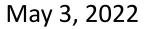# BHIN 21-075 and Provider Manual 6.0 Updates

Presented by:
Yanira A. Lima MPA, MHM
Chief, Systems of Care

Antonne Moore, M.Ed.
Chief, Strategic and Network Development Branch

Kyle Kennedy
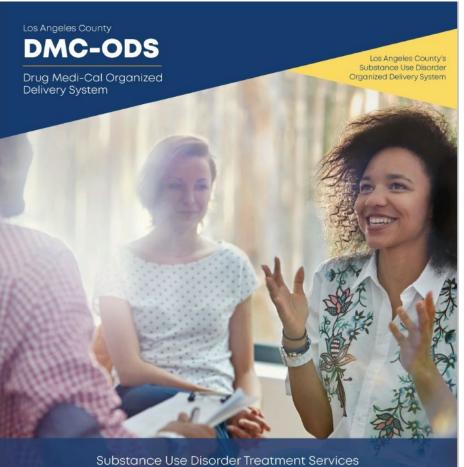*Systems of Care, Quality of Care Unit*

Los Angeles Department of Public Health
Substance Abuse Prevention and Control

May 3, 2022

BEHAVIORAL HEALTH INFORMATION NOTICE 21-075

- Department of Health Care Services BHIN 21-075 (released 12/17/21)

  ➢ Outlines **DMC-ODS program requirements** pursuant to CalAIM, effective January 2022 through December 2026 (pending execution of Inter-governmental Agreement)

  ➢ **Replaces** the Section 1115 Standard Terms and Conditions used to describe

  ➢ Most requirements have been **incorporated into Provider Manual 6.0** and this will be an overview provided, changes in slide deck denoted with ******

  ➢ **Other documents** (e.g. SAPC INs, patient handbook, etc.) are being updated to ensure consistency

Los Angeles County

DMC-ODS

Drug Medi-Cal Organized
Delivery System

Los Angeles County's
Substance Use Disorder
Organized Delivery System

Substance Use Disorder Treatment Services

PROVIDER MANUAL

MARCH 2022 | Version 6.0

SAPC | Substance Abuse Prevention and Control

County of Los Angeles Public Health

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QUICK REFERENCE GUIDE:
Changes Made to Version 6.0 of the
Substance Use Disorder Provider Manual

Changes are listed in order under their respective subsection headings (the large Blue italicized headings in the Provider Manual). Page numbers are added for ease of use. Each segment should be reviewed in its entirety (as opposed to just the page indicated) to ensure understanding.

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Throughout Provider Manual 6.0 Document

UPDATED

- START-ODS System Transformation to Advance Recovery and Treatment changed to **DMC-ODS Drug Medi-Cal Organized Delivery System**

- Case Management retitled to **Care Coordination****

  – Case Manager retitled to Care Coordinator

- Recovery Support Services retitled to **Recovery Services**

- Physician Consultation changed to **Clinical Consultation**

Initial Assessment and Services **

For Medi-Cal Beneficiaries who reside in LA County:

- Clinically appropriate DMC-ODS services (except for residential treatment services) are reimbursable for up to **30 days following the first visit** with the LPHA or registered/certified counselor

OR

- **up to 60 days** if the beneficiary is under age 21, or if a provider documents that the client is experiencing homelessness

  NOTE:

  1. *This is true regardless of whether a DSM diagnosis for SUD is established, AND*

  2. *If a beneficiary withdraws from treatment prior to establishing a DSM diagnosis and later returns, the time period starts over*

Eligibility Determination and Establishing Benefits

- Eligibility Determination Process
  - **UPDATED**: Table 3. Eligibility Requirements for Specialty SUD Services in Los Angeles County
    - **UPDATED Step 2:** Eligible participants include uninsured patients assigned to DHS for primary care
    - **ADDED Step 3**: Meet medical necessity criteria to initiate specialty non-residential SUD services
    - **UPDATED STEP 4:** Verification of medical necessity within the specified time frame
      - Refer to Table 4
    - **ADDED TO STEP 4:** Verification for Youth and Young Adults**
      - Early Intervention Services, meeting Early and Periodic Screening, Diagnostic and Treatment (EPSDT) criteria

	Eligibility Requirement	Source of Verification		Eligibility Requirement	Source of Verification
Step 1	**Resident of LAC**	Proof of residence (e.g., identification card, utility bill, etc.)	Step 4	**Meets medical necessity access criteria for specialty SUD services** (see *Determining Medical Necessity* section of Provider Manual for additional information)	**Adults (ages 21+)** • Completed ASAM CONTINUUM assessment within the specified time periods below; **AND** • Must meet criteria for at least one diagnosis from the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) for Substance-Related and Addictive Disorders, except for Tobacco-Related Disorders and Non-Substance-Related Disorders; **OR** • Meet criteria for at least one diagnosis from the current DSM for Substance-Related and Addictive Disorders, with the exception of Tobacco-Related Disorders and Non-Substance-Related Disorders prior to **being incarcerated or during incarceration as determined by SU history**. **Youth (age 12-17) and Young Adults (age 18-20)** • For youth being admitted to treatment services, a completed SAPC Youth Assessment (ages 12 – 17) or a full ASAM Assessment (ages 18 – 20) within the specified time period below. Meet criteria for the DSM criteria specified for adults; **OR** • For youth being admitted to Early Intervention Services, meeting **Early and Periodic Screening, Diagnostic and Treatment (EPSDT) criteria to ameliorate or correct a substance misuse related condition, a completed Youth ASAM screener**. Services need not be curative or completely restorative to ameliorate a substance use condition, including substance misuse and substance use disorders (SUDs). Services that sustain, support, improve, or make more tolerable substance misuse or an SUD are considered to ameliorate the
Step 2	• Medi-Cal enrolled or in the process of enrollment due to presumed eligibility, including those transferring benefits from another County or State <u>OR</u> • My Health LA Eligible or Enrolled <u>OR</u> **Uninsured patients assigned to DHS for primary care** <u>OR</u> • Participant in the AB 109, Drug Court, CalWORKs, General Relief, WCRTS and/or JJCPA program and commercially insured or otherwise ineligible for Medi-Cal or My Health LA	• Providers must utilize the 270/271 real-time Medi-Cal eligibility verification process in Sage, to verify Medi-Cal status through the State system. This process automatically updates the Financial Eligibility status in Sage if the beneficiary is enrolled in Medi-Cal. • Medi-Cal application submitted or Medi-Cal verification via AEVS file. • Once the beneficiary's Medi-Cal is active, providers must update the Financial Eligibility Form in Sage. • My Health LA application submitted or proof of participation in My Health LA program (e.g., identification card). To confirm the uninsured patient's My Health LA enrollment, email myhealthla@dhs.lacounty.gov or call My Health LA at 626-525-5789. • **DHS patients can contact their assigned DHS primary care clinic or call the Patient Access Center at 844-804-0055 to be linked to their primary care clinic** • Proof of participation in other qualified County funded programs/projects			
Step 3	**Meets medical necessity criteria to initiate specialty non-residential SUD services** (see *Determining Medical Necessity* section of Provider Manual for additional information)	• <u>Services are reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain (W&I Section 14059.5(a)).</u> • For OTPs, a history and physical exams conducted by an LPHA at admission, pursuant to state and federal regulations, qualifies for the determination of medical necessity.			

Eligibility Determination and Establishing Benefits **

- Establishing and Transferring Benefits

  – **NEW:** Transferring Medi-Cal (effective January 2022)

  BHIN 21-032 : Counties and providers should use the County of Responsibility to determine which county is responsible to provide authorizations for SUD (whenever authorizations are needed to approve care) and to pay claims for medically necessary services for eligible beneficiaries.

  BHIN 21-075: If a beneficiary moves to a new county and initiates an inter-county transfer, **the new county is immediately responsible** for DMC-ODS treatment services and can claim reimbursement from DHCS, as of the date of the inter-county transfer initiation.

Eligibility Determination and Establishing Benefits

- Establishing and Transferring Benefits [continued]
  - **NEW**: Transferring Medi-Cal
    - If Medi-Cal benefits are established, SUD treatment services are reimbursable to the first day of the month of the Medi-Cal application was submitted
    - Providers **must assist patients to initiate/confirm transfer** of benefits
    - It is essential to initiate the process as close to the date of initial service

Eligibility Verification

- Transitions in Care **
  - To verify eligibility for specialty SUD services, every 6 months in non-OTP settings and every 12 months in OTP settings, providers treating patients in non-residential LOCs must:
    - document that there has been no change in the patient's SUD and any associated medical or mental health conditions

      OR

    - complete the documentation for reverification of medical necessity for the level of care the patient is receiving
  - See "Checklist of Required Documentation for Utilization Management" document on the SAPC webpage

Access to Care

- Network Adequacy Certification Tool:

  – **UPDATED**: **DHCS BHIN 21-023**: Federal Network Adequacy Standards for Mental Health Plans (MHPS) and Drug Medi-Cal Organized Delivery System (DMC-ODS) Pilot Counties.

  – Completed submissions due by **May 15th**, unless otherwise specified

  – All treatment providers billing during the reporting period MUST submit

Culturally and Linguistically and Population-Appropriate Services

- **NEW** - Language Assistance Services
  - Providers will provide access to language assistance services at no cost
    - Include: oral interpretation, sign language, written translation, etc.
  - When client requests services in a non-English language, network providers shall:
    - Input preferred language in EHR-Sage and CalOMS
    - Use Care Coordination to refer beneficiaries for treatment in preferred language
    - If interpreter services is refused, document in chart
    - Family members, friends, etc. are not used as interpreters, unless specifically requested
  - In limited circumstances SAPC may provide assistance with language interpretation services, contact eapu@ph.lacounty.gov .

Client Engagement and Navigation Services Information

- CENS Standards and Practices
- Adult At-Risk Services and Early Intervention
  - SUD education sessions for:
    - Young adults (ages 18-20) and adults (age 21 and older)
    - Engage in SUD high-risk behaviors
    - Do not meet criteria for SUD treatment (ASAM 0.5)
  - At-risk services include:
    - Enrollment
    - Intervention Guide
    - Participation Documentation
    - Training for CENS counselors
    - Training of the Trainer (ToT)
    - Educational Sessions

Service Benefits and Levels of Care **

- Care Coordination, formally Case Management
  - Available to all patients enrolled in all levels of care under DMC-ODS
  - Updated to align with CalAIM standards
  - New term to be used in Sage
  - Rates will be configured for FY22/23
- Care coordinators, formally case managers

Service Benefits and Levels of Care **

- Early Intervention Services for Youth and Young Adults (ASAM 0.5)
  - Early Intervention services EPSDT (ASAM 0.5)
    - youth (12-17) and young adults (18-20)
    - do not meet DSM criteria for a SUD,
    - benefit from psychoeducation (using the Early Intervention Curriculum) and other services
  - Provided in an outpatient modality
  - Full ASAM assessment is not required
    - SUD diagnosis is not required to provide Early Intervention services

Service Benefits and Levels of Care **

- Removed ASAM 1.0 AR

- Outpatient Treatment (ASAM 1.0)
  – Cap in service duration has been removed
    - Services may exceed the maximum based on medical necessity.

- Intensive Outpatient Treatment (ASAM 2.1)
  – Treatment service hours :
    - 6-19 hours/week for youth, unless medically necessary and higher level of care is not clinically appropriate
    - 9-19 hours/week for young adults and adults, unless medically necessary

Service Benefits and Levels of Care **

- Recovery Services, formally Recovery Support Services (RSS)
  - Service are available:
    - Youth (12 – 17), young adult (18 – 20), and adult (21+),
    - Participating in or discharging from any LOC,
    - Immediately upon release from incarceration regardless of receipt of in-custody treatment services
  - Service Delivery:
    - Standalone service, or
    - Concurrent with other DMC-ODS services and LOCs as appropriate
  - Provided by experienced registered or certified SUD counselor, LPHA or licensed-eligible LPHA

Service Delivery Options **

- Telehealth and Telephone
  – Telehealth and telephone services supplement, not replace in-person services
  – Telehealth Attestation Form is no longer required
    - Telehealth Attestation Form has been removed from the Appendices
  – Agencies that provide Telehealth services must ensure platforms meet DHCS expectations and regulations, and are 42 CFR part 2 and HIPAA-compliant
  – Telephone
    - Telephone services must be documented in the patient's file

Population-Based Services by Funding Source – Adult

- **NEW** - Women and Children's Residential Treatment Services (WCRTS)
  - WCRTS is a funding source used to support services not covered under DMC for PPW patients receiving services in residential settings
  - All SAPC contracted PPW residential treatment providers can receive WCRTS funding
    - Meet all conditions specified in Health and Safety Code § 11757.65
    - Pursue four primary goals and achieve four outcomes for pregnant and parenting women in residential substance use disorder (SUD) treatment settings

Population-Based Services by Funding Source – Youth

- **NEW** – Youth Enhancement Services (YES)
  - YES extends the youth beneficiary package by reimbursing DPH-SAPC youth-contracted SUD treatment providers for services not covered under DMC, but alignment with DHCS' Adolescent SUD Best Practices Guide
  - Available to youth (12-17) within all LOCs
  - YES Services:
    - Outreach and Engagement Services
    - Early Intervention Services
    - Positive Youth development (PYD) Programs
    - Transportation

Service Benefits and Levels of Care **

- Clinician Consultation Service, formally Physician Consultation Service
  - Clinician Consultation consists of DMC-ODS LPHAs consulting with LPHAs, (i.e., addiction medicine physicians, addiction psychiatrists, licensed clinicians, clinical pharmacists), to support provision of care
  - Not a direct service provided to DMC-ODS patients
  - Designed to support DMC-ODS licensed clinicians with complex cases and MAT
  - DMC-ODS Counties may contract with one or more physicians, clinicians, or pharmacists
  - Consultations can occur in person, telehealth or telephone

Determining Medical Necessity **

Definition of Medical Necessity:

1. Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnosis	Youth (12 – 17) and Young Adults (18 – 20)	• Meet criteria for at least one SUD diagnosis from current DSM OR • Meet EPSDT criteria
	Adults (21+)	Service prior to full assessment: • Services are reasonable and necessary (W&I Section 14059.5(a)) OR • OTPs -- a history and physical exams by an LPHA qualifies for medical necessity.
		Fully establish medical necessity: • Meet criteria for at least one SUD diagnosis from current DSM OR • Meet criteria for at least one diagnosis from the current DSM prior to being incarcerated or during incarceration

Determining Medical Necessity

Timeliness of Medical Necessity Determination	
Patients in residential treatment settings	Patients in non-residential (e.g., outpatient) treatment settings**

• ≤ 7 calendar days for adults (18+)
   OR
• ≤ 14 calendar days for youth (ages 12-17)
	• ≤ 30 calendar days for adults (21+)
	   OR
	• ≤ 60 calendar days for youth (ages 12-17) and young adults (18-20), and for adults (age 21+) experiencing homelessness.

Assessment are to be completed as soon as possible **

- By an LPHA, licensed eligible LPHA, or registered/certified counselor
- Via Face-to-face or telehealth sessions

Determining Medical Necessity**

- **Reimbursement and Diagnosis Codes for Initial Assessment and Services**
  - Covered SUD screening, assessment, and treatment services are reimbursable when:
    - Services provided prior to determination of diagnosis or whether DMC ODS criteria are met
    - The assessment determines that the beneficiary does not meet DMC ODS criteria after assessment
    - SUD prevention, screening, assessment, and treatment services were not included in the treatment plan or lacks patient signature
    - Patient has co-occurring mental health condition
  - LPHA must document provisional diagnoses during the initial assessment period
  - Examples include Z-codes:
    - "Other Specified"
    - "Unspecified"
    - "Factors influencing health status and contact with health services"
  - Diagnoses shall be updated by LPHA upon full assessment

Determining Medical Necessity **

- Assessment
  - A full assessment or preliminary level of care recommendation is not required to begin receiving DMC-ODS treatment services.
  - A full ASAM assessment does not need to be repeated unless the individual's condition changes.

- Screening Tools
  - Acceptable in determining Early Intervention (ASAM 0.5) Services (using the youth ASAM screener), Recovery Services, and Withdrawal Management.

Allowable Screening Tools	
Youth (12 – 17)	Young Adults (18 – 20) and Adults (21+)
• SAPC Parent Screener for Youth • Youth ASAM Screener	• ASAM Co-Triage Tool • SAPC-approved paper-based brief ASAM triage assessment

Medications for Addiction Treatment Within All Levels of Care **

MAT may be provided in clinical or non-clinical settings and can be delivered as a standalone service or as a service delivered as part of all levels of care

- **NEW** - Accessing MAT as a Medi-Cal Enrolled Beneficiary
  - SAPC non-OTP prescribing clinician writes a prescription for MAT
    - Patient goes to a community pharmacy that bills Medi-Cal or
    - provider arranges that the pharmacy deliver the medication to the provider site
  - If provider does not have an available prescribing clinician, non-OTP provider:
    - refers the patient to another clinic or service that prescribes MAT
    - refers the patient with an OUD to enroll in a SAPC- contracted OTP

Medications for Addiction Treatment Within All Levels of Care

- **NEW** - Accessing MAT as a MHLA Enrollee
  - Uninsured patients who do not qualify for public insurance can access MAT through LAC DHS MHLA program
    - Must be enrolled in MHLA to receive medications through MHLA-contracted pharmacies
  - SAPC provider and clinician do not need to be contracted with MHLA to prescribe MAT
    - Confirm MHLA covers the specific MAT
    - Non-OTP providers' prescribing clinician writes MAT prescription
    - Refers patient to a MHLA-contracted pharmacy or arranges with the MHLA-contracted pharmacy to deliver medication to provider site
  - SAPC providers without a prescribing clinician can refers patient to another MHLA clinic or service that prescribes MAT enroll in a SAPC- contracted OTP

Medications for Addiction Treatment Within All Levels of Care

- **NEW** - Accessing MAT as a LAC DHS Primary Care Patient Without Medi-Cal
  - Uninsured patients without Medi-Cal or MHLA and receiving DHS primary care should be referred to a DHS-operated hospital or clinic to receive a prescription for MAT
  - MAT will be filled via a DHS-operated pharmacy
  - DHS-operated hospital or clinic information:
    - http://dhs.lacounty.gov/our-services
    - DHS Access Center 844-804-0055.

Residential Service Limits **

UPDATED - Table 15: Residential Pre-authorization and Reauthorization Service Limits

- Limits on the residential length of stay have been removed, a statewide goal for the average length of stay for residential treatment services is 30 days or less
- Residential length of stay are based on medical necessity

Documentation

- Discharge Summary and Transfer
  - Treatment providers must submit discharge/transfer summaries to SAPC when patients discharge or transition within levels of care
  - In Sage, the Discharge/Transfer Form will need to be submitted when:
    1. A patient is stepping up or stepping down between residential levels of care OR between outpatient levels of care (e.g., ASAM level 2.1 to level 1.0);

       OR
    2. A patient is being discharged from any level of care (e.g. they are not stepping up or down to other levels of care).

Complaints/Grievances and Appeals Process

- Providers should review:
  - Complaint/Grievance Process
  - Appeals Process

- **UPDATED** - Contact Information:

  County of Los Angeles, Department of Public Health

  Substance Abuse Prevention and Control

  Office of the Medical Director and Science Officer

  1000 South Fremont Avenue; Building A-9 East, 3rd Floor

  Alhambra, California 91803

  (626) 293-2846

New Section:

Section 4: Providers – Quality Improvement Expectations

- Moved information from other sections to make a standalone Providers – Quality Improvement Expectations section

Contract Management

- **NEW** - Inpatient (Levels 3.7 and 4.0) ******
  - A valid license from the California Department of Public Health (CDPH) is acceptable for DMC Certification of Chemical Dependency Recovery Hospitals (CDRHs) or Freestanding Psychiatric Hospitals (FAPHs).
  - https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/ApplyForLicensure.aspx

- **UPDATED** – Table 24. Process for Contract Amendments

Glossary of Terms

- **NEW –** BenefitsCal

  BenefitsCal is a portal where Californians can get and manage benefits online. This includes food assistance (CalFresh) formerly food stamps, cash aid (CalWORKs, General Assistance, Cash Assistance Program for Immigrants), and affordable health insurance (Medi-Cal).

  Replaced Your Benefits Now, effective 4/24/22.

THANK YOU

For more information, contact:

SAPC Systems of Care
SAPC_ASOC@ph.lacounty.gov

SAPC Website: *www.publichealth.lacounty.gov/sapc*
START-ODS Webpage: *http://www.publichealth.lacounty.gov/sapc/HealthCare/HealthCareReform.htm*