

 <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-03-07
	Effective Date	7/1/2020
	Revision Date	08/07/2021
Title: Drug Medi-Cal Organized Delivery System Residential Treatment Services	Functional Area: Treatment	
Approved By (Signed version available upon request)		
Lori Miller, LCSW, Substance Use Prevention and Treatment Services Division Manager		

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.

Residential services are provided in State of California, Department of Health Care Services (DHCS) licensed residential facilities that also have DMC certification and have been designated by DHCS as capable of delivering services consistent with the appropriate ASAM level of care criteria.

ASAM Level 3, residential treatment, is a non-institutional, 24-hour non-medical, short-term residential program that provides rehabilitation services to beneficiaries with a substance use disorder diagnosis, when determined by a Medical Director or Licensed Practitioner of the Healing Arts (LPHA), as medically necessary and in accordance with an individualized treatment plan upon completion of a Substance Use Disorder (SUD) Assessment.

Residential services are provided to non-perinatal and perinatal beneficiaries. These services are intended to be individualized to treat the functional deficits identified in the ASAM Criteria. Each beneficiary shall live on the premises and be supported in their efforts to restore, maintain, and apply interpersonal and independent living skills and access community support systems. Providers and residents work collaboratively to define barriers, set priorities, establish goals, create treatment plans, and solve problems. Goals include sustaining abstinence, preparing for relapse triggers, improving personal health and social functioning, and engaging in continuing care.

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 from early intervention through medically managed intensive inpatient services. The use of ASAM Criteria is a requirement to participate in the DMC-ODS Waiver.

- **ASAM Level 3:** This level encompasses residential services that are described as co-occurring capable, co-occurring enhanced, and complexity capable services, which are staffed by designated addiction treatment, mental health, and general medical personnel who provide a range of services in a 24-hour living support setting. All levels of residential treatment require a minimum of 20 hours of service per week.
 - **ASAM Level of Care 3.1:** Called Clinically Managed Low-Intensity Residential Services. This adolescent and adult level of care typically provides a 24-hour living support and structure with available trained personnel, and offers a minimum of 5 hours of clinical services per week, which includes at least one individual counseling session per week based on medical necessity. Services are to improve the ability to structure and organize tasks of daily living and recovery. Planned clinical program activities are directed to stabilize the beneficiary's SUD symptoms, increase motivation, and develop recovery skills. Counseling and clinical monitoring are to support involvement in productive daily living activities.
 - **ASAM Level of Care 3.5:** Called Clinically Managed Medium-Intensity Residential Services for adolescents and Clinically Managed High-Intensity Residential Services for adults. This level of care provides 24-hour care with trained counselors, and offers at a minimum of 12 hours of clinical services per week, which includes at least one individual counseling session per week based on medical necessity. To develop sufficient recovery skills to avoid relapse or continued substance use. Beneficiaries typically have multiple challenges in addition to addiction (trauma history, criminal/legal issues, psychological problems, severe mental health conditions, impaired daily functioning, enhanced care coordination etc.). Planned, evidence-based clinical program activities and professional services to stabilize addiction symptoms and develop recovery skills shall be provided. Daily organized programming shall be provided to improve the beneficiary's ability to structure and organize tasks of daily living and recovery.

- **Licensed Practitioner of the Healing Arts (LPHA):** Includes Physicians, Nurse Practitioners, Physician Assistants, Registered Nurses, Registered Pharmacists, Licensed Clinical Psychologists, Licensed Clinical Social worker, Licensed Professional Clinical Counselor, Licensed Marriage and Family

Therapist, and licensed eligible practitioner working under the supervision of licensed clinicians.

- **Progress Notes:** There are two types of progress notes.
 - **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.
 - **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).
- **SUD Assessment:** SUD assessment tool, based on ASAM, and used by a Medical Director or LPHA, to determine medical necessity, diagnosis, and level of care.

PURPOSE:

The purpose of this policy is to clarify the required service and documentation standards for reimbursement of residential treatment services (ASAM Levels 3.1 and 3.5) provided through the Sacramento County DMC-ODS.

DETAILS:

Substance Use Prevention and Treatment (SUPT) Services ensures that all new residential treatment service providers meet the ASAM Criteria for each level of residential care they provide prior to providing DMC-ODS services. New residential 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 residential service 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.

Prior to March 17, 2021, under the DMC-ODS program terms and conditions, Medical reimbursement for DMC-ODS residential services was limited to a maximum of two non-continuous stays during a one-year period. In accordance with approval by the Centers for Medicare & Medicaid Services (CMS) on March 17, 2021, the annual reimbursement limitation on the number of residential stays has been

removed (Behavioral Health Information Notice No: 21-021). This change is effective January 1, 2021.

A client's length of stay for residential treatment services shall be determined by an LPHA based on medical necessity. In accordance with CMS State Medicaid Director Letter #17-0003, the statewide goal for the average length of stay for residential treatment services is 30 days or less. In furtherance of that goal, contracted residential providers shall adhere to the length of stay requirements set forth by DHCS.

Residential service providers will provide residential treatment services, based on DMC-ODS certification as approved by DHCS, as well as the following ancillary services and evidence-based practices.

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. Prior to completing the initial Client/Treatment Plan, Case Management may be billed in circumstances where staff are supporting the client with linkage & referral for urgent needs identified during completion of the SUD Assessment.
- **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 and relapse prevention); 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:** 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.

Residential treatment is reimbursed based on a qualifying daily service activity, which must be documented within 7 calendar days of providing the service. The components of residential treatment are established in the DMC-ODS Waiver Special Terms and Conditions (STC), Section 134 of the County-State contract.

Reimbursable daily service activities are:

- Intake
- Individual Counseling
- Group Counseling
- Patient Education

- Family Therapy
- Collateral Services
- Crisis Intervention Services
- Treatment Planning
- Transportation Services*
- Discharge Services

* Provision of or arrangement for transportation to and from medically necessary treatment. Transportation service alone does not justify billing for a daily rate.

Group counseling, as described in the DMC-ODS STCs, is face-to-face contact in which one or more therapists or counselors treat two or more beneficiaries at the same time with a maximum of 12 participants in the group, focusing on the therapeutic SUD treatment needs of the individuals served. Group counseling is considered a clinical intervention.

The other structured activities that are available in residential treatment, including patient education, are not considered clinical interventions, and are not subject to a limitation in regard to the number of participants. Any structured activity not listed in the STCs will not satisfy the requirement for reimbursement for residential treatment.

A separate Progress Note must be written for each beneficiary and documented in the chart. Residential providers shall adhere to their established standard of Option One or Option Two as described below:

Documentation:

Residential providers must document all clinical and non-clinical services. There are two options recommended and residential providers should select one option into the agency practices.

Option One:

- Document each service with an individualized Progress Note. Services requiring a Progress Note include Intake, Individual Counseling, Group Counseling, Patient Education, Family Therapy, Collateral Services, Crisis Interventions, Treatment Planning, Discharge Services, Case Management, and Physician Consultation.
- Use a Transportation Log including; date of transportation, time out and in, purpose of trip and signature with printed name and date of person logging the transportation.

Option Two:

- Develop a Patient Education daily note template to include:
 - Type of each service, topic, time in and time out.
 - Daily summary progress note for listed services relating progress or lack of progress.

- If transportation services are included provide the following; date of transportation, time out and in, purpose of trip and signature with printed name and date of person logging the transportation (transportation service alone does not justify billing for a daily rate). The daily note must be completed by a treatment staff who provided one of the claimable services for the day claimed.
- Document all other services including Intake, Individual Counseling, Collateral Services, Crisis Interventions, Treatment Planning, Group Counseling, Discharge Services, Physician Consultation and Case Management with an individual progress note recorded by the LPHA or counselor who performed the service.

Clinical progress notes for residential services require, at a minimum, all notes be written in a consistent clinical format. For example, Data Assessment Plan (DAP) or Behavior, Intervention, Response, Plan (BIRP) format. Clinical progress notes shall include all of the following:

- A description of the beneficiary's progress on the treatment plan, challenges, goals, interventions, 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.
- Identify if services were provided in-person, by telephone, or by telehealth.
- If services were provided in the community, identify the location and how the provider ensured confidentiality.

The physician, LPHA, or counselor is to type or legibly print their name, sign and date (to include electronic signatures) the Progress Note. Each note shall be recorded within seven **(7) calendar days of the session**.

REFERENCES/ATTACHMENTS:

- California Department of Health Care Services Information Notice 18-001
- County-State Contract DMC-ODS Waiver Special Terms and Conditions, Section 134
- Exhibit A, Attachment I, Program Specifications – Training, County of Sacramento Intergovernmental Agreement
- *The ASAM Criteria, Third Edition*
<https://www.asam.org/asam-home-page>
- Sacramento County SUD Treatment Practice Guidelines and Provider 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:

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

CONTACT INFORMATION:

Lori Miller, LCSW, SUPT Division Manager
MillerLori@saccounty.net