

## **Outpatient and Intensive Outpatient Terms and Definitions**

1. **42 Code of Federal Regulations (CFR) Part 2:** A federal regulation governing the confidentiality of substance use disorder patient records, and outlining the limited circumstances under which the patient's substance abuse education, prevention or treatment information may be shared with or without consent.<sup>14</sup>
2. **Adult:** An individual aged 18 and above.<sup>11</sup>
3. **Age and Developmentally Appropriate Services:** Services that account for a client's age and developmental level to ensure his/her engagement into the treatment process.<sup>10</sup>
4. **ASAM:** The American Society of Addiction Medicine. ASAM is the professional society representing physicians and associated professionals dedicated to increasing access and improving the quality of addiction treatment.<sup>11</sup>
5. **ASAM Criteria:** A set of guidelines developed by ASAM for assessing and making placement decisions for patients with addiction and co-occurring conditions.<sup>11</sup>
6. **Benefit Package:** The various treatment services available to individuals with substance use disorders (i.e., withdrawal management, opioid treatment programs, residential treatment, intensive outpatient, outpatient, recovery support services).<sup>9</sup>
7. **California Code of Regulations, Title 9, Chapter 8:** A state regulation outlining the certification requirements for individuals providing substance use disorder counseling services.<sup>4</sup>
8. **Care Coordination:** The deliberate organization of patient care activities between two or more participants (including the patient) involved in a patient's care to facilitate the appropriate delivery of health care services.<sup>11</sup>
9. **Case Management:** A collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote quality, cost-effective outcomes.<sup>11</sup>
10. **Certified Intensive Outpatient Facility:** A status granted by the California Department of Health Care Services to intensive outpatient (IOP) treatment providers that have exceeded minimum levels of service quality, and are in compliance with the State's Alcohol and/or Other Drug (AOD) Certification Standards. Aside from AOD certification, providers also need to secure Drug Medi-Cal (DMC) certification and ASAM designation for 2.1 level of care.<sup>7,8</sup>
11. **Certified Outpatient Facility:** A status granted by the California Department of Health Care Services to outpatient (OP) treatment providers that have exceeded minimum levels of service quality, and are in compliance with the State's Alcohol and/or Other Drug (AOD)

Certification Standards. Aside from AOD certification, providers also need to secure Drug Medi-Cal (DMC) certification and ASAM designation for 1.0 level of care.<sup>7,8</sup>

- 12. Certified Substance Use Disorder Counselor:** An individual who has been certified by one of three National Commission for Certifying Agencies (NCCA) accredited organizations recognized by the California Department of Health Care Services, including California Association for Alcohol/Drug Educators (CAADE), California Consortium of Addiction Programs and Professionals (CCAPP) and California Association of DUI Treatment Programs (CADTP), to provide counseling services including intake, service needs assessment, treatment planning, recovery planning, and individual or group counseling for alcohol and other drug program patients.<sup>12</sup>
- 13. Client:** An individual who receives treatment for alcohol, tobacco, and/or other drug or addictive behavior problems. The terms “client” and “patient” sometimes are used interchangeably, although staff in medical settings more commonly use “patient,” while staff in non-medical residential, outpatient, and publicly funded substance use disorder treatment settings often use “client.”<sup>13</sup>
- 14. Cognitive Behavioral Therapy:** A type of psychotherapy that is evidence-based and uses strategies based on the theory that learning processes play a critical role in the development of maladaptive behavioral patterns. Cognitive behavioral therapy focuses on examining the relationships between thoughts, feelings and behaviors.<sup>11</sup>
- 15. Collateral Services:** Face-to-face sessions with a certified SUD counselor or LPHA and significant persons in the life of the patient. Sessions focus on the treatment needs of the patient in terms of supporting the achievement of the patient’s treatment goals. Significant persons are individuals that have a personal, not official or professional, relationship with the patient.<sup>10</sup>
- 16. Continuum of Care:** A concept involving an integrated system of care that guides and tracks patients over time through a comprehensive array of health services spanning all levels and intensities of care.<sup>9</sup>
- 17. Crisis Intervention Services:** Contact between a certified SUD counselor or LPHA and a patient in crisis. Services shall focus on alleviating crisis problems. “Crisis” means an actual relapse or an unforeseen event or circumstance that presents to the patient an imminent threat of relapse. Crisis intervention services shall be limited to the stabilization of the patient’s emergency situation.<sup>10</sup>
- 18. Culturally Competent Services:** Assistance delivered by treatment providers that meet the social, cultural and linguistic needs of patients. Providers must ensure that their policies, procedures, and practices are consistent with the principles outlined in the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS) and are embedded in the organizational structure, as well as being upheld in day-to-day operations.<sup>2</sup>

- 19. Department of Health Care Services (DHCS):** A branch of the California Health and Human Services Agency that oversees and finances various health care service delivery programs including Medi-Cal, and that has the sole authority to provide a license to facilities providing 24-hour residential treatment services to patients with substance use disorder.<sup>7,8</sup>
- 20. Discharge:** The point at which an individual's active involvement with a treatment service agency is terminated, and he or she no longer is carried on the agency's record as a patient.<sup>13</sup>
- 21. Discharge services:** The process to prepare the patient for referral into another level of care, post-treatment return or reentry into the community, and/or the linkage of the individual to essential community treatment, housing and human services. The discharge service process should be initiated from the onset of treatment services to ensure sufficient time to plan for the patient's transition to subsequent treatment or recovery support services.<sup>10</sup>
- 22. Documentation:** A structured method of clinical notation that ensures an accurate and efficient way to organize and track services and communicate with other providers. Services provided in the community, by telephone, or by telehealth require equivalent quality and comprehensiveness of documentation as in-person services provided within a certified facility. SAPC will require that providers generate initial documentation based on the ASAM Criteria and develop progress notes based on one of the formats outlined in SAPC's Quality Improvement/Utilization Management (QI/UM) plan. (Please refer to the QI/UM plan for the specific methods of documentation and for the format and content of progress notes).<sup>10,11</sup>
- 23. Drug Medi-Cal:** The California Medical Assistance Program (Medi-Cal) for individuals needing SUD services.<sup>6</sup>
- 24. Evidenced Based Practices (EBP):** A clinical approach that applies the best available research results to inform health care decisions. Health care professionals who perform evidence-based practice use research evidence along with clinical expertise and patient preferences. Providers will be expected to implement, at a minimum, the two EBPs of Motivational Interviewing (MI) and Cognitive Behavioral Therapy (CBT). Other EBPs include relapse prevention, trauma informed treatment, and psychoeducation.<sup>10,11</sup>
- 25. Family Therapy:** A specific type of psychotherapy involving both the patient and their family members that addresses the clinical principals of family systems theory. Family members can provide social support to the patient, help motivate the patient's loved ones to provide social support to the patient, help motivate the patient to remain in treatment, and receive help and support for their own family recovery as well.<sup>10</sup>
- 26. Field-Based Services (FBS):** Specialty SUD services provided by certified SUD counselors or LPHAs specifically trained to recognize and respond to the unique biopsychosocial needs of adults. The services will also be provided to youth and their parents or guardians, as needed. Services include but are not limited to client's residence, recreational centers, sober living facilities, and homeless encampments. FBS could also include co-locations in emergency departments, primary care, mental health, court, jail re-entry (not in-custody), probation, and child protective services settings. FBS are responsive and appropriate to the

cultural, linguistic, and developmental needs of patients, and are supported by evidenced based practices.<sup>10</sup>

- 27. Group Counseling:** Face-to-face contacts between one or more certified SUD counselors or LPHAs, and two or more clients at the same time (with a maximum of 12 clients in the group), in which psychosocial issues related to substance use are addressed using techniques such as Motivational Interviewing and Cognitive Behavioral Therapy. Counseling and peer-support focus on the needs of the individuals served.<sup>10</sup>
- 28. Homeless Encampments:** Areas where homeless individuals stay, which may take various forms including tent cities; groups living under the freeways; or groups sleeping in parks, vacant lots, skid rows, and sidewalks among others.<sup>3</sup>
- 29. Individual Counseling:** Contact between a certified SUD counselor or LPHA, and a patient that address psychosocial issues related to substance use using techniques such as Motivational Interviewing and Cognitive Behavioral Therapy. Services provided in-person, by telephone or by telehealth qualify as Medi-Cal reimbursable units of services.<sup>10</sup>
- 30. Intake:** The process of determining that a patient meets the medical necessity criteria, and then admitting a patient into a SUD treatment program. Intake includes the evaluation or analysis to determine whether or not an individual has a SUD; the diagnosis of a SUD; and the assessment of treatment needs to provide medically necessary services using the SAPC-developed Full ASAM Assessment. Intake may include a physical examination and laboratory testing necessary for determining and providing medically necessary SUD treatment.<sup>10</sup>
- 31. Intensive Outpatient Services:** A level of care that is appropriate for beneficiaries with minimal risk in regard to acute intoxication/withdrawal potential, biomedical, and mental health conditions (please refer to ASAM Dimensions 1-3 for detailed descriptions); and who require recovery or motivational enhancement therapies, and close monitoring and support several times a week. Services are provided for a minimum of nine hours with a maximum of 19 hours per week for and are billed at a day rate.<sup>10</sup>
- 32. Level of Care (LOC):** The assignment of an adult patient to a particular treatment modality after a full ASAM assessment has been conducted at a network provider site.<sup>12</sup>
- 32. Licensed Practitioner of the Healing Arts (LPHA):** A term that includes physicians, nurse practitioners (NP), physician assistants (PA), registered nurses (RN), registered pharmacists (RP), licensed clinical psychologists (LCP), licensed clinical social workers (LCSW), licensed professional clinical counselors (LPCC), licensed marriage and family therapists (LMFT), and license-eligible practitioners working under the supervision of licensed clinicians.<sup>10,11</sup>
- 33. Medical Necessity Criteria:** A definition of accepted health care services that involves diagnosis, impairment, and intervention. Medical necessity in Los Angeles County requires that individuals have at least one diagnosis from the current 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 service must also meet a recommended level of intervention consistent with the current edition of the ASAM placement guidelines, which include a consideration of biopsychosocial severity.<sup>11</sup>

- 34. Medication-Assisted Treatment (MAT):** The use of medications, in combination with counseling and behavioral therapies, to comprehensively treat substance use disorders and provide a whole-patient approach to treatment that includes addressing the biomedical aspects of addiction.<sup>11</sup>
- 35. Medication Services:** Medication-Assisted Treatment (MAT) will be discussed and offered as a concurrent treatment option for individuals with an alcohol and/or opioid related SUD condition and who are receiving services at this level of care. The prescription or administration of MAT, and the assessment of side effects and/or impact of these medications, should be conducted by staff lawfully authorized to provide such services within their scope of practice and licensure. This level of care is generally not available for youth except through prior DPH-SAPC authorization.<sup>10</sup>
- 36. Motivational Enhancement Therapies:** A patient-centered counseling approach aimed at helping patients resolve their ambivalence towards pursuing substance use disorder treatment. This approach uses rapid and internally motivated change within patients as opposed to guiding them stepwise through the recovery process.<sup>16</sup>
- 37. Motivational Interviewing:** A type of evidence-based practice and clinical interviewing approach that is a directive, patient-centered counseling style designed to elicit behavior change by helping patients to explore and resolve ambivalence towards change.<sup>11</sup>
- 38. Non-Professional Staff:** Individuals providing clerical support who are required to receive appropriate onsite orientation and training prior to performing assigned duties, and will be supervised by professional and/or executive-level administrative staff.<sup>10</sup>
- 39. Outpatient Services:** A level of care that is appropriate for beneficiaries who are stable in regard to acute intoxication/withdrawal potential, biomedical, and mental health conditions (please refer to ASAM Dimensions 1-3 for detailed descriptions); and who primarily require recovery or motivational enhancement therapies. Up to 9 hours of services may be provided per week and services are billed in 15-minute increments.<sup>10</sup>
- 40. Patient:** An individual who receives treatment for alcohol, tobacco, and/or other drug or addictive behavior problems. The terms “client” and “patient” sometimes are used interchangeably, although staff in medical settings more commonly use “patient,” while staff in non-medical residential, outpatient, and publicly funded substance use disorder treatment settings often use “client.”<sup>13</sup>
- 41. Patient Education:** The process of providing research based education on addiction, treatment, recovery and associated health risks with the goal of minimizing the use of

addicting substances, lowering the risk of dependence, and minimizing adverse consequences of substance use.<sup>10</sup>

- 42. Professional staff:** Individuals who are licensed, registered, certified, or recognized under California State scope of practice statutes. Professional staff shall provide services within their individual scope of practice and receive supervision required under their scope of practice laws.<sup>10</sup>
- 43. Psychoeducation:** An evidence-based practice designed to educate clients about substance abuse, and related behaviors and consequences. It may be delivered individually or in a group setting, and involves a broad range of activities combining education with counseling, and supportive interventions among others.<sup>14</sup>
- 44. Quality Improvement/Utilization Management (QI/UM) Plan:** A document that describes the goals, scope, structure and operations of the SAPC QI/UM program, and pertains to all providers who have contracts with SAPC to provide SUD services in Los Angeles County.<sup>11</sup>
- 45. Recovery Support Services:** Non-clinical, post-treatment services that foster health and resilience in individuals and families by helping them to navigate systems of care, and reduce barriers to employment, housing, education, and other life goals. They incorporate a broad range of support and social services that facilitate recovery, wellness, and linkage to and coordination among service providers. Similar to how patients see their primary care provider for periodic health checkups even when healthy, RSS can be viewed as aftercare or continuity of care in SUD treatment. The frequency of RSS is dependent on patient need, preference, and stage of recovery.<sup>11</sup>
- 46. Recreational Centers:** A public space for meetings, sports or other leisure activities.
- 47. Relapse Prevention:** An evidence-based practice that uses a cognitive-behavioral approach aimed at identifying recurring signs and symptoms of addiction among individuals recovering from substance abuse, and applying interventions to maintain sobriety.<sup>21</sup>
- 48. Sober Living Facilities:** Houses or living spaces providing a stable and drug-free environment for individuals recovering from substance abuse.<sup>17</sup>
- 49. Substance Abuse Prevention and Control (SAPC):** The Los Angeles County agency responsible for leading and administering a full spectrum of substance use prevention, treatment, and recovery support services, including Drug Medi-Cal services, for County residents.<sup>11</sup>
- 50. Substance Use Disorder (SUD):** Marked by a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues to use alcohol, tobacco, and/or other drugs despite significant related problems. It is the new term for what previously included “substance dependence” and “substance abuse” of the American Psychiatric Association.<sup>13</sup>

- 51. Telehealth:** The U.S. Health Resources Services Administration (HRSA) defines telehealth as the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration. Technologies include videoconferencing, the Internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications. Some County-operated and contracted SUD providers currently offer telehealth services, including tele-psychiatry. DPH SAPC will encourage SUD providers to expand or introduce telehealth as an offered service, and will explore telehealth as a means to expand the availability of medication-assisted treatments, physician consultations, and services for special populations, among other services.<sup>12,20</sup>
- 52. Trauma-Informed Treatment:** An evidence-based practice that recognizes the impact of trauma in substance use disorder treatment, identifies the signs and symptoms of trauma among clients, integrates knowledge about trauma into program procedures and policies, and aims to prevent re-traumatization.<sup>18</sup>
- 53. Treatment:** Application of planned procedures to identify and change patterns of behavior that are maladaptive, destructive, and/or injurious to health; or to restore appropriate levels of physical, psychological, and/or social functioning.<sup>13</sup>
- 54. Treatment Plan:** An individualized plan based on a comprehensive biopsychosocial assessment of the patient and, when possible and appropriate, a comprehensive evaluation of the family.<sup>13</sup>
- 55. Treatment Planning:** Process of preparing an individualized written treatment plan by a certified SUD counselor or LPHA, based upon information obtained in the intake and assessment process. The treatment plan will be completed upon intake, and then updated every subsequent 30 days, unless there is a change in treatment modality which would require a new treatment plan.<sup>10</sup>

## References

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