

Outpatient and Intensive Outpatient Narrative

Los Angeles County Department of Public Health Substance Abuse Prevention and Control (SAPC) will implement an initial benefit package of Substance Use Disorder (SUD) services within the initial twelve months of approval of its Drug Medi-Cal Organized Delivery System (DMC-ODS) implementation plan. Two of the services that will comprise the initial benefit package are Outpatient Services (ASAM Level 1) and Intensive Outpatient Services (ASAM Level 2.1). These services will be provided when they are deemed medically necessary by a Medical Director or Licensed Practitioner of the Healing Arts (LPHA). Outpatient and Intensive Outpatient services may be provided by a certified substance use disorder (SUD) counselor, LPHA, or trainee working under the supervision of a certified SUD counselor or a LPHA. These activities must occur in an outpatient facility certified by the California Department of Health Care Services (DHCS), a DHCS-certified intensive outpatient facility, or any appropriate community setting that is linked to a DHCS-certified outpatient/intensive outpatient facility (Field Based Services, or FBS). Services can be provided in-person, by telephone, or by telehealth. Patients may be referred directly into one of these levels of care or may be stepped up or down from other level of care. The following is a description of billable service components, staffing requirements, and service expectations for Outpatient and Intensive Outpatient services.

Outpatient Services (ASAM Level 1)

This level of care is appropriate for patients 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 motivational enhancement therapies. Up to 9 hours of services may be provided per week for adults and up to 6 hours per week for adolescents; services are billed in 15-minute increments.

Service Components:

The components of Outpatient Services include:

- *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.
- *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 service.
- *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.
- *Patient education:* Provide 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.

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- *Family therapy*: A specific type of psychotherapy involving both the patient and their family members that addresses the clinical principals of family systems theory. The effects of addiction are far-reaching and patients' family members and loved ones also are affected by the disorder. By including family members in the treatment process, clinicians provide education about factors that are important to the patient's recovery as well as their own recovery. 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. These services must be provided by an LPHA-level therapist (see below for qualifying professions).
- *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.
- *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.
- *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.
- *Treatment planning*: The provider (certified SUD counselor or LPHA) shall prepare an individualized written treatment plan, based upon information obtained in the intake and assessment process. The treatment plan will be completed upon intake, and then updated every 30 days, unless there is a change in the patient's situation or a change in treatment modality that would require a new or revised treatment plan. The treatment plan shall include:
 - A statement of problems to be addressed;
 - Goals to be reached, and which address each problem;
 - Action steps to be taken by the provider and/or patient to accomplish identified goals;
 - Target dates for accomplishment of action steps and goals;
 - A description of services including the type of counseling to be provided and the frequency thereof.
 - Specific quantifiable goal/treatment objectives related the patient's SUD diagnosis and multidimensional assessment.
 - The proposed type(s) of interventions/modality that includes a proposed frequency and duration.
 - A treatment plan that is consistent with the qualifying diagnosis and must be signed by the patient and the Medical Director or LPHA.

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- *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.

Intensive Outpatient Services (ASAM Level 2.1)

This level of care is appropriate for patients 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) motivational enhancement therapies, and close monitoring and support several times a week. Services are provided for a minimum of 9 hours adults (6 hours of treatment per week for adolescents) with a maximum of 19 hours per week and are billed at a day rate.

Service Components:

The components of Intensive Outpatient Services include:

- Intake
- Individual
- Group counseling
- Patient education
- Family therapy
- Medication services
- Collateral services
- Crisis intervention services
- Treatment planning
- Discharge services

Please see the Outpatient Services section for specific definitions of the above component services.

Staffing

Professional staff must be 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 respective scope of practice laws. Certified SUD counselors must adhere to all requirements in the California Code of Regulations, Title 9, Chapter 8 and must be certified by one of the National Commission for Certifying Agencies (NCCA) accredited organizations recognized by DHCS: Addiction Counselor Certification Board of California (affiliated with California Association for Alcohol/Drug Educators (CAADE)); California Association of DUI Treatment Programs (CADTP); California Consortium of Addiction Programs and Professionals (CCAPP). With the exception of Medication Assisted Treatment (MAT) services, all Outpatient and Intensive Outpatient Services may be provided by a certified SUD counselor or LPHA. A LPHA possesses a valid California clinical license in one of the following professional categories:

- Physician (MD or DO)

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- Nurse Practitioner (NP)
- Physician Assistant (PA)
- Registered Nurse (RN)
- Registered Pharmacist (RP)
- Licensed Clinical Psychologist (LCP)
- Licensed Clinical Social Worker (LCSW)
- Licensed Professional Clinical Counselor (LPCC)
- Licensed Marriage and Family Therapist (LMFT)
- License-Eligible Practitioners working under the supervision of licensed clinicians

Non-professional staff including clerical, billing, and facility management support shall receive appropriate on-site orientation and training prior to performing assigned duties. Non-professional staff will be supervised by professional and/or administrative staff. Professional and non-professional staff are required to have appropriate experience and any necessary training at the time of hiring. Guidelines regarding specific job functions and specific training requirements for professional and non-professional staff are forthcoming.

Service Expectations

- *Culturally Competent Services*: Providers are responsible to provide culturally competent services. 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.
- *Age and Developmentally Appropriate Services*: Providers are responsible to provide services that accounts for a client's age and developmental level to ensure his/her engagement into the treatment process.
- *Medication-Assisted Treatment*: Providers will have procedures for linkage/integration of MAT services for patients to ensure adequate access to this core component of SUD treatment. Patients who are receiving MAT must not be discriminated against and must have equal access to services as patients who are not receiving MAT. The prescribing of MAT should follow established prescribing standards from the American Society of Addiction Medicine (ASAM) and the Substance Abuse and Mental Health Services Administration (SAMHSA). Provider staff will regularly communicate with prescribers of these medications to ensure coordination of care, assuming the client has signed a 42 CFR part 2 compliant release of information for this purpose.
- *Evidenced Based Practices (EBP)*: 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.
- *Field Based Services (FBS)*: Field Based Services are 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-

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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.

- *Case Management and Recovery Support Services:* Providers will be expected to deliver a variety of case management and care coordination services including transitioning clients from one level of care to another and navigating the mental health, physical health, and social service delivery systems. Providers will also be expected to deliver recovery support services to clients upon discharge from treatment services, including Outpatient/Intensive Outpatient programs. (Additional guidelines/procedures are forthcoming).
- *Documentation:* 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 format and content of progress notes, treatment plans, and other documentation).

Final Note:

Substance use disorder treatment should be delivered across a continuum of services that reflect illness severity and the intensity of services required. One of the key goals of the SAPC is to ensure that clients receiving SUD services in Los Angeles County receive the right service, at the right time, for the right duration, in the right setting. While the levels of care are presented as discrete hierarchies, they should be viewed as points along a continuum of treatment services, each of which may be provided in a variety of settings.