

 <p style="text-align: center;">County of Sacramento Department of Health Services Division of Behavioral Health Services Policy and Procedure</p>	Policy Issuer (Unit/Program)	SUPT
	Policy Number	SUPT-03-04
	Effective Date	09-13-21
	Revision Date	N/A
Title: Drug Medi-Cal Organized Delivery System Outpatient and Intensive Outpatient Treatment Services	Functional Area: Treatment	
Approved By: Signed version available upon request Lori Miller, LCSW Division Manager, Substance Use Prevention and Treatment Services		

BACKGROUND/CONTEXT:

Sacramento County implemented the Drug Medi-Cal Organized Delivery System (DMC-ODS) effective July 1, 2019. The Sacramento County DMC-ODS provides substance use disorder treatment services using the American Society of Addiction Medicine (ASAM) Continuum of Care model. The components of Outpatient Treatment Services and Intensive Outpatient Services are established in the Intergovernmental Agreement between the State of California Department of Health Care Services (DHCS) and Sacramento County Substance Use Prevention and Treatment (SUPT) Services.

DEFINITIONS:

- **American Society of Addiction Medicine (ASAM) Continuum of Care:** Substance use disorder treatment continuum marked by four broad levels of service (Outpatient, Intensive Outpatient, Residential, Medically-Managed Inpatient) and an early intervention level. Within the levels of care, decimal numbers are used to further express gradations of intensity of services. These levels of care provide a standard nomenclature for describing the continuum of recovery-oriented addiction services.
- **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 range from early intervention through medically managed intensive inpatient services. The use of ASAM Criteria is a requirement to participate in the DMC-ODS Waiver.
- **Licensed Practitioner of the Healing Arts (LPHA):** includes Physicians, Nurse Practitioners, Physician Assistants, Registered Nurses, Registered Pharmacists, Licensed Clinical Psychologist (LCP), Licensed Clinical Social Worker (LCSW), Licensed Professional Clinical Counselor (LPCC), and Licensed Marriage and Family Therapist (LMFT) and licensed-eligible practitioners working under the supervision of licensed clinicians.

PURPOSE:

The purpose of this policy is to clarify the required service and documentation standards for reimbursement of Outpatient Treatment Services (ASAM Level 1.0) and Intensive Outpatient Services (ASAM Level 2.0) provided to beneficiaries through the Sacramento County DMC-ODS network.

DETAILS:

SUPT ensures that all new Outpatient/Intensive Outpatient service providers meet the ASAM Criteria for each level of outpatient services they provide prior to providing DMC-ODS services. New outpatient service provider staff who will conduct SUD Assessments based on ASAM Criteria are required to complete, at a minimum, ASAM e-Training Modules 1 (Multidimensional Assessment) and 2 (From Assessment to Service Planning) and provide evidence to SUPT prior to claiming reimbursement for delivering DMC-ODS services. ASAM e-Training Modules are facilitated through The Change Companies. SUPT verifies DMC-ODS certification of new providers for each level of care they propose to provide prior to providing DMC-ODS services and includes this requirement in Executed Agreements between providers and SUPT.

ASAM Level 1.0, Outpatient Treatment Services

Appropriate for individuals who are stable with regard to acute intoxication or withdrawal potential, biomedical, and mental health conditions. Outpatient Treatment Services include intake and assessment for a substance use disorder, 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 Treatment 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.

ASAM Level 2.0, Intensive Outpatient Treatment Services

Intensive Outpatient Services 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.

Outpatient/Intensive Outpatient service providers will provide treatment services, based on DMC-ODS certification as approved by DHCS, as well as evidence-based practices.

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:** takes 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.
- Additional EBPs may be implemented upon prior approval by SUPT.

Reimbursable Activities

Outpatient Treatment Services and Intensive Outpatient Services are reimbursed based on a qualifying daily service activity, which must be documented within 7 calendar days of providing the service. Services may be provided in-person, by phone, by telehealth, or in any appropriate setting in the community.

Reimbursable daily service activities are:

- Intake Assessment
- Individual Counseling
- Group Counseling
- Patient Education
- Family Therapy
- Medication Services
- Collateral Services
- Crisis Intervention Services
- Treatment Planning
- Transportation
- Physician Consultation
- Case Management
- Discharge Services
- Recovery Services

Documentation

Outpatient/intensive outpatient service providers must document reimbursable activities for each beneficiary through Progress Notes.

Progress notes are individual narrative summaries and will include

- a) The topic of the session or purpose of the service
- b) A description of the beneficiary's progress on the treatment plan problems, goals, action steps, objectives, and/or referrals
- c) Information on the beneficiary's attendance, including the date, start and end times of each individual and group counseling session or treatment service.
- d) Identifying if services were provided in-person, by telephone, or by telehealth.
- e) Identifying if services were provided in the community, the location, and how the provider ensured confidentiality.

There are two types of Progress Notes:

1. **Clinical Services:** Individual narrative summaries that describe the beneficiary's progress as identified in the treatment plan, including challenges, goals, action steps, objectives, and/or referrals. Clinical services include intake, individual counseling, group counseling, family therapy, collateral services, crisis intervention services, treatment planning, and discharge services.
2. **Non-Clinical Services:** A daily summary of non-clinical educational activities or services. Non-clinical services include:
 - Patient Education: Meditation, life skills, social skills, community enrichment, exercise, etc.
 - Transportation Services: Provision of or arrangement for transportation to and from medically necessary treatment (transportation service alone does not justify billing for a daily rate).

The LPHA or counselor will type or legibly print their name, and sign and date the progress note within **seven calendar days** of the counseling session. The signature shall be adjacent to the typed or legibly printed name.

REFERENCE(S)/ATTACHMENTS:

- Exhibit A, Attachment I, Requirements for Services, County of Sacramento Intergovernmental Agreement
- Exhibit A, Attachment I, Program Specifications, County of Sacramento Intergovernmental Agreement
- *The ASAM Criteria, Third Edition* <https://www.asam.org/asam-home-page>
- *Practice Guidelines Provider Procedure Manual*
<https://dhs.saccounty.net/BHS/Documents/Alcohol-Drug-Services/GI-BHS-Sacramento-County-SUD-Treatment-Practice-Guidelines-and-Provider-Manual.pdf>

RELATED POLICIES:

N/A

DISTRIBUTION:

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	SUPT Proposition 36		BHS Quality Management

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