 <p style="text-align: center;"><b>County of Sacramento</b>  <b>Department of Health Services</b>  <b>Division of Behavioral Health Services</b>  <b>Policy and Procedure</b></p>	Policy Issuer (Unit/Program)	<b>SUPT</b>
	Policy Number	<b>SUPT-03-01</b>
	Effective Date	<b>04/27/21</b>
	Revision Date	<b>N/A</b>
Title: Drug Medi-Cal Organized Delivery System Overview	Functional Area: Treatment	
Approved By: <b>Signed version available upon request</b>  <b>Lori Miller, LCSW</b> Division Manager, Substance Use Prevention and Treatment Services		

**BACKGROUND/CONTEXT:**

The Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver is a pilot program to test a new paradigm for the organized delivery of health care services for Medicaid eligible individuals with substance use disorders (SUD). The DMC-ODS Waiver provides a continuum of care modeled after the American Society of Addiction Medicine (ASAM) Criteria for SUD treatment services, enables more local control and accountability, provides greater administrative oversight, creates utilization controls to improve care and efficient use of resources, implements evidenced-based SUD treatment practices, and coordinates with other systems of care. This approach provides clients with access to the care and system interaction needed in order to achieve sustainable recovery.

The goal of the DMC-ODS Waiver implemented by California counties is to demonstrate how organized SUD care increases the success of client recovery while decreasing other system health care costs. The University of California, Los Angeles is conducting the evaluation to measure and monitor outcomes of the DMC-ODS Waiver, using information gathered from existing state data sources, as well as new data collected specifically for the DMC-ODS Waiver evaluation. Quantitative methods will be used to analyze trends, while qualitative methods will be used to help interpret quantitative data.

In accordance with Practice Guidelines outlined in Title 42 Code of Federal Regulations (CFR) and the Intergovernmental Agreement with the State of California Department of Health Care Services (DHCS), Substance Use Prevention and Treatment (SUPT) Services develops and adopts practice guidelines to ensure SUD treatment services are conveyed and implemented in congruence with Federal and State mandates.

**DEFINITIONS:**

**American Society of Addiction Medicine (ASAM):** An organization of over 6,000 physicians, clinicians, and associated professionals with a focus on prevention, addiction, and treatment.

**ASAM Criteria:** The nation’s most widely used and comprehensive set of guidelines for placement, continued stay, transfer, and discharge of patients with addiction and co-occurring conditions. The ASAM Criteria includes six dimensions

used for assessment of an SUD and service levels of care from early intervention through medically managed intensive inpatient services. The use of ASAM Criteria is a requirement to participate in the DMC-ODS Waiver.

**Evidence-Based Practices (EBPs):** Interventions that have been shown to be effective and are supported by evidence. In the provision of DMC-ODS Waiver services, SUPT contracted service providers utilize EBPs that have undergone stringent evaluation and meet clinical standards.

**Sacramento County Substance Use Disorder (SUD) Treatment Practice Guidelines and Provider Manual:** SUPT’s written guidelines developed to offer guidance to all Sacramento County SUD subcontractors and DMC-certified providers in compliance with DMC-ODS treatment requirements and standards.

**PURPOSE:**

The purpose of this policy is to provide an overview of the implementation of DMC-ODS Waiver in Sacramento County.

**DETAILS:**

The table below includes new services and requirements (in blue font) that were implemented as part of the DMC-ODS Waiver.

Services
Early Intervention
Outpatient Services
<b>Residential Treatment</b>
Medication-Assisted Treatment (MAT)
<b>Withdrawal Management</b>
<b>Additional Medication-Assisted Treatment (MAT)</b>
<b>Recovery Services</b>
<b>Case Management</b>
<b>Physician Consultation</b>

Requirements
<b>Coordination with Criminal Justice and Hospitals</b>
<b>Increased Quality Assurance</b>

Sacramento County implemented DMC-ODS Waiver services on July 1, 2019. At that time, existing contracted service providers were required to become DMC-

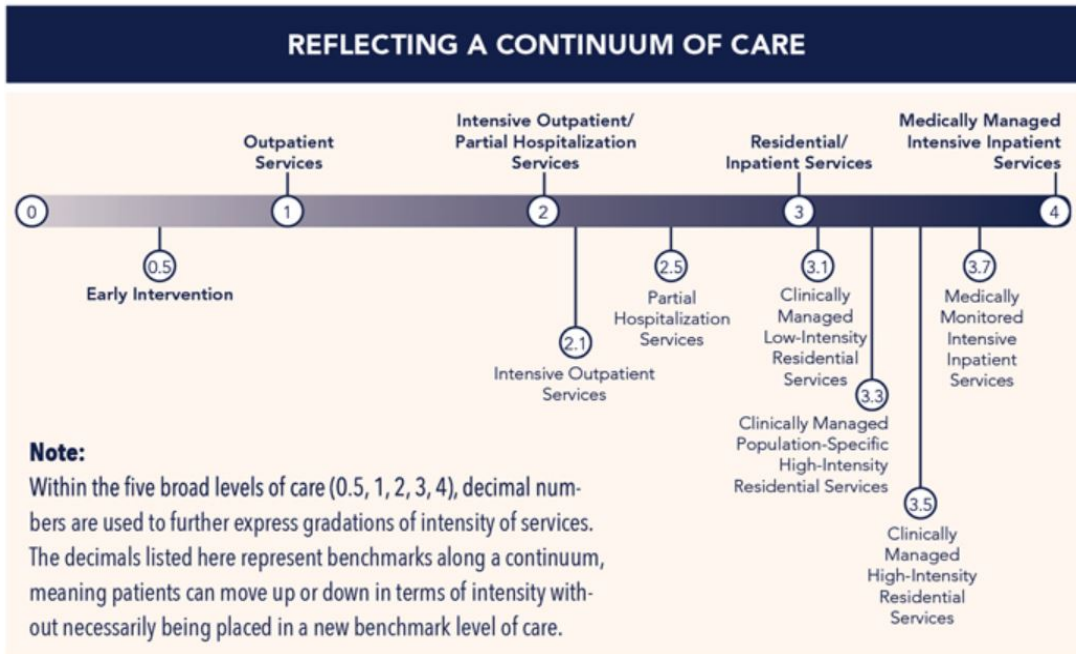
ODS certified by the Department of Health Care Services in order to provide DMC-ODS services and be reimbursed at DMC-ODS rates.

SUPT Services ensures that all new providers and staff are trained in the ASAM Criteria prior to providing services and includes this requirement in Executed Agreements between providers and Sacramento County. Subcontracted providers and staff complete, at a minimum, the following two ASAM e-Training modules and SUPT collects and tracks certifications of completion for verification:

- ASAM Multidimensional Assessment
- From Assessment to Service Planning and Level of Care

Clinical staff of the SUPT System of Care and contracted service providers are required to conduct a multidimensional SUD assessment based on ASAM. Six ASAM dimensions are used to create a holistic, biopsychosocial assessment of an individual to be used for services planning and treatment across a continuum of care. The six ASAM dimensions and continuum of care/levels of care are as follows:

1	DIMENSION 1	<b>Acute Intoxication and/or Withdrawal Potential</b> Exploring an individual's past and current experiences of substance use and withdrawal
2	DIMENSION 2	<b>Biomedical Conditions and Complications</b> Exploring an individual's health history and current physical condition
3	DIMENSION 3	<b>Emotional, Behavioral, or Cognitive Conditions and Complications</b> Exploring an individual's thoughts, emotions, and mental health issues
4	DIMENSION 4	<b>Readiness to Change</b> Exploring an individual's readiness and interest in changing
5	DIMENSION 5	<b>Relapse, Continued Use, or Continued Problem Potential</b> Exploring an individual's unique relationship with relapse or continued use or problems
6	DIMENSION 6	<b>Recovery/Living Environment</b> Exploring an individual's recovery or living situation, and the surrounding people, places, and things



Results from the six ASAM dimensions guide the clinician in determining the most appropriate ASAM level of care. Below are the ASAM levels of care provided by Sacramento County:

- Early Intervention Services (ASAM Level of Care 0.5)** include screening, brief treatment as medically indicated, and referral/linkage to treatment for clients at risk of developing a SUD or those with an existing SUD. These services are reimbursed through federal block grant funds and not through DMC-ODS funding.
- Outpatient Services (ASAM Level of Care 1.0)** include intake and assessment for a SUD, treatment planning, individual counseling, group counseling, family therapy, collateral services, member education, medication services, crisis intervention services, and discharge planning. Services are provided by a licensed professional or a certified counselor in-person, by telephone, or by tele-health in any appropriate, confidential setting in the community. Outpatient Services are provided up to nine hours per week for adults and up to six hours per week for youth when determined to be medically necessary and in accordance with an individualized client plan.
- Intensive Outpatient Services (ASAM Level of Care 2.1)** include the same components as Outpatient Services with an increased number of service hours as the main difference. Intensive Outpatient Services are provided to adults a minimum of nine hours with a maximum of 19 hours per week and a minimum of six hours with a maximum of 19 hours per week for youth when determined to be medically necessary and in accordance with an individualized client plan. Services are provided by a licensed professional or a certified counselor in-person, by telephone, or by tele-health in any appropriate, confidential setting in the community.

- **Residential Treatment (ASAM Levels of Care 3.1 and 3.5)** is a non-institutional, 24-hour non-medical, short-term living support and structure with available trained personnel who provide rehabilitation services to individuals, with a SUD diagnosis, when determined as medically necessary and in accordance with an individualized treatment plan. An individual shall live on the premises and will be supported in their efforts to restore, maintain, apply interpersonal and independent living skills, and access community support systems. The length of stay may range from 1 – 90 days based on medical necessity. The service provider and resident work collaboratively to define barriers, set priorities, establish goals, create treatment plans, and solve substance use related problems. Goals include sustaining abstinence, preparing for relapse triggers, improving personal health and social functioning, and engaging in continuing care.
- **Withdrawal Management Services/Detoxification (ASAM Level of Care 3.2WM)** are provided when determined as medically necessary and in accordance with an individualized client plan. Withdrawal Management Services include intake and assessment, observation and monitoring to evaluate health status of individuals during the detoxification process, medication services, and discharge planning. Medically necessary habilitative and rehabilitative services are provided in accordance with an individualized client plan as prescribed by a licensed physician, or licensed prescriber and approved and authorized according to the State of California requirements.
- **Opioid Treatment Program/Medication-Assisted Treatment (ASAM Level of Care 1)** includes the same components as Outpatient Services with the inclusion of medical psychotherapy consisting of face-to-face discussion conducted by a physician on a one-on-one basis with an individual. Medication-Assisted Treatment includes the ordering, prescribing, administering, and monitoring of all medications for SUD. Opioid and alcohol dependence, in particular, have well established medication options. Medication assisted treatment may include (varies by clinic): methadone, buprenorphine, naloxone and disulfiram.

### **Ancillary Services**

- **Case Management Services** are provided by a licensed professional or a certified counselor in-person, by telephone, or by tele-health in any appropriate, confidential setting in the community. Case Management Services includes monitoring progress and periodic reassessment of individual needs to determine the need for continuation of services; transitions to higher or lower levels of care; and/or, periodic revision of the treatment plan. Case Management Services also include communication, coordination, and referral and related activities; monitoring service delivery to ensure access to services/service delivery systems; monitoring progress; member advocacy; linkages to physical and mental health care, transportation; and, retention in primary care services. Case Management Services assist individuals in accessing needed medical, educational, social, legal, financial, prevocational, vocational, rehabilitative, or other community

services. These services focus on coordination of SUD care, integration of primary care especially for members with a chronic SUD, and interaction with the criminal justice system, if needed.

- **Physician Consultation Services** include DMC physicians' consulting with addiction medicine physicians, addiction psychiatrists or clinical pharmacists. Physician consultation services are designed to assist DMC physicians by allowing them to seek expert advice when developing treatment plans for specific DMC-ODS beneficiaries. Physician consultation services may address medication selection, dosing, side effect management, adherence, drug-drug interactions, or level of care considerations.
- **Recovery Services** are important to an individual's recovery and wellness. Recovery Services empower prepare individuals to manage their health and health care. Recovery Services include individual and group counseling; recovery monitoring/substance abuse assistance (recovery coaching, relapse prevention, and peer-to-peer services); and case management (linkages to educational, vocational, family supports, community-based supports, housing, transportation, and other services based on need). Recovery Services are provided by a licensed professional or a certified counselor in-person, by telephone, or by tele-health in any appropriate, confidential setting in the community.

### **Evidence-Based Practices (EBPs)**

- SUPT contracted providers utilize EBPs in the delivery of services across the ASAM Levels of Care. EBPs have undergone stringent evaluation and meet clinical standards.
- SUPT contracted providers must submit their proposed EBPs to the Contract Monitor and receive approval from SUPT prior to implementing within an existing or new program.
- At least two of the following EBPs per service provider per service modality will be implemented:
  - **Motivational Interviewing**: a person-centered, empathic but directive counseling strategy designed to explore and reduce ambivalence toward treatment. This approach often includes problem-solving or solution-focused strategies that build on past successes.
  - **Cognitive Behavioral Therapy**: a therapeutic modality based on the theory that most emotional and behavioral reactions are learned and that new ways of reacting and behaving can be learned.
  - **Relapse Prevention**: a behavioral self-control program that teaches individuals with substance use disorders how to anticipate and cope with the potential for relapse. This approach can be used as a stand-alone treatment program or as an aftercare program.
  - **Trauma-Informed Treatment**: talks into account an understanding of trauma and prioritizes trauma survivors' safety, choice and control.
  - **Psychoeducation**: groups designed to educate about substance use, related behaviors and consequences, suggest options for growth and change, and develop an understanding of the process of recovery.

## **The Sacramento County SUD Treatment Practice Guidelines and Provider Manual**

- **Development:** The Sacramento County SUD Treatment Practice Guidelines and Provider Manual was developed by engaging stakeholders, system partners, and SUD treatment providers in compliance with State and Federal SUD treatment requirements and standards. It was designed for use by all administrative and direct service staff and aims to:
  - Ensure the understanding of core values and requirements for the SUD treatment system;
  - Adhere to the clinical and business expectations within Sacramento County;
  - Reflect the best possible quality of care standards, and;
  - Prevent program deficiencies that can lead to the recoupment of funding.
- **Dissemination:** SUPT disseminates The Sacramento County SUD Treatment Practice Guidelines and Provider Manual to providers, beneficiaries and potential beneficiaries by including it in new subcontracted provider orientations and making it available electronically via posting on the County's SUPT webpage. Beneficiaries and potential beneficiaries may access this document at any time and upon request.
- **Utilization:** Elements of the practice guidelines are reviewed during SUPT-facilitated recurring monthly meetings with all contracted providers. SUPT Contract Monitors provide technical assistance and training to contracted providers. Additional trainings to contracted providers on the DMC-ODS Waiver, service delivery, documentation, and case management are facilitated by SUPT and the Behavioral Health Services Division, Quality Management Unit on a regular basis.

### **REFERENCE(S)/ATTACHMENTS:**

- Sacramento County DMC-ODS Implementation Plan  
<https://dhs.saccounty.net/BHS/Documents/Reports--Workplans/RT-DMC-ODS-Implementation-Plan-FINAL.pdf>
- *The ASAM Criteria, Third Edition*  
<https://www.asam.org/asam-home-page>
- Exhibit A, Attachment I, Program Specifications - Trainings, County of Sacramento Intergovernmental Agreement
- Exhibit A, Attachment I, Federal Guidelines – Practice Guidelines, County of Sacramento Intergovernmental Agreement
- Title 42 § 438.236 – Practice Guidelines
- The Sacramento County Substance Use Disorder (SUD) Treatment Practice Guidelines and Provider Manual – Internet Page
- [https://dhs.saccounty.net/BHS/Pages/SUPT/Drug\\_Medi-Cal\\_Organized\\_Delivery\\_System.aspx](https://dhs.saccounty.net/BHS/Pages/SUPT/Drug_Medi-Cal_Organized_Delivery_System.aspx)
- Behavioral Health Services Training Opportunities – Internet Page  
<https://dhs.saccounty.net/BHS/Pages/Provider-Training/GI-Provider-Resources-Training.aspx>

**RELATED POLICIES:**

- BHS-SUPT-P&P-03-03 Early Intervention
- BHS-SUPT-P&P-03-04 Outpatient Services
- BHS-SUPT-P&P-03-05 Intensive Outpatient Services
- BHS-SUPT-P&P-03-06 Withdrawal Management Services
- BHS-SUPT-P&P-03-07 Residential Treatment
- BHS-SUPT-P&P-03-08 Medication Assisted Treatment

**DISTRIBUTION:**

<b>Enter X</b>	<b>DL Name</b>	<b>Enter X</b>	<b>DL Name</b>
<b>X</b>	SUPT Administration	<b>X</b>	SUPT Prevention Providers
<b>X</b>	SUPT County Counselors	<b>X</b>	SUPT Adult Treatment Providers
<b>X</b>	SUPT Collaborative Courts	<b>X</b>	SUPT Youth Treatment Providers
<b>X</b>	SUPT System of Care		AOD Advisory Board
<b>X</b>	SUPT Administrative Support Staff	<b>X</b>	SUPT SUD Subcontractors
<b>X</b>	SUPT Options for Recovery		BHS Mental Health Services
<b>X</b>	SUPT Proposition 36		BHS Quality Management

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