer staff and partner agencies with the minimum set of standards that follow the Substance Abuse Prevention and Treatment Block Grant (SABG), ODS 1115 Drug Medi-Cal Waiver Terms and Conditions, Relevant DMC-ODS

Information Notice, Terms and Conditions of the DMC-ODS Intergovernmental Agreement, and regulations from Title 9 and Title 22.

Furthermore, is important to note that modality and population-specific requirements have been included whenever possible; however, is important to consult the specific requirement as needed. In the event of conflict between the DMC-ODS Intergovernmental Agreement and Title 22, provisions of the DMC-ODS Intergovernmental Agreement shall supersede if they are more stringent.

The Plan Practice Guidelines will be made available to every new provider under contract with AODS and posted in the AODS homepage. The Plan Practice Guidelines are a living document and shall be updated as necessary. The county commits to periodic review of the guidelines to ensure the most accurate and up-to-date information.

VISION

Contra Costa Behavioral Health envisions a system of care that supports independence, hope, and healthy lives by making accessible behavioral health services that are responsive, integrated, compassionate and respectful.

MISSION

The mission of Contra Costa Behavioral Health, in partnership with consumers, family, staff, and community-based agencies, is to provide welcoming, integrated services for mental health, substance abuse, homelessness, and other needs that promote wellness, recovery and resiliency while respecting the complexity and diversity of the people we serve.

The Alcohol and Other Drugs Services (AODS) “puts people first.” The mission of AODS is to advocate for alcohol and drug free communities by promoting individual and family responsibility, hope, and self-sufficiency.

GUIDING PRINCIPLES OF SUD TREATMENT

SUD Treatment:

- ❖ Provides a comprehensive continuum of care that delivers timely access to treatment where people are located and when they need it
- ❖ Delivers the appropriate level of treatment based on medical necessity in the least restrictive environment
- ❖ Responds to the unique treatment needs of each individual and promote a beneficiary-centered approach
- ❖ Supports the sustained recovery of beneficiaries and their families
- ❖ Improves beneficiary’s experience in treatment
- ❖ Coordinates transitions of level of care in a seamless, respectful, and timely fashion
- ❖ Supports integration of mental health and physical health to improve outcomes

- ❖ Respects the cultural and language needs of the beneficiaries and follow the CLAS standards
- ❖ Recognizes the unique needs of special populations: pregnant and postpartum women, adolescents under 21, homeless individuals
- ❖ Utilizes the ASAM Framework with fidelity

Providers shall ensure that treatment practices do not deny services based on race, color, religion, gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.

SPECIAL POPULATION REQUIREMENTS

AODS and its providers shall adhere with federal and state mandates that require counties to comply with the minimum requirements for serving pregnant and parenting women as outlined in the DHCS Perinatal Practice Guidelines and the Youth Treatment Guidelines for adolescents under 21. Additionally, all AOD programs receiving Substance Abuse Prevention and Treatment Block grant (SABG) shall fulfill provisions requiring treatment admission on priority basis and interim services. Priority admissions shall be given according the DHCS Perinatal Practice Guidelines.

ELIGIBILITY CRITERIA FOR SERVICES

To be eligible for SUD Treatment under the DMC-ODS Plan, beneficiaries must:

1. Reside in Contra Costa County.
2. Be enrolled in Medi-Cal and have a Medi-Cal from Contra Costa or be willing to transfer Medi-Cal to Contra Costa.
3. Have at least one diagnosis from the Diagnostic and Statistical Manual of Mental Disorders 5th Edition (DSM-5) for substance-related and addictive disorders. Any adult, or youth under the age of 21, who is assessed to be “at risk” for developing a SUD will be eligible for Early Intervention services if they do not meet medical necessity criteria.
4. Meet the ASAM definition of medical necessity for services, as determined by a Licensed Practitioner of the Healing Arts (LPHA). For Adolescents under 21, the adolescent must meet the ASAM Adolescent Criteria and/or be assessed to be at risk for developing a SUD.

MEDICAL NECESSITY

For a provider to receive reimbursement regardless of funding source, all beneficiaries must meet medical and service necessity in accordance with Policy No. AOD 509. As such, diagnosis and medical necessity shall be established prior to intake by conducting an initial full ASAM assessment.

Medical Necessity encompasses all six ASAM Dimensions (*see Appendix IV—ASAM Levels of Care*) and takes into consideration the extent and biopsychosocial severity of the various dimensions within the full ASAM assessment. Medical Necessity must not be restricted to acute care and narrow medical/mental health concerns. AOD providers will not discriminate against individuals eligible to enroll based on health status or need

for health care services. When applicable, a medical clearance will be obtained and noted.

FUNDING HIERARCHY

Drug Medi-Cal Billing

All treatment services for all available levels of care in the county, are currently reimbursable under Drug Medi-Cal. AOD providers must adhere to DMC-ODS Intergovernmental Agreement documentation requirements to prevent disallowances. Prior to providing services, the provider must verify both Medi-Cal eligibility of the individual and county of residence.

While under the ODS-DMC, Medi-Cal is the primary funding source for Medi-Cal eligible individuals, there may be circumstances in which Medi-Cal coverage is restricted or limits of coverage. For example, beneficiaries in residential treatment can only be admitted twice within a 365-day period, even when they may still meet medical necessity for such level of care. In these cases, the beneficiary and/or the AOD provider must contact Provider Services with a Justification for Continuation of Services form to receive approval for use of other funding sources. These other sources may include AB109, SAMHWorks, and SABG if funding is available.

For more information about Drug Medi-Cal Billing, see the link to the Drug Medi-Cal Billing Manual in *Appendix V—Important Links/Documents*.

Presumptive Medi-Cal

Presumptive Medi-Cal is a status designed to provide immediate, temporary coverage for Medi-Cal beneficiaries pending formal Medi-Cal application. Whenever Presumptive Medi-Cal is granted, the AOD provider shall work cooperatively and diligently with the beneficiary immediately following admission to facilitate the process for completing the Medi-Cal application. With the eventual goal of securing full scope Medi-Cal for the beneficiary, Presumptive Medi-Cal covers up to 60 days of services.

Substance Abuse Prevention and Treatment Block Grant (SABG) Funding

SABG funds may be used for individuals that are not eligible for DMC. However, these individuals must still (1) reside in Contra Costa County, (2) have at least one diagnosis from DSM 5 for a Substance-Related and Addictive Disorder, and (3) meet the ASAM definition of medical necessity for services, as determined by a Licensed Practitioner of the Healing Arts (LPHA). **See *Eligibility Criteria for Services***. Individuals with other forms of commercial/private insurance shall be referred to their own managed care plan. This include Veterans Services, if eligible.

No SABG funding shall be used for a Medi-Cal eligible individuals; all other funding categories must be exhausted in compliance with federal and state regulations.

- ❖ SUD treatment services are available to pregnant and post-partum women. Under the Waiver and ASAM criteria there is no fixed length of stay in any level of care for any beneficiary.

- ❖ Placement criteria for Perinatal beneficiaries must be made into the appropriate LOC within 48 hours. In the case that there is if there is not availability in her needed LOC, then the Provider is required to commence "Interim Services" within 48 hours until the appropriate LOC becomes available. These services might consist of treatment in the next lower LOC available, case management and other supportive services to sustain and continue to motivate/engage the beneficiary.
- ❖ Youth under 21 are eligible to receive Medi-Cal services pursuant to the Early Periodic Screening, Diagnostic and Treatment (EPSDT) mandate. Under the EPSDT mandate, beneficiaries under 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. **For more information about youth under 21, see *Beneficiaries Under 21*.**
- ❖ AOD does not deny services on inability to pay.
- ❖ Undocumented individuals are eligible for SUD treatment and withdrawal management.
- ❖ SUD Primary prevention services are offered at no cost to individuals who are not in need of treatment.

OUT OF COUNTY BENEFICIARIES & COUNTY OF RESIDENCE

Providers shall only admit Contra Costa County residents directly for County funded programs. As referenced on DHCS Information Notice 17-036, all out county Medi-Cal beneficiaries will be referred to their county of origin. **For access to Information Notice 17-036, see *Appendix VI—Relevant MHSUDS Information Notices*.** However, the following exceptions apply:

1. If a beneficiary is out of county, BUT in transition or willing to move Medi-Cal to Contra Costa, the beneficiary will be assisted to contact the Behavioral Health Financial Counselors. Staff shall document the beneficiary's attempts to complete the Medi-Cal package and request verification of submission.
2. If the beneficiary had already started paperwork to transfer his county of origin to Contra Costa (for which they must provide proof).
3. For methadone beneficiaries traveling or visiting Contra Costa requiring a courtesy dose. **See *Medication Assisted Treatment (MAT)—Courtesy Dosing*.**

In some cases, inter-county funding for Medi-Cal may be accepted based on agreements between counties. Narcotic Treatment Programs (NTPs) are responsible for verifying whether agreements are in place.

PROGRAM OVERSIGHT

The Department of Health Care Services (DHCS) has contracted with the Behavioral Health Services Division to provide SUD Prevention, Treatment, and Recovery Services within Contra Costa County. Under this Interagency Agreement (IAA) Alcohol and Other Drugs (AODS) must ensure it meets Federal and State regulations. AODS funds local

SUD prevention and treatment Community Based Organizations (CBO) and directly operates one residential treatment facility.

The contractual obligation with the State includes a responsibility for monitoring that all providers are appropriately licensed, credentialed, and certified. Similarly, based on new 42CFR Part 438-Managed Care rules, AODS must verify that all professionals delivering services are properly certified and licensed within their scope of practice.

AODS must also ensure compliance with fiscal management systems, monitor provider billing, process claims for reimbursement, conduct compliance audits, and offer training and technical assistance to SUD prevention and treatment providers.

Effective July 1, 2017 and because of the implementation of the DMC-ODS Intergovernmental Agreement, Contra Costa County began to operate as a managed care plan specifically to meet the needs of Medi-Cal beneficiaries. Consequently, the DMC-ODS plan along with SUD treatment providers must also adhere to the Federal guidelines of 42CFR Part 438-Managed Care also known as the Mega Rule.

All SUD Prevention services must follow SABG regulations and implemented activities must correspond to the goals and objectives of the FY2018-2023 Prevention Strategic Plan.

All SUD Treatment facilities must adhere to the California Certification Standards issued by the Department of Health Care Services (DHCS) 2017 per Information Notice 17-017. **To access DHCS California Certification Standards, see *Appendix V—Important Links/Documents*. To access Information Notice 17-017, see *Appendix VI—Relevant MHSUDS Information Notices*.**

CONFIDENTIALITY AND COMPLIANCE WITH 42CFR PART 2

Consent, Confidentiality, and Criminal Reporting

Any verbal, written, recorded or electronic information that identifies or can identify a beneficiary is considered protected health information (PHI). All SUD Prevention, Treatment and Recovery network programs and staff must comply with state and federal laws and regulations regarding informed consent, disclosure of confidential information such as patient-identifying information pursuant to the requirements of 42CFR Part 2 which govern the confidentiality of SUD records, and protect SUD related information of all beneficiaries.

All SUD providers, both at the program and individual level are required to safeguard beneficiaries' records containing protected health information against loss, defacement, tampering, or use by any unauthorized persons in accordance with Health Insurance Portability and Accountability Act (HIPAA and Title 42, Code of Federal Regulations, Part 2. Records must be stored in a double locked location and, if transported, maintained in a locked unit. All electronic devices must also be secured.

Best clinical practices regarding PHI and SUD related information require that all authorizations, consents, and advisements be explained to beneficiaries in their preferred language and in user-friendly respectful manner. The main objective of the informed consent is to ensure that beneficiaries understand the purpose and nature of any signed/dated agreements regarding their treatment. The informed consent, also functions as the legal record of the provision of treatment services and disclosures. All forms: Consent to Release Information, Authorizations, Advisements, and Acknowledgements must be filled out, signed, and dated to be considered valid. Because authorization forms must meet timeliness standards, updates are required. Under the law, beneficiaries can choose what they want to share, with whom, and for which period of time. They can also revoke a previously signed authorization, and the consent is individual-specific which means that the information cannot be disclosed again.

To ensure compliance, all SUD Prevention, Treatment, and Recovery Network staff must complete a mandatory training that covers HIPAA and 42CFR Part 2 on annual basis through Relias.

Confidentiality and Compliance for Minors

State of California the law requires that Minors ages 12 and up can receive SUD treatment without the knowledge of their parents at the request of the Minor. If a Minor requests this and is covered under Medi-Cal through their parents, their parents' Medi-Cal cannot be utilized to bill for the Minor's SUD service). In such cases, Minor Consent Medi-Cal must be established for the Minor and billed by the provider for any SUD services to protect the Minor's right to Confidentiality.

Any Minor in California age 12 and up may request Minor Consent Medi-Cal for SUD service by going to a county Medi-Eligibility Office and simply requesting such. No identification is required and the application is based solely on the Minor's income.

Minor Consent Medi-Cal must be re-requested and authorized monthly by the Minor submitting a Request for Continuing Minor Consent Services form to the Medi-Cal eligibility office.

Standard Authorizations

Authorizations may include (but are not limited to):

- ❖ Emergency Contact Authorization, including type of or no message to be left
- ❖ Authorization for Third Billing Party
- ❖ Third Party Consents which must include Notice of Prohibition of Redisclosure of Information
- ❖ Authorization to provide Progress Updates to the Courts
- ❖ Authorization to share results of ASAM screening

ADDITIONAL COMPLIANCE

Title 22 Requirements

At a minimum, AODS will provide the following administrative support:

- ❖ Implement and maintain a system of fiscal disbursement and controls over the Drug Medi-Cal SUD services rendered by providers delivering services within its jurisdiction pursuant to an executed provider agreement.
- ❖ Monitor to ensure that billing for reimbursement is within the rates established for services.
- ❖ Process claims for reimbursement.

DMC-ODS Intergovernmental Agreement

In addition, AODS will provide the following:

- ❖ Implement and maintain a system of fiscal disbursement and controls over the Drug Medi-Cal SUD services rendered by providers delivering services within its jurisdiction pursuant to an executed provider agreement.
- ❖ Monitor to ensure that billing for reimbursement is within the rates established for services.
- ❖ Process claims for reimbursement.

SCOPE OF PRACTICE

The scope of practice for a credentialed or licensed provider as defined by Federal, State and County regulations ensures that clinical staff performs functions within the specifications and parameters of their professional training and competence. Professional staff shall provide services within their individual scope of practice and receive supervision required under their scope of practice laws by professional and administrative staff.

Professional staff providing SUD treatment shall only be performed by a Licensed Professionals of the Healing Arts (LPHA) who is licensed, registered, certified, or recognized under their respective California scope of practice statutes (e.g., Board of Behavioral Sciences). **For a complete matrix that shows the staff service categories and responsibilities of each LPHA, see *Appendix I—Staff Service Categories*.**

LPHA Physicians

Physicians are a sub-category of the LPHA definition and must be licensed, registered, certified, or recognized under California State scope of practice statutes. Physicians shall provide services within their individual scope of practice.

Non-Physician LPHA

Non-Physician Licensed Professionals of the Healing Arts include:

- ❖ Nurse Practitioner (NPs)
- ❖ Physician Assistants (PAs)
- ❖ Registered Nurses (RNs)
- ❖ Registered Pharmacists (RPs)

- ❖ Licensed Clinical Psychologists (LCPs)
- ❖ Licensed Clinical Social Workers (LCSWs)
- ❖ Licensed Professional Clinical Counselors (LPCCs)
- ❖ Licensed Marriage and Family Therapists (LMFTs)
- ❖ License-Eligible Practitioners working under the supervision of licensed clinicians

Alcohol and Other Drug (AOD) Counselors:

Registered and certified substance abuse counselors must adhere to all requirements in the California Code of Regulations (CCR) Title 9, Chapter 8. Title 22 [9 CCR 130059(a)(8)]. The term certified refers to those counselors who have completed training specific to SUD treatment and have passed the credentialing process by a governing board of a DHSC-approved certifying body. According to Title 22 [9 CCR 130059(a)(8)] “registrant” means an individual registered with any of the California approved certifying organizations to obtain certification as a substance abuse counselor. Pursuant to Section 13035(f) of the certification requirements, at least 30% of staff providing counseling services shall be fully licensed or certified.

Unlike LPHAs, substance abuse counselors may not confirm diagnosis, establish and validate medical necessity, or review and approve treatment plans. LPHA’s documentation does not require co-signatures except interns, or as required by their own specific employer. Opioid Treatment Programs/Narcotic Treatment Programs (OTP/NTP) operate under a separate set of more requirements excluded from the DMC-ODS Intergovernmental Agreement in which the Medical Director supervises all staff and signs documentation. An LPHA may provide all the services within an SUD treatment facility the same as a substance abuse counselor.

Volunteers/Non-Professional Staff

SUD providers shall ensure that all primary staff members are paid personnel. The use of volunteers and interns are only allowed on limited basis and they shall work under the supervision of administrative and clinical staff. The use of beneficiaries as a substitution for paid personnel is not allowed.

If a program uses volunteers, providers shall develop policies and procedures that address all state requirements, including (a) Recruitment, (b) Screening and Selection, (c) Training and orientation, (d) Duties and assignments, (e) Scope of practice, (f) Supervision (g) Evaluation, and (h) Protection of beneficiary confidentiality.

Volunteers should receive policies and procedures prior to performing assigned duties. Additionally, all volunteers shall receive on-site orientation and be supervised by professional and/or administrative staff.

PERSONNEL

Verification of Credentials

SUD providers shall ensure that all personnel are competent, trained, and qualified to provide any necessary services prior to employment. Providers are encouraged to make copies of original certificates.

Pursuant to Title 42 of the Code of Federal Regulations, Part 438.214, AODS shall verify and document that all professional staff within the DMC-ODS network providers are fully credentialed and have a current NPI registration. To verify credentials, consult the California Board of Behavioral Sciences or the California Board of Psychology and the National Plan & Provider Enumeration System (NPPS) or other state-authorized certifying body. **To access Notice 18-019, see link in *Appendix VI—Relevant MHSUDS Information Notices*.** All SUD Prevention, Treatment and Recovery Network providers include county-owned and operated services.

SUD providers shall also ensure that all staff members working with youth receiving services are fingerprinted (LiveScan), and pass the Department of Justice (DOJ) background check.

Monthly, the SUD provider shall be responsible for checking the Office of the Inspector General (OIG) website to validate that board members, employees, associates, and agents providing services are on the OIG or Medi-Cal list of excluded individuals to provide direct services to beneficiaries. Any change in the legal, professional, and technical standards status of the licensed, registered, waived, and/or certified provider shall be reported immediately to AODS by the SUD provider. Additionally, changes also include whether staff is on the Medi-Cal Suspended and Ineligible Provider List.

Per contractual agreement, SUD providers are expected to employ staff who are culturally and ethnically representative of the population being served.

SUD Medical Director

The SUD Medical Director's responsibilities shall at a minimum, include the following:

- ❖ Ensure that medical care provider by physicians and physician extenders meets the applicable standard of care
- ❖ Ensure that physicians do not delegate their duties not non-physician personnel
- ❖ Develop and implement medical policies and standards for the provider
- ❖ Ensure that physician, registered nurse practitioners, and physician assistants follow the provider's medical policies and standards.
- ❖ Ensure that the medical decisions made by the physicians are not influenced by fiscal considerations
- ❖ Ensure that the provider's physician and LPHAs are trained to diagnose SUDs and to determine the medical necessity of treatment for beneficiaries.
- ❖ Ensure that the physician is trained to perform other physician duties
- ❖ The SUD medical director may delegate his/her responsibilities to a physician consistent with the Provider's medical policies and standards. However, the SUD

Medical Director shall remain responsible for ensuring all delegated duties are properly performed.

Continuing Education

All LPHAs, including the SUD Medical Director, shall receive a minimum of 5 hours of Continuing Education Credits (CEU) related to addiction medicine each year. Each SUD treatment provider shall ensure that documentation of trainings, certifications and licensure is contained in personnel files and available upon request by AODS.

Training Requirements

- ❖ Contra Costa has selected Cognitive Behavioral Therapy and Motivational Interviewing as the two core Evidence Based Practices (EBP). SUD treatment providers shall ensure that staff is trained and documentation of such training shall be kept in the personnel files as well as available upon request by the AODS. The SUD provider shall conduct periodical documentation reviews to ensure that staff providing EBPs are implementing services with fidelity.
- ❖ SUD providers shall ensure enough staff members are certified in Cardiopulmonary Resuscitation (CPR) and basic First Aid to provide coverage
- ❖ All SUD Prevention, Treatment and Recovery staff shall have an annual training on the Culturally and Linguistically Appropriate Standards (CLAS)
- ❖ All SUD Prevention, Treatment and Recovery staff shall have an annual training on Co-Occurring Disorders
- ❖ All SUD Prevention, Treatment and Recovery staff shall have an annual training on Confidentiality, HIPAA and 42 CFR Part 2
- ❖ All SUD Treatment and Recovery staff shall ensure and document that staff conducting assessments complete the two e-Training modules ASAM “Multidimensional Assessment” and “From Assessment to Service Planning” and “Level of Care” or complete ASAM A and B training through the CIBHS.
- ❖ All SUD Prevention staff shall adhere to the County Training Continued Education Requirements and be familiar with Prevention Core Competencies

<i>Training Requirement</i>	<i>LPHA</i>	<i>SUD Counselor</i>	<i>Prevention</i>
CBT	✓	✓	
MI	✓	✓	
Addiction Medicine (5CEUs)	✓		
CLAS	✓	✓	✓
First Aid & CPR	✓	✓	
ASAM A	✓	✓	
ASAM B	✓	✓	
ASAM E-Modules	✓	✓	
Confidentiality with Code of Ethics, HIPAA, 42CFR Part 2	✓	✓	✓
Prevention Core Competencies & Continued Education Requirements			✓
Sexual Harassment	✓	✓	✓

PRIMARY PREVENTION SERVICES

The SABG regulation defines “Primary Prevention Programs” as those programs “directed at individuals who have not been determined to require treatment for substance abuse” (45 CFR 96.121), and “a comprehensive prevention program which includes a broad array of prevention strategies directed at individuals not identified to be in need of better treatment” (45 CFR 96.125). Primary prevention includes strategies, programs and initiatives which reduce both direct and indirect adverse personal, social, health, and economic consequences resulting from problematic Alcohol and Other Drug (AOD) availability, manufacture, distribution, promotion, sales, and use. The desired result of primary prevention is to promote safe and healthy behaviors and environments for individuals, families and communities.

Prevention services are provided free of cost to the participant. The beneficiary receiving primary prevention services shall be known as “participant.”

AODS shall work in partnership with community-based providers and community stakeholders in the development and update of the county’s Prevention Strategic Plan, which shall be periodically updated as necessary. AODS shall ensure that the Substance Abuse and Mental Health Services Administration (SAMSHA)’s Strategic Prevention Framework is utilized in the development of the Strategic Prevention Plan and that the timelines and guidelines for preparation and submission are observed. Annual work plans shall be submitted and adhere to the County’s Prevention Strategic Plan goals and objectives.

All primary prevention services shall implement Evidence Based Programs (EBP) previously approved by AOD prevention services staff. Requests for adaptations to the EBP shall be given to AODS prior to implementation.

Primary prevention providers shall enter services on weekly basis into the Primary Prevention Substance Use Disorder Data Service (PPSDS) according to the PPSDS data quality standards. A PPSDS report summarizing monthly services shall be attached to monthly invoices.

All primary prevention providers implementing education strategies shall use the same screening instrument as approved by AODS along with the documentation required by the EBP to maintain fidelity. Prevention providers implementing Environmental or Youth Development strategies shall comply with AODS documentation standards.

Friday Night Live providers shall comply with Friday Night Live's Youth Development Standards of Practice, Operating Principles, Core Components. **For a full overview of each of these, see links in Appendix V—Important Links/Documents.** Friday Night Live programs must meet the Member in Good Standing (MIGS) requirement on annual basis as determined by DHCS in conjunction with the California Friday Night Live Partnership.

INTAKE

Intake

Intake is the process of admitting a beneficiary into a SUD treatment program through a face to face visit. Intake includes the evaluation or analysis of the cause or nature of mental, emotional, psychological, behavioral, and SUDs; the diagnosis of SUDs utilizing the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) published by the American Psychiatric Association; and the assessment of treatment needs to provide medically necessary treatment services according to ASAM criteria by a Licensed Practitioner of the Healing Arts (LPHA), a Physician or Physician Extender. Intake may include a physical examination and laboratory testing (e.g., body specimen screening) necessary for SUD treatment.

Intake Core Forms

AODS requires all county and contract providers to use only county approved forms. Occasionally, forms may need to be updated, in which case AODS shall provide 3-weeks advanced notification notice in writing, before the new form is implemented. **For a list of forms required during intake and admission process, see Appendix II—Forms Required During Intake.**

Forms to be signed by clients should be offered in the county's threshold language(s).

ASAM Screening

Contra Costa operates a centralized point of access to services. Beneficiaries will contact the Behavioral Health AODS Access Line (800) 846-1652 available 24/7. The BH Access Line is an integrated unit that brings together a multidisciplinary team of certified Substance Abuse Counselors, Mental Health Clinical Specialists and MH Community Support Workers that promote and increase bidirectional referrals. In addition, the Financial Counseling Unit assists callers with Medi-Cal enrollment, if

needed. For more information about Access Line procedures as they relate to Medication Assisted Treatment, see *Medication Assisted Treatment*.

The Substance Abuse Counselors at Access conduct an ASAM screenings over the phone to determine the best placement for level of care based on information provided by the caller. Placements could range from Outpatient (Level 1 and 2), to Residential Treatment (Level 3), and Medication Assisted Treatment. When possible, the counselor initiates a three-way call following the screening to prompt a warm hand off between the beneficiary and the program and to schedule an intake appointment. Both the ASAM Screening and ASAM Assessment are county-developed forms which include all six ASAM Criteria dimensions.

When the ASAM screening is completed, an Access Line clerk faxes a list of referrals to each provider weekly. Providers then send a Timely Access Report back to Access Line.

All SUD treatment providers shall facilitate a call to the Access Line when beneficiaries present themselves to treatment facilities. This will eliminate barriers to treatment, particularly for special populations.

To the extent possible and appropriate, Contra Costa AODS shall allow each beneficiary to choose the network provider that they consider meet best their treatment needs.

The ASAM screening is valid for 30 days, providers shall submit a written signed consent from the beneficiary to obtain a copy of the summary of the ASAM screening contained in the CRM.

Beneficiaries in all 3 detention facilities have direct access to a substance abuse counselor by using a speed dial number. Calls from detention are moved to the top by the phone system, as inmates can only call during specific times of the day and for short periods.

AOD has dedicated a substance abuse counselor to conduct ASAM screenings in the 3 different courts in the county, this is part of an effort intended to support criminal justice partners. ASAM screenings conducted in court, are entered into the system resulting into a CRM, the court substance abuse counselor also consults with the Access Team bed capacity.

ASAM Assessments

While preliminary placement recommendations may be made during the initial ASAM screening, the actual placement determination is made at the SUD Treatment program when the LPHA diagnoses and confirms medical necessity. This first appointment is completed within the timeframe required. Although placement in treatment shall be at the least restrictive environment; efforts will be made to ensure that the beneficiary is offered services at the appropriate level of care.

AODS requires the use of the American Society of Addiction Medicine (ASAM) Criteria assessment. ASAM's multidimensional assessment is based on six dimensions, each representing different life areas that when analyzed together impact decisions regarding placement, service planning, physical health, and mental health. There are two different types of ASAM assessments Adult and Adolescent ASAM for beneficiaries under 21.

If the ASAM Level is determined to be different by the LPHA, the SUD Treatment provider will assist the beneficiary to access a higher or lower level of care, including providing transportation. Additionally, the beneficiary's case management will notify the Access Line about the transition of the beneficiary.

SUD providers are required to provide a written notice to the beneficiary of any decision to deny a service authorization request or to authorize a service in an amount duration, or scope that is less than the request made by a health care professional who has appropriate clinical expertise in treating the beneficiary's condition or disease.

In general, Assessment starts at the beginning of each episode of treatment; however, ongoing regular assessments to evaluate progress, increases and/or decreases in severity and risk rating on each dimension as indicated in Policy #AOD-706 placement shall be reevaluated within 45 days of admission in residential treatment and within 75 days in Outpatient or Intensive Outpatient services. The review shall be documented in the treatment plan and in the ASAM Assessment it must indicate whether is Initial Admission, Continued Stay/Extension, or a Transfer of Level of Care/Service.

Frequency of Assessments

Fidelity with ASAM improves outcome for clients. Therefore, for a beneficiary to receive ongoing Narcotic Treatment Program (NTP) services, the NTP's Medical Director or LPHA shall administer an ASAM Assessment within 28 days of a client's admission, and as often as necessary, for as long as the as a client continues accessing services. At a minimum, this should be every six months.

PHYSICAL EXAMINATION REQUIREMENTS

The county's Intake and Admission Form, which includes a Health Screening Questionnaire, shall be completed for all beneficiaries at admission during the intake process. The health questionnaire is a beneficiary's self-assessment of their current health status. The health questionnaire shall be completed and signed prior to the beneficiary's admission to the program and filed in the beneficiary's file.

If a beneficiary had a physical examination within the twelve (12) month period prior to the beneficiary's admission to treatment date, the physician, registered nurse practitioner or physician's assistant (physician extenders) shall review documentation of the beneficiary's most recent physical examination within thirty (30) calendar days of the beneficiary's admission to treatment date. This review shall be documented in the individual beneficiary's record progress notes.

If a provider is unable to obtain documentation of a beneficiary's most recent physical examination, the Provider shall describe the efforts made to obtain this documentation in the beneficiary's individual progress notes.

As an alternative to complying with the above paragraph or in addition to complying with the above paragraph, the physician or physician extender may perform a physical examination of the beneficiary within thirty (30) calendar days of the beneficiary's admission to treatment date.

If the physician or physician extender has not reviewed the documentation of the beneficiary's physical examination or the Provider does not perform a physical examination of the beneficiary, then the provider shall include in the beneficiary's initial and updated treatment plans the goal of obtaining a physical examination, until this goal has been met.

TREATMENT PLANNING

Within 10 business days of admission to residential treatment, or 25 calendar days of admission to Outpatient/Intensive Outpatient Treatment, the program shall conduct the Addiction Severity Index (ASI) and ASAM. The assessments are used to determine a beneficiary's substance use level of acuity, to identify problem areas in different domains that impact beneficiary's health and recovery processes, and to match beneficiary needs with the most appropriate interventions.

The completion of ASAM shall inform the development of the treatment plan. Treatment goals address each of the ASAM dimensions and are linked to treatment interventions. The treatment plan shall include:

1. Statements of problems to be addressed in treatment
2. Statement of goal(s) to be reached with address each of the ASAM dimensions according to priorities identified by the beneficiary during the assessment process
3. Action steps that will be taken to accomplish the goals that are identified in measurable terms
4. Target dates in which the goals and action steps will be accomplished
5. A description of the services, including the type of counseling to be provided and the frequency

PERINATAL, PARENTING, AND POSTPARTUM SERVICES

Groups shall cover a variety of topics specific to perinatal, parenting, and postpartum mothers. Speaking engagement presentations shall also be used to provide information and referrals to other community programs available to women. All Perinatal programs must adhere to the Perinatal Treatment Guidelines FY 2018-19 per Information Notice 18-042. **To access Notice 18-042, see Appendix VI—Relevant MHSUDS Information Notices.**

Perinatal services shall address treatment and recovery issues specific to perinatal, parenting, and postpartum women, such as relationships, sexual abuse, domestic violence, mental health referrals, and development of parenting skills.

Perinatal services shall include provision of transportation for mother and children to and from medically necessary treatment.

Provider shall offer educations regarding the harmful effects of alcohol and drugs on the mother and fetus on the mother and the infant.

Provider shall make available coordination of ancillary services such as assistance accessing and completing dental services, social services, community services, educational/vocational training and other services that are medically necessary to prevent risk to fetus or infant.

Medical documentation that substantiates the consumer's pregnancy and the last day of pregnancy shall be maintained in the beneficiary's record.

Access to Childcare

Access to childcare is a critical factor that may serve as a barrier to woman's participation in SUD treatment. SUD treatment programs are advised to provide adequate childcare onsite while the women participate in treatment. While licensed childcare is not always possible, the SUD treatment program shall partner with local licensed facilities or offer on-site license-exempt childcare through cooperative arrangements between parents for the care of their children.

Per Perinatal Guidelines FY2016-17, if the SUD program opts for cooperative childcare, it must meet all conditions. Women offering childcare in the cooperative arrangement must be directed under the supervision of an experienced staff member who has completed 15 units of child development, and shall not receive monetary compensation. Any person caring for the children shall be a parent, legal guardian, stepparent, grandparent, aunt, or adult sibling of at least one of the children in the cooperative arrangement.

BENEFICIARIES UNDER 21

All beneficiaries ages 12-17 are considered Adolescents and be subject to relevant restrictions, such as parental consent. All beneficiaries between 18-21 are considered Young Adults.

DHCS provisions establish that adolescent must be placed at the least restrictive level of care. Adolescents, may receive a thirty (30) days of residential treatment with a thirty-day (30) extension if that extension is determined to be medically necessary. Adolescents may receive a longer treatment stay based on medical necessity.

Adolescent beneficiaries receiving residential treatment shall be stabilized as soon as possible and moved down to a less intensive treatment level.

Under the EPSDT mandate, 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 covered under Section 1905(a) Medicaid authority. Nothing in the DMC-ODS overrides any EPSDT requirements. More information about EPSDT can be found in MHSUDS Information Notice 16-063. **To access Notice 16-063, see Appendix VI—Relevant MHSUDS Information Notices.**

All youth SUD treatment services must comply with the Youth Treatment Guidelines as issued by Department of Health and Human Services. **To access Youth Treatment Guidelines, see link in Appendix V—Important Links/Documents.**

Medical Necessity for Beneficiaries Under 21

The beneficiary shall have received a diagnosis from the Diagnostic and Statistical Manual of Mental Disorders (DSM) for Substance Related and Addictive Disorders (with the exception of Tobacco-Related Disorders and Non-Substance-Related Disorders).

The beneficiary shall meet the ASAM Criteria definition of medical necessity for services based on the ASAM Criteria. Adolescent beneficiaries (under age 21) must meet the ASAM Adolescent Dimensional Admission Criteria.

- ❖ **For additional information about consent and confidentiality pertaining to adolescents, see *Confidentiality and Compliance with 42 CFR Part 2.***
- ❖ **For additional information about MAT services for Adolescents, see *Medication Assisted Treatment (MAT)—MAT for Adolescents.***

CARE COORDINATION AND CASE MANAGEMENT

Coordination of services shall occur with the goal of preventing duplication of services and minimizing the burden on the beneficiary:

1. Between treatment settings and levels of care, including appropriate discharge planning for short term and long-term hospital and institutional stays.
2. After discharges from Psych Emergency Room and 4C
3. After released from jail, and between court reviews
4. With the services received from other managed care staff
5. With the services the beneficiary is receiving through Community Connect (Whole Person Care)
6. With the services received with mental health and primary health care
7. With services received from Health, Housing, and Homeless staff
8. SUD providers shall assist county residents to complete applications for other benefits they may be entitled such as: Welfare, SAMHWorks, Medi-Cal, employment, and other social services
9. SUD providers shall attend weekly case management coordination meetings on weekly basis to ensure that beneficiaries remain engaged, promote mobility in the system, and are successfully transitioned to another level of care respectfully, successfully, and efficiently.

MEDICATION ASSISTED TREATMENT (MAT)

Behavioral Therapies

Medication Assisted Treatment (MAT) is an umbrella term that encompasses a variety of pharmacological and non-pharmacological treatment modalities. To improve treatment outcomes, MAT services include client-centered SUD treatment counseling through individual and group sessions, as well as concurrent mental health therapy to address the emotional/psychological and behavioral components of the beneficiary's SUD. Certified/licensed Narcotic Treatment Programs (NTPs) shall provide each beneficiary a unique combination of medication and behavioral therapies as appropriate.

NTPs will offer individual counseling where indicated. Patients must receive at minimum 50 minutes of counseling sessions with a therapist or counselor for up to 200 minutes per calendar month, although additional services may be provided based on medical necessity.

In addition to the above, NTPs should offer a combination of the following services:

- ❖ Patient Education
- ❖ Medication Services
- ❖ Collateral Services
- ❖ Crisis Intervention Services
- ❖ Treatment Planning
- ❖ Medical Psychotherapy (type of counseling consisting of face-to-face discussion conducted by the Medical Director of the NTP on a one-on-one basis with the patient)
- ❖ Discharge Services

Methadone

Methadone medication services can only be provided at NTP sites. Beneficiaries referred to methadone must meet the admission and medical necessity criteria established by the State of California Title IX regulations as well as federal regulations. Once medical necessity is established, beneficiaries shall be admitted within 72 hours of the intake appointment.

Admission to the methadone program involves two phases: Induction (including titration) and Stabilization. The induction phase (initial methadone dosing) is designed to attenuate withdrawal symptoms as quickly as is medically appropriate. In the stabilization phase, the goal is to establish the dose of daily methadone that provides clinical efficacy, along with a margin of safety, for an appropriate duration of time. Methadone stabilization dosages are determined individually, within the limits stipulated by State and Federal regulations and MAT Policy & Procedures.

Beneficiaries in need of withdrawal management (detox) or methadone services may access services without calling the Access Line and access services immediately.

Buprenorphine

New clients requiring buprenorphine should contact the Access Line to receive services through Choosing Change or the Narcotic Treatment Program (NTP) clinics. They may also walk into an NTP clinic; however, they still must call the Access Line. The Access Line will then screen client needs, and then connect them to either Choosing Change or directly to an NTP clients.

New patients are screened by the Access Line by certified substance abuse counselors and, upon approval, are referred to the clinics via EPIC. If the client is not deemed appropriate for MAT, they will receive a different referral. Patients who are already established can access services directly.

Buprenorphine-established clients can access directly through MAT providers. Clients who are referred directly to the Emergency Room should continue treatment without disruption as a medical necessity.

Most buprenorphine services in Contra Costa are provided at “Choosing Change” clinics. These are located within Ambulatory Care and not reimbursable under DMC. Contra Costa’s Health Services Department is an integrated model which includes alcohol and other drugs. Choosing Change clinics operate at the West County Health Center in Richmond, Martinez, Martinez Miller Wellness Center, Concord Health Center, Pittsburg Health Center and Antioch Health Center. Inductions take place at Concord. Some NTPs also provide buprenorphine services, such as BAART.

LPHAs supporting Choosing Change shall assist patients contacting the Access Line if a higher level of care is needed and coordinate care within the DMC-ODS network.

Naloxone

Naloxone is administered when a patient is showing signs of opioid overdose. Licensed residential treatment programs and certified outpatient DMC treatment programs are permitted to use all forms of naloxone at the program site. If a program chooses to provide naloxone, all forms of the medication shall be recorded, stored, and destroyed in the same manner as prescription medications. It is the responsibility of the program to develop policies, procedures, and protocols for how the program will store the medication, any documentation associated with the administration of it, and disposal. Program staff should successfully complete training prior to the administration of naloxone in an emergency.

While NTPs may offer forms of buprenorphine that contain naloxone in the formula, this is not a replacement for naloxone. Naloxone (by itself) is used to treat a narcotic overdose in an emergency situation. Naloxone utilized as a combo product with buprenorphine is utilized to prevent diversion of the medication.

MAT for Other SUDs

MAT services for SUDs (e.g., Disulfiram and Narcan, etc.) are available through the two BAART locations. However, to access these SUD services, patients must already be on an opioid treatment medication. Patients requiring SUD treatment that are not on these medications will be referred to appropriate primary care providers.

New patients will be referred by the Access Line. Established patients may access services directly. NTPs should verify whether a Treatment Authorization Request is required in each specific case.

If clients are having difficulty in methadone treatment and are continuing to use opioids or other drugs in a harmful fashion, the NTPs will have procedures for linkages and coordination when beneficiaries need a higher level of care.

Additional MAT includes the ordering, prescribing, administering, and monitoring of all medications for SUD. Medically necessary services are provided in accordance with an individualized treatment plan and determined by a licensed physician or licensed prescriber.

Naltrexone/Vivitrol

Naltrexone (tablets) and Vivitrol (injectable) are approved for the prevention of relapse in adult patients following complete detoxification from opioids. Additionally, these medications are effective for treating alcohol dependence in patients who can abstain from alcohol in an outpatient setting prior to initiation of treatment. Patients should not be actively drinking at the time of initial administration. Additional medications for treating Alcohol Disorders include Acamprosate, Disulfiram, etc.

Naltrexone and Vivitrol are available through Fee-For-Service (FFS) Medi-Cal Pharmacy Benefit and through Managed Care Plans. Effective December 1, 2017, naltrexone for extended-release injectable suspension was expanded to be full-scope pharmacy benefit.

Naltrexone for extended-release injectable suspension (Vivitrol) is a pharmacy benefit currently available to Medi-Cal beneficiaries (at no cost) meeting all of the following criteria:

1. Charged with, or convicted of, a felony or misdemeanor; and
2. Monitored for compliance with terms and conditions of county or state supervision (including but not limited to probation, parole, Penal Code 1210, mandatory supervision, post-release community supervision or pretrial release), including substance abuse monitoring.
3. Prescribed by practitioners under contract, or employed by, the Local Specialty Mental Health Plan as a necessary component of treatment.

The medications are used for one of the following reasons:

- ❖ The treatment of alcohol dependence in patients who are able to abstain from alcohol in an outpatient setting prior to initiation of treatment. Patients should not be actively drinking at the time of initial administration
- ❖ The prevention of relapse to opioid dependence, following opioid detoxification
- ❖ Part of a comprehensive management program that includes psychosocial support

Naltrexone for extended-release injectable suspension always requires a Treatment Authorization Request (TAR). Pharmacy claims for naltrexone extended-release injectable suspension are billed using the product National Drug Code (NDC).

Process

In Contra Costa, DMC beneficiaries are eligible for MAT services through Contra Costa Health Plan (CCHP) or Anthem Blue Cross. If the beneficiary is a CCHP member, their counselor shall help them obtain an appointment with their primary care physician to request the required medication.

Counselors shall remind beneficiaries and doctors that medications require a TAR. Unlike Buprenorphine, doctors prescribing Naltrexone or Vivitrol are not required to have a special waiver and treatment could be part of a regular ambulatory care visit. Pharmacotherapy is most effective in combination with behavioral health therapies.

For details on coverage restrictions, utilization controls, and requirements for Treatment Authorization Requests, see *Appendix III—Medi-Cal List of Drugs for Substance Use Disorders*.

MAT and Residential Treatment/Other Facilities

Residential Treatment Facilities and NTPs will collaborate to coordinate needed concurrent care for clients in need of both residential treatment and MAT services.

There are a few cases where a client could receive both MAT and residential treatment:

1. A client already enrolled in MAT may request residential treatment services.
2. The court may recommend that a client already enrolled in MAT should also receive residential treatment.
3. A client already in residential treatment may be assessed for and deemed appropriate for MAT services.

In each of the above cases, the client should be assessed regularly to determine whether there is ongoing need.

For this collaboration to occur, both the MAT provider and the Residential Treatment Facilities should first sign their requisite consent forms to allow sharing of client information. Next, they must request an exception from the state (e.g. the client is still using illicit drugs, or their time in treatment was not long enough). Once the exception

has been approved, the MAT provider and the Residential Treatment Facilities should determine a draft a chain of custody document to detail the necessary schedule and steps for managing the client.

Clients who are in residential treatment struggling with their methadone dose should have protocols in place the individual treatment experience of the client.

Skilled nursing facilities should administer a similar process for concurrent treatment as necessary.

MAT services can also be accessed while individuals are in other types of SUD treatment, such as outpatient day treatment. **For more information about care coordination, see *Care Coordination and Case Management*.**

In the case of incarceration, NTPs will provide medication services for up to 21 days. NTPs will begin a detox protocol to titrate the dosage down by the end of the 21 days. Pregnant patients who are incarcerated are an exception; in these cases, the respective jail/prison will maintain dosing after 21 days.

Courtesy Dosing

Clients traveling to Contra Costa County from other counties are eligible for courtesy dosing. Prior to traveling, the client will need to send a Courtesy Dose order signed by their doctor from their home clinic to a Contra Costa NTP directly. Neither the client nor the home clinic will need to call the Access Line.

Each NTP should refer to their specific policies and procedures to coordinate with out of county providers. The NTP should pay for the courtesy dose and then bill Medi-Cal as usual. Contra Costa County will pay for up to 14 consecutive days of dosing.

If a client walks in needing emergency dosing without having coordinated in advance, the NTP should follow their emergency signature procedure. This will include contacting the home clinic for physician approval to initiate a courtesy dose. If a physician is not available to sign, the NTP must refer the client to the emergency room.

MAT for Adolescents

Adolescents 16 years and older may receive methadone and buprenorphine for detox. However, adolescents must be 17 years to receive methadone and buprenorphine for maintenance. All adolescents under age 18 receiving services must have parental consent.

For more specific guidance on what services NTPs can provide, please refer to the NTP's provider license.

The FDA has not approved the use of any of the medications for MAT for alcohol use in adolescents under age 18. **For additional information about adolescents, see *Beneficiaries Under 21*.**

CO-OCCURRING DISORDERS

Contra Costa is an integrated system. As such, it believes in the principles of Integrated treatment for co-occurring disorders (COD).

- ❖ Contra Costa strives to provide treatment by specialists who are trained to treat both substance use and serious mental illnesses.
- ❖ Co-occurring disorders are treated with different services provided at different stages
- ❖ Mental health and SUD treatment are integrated to meet the needs of people with COD

Furthermore, Contra Costa's "No Wrong Door" approach to services allow beneficiaries to enter any SUD level of care regardless of their mental health and physical condition, as long as they can actively participate and engage in treatment services. The program shall have policies and procedures for supporting beneficiaries with co-occurring disorders. This include beneficiaries with Mental Health disorders who are struggling in treatment due to medication issues. Furthermore, SUD providers shall have written policies for concurrent coordination with mental health county clinics or network providers to ensure SUD treatment effectiveness.

Provided that Medi-Cal coverage does not prevent admission into treatment, a beneficiary readmission into treatment shall not solely rely on a previous behavioral incident. Whenever the needs of the client cannot be reasonably accommodated, efforts shall be made to make referral to appropriate programs. All clients shall be physically and mentally able to comply with the program rules and regulations. When a potential risk to self or others is identified, a mental health evaluation may be required.

The case manager shall make provisions upon admission to ensure that linkages to the beneficiary's mental health home clinic are established to promote stability during SUD treatment and a safe transition upon treatment completion.

To better serve the needs of beneficiaries with COD, Contra Costa has intentionally co-located Substance Abuse Counselors in the Mental Health clinics. There shall be an integrated screening completed by mental health staff. If SUD needs are identified, the referral shall be done through EHR. The Substance Abuse counselor shall contact the beneficiary immediately to schedule an intake appointment. The Substance Abuse counselor will conduct an ASAM assessment, which will be verified and signed by the LPHA to confirm level of care. Should the beneficiary need a different level of care, the counselor shall assist the beneficiary contacting the Access Line to transfer level of care.

MANAGED CARE PLANS

To further the integration of mental health and physical health, the DMC-ODS requires counties to established a signed Memorandum of Understanding with the managed care plans. Contra Costa County shall have a signed MOU with both Contra Costa Health Plan (CCHP) and Anthem Blue Cross. The MOU shall outline the specific roles and responsibilities of each party to ensure coordination and continuity of care of beneficiaries. Additionally, the MOU shall indicate the following:

1. Develop and agree to written policies and procedures regarding screening, assessment, and referral
2. Ensure that ASAM Level 0.5 SBIRT services are available
3. Identify a point of contact from each party to serve as a liaison and initiate, provide, and maintain coordination of care as mutually agreed upon
4. Ensure that coordination of care for SUD shall occur in accordance with all applicable federal, state, and local regulations
5. Ensure that a process for clinical consultation for shared beneficiaries receiving physical health, mental health and/or SUD services, including documentation on medication when appropriate.
6. Delineate case management responsibilities
7. Establish regular coordination meetings to review referrals, exchange information exchange protocols and processes
8. Provide opportunities for SUD related trainings
9. Agree and develop to information sharing policies and procedures and agreed upon roles and responsibilities for timely sharing of personal health information (PHI) for the purposes of medical and behavioral health care coordination pursuant to Title 9, CCR, Section 1810.370 (a)(3) and other pertinent state and federal laws and regulations, including the Health Insurance Portability and Accountability Act, Title 22 and 42CFR part 2, governing the confidentiality of mental health, alcohol and drug treatment information.
10. Develop written procedures and forms to ensure that managed care transportation benefits are available to SUD beneficiaries

CONTRACTING WITH AODS

Contra Costa shall ensure that Federal and State regulations are followed to establish a selective contracting system that is fair and transparent in order to maintain a provider network that meets beneficiary and community needs in a timely manner.

Continuing services contract will be issued once per year. The term of the contract is typically a fiscal year. New contracted providers for new services, special populations may be added through a competitive bidding process.

All providers shall comply with all applicable Medicaid laws, regulations, including applicable sub regulatory guidance and contract provisions, including conflict of interest safeguards described in 42CFR 438.58

All SUD providers shall implement written policies for certifying and re-certifying of staff providing counseling services. Contra Costa will not employ or subcontract with providers excluded from participation in Federal Health care programs under section 1128 or 1128A of the Act.

All SUD providers shall comply with the Medicaid Managed Care Final Rule: Network Adequacy Standards. **See link to Network Adequacy Standards in Appendix V— Important Links/Documents.**

BENEFICIARY FILE DOCUMENTATION REQUIREMENTS

The following is an overview of clinical documentation requirements for substance use treatment services. Please refer directly to applicable regulations and Special Terms and Conditions for additional detail. Note that if there is a conflict between Title 22 and DMC-ODS Special Terms and Conditions, the DMC-ODS Special Terms and Conditions prevail. If the DMC-ODS Special Terms and Conditions are silent, then Title 22 prevails. Most documentation requirements outlined below (excluding NTP) are from the Intergovernmental Agreement.

In addition to the requirements of 22 CCR § 51476(a), the provider shall:

- ❖ Establish, maintain, and update as necessary, an individual beneficiary record for each beneficiary admitted to treatment and receiving services.
- ❖ Each beneficiary's individual beneficiary record shall include documentation of personal information.
- ❖ Documentation of personal information shall include all of the following: Information specifying the beneficiary's identifier (i.e., name, number).; Date of beneficiary's birth, the beneficiary's sex, race and/or ethnic background, beneficiary's address and telephone number, beneficiary's next of kin or emergency contact.

Documentation of treatment episode information shall include documentation of all activities, services, sessions, and assessments, including but not limited to: Intake and admission data, treatment plans, progress notes, continuing services justifications, lab orders and results, referrals, counseling notes, discharge plan, discharge summary, authorizations and other relevant treatment services.

Overview from Intake to Discharge

The following outlines requirements for Outpatient Treatment, Intensive Outpatient Treatment, Recovery Services, Residential Treatment and Withdrawal Management. For NTP, refer to applicable Title 22 and Title 9 requirements.

Step	What to Document	Timeframe	Who Can Document
Referral and Admission	<ul style="list-style-type: none"> ❖ All referrals made by the provider ❖ If appropriate, drug screening results ❖ Date of first contact, date of first offered assessment and date of first assessment ❖ Beneficiary Consent to Treatment ❖ Share of cost, if applicable, notification of DMC funding as payment in full ❖ Review and provision of Beneficiary Informing rights and materials 	As needed	LPHA; Counselor
Assessment and Intake	<ul style="list-style-type: none"> ❖ Drug/Alcohol History ❖ Medical History ❖ Family History ❖ Psychiatric/Psychological History ❖ Social/recreational History ❖ Financial Status/History ❖ Educational History ❖ Employment History ❖ Criminal History, Legal Status ❖ Previous SUD Treatment History ❖ American Society of Addiction Medicine (ASAM) Criteria ❖ Medical Director or LPHA review of personal, medical and SUD history if completed by a counselor 	Outpatient Treatment, Intensive Outpatient Treatment, and Recovery Services: Within 25 calendar days from the beneficiary's admission to treatment	LPHA; Counselor
		Residential: Within 10 business days from the beneficiary's admission to treatment	
Physical Exams	<ul style="list-style-type: none"> ❖ Copy of physical examination completed within prior 12 months in beneficiary record, OR ❖ A physical exam is performed within 30 days of admission to treatment, OR ❖ The beneficiary's initial and updated treatment plans include a goal to obtain a physical examination, until this goal has been met. 	Review within 30 calendar days from the beneficiary's admission to treatment	Physician; RNP; PA
Medical Necessity	<ul style="list-style-type: none"> ❖ The medical director or LPHA evaluated the beneficiary's assessment and intake information. ❖ If the beneficiary's assessment and intake information is completed by a 	Outpatient Treatment, Intensive Outpatient Treatment, and	Medical Director; LPHA

	<p>counselor, the medical director or LPHA shall also document they met with the counselor through a face-to-face or telehealth review to establish a beneficiary meets medical necessity criteria.</p> <ul style="list-style-type: none"> ❖ Substance Use Disorder Diagnosis based on the DSM ❖ Identification of level of care based on ASAM 	<p>Recovery Services: Within 25 calendar days from the beneficiary's admission to treatment</p>	
<p>Treatment Planning</p>	<ul style="list-style-type: none"> ❖ Statement of problems ❖ Goals [If applicable, also include goal for obtaining a physical exam and goal of obtaining treatment for an identified significant medical illness] ❖ Action steps ❖ Target dates ❖ Type & frequency of counseling/services ❖ Diagnosis ❖ Assignment of primary therapist or counselor ❖ Client, Counselor, & LPHA signatures obtained ❖ Physical exam: Goal if not had within 12-months prior to admission or if within 12-months and indicates a significant illness, a goal that the beneficiary obtains appropriate treatment ❖ LPHA/counselor shall complete, type or legibly print name, sign and date the treatment plan no later than 90 days after signing the initial treatment plan and no later than every 90 calendar days thereafter, or when there is a change in treatment modality or significant event, whichever comes first. ❖ The beneficiary shall review, approve, type or legibly print their 	<p>Outpatient Treatment, Intensive Outpatient Treatment, and Recovery Services: Within 25 calendar days from the beneficiary's admission to services</p>	<p>LPHA; Counselor *Beneficiary signs within same timeframes</p> <p>*If counselor completes, LPHA signs within admission timeframes [and within 15 days from counselor for Outpatient Treatment Intensive Outpatient Treatment, NTP, RSS]</p>
		<p>Residential: Within 10 business days from the beneficiary's admission to treatment</p>	

	<p>name and, sign and date the treatment plan, indicating whether the beneficiary participated in preparation of the plan, within 30 calendar days of signature by the LPHA or counselor.</p> <ul style="list-style-type: none"> ❖ If the beneficiary refuses to sign the initial or subsequent treatment, plan, the provider shall document the reason for refusal and the provider's strategy to engage the beneficiary to participate in treatment. ❖ If a counselor completes the treatment plan, the medical director or LPHA shall review each treatment plan to determine whether continuing services are a medically necessary and appropriate for the beneficiary. ❖ If the medical director or LPHA determines the services in the treatment plan are medically necessary, they shall type or legibly print their name and, sign and date the treatment plan, within 15 calendar days of signature by the counselor. 		
Treatment Plan Reviews	<ul style="list-style-type: none"> ❖ Treatment plan reviews in Outpatient with the beneficiary shall occur every 30 calendar days (14 calendar days for Withdrawal Management) and shall be documented in the client chart. ❖ Documenting treatment plan reviews is not required in residential treatment. 		
Continuing Services	<p>Review of the following:</p> <ul style="list-style-type: none"> ❖ Beneficiary's personal, medical, substance use history ❖ Most recent physical exam ❖ Progress notes & treatment plan goals ❖ Progress notes & treatment plan goals ❖ LPHA's/counselor's recommendation ❖ Beneficiary's prognosis 	No sooner than five (5) months and no later than six (6) months	Medical Director; LPHA
Discharge Plan <i>[Unless</i>	<ul style="list-style-type: none"> ❖ List of relapse triggers ❖ Plan for avoiding relapse when faced with triggers ❖ Support plan, with People, 	Within 30 days of last face-to-face service	LPHA; Counselor

Provider Loses Contact]	Organizations ❖ A copy must be provided to beneficiary ❖ Must be documented	During last face-to-face, LPHA/ counselor and beneficiary sign and date plan	
Discharge Summary	❖ Duration of the treatment episode ❖ Reason for discharge ❖ Narrative summary of the treatment episode ❖ Prognosis	Within 30 days of last face-to- face	LPHA; Counselor

Sign-In Sheets

Providers must maintain a sign-in sheet for every group counseling session, which includes all of the following:

- ❖ The typed or legibly printed name and signature of the LPHA(s) and/or counselor(s) conducting the counseling session. By signing the sign-in sheet, the LPHA(s) and/or counselor(s) attest that the sign-in sheet is accurate and complete.
- ❖ The date of the counseling session.
- ❖ The topic of the counseling session.
- ❖ The start and end time of the counseling session.
- ❖ A typed or legibly printed list of the participants' names and the signature of each participant that attended the counseling session. The participants shall sign the sign-in sheet at the start of or during the counseling session

Progress Notes

Modality	What to Document
Outpatient Services, Naltrexone, Recovery Services	<p>The LPHA or counselor who provided the service shall record a progress note for each beneficiary who participated in the service. The LPHA or counselor shall type or legibly print their name, and sign and date the note within seven days of the session.</p> <p>Individual narrative summaries documented by the LPHA or counselor shall include all of the following:</p> <ul style="list-style-type: none"> ❖ The topic of the session or purpose of the service. ❖ A description of the beneficiary's progress on the treatment plan problems, goals, action steps, objectives, and/or referrals. ❖ Information on the beneficiary's attendance, including the date, start and end times of each individual and group counseling session or treatment service. ❖ Whether services were face-to-face, by telephone, or telehealth. ❖ If services were provided in the community, identify the location and how the provider ensured confidentiality.

<p>Intensive Outpatient and Residential Treatment</p>	<p>The LPHA or counselor shall record at a minimum one progress note, per calendar week, for each beneficiary participating in structured activities including counseling sessions or other treatment services. The LPHA or counselor shall type or legibly print their name, and sign and date progress notes within the following calendar week.</p> <p>Progress notes are individual narrative summaries and shall include all of the following:</p> <ul style="list-style-type: none"> ❖ A description of the beneficiary's progress on the treatment plan, problems, goals, action steps, objectives, and/or referrals. ❖ A record of the beneficiary's attendance at each counseling session including the date, start and end times and topic of the counseling session. ❖ Whether services were face-to-face, by telephone, or telehealth. ❖ If services were provided in the community, identify the location and how the provider ensured confidentiality.
<p>Case Management</p>	<p>The LPHA or counselor who provided the treatment service shall record a progress note. The LPHA or counselor shall type or legibly print their name, and sign and date the progress note within seven calendar days of the case management service.</p> <p>Progress notes shall include all of the following:</p> <ul style="list-style-type: none"> ❖ Beneficiary's name. ❖ The purpose of the service. ❖ A description of how the service relates to the beneficiary's treatment plan problems, goals, action steps, objectives, and/or referrals. ❖ Date, start and end times of each service. ❖ Whether services were face-to-face, by telephone, or telehealth. ❖ If services were provided in the community, identify the location and how the provider ensured confidentiality
<p>Physician Consultation, Additional MAT and Withdrawal Management</p>	<p>The medical director or LPHA working within their scope of practice who provided the treatment service shall record a progress note and keep in the beneficiary's file. The medical director or LPHA shall type or legibly print their name, and sign and date the progress note within seven calendar days of the service.</p> <p>Progress notes shall include all of the following:</p> <ul style="list-style-type: none"> ❖ Beneficiary's name. ❖ The purpose of the service. ❖ Date, start and end times of each service. ❖ Whether services were face-to-face, by telephone, or telehealth.

Additional Documentation Reminders

- ❖ Assessments shall be face-to-face and performed by qualified staffing.
- ❖ If the assessment is provided by a certified counselor, it requires a “face-to-face” interaction between certified counselor who has completed the assessment for the beneficiary and the Medical Director, licensed physician, or LPHA. This interaction also must be documented appropriately in the medical record to establish the determination of medical necessity for the beneficiary.
- ❖ Perform monthly verification of Contra Costa Medi-Cal eligibility prior to services
- ❖ Reference all types of services that are being prescribed, including case management and collateral, if appropriate
- ❖ LPHA shall document the face-to-face review with the counselor validating/verifying medical necessity
- ❖ Document evidence of reviewing and offering beneficiary informing materials

PERSONNEL FILE DOCUMENTATION REQUIREMENTS

Required Staff Documents

Provider agrees to maintain the below requirements for each staff member whose salaries, wages, and benefits are reimbursable in whole or in part under this Agreement. All supporting documents shall be kept in personnel files. A formal evaluation shall be completed annually, or as requested by the County, through a Provider Self-Audit and on-site visit. [Reference: California Department of Health Care Services, Alcohol and/or Other Drug Program Certification Standards (Section 13000 Personnel Practices), Drug/Medi-Cal Certification Standards, and State/County Intergovernmental Agreement, Exhibit A, Attachment I.

Job Descriptions

The program shall develop and revise, as needed, job descriptions for each employee and volunteer. The job descriptions shall include:

- ❖ Position title and classification;
- ❖ Duties and responsibilities;
- ❖ Lines of supervision; and
- ❖ Education, training, work experience and other qualifications for the position.

Personnel Files

Pursuant to the Department of Health Care Services (DHCS), all SUD treatment network providers shall adhere to the AOD Certification Standards May 1, 2017. Shall be maintained on all employees and volunteers/interns and shall contain the following:

- ❖ Application for employment and resume.
- ❖ Signed employment confirmation statement.
- ❖ Job description and duty statement.
- ❖ Salary schedule and salary adjustment information.
- ❖ Performance evaluations.
- ❖ Health records including a health screening report or health questionnaire, and tuberculosis test results as required. Programs may use DHCS Form 5105 for the health questionnaire.

- ❖ Other personnel actions (e.g., commendations, discipline, status change, employment incidents and/or injuries).
- ❖ Current licensure, registration, certification, or intern status.
- ❖ Proof of continuing education required by licensing or certifying agency and program
- ❖ **Proof of EBP**, CLAS, COD, Confidentiality, ASAM and other training as required by county Training Documentation **For more information about mandatory staff training, see *Personnel—Continuing Education* and *Personal—Training Requirements*.**
- ❖ Provider's Code of Conduct (signed), and for licensed, certified and registered staff a copy of the certifying body's code of conduct as well.

Additional Documentation Requirements for SUD Medical Director

Written roles and responsibilities and a code of conduct for the medical director shall be clearly documented, signed and dated by a provider representative and the physician.

Program Code of Conduct

SUD Programs must establish a written code of conduct that pertains to and is signed by staff, paid employees, and volunteers. Each program shall post the written program code of conduct in a public area that is available to beneficiaries and includes, at a minimum:

- ❖ The use of alcohol and/or other drugs on the premises and when off the premises;
- ❖ Personal or business relationships with beneficiaries;
- ❖ Prohibition of sexual contact with beneficiaries
- ❖ Sexual harassment;
- ❖ Unlawful discrimination;
- ❖ Conflict of interest;
- ❖ Confidentiality;
- ❖ Verbal, emotional, and physical abuse; and
- ❖ Cooperate with complaint investigations

APPENDIX

APPENDIX I. STAFF SERVICE CATEGORIES

Revised March 2018.

	<i>LPHA Physician</i>	<i>LPHA Non- Physician</i>	<i>AOD Counselor</i>	<i>Peer Provider</i>
PHYSICIAN ONLY				
Physician-to-Physician Consultation <ul style="list-style-type: none"> • DMC physician consulting with addiction medicine physicians, addiction psychiatrists or clinical pharmacists (<i>Note: Counties may contract with one or more physicians or pharmacists to provide consultation services</i>) 	✓			
NTP Medication Psychotherapy <ul style="list-style-type: none"> • Face-to-face discussion conducted by the Medical Director of the NTP on a one-on-one basis with patient 	✓			
LPHA (PHYSICIAN AND NON-PHYSICIAN) ONLY				
Intake and Assessment <ul style="list-style-type: none"> • Determination of Medical Necessity 	✓	✓		
Medication Services <ul style="list-style-type: none"> • Prescribe and Dispense Medication by staff authorized to provide services within their scope of practice or licensure • Buprenorphine, naloxone and disulfiram reimbursed for onsite administration and dispensing at NTP programs • Long-acting injectable naltrexone reimbursed for onsite administration • Ordering, prescribing, administering, and monitoring of medication assisted treatment reimbursed 	✓	✓		
LPHA + AOD COUNSELORS				
Intake <ul style="list-style-type: none"> • Assessment of Treatment • Development of Client Plan • Prepare individual treatment plans 	✓	✓	✓	
Counseling <ul style="list-style-type: none"> • Individual • Group (min 2, max 12) 	✓	✓	✓	

Family Therapy <ul style="list-style-type: none"> • Incorporating family into treatment process 	✓	✓	✓	
Patient Education <ul style="list-style-type: none"> • Research based education 	✓	✓	✓	
Collateral Services <ul style="list-style-type: none"> • Sessions with therapists to support treatment goals 	✓	✓	✓	
Crisis Intervention Services <ul style="list-style-type: none"> • Stabilization of beneficiary emergency situation 	✓	✓	✓	
Discharge / Referral Services <ul style="list-style-type: none"> • Prepare beneficiary for referral • Prepare beneficiary to return to community • Link to community treatment 	✓	✓	✓	
Withdrawal Management Services <ul style="list-style-type: none"> • Monitoring course of withdrawal 	✓	✓	✓	
Case Management Services <ul style="list-style-type: none"> • Transferring patient to a higher or lower level of care • Development and periodic revision of a client plan that includes services • Monitoring service delivery to ensure beneficiary access to service and the service delivery system • Monitoring the beneficiary's progress • Patient advocacy, linkages to physical and mental health care, transportation and retention in primary care services 	✓	✓	✓	
Recovery Services <ul style="list-style-type: none"> • Recovery coaching, monitoring via telephone and internet • Providing linkages to life skills, employment services, job training, and education services • Providing linkages to childcare, parent education, child development support services, family/marriage education; • Providing linkages to self-help and support, spiritual and faith-based support 	✓	✓	✓	

<ul style="list-style-type: none"> Providing linkages to housing assistance, transportation, case management, individual services coordination 				
LPHA + AOD + PEER PROVIDERS				
Substance Abuse Assistance <ul style="list-style-type: none"> Peer-to-peer services and relapse prevention 	✓	✓	✓	✓

APPENDIX II. FORMS REQUIRED DURING INTAKE

- ❖ Intake Form
- ❖ Physical Exam or
- ❖ ASAM Assessment
- ❖ Opening Episode
- ❖ Registration
- ❖ Closing Episode

APPENDIX III. MEDI-CAL LIST OF DRUGS FOR SUD

From MHSUDS Information Notice No. 15-033. For access to Information Notice No. 15-033, see *Appendix VI—Relevant MHSUDS Information Notices*.

<i>Drug</i>	<i>Carved out from Managed Care</i>	<i>Need Treatment Authorization Request?</i>	<i>Coverage Restrictions/Utilization Controls</i>
Acamprosate	Yes	Yes	Justification for use in lieu of formulary alternative.
Buprenorphine Sublingual Tablets	Yes	No	Limited to use for the treatment to opioid addiction by physicians with a DATA 2000 waiver. Restricted to 120 dosage units and 30-day supply per dispensing.
Buprenorphine /Naloxone Sublingual Tablets and Film	Yes	No	Limited to use for the treatment of opioid addiction by physicians with a DATA 2000 waiver. Restricted to 120 dosage units and 30-day supply per dispensing
Disulfiram	No	No	None
Naloxone	Yes	No	None
Atomizer for Naloxone Administration	No	Yes	TAR justifying the medical necessity for the use of the non-FDA approved route of administration
Naltrexone Tablets	Yes	No	Restricted to treatment of alcohol dependence and prevention of relapse in opioid dependent patients, for use only by prescribers trained in substance use disorder treatment, limit of 100 tablets and 3 fills in 75 days
Naltrexone Long Acting Injection	Yes	Yes	Medical Claim: An approved Treatment Authorization Request (TAR) is required for

			<p>reimbursement. The treating physicians should be experienced in treating addiction, certified by ASAM, or a psychiatrist through Drug Medi-Cal program. The TAR must document that the patient is being treated for alcohol dependence or for the prevention of relapse to opioid dependence.</p> <p>Pharmacy Claims: Available with an approved TAR for Medi-Cal beneficiaries meeting both of the following criteria: 1) Charged with, or convicted of, a felony or misdemeanor; and 2) Monitored for compliance with terms and conditions of county of state supervision (including but not limited to probation, parole, 1210 PC, mandatory supervision, post-release community supervision, pretrial release), including substance use monitoring</p>
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APPENDIX IV. ASAM LEVELS OF CARE

<p><i>Level 0.5 (Early Intervention)</i></p> <p>Assessment and education for at-risk individuals who do not meet diagnostic criteria for SUD. Conducted SBIRT Providers in all health care settings, DHCS Licensed DUI Providers, primary prevention in school based programs at Middle Schools and in the community</p>
<p><i>Level 1.0 (Outpatient Treatment)</i></p> <p>Less than 9 hours of service/week (adults); less than 6 hours/week (adolescents) for recovery or motivational enhancement therapies/strategies. Services are designed to treat individuals who present the stability and ability to participate in low intensity professionally directed SUD treatment. Individuals, who are employed, have a stable recovery environment and are able to self-manage their condition with a variety of coping skills. Treatment will address lifestyles, attitudes and behaviors that can prevent achievement of treatment goals. Level 1 is also appropriate for beneficiaries who are ambivalent and not ready to commit to a full recovery program.</p>
<p><i>Level 2.1 (Intensive Outpatient Treatment)</i></p> <p>9 or more hours of service/week for adults, and 6 or more hours/week for adolescents to treat multidimensional instability for beneficiaries with instabilities and complicating factors which require high intensity, professionally structured treatment. Intensive outpatient can be provided during the day, evenings, weekends or on weekdays. IOT is designed to treat consumers who have more complex con-occurring mental and SUDs.</p>
<p><i>Level 3.1 (Clinically Managed Low-Intensity Residential Services)</i></p> <p>❖ 24-hour structure with available trained personnel; at least 20 hours of clinical</p>

service/week. At least 5 hours/week are directed to stabilize the beneficiary's symptoms. Facilities are short-term when determined medically necessary by an LPHA and in accordance with an individualized treatment plan. The provider must receive prior authorization for residential services before admission.

- ❖ Residential services are provided to men, non-perinatal women, perinatal and adolescents. Each beneficiary lives in 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.
- ❖ Providers and residents work collaboratively to define barriers, set priorities, establish goals, create individualized treatment plans, and solve problems. Goals include sustaining abstinence, preparing for relapse triggers, improving personal health and social functioning, and engaging in continuing care.
- ❖ Adults 21 and over, may receive up to two continuous short-term residential treatment episodes within a 365- day period. A short-term residential episode is defined as one (1) residential stay in a DHCS licensed facility for a maximum of ninety (90) days per 365-day period. Adults may receive one (1) 30 days extension, if medically necessary per 365 day period.
- ❖ AB109 (and criminal justice involved) or SAMHWorks beneficiaries in need of a longer stay and who meet medical necessity, AB109 funds can alternatively be used to support the unique needs of this population in order to receive a longer stay in residential treatment.
- ❖ Drug screening and monitoring of medication adherence shall be utilized in a therapeutic manner.
- ❖ Counseling and clinical monitoring are design to support involvement in productive daily activities

Level 3.2 (Residential/Inpatient Withdrawal Management)

Moderate withdrawal, but needs 24-hour support to complete withdrawal management and increase likelihood of continuing treatment or recovery. Up to 5 days. Clinically managed Residential (sometimes referred to as "Social Model setting" is an organized service that may be delivered by a trained staff member who provides 24-hour supervision, observation, and support for beneficiaries who are intoxicated or experiencing withdrawal. This level is characterized by its emphasis on peer and social support rather than medical and nursing care. This level provides care for consumers whose intoxication/withdrawal signs and symptoms are sufficiently severe to require 24-hour structure and support. Providers will ensure the following services are available:

- ❖ The clinical components of Level 3.2 WM include all necessary services for assessment and medication or not-medication withdrawal management
- ❖ Clinical support, best-practices therapies, and education designed to enhance the consumer's health education and understanding of addiction
- ❖ Daily assessment of progress notes through withdrawal management
- ❖ Services to families and significant others
- ❖ Referral for ongoing support or transfer planning

Counselors at Withdrawal Management programs shall assist the beneficiary as soon as she/he is stable to call the Behavioral Health Access Line for a transfer into the appropriate level of care.

APPENDIX V. IMPORTANT LINKS/DOCUMENTS

Alcohol And/Or Other Drug Program Certification Standards

- ❖ https://www.dhcs.ca.gov/Documents/DHCS_AOD_Certification_Standards.pdf

ASAM Assessments

- ❖ <https://www.asam.org/resources/the-asam-criteria/about>

California Board of Behavioral Sciences

- ❖ <http://www.bbs.ca.gov>

California Board of Psychology

- ❖ <http://www.psychology.ca.gov>

Contra Costa Perinatal Guidelines

- ❖ <https://cchealth.org/perinatal/>

California Friday Night Live

- ❖ **Standards of Practice**
http://www.fridaynightlive.org/wpcontent/uploads/2012/06/SOPs_revised_2012.pdf
- ❖ **Operating Principles**
<http://fridaynightlive.org/wp-content/uploads/2012/06/Operating-Principles.pdf>
- ❖ **Core Components**
<http://www.fridaynightlive.org/wp-content/uploads/2012/06/Core-Components.pdf>

DMC-ODS Intergovernmental Agreement

- ❖ https://www.dhcs.ca.gov/provgovpart/Documents/Contra%20Costa_ODS_Contract.pdf

Drug Medi-Cal Billing Manual

- ❖ https://www.dhcs.ca.gov/formsandpubs/Documents/DMC_Billing_Manual_2017-Final.pdf

Medicaid Managed Care Final Rule—Network Adequacy Standards

- ❖ <https://www.dhcs.ca.gov/formsandpubs/Documents/FinalRuleNAFinalProposal.pdf>

Notice Regarding Naltrexone Expansion to Pharmacy Benefit

- ❖ [Medi-Cal NewsFlash: Naltrexone Expanded to Full-Scope Pharmacy Benefit](#)

Perinatal Network Guidelines

- ❖ <http://www.dhcs.ca.gov/services/adp/Documents/PSNG%20FY%202016-17.pdf>

Program Eligibility and the Drug Medi-Cal Organized Delivery System FAQs

- ❖ **September 2018**
https://www.dhcs.ca.gov/provgovpart/Documents/DMC-ODS_Program_Eligibility_Criteria_FAQ.pdf

❖ **April 2018**

[https://www.dhcs.ca.gov/provgovpart/Documents/DMC-ODS Waiver/DMC ODS Program Eligibility Criteria FAQ Updated April 2018.pdf](https://www.dhcs.ca.gov/provgovpart/Documents/DMC-ODS%20Waiver/DMC%20ODS%20Program%20Eligibility%20Criteria%20FAQ%20Updated%20April%202018.pdf)

Youth Treatment Guidelines

❖ [https://www.dhcs.ca.gov/individuals/Documents/Youth Treatment Guidelines.pdf](https://www.dhcs.ca.gov/individuals/Documents/Youth%20Treatment%20Guidelines.pdf)

APPENDIX VI. RELEVANT MHSUDS INFORMATION NOTICES

No. 15-033

❖ [https://www.dhcs.ca.gov/formsandpubs/Documents/MHSUDS Information Notice 15-033 MAT.pdf](https://www.dhcs.ca.gov/formsandpubs/Documents/MHSUDS%20Information%20Notice%2015-033%20MAT.pdf)

No. 16-063

❖ [https://www.dhcs.ca.gov/formsandpubs/Documents/Info%20Notice%202015/MHSUDS IN 16-063.pdf](https://www.dhcs.ca.gov/formsandpubs/Documents/Info%20Notice%202015/MHSUDS%20IN%2016-063.pdf)

No. 17-011

❖ [https://www.dhcs.ca.gov/formsandpubs/Documents/MHSUDS Information Notice 17-011 Quality Assurance Utilization Reviews.pdf](https://www.dhcs.ca.gov/formsandpubs/Documents/MHSUDS%20Information%20Notice%2017-011%20Quality%20Assurance%20Utilization%20Reviews.pdf)

No. 17-036

❖ [https://www.dhcs.ca.gov/formsandpubs/Documents/MHSUDS Information Notice 17-036.pdf](https://www.dhcs.ca.gov/formsandpubs/Documents/MHSUDS%20Information%20Notice%2017-036.pdf)

No. 18-019

❖ [https://www.dhcs.ca.gov/services/MH/Documents/Information%20Notices/IN%2018-019%20PROVIDER%20CREDENTIALING%20AND%20RE-CREDENTIALING/MHSUDS Information%20Notice 18-019 Final%20Rule Credentialing.pdf](https://www.dhcs.ca.gov/services/MH/Documents/Information%20Notices/IN%2018-019%20PROVIDER%20CREDENTIALING%20AND%20RE-CREDENTIALING/MHSUDS%20Information%20Notice%2018-019%20Final%20Rule%20Credentialing.pdf)

No. 18-042

❖ [https://www.dhcs.ca.gov/formsandpubs/Documents/MHSUDS%20Information%20Notices/MHSUDS Information Notices 2018/MHSUDS Information Notice 18-042 PPG.pdf](https://www.dhcs.ca.gov/formsandpubs/Documents/MHSUDS%20Information%20Notices/MHSUDS%20Information%20Notices%202018/MHSUDS%20Information%20Notice%2018-042%20PPG.pdf)