

Field-Based Services in Non-Clinic Settings Benefit Narrative

SERVICE DELIVERY OPTION UNDER THE SYSTEM
TRANSFORMATION TO ADVANCE RECOVERY AND TREATMENT,
LOS ANGELES COUNTY'S SUBSTANCE USE DISORDER
ORGANIZED DELIVERY SYSTEM (START-ODS)

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I. Introduction

The Los Angeles County Department of Public Health, Substance Abuse Prevention and Control (SAPC) now offers an expanded benefit package of Substance Use Disorder (SUD) services with the launch of the System Transformation to Advance Recovery and Treatment, Los Angeles County's Substance Use Disorder Organized Delivery System (START-ODS). The benefit package contains provisions to allow for Field-Based Services (FBS) as a method of service delivery for Outpatient Services (American Society of Addiction Medicine (ASAM) Level 1), Intensive Outpatient Services (ASAM Level 2.1), and Recovery Support Services (RSS) for patients with established medical necessity.

Additionally, at a minimum, registered SUD counselors may conduct the ASAM Continuum assessments at SAPC-approved sites as an FBS option to promote client engagement in treatment services. Under START-ODS, agencies must verify medical necessity by a Licensed Practitioner of the Healing Arts (LPHA) within seven (7) calendar days of the initial FBS assessment for young adults (18-20) and adults (21 and over) or within 14 calendar days of the initial FBS assessment for youth (ages 12-17) in order to bill for assessment services. *Time spent conducting assessments for individuals that do not meet medical necessity is not reimbursable under START-ODS.*

Services under the START-ODS must be patient-centered and may vary in intensity, duration, and method of service delivery based on medical necessity and the patient's needs. This includes the delivery of outpatient or intensive outpatient treatment services at non-SUD clinic sites. The network provider delivering the FBS must be employed with a contracted Drug Medi-Cal (DMC)-certified agency operated site.

II. Purpose of Field-Based Services

The evolution of the SUD treatment field under the County's START-ODS allows for the flexible delivery of outpatient (OP), intensive outpatient treatment (IOP), and recovery support services (RSS) based on the patient's needs and established treatment goals. Flexible treatment approaches such as FBS and the use of a patient-centered philosophy can increase patient motivation in treatment and lead to positive treatment outcomes.¹

FBS as a method of service delivery provides an opportunity for SUD network providers to (1) better integrate necessary physical and behavioral health, as well as social services, and (2) address patient barriers to accessing traditional treatment settings such as physical limitations, employment conflicts, transportation limitations, or restrictive housing requirements (e.g., registered sex offenders). The utilization of FBS should be based on a demonstrated and documented patient need for services outside of a DMC-certified site.

¹ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. (2002). *Enhancing Motivation for Change in Substance Abuse Treatment. TIP 35*. Rockville, MD.

III. Target Populations

The delivery of FBS is intended for populations that have been historically difficult to reach which include, but are not limited to the following:

- Arsonists
- Foster care system involved
- Gang-involved
- Homeless and chronically homeless
- Individuals with co-occurring or co-morbidity diagnosis
- Juvenile justice-involved
- Medically fragile/limited mobility
- Older adults
- Pregnant and post-partum females
- Registered sex offenders
- Residents of rural areas
- School-based youth, including alternative school placements

IV. Where Services Can Be Provided

Prior to commencing FBS, contractors must submit a completed work plan summary and narrative (See SAPC Bulletin 19-03) to SAPC for review and approval. The purpose of the work plan is to establish the following:

- Identify the proposed non-clinic setting(s);
- Identify target populations to be served;
- Demonstrate that FBS will comply with required patient confidentiality requirements (42 CFR part 2 and the Health Insurance Portability and Accountability Act (HIPAA)) when they are delivered in the proposed settings; and
- Describe the frequency and duration of service provision in field-based locations.

SAPC will require Memoranda of Understanding (MOU) between the provider and the agencies/organizations that will host the provider of FBS including school-based sites. The MOU shall include contact information for the proposed site location (e.g., location name, location manager/contact, address, daytime phone number, etc.); proposed number of individuals to be served per day, week and month; agreed days and times that services will be provided; details regarding the roles and responsibilities of key staff; a term period; and proposed services and provisions for network providers to effectively conduct services, including adherence to confidentiality rules and regulations. SAPC reserves the right to deny approval of work plans at its sole discretion at any time. For instance, SAPC may limit the number of treatment providers conducting FBS at permanent supportive housing sites within walking distance of each other. Proposed FBS site locations may be denied if there is not a valid business license and fire department permit.

The approved work plan will allow contracted agencies to have a predetermined set of potential non-clinic settings where service delivery may be appropriate when a treatment plan indicates that a client may benefit from FBS. SAPC will disallow any FBS services that contractors provide at sites not approved through the FBS process and may have their approved FBS work plan revoked.

The following outlines SAPC-recommended non-clinic settings:

(a) Youth

- Youth Homeless Shelters
- Group Homes
- Community Facility Centers
- Community Centers
- Recreation Centers
- Department of Children and Family Services Offices
- Probation Office Sites/Regional Hubs
- Los Angeles County Office of Education Alternative sites

(b) Adult

- Adult Day Centers
- Board and Care Settings
- Federally Qualified Health Centers
- Drop-in Centers
- Department of Mental Health (DMH) clinic sites (including DMH legal entities)
- Department of Health Services (DHS) directly-operated facilities
- Department of Probation Area Offices
- Department of Children and Family Services Offices
- Department of Public Social Services Offices
- Permanent or Interim Housing Sites

Limitations/Exclusions: In-custody services provided for youth and adults are not permissible as an FBS delivery site or reimbursable through the Drug Medi-Cal (DMC) program.

DMC Site Certification and Other SAPC Requirements: FBS cannot be utilized in lieu of obtaining a California Department of Health Care Services (DHCS) DMC Site Certification for providers' directly operated sites (e.g., rented, leased, and owned sites) where delivery of SUD or mental health treatment services are the primary business and where services are delivered by individuals employed by the agency managing the service site.

DHCS DMC Site Certification is not required for facilities whose primary business is the provision of services other than SUD and mental health and where individuals not employed by the agency are managing the services delivered on-site.

V. Components of Field-Based Services

1) Assessments

Agencies that opt to utilize FBS to conduct ASAM Continuum assessments will not be reimbursed under START-ODS if patients do not meet medical necessity or are not eligible for Medi-Cal, My Health LA, or select County-funded programs such as Assembly Bill 109, Juvenile Justice Crime Prevention Act, Promoting Safe and Stable Families Time Limited Family Reunification, or Title IV-E.

2) Direct Treatment Services

Under FBS, OP services, IOP services, and RSS are allowable services, provided individuals meet medical necessity. Furthermore, based upon the ASAM Criteria, the following service components are allowable:

(a) FBS Service Components²:

- Individual Counseling (OP, IOP, and RSS)
- Group Counseling³ (OP, IOP, and RSS)
- Case Management (OP, IOP, and RSS)
- Treatment Planning (OP and IOP)
- Discharge Planning (OP and IOP)
- Crisis Intervention (OP and IOP)
- Patient Education (OP and IOP)
- Family Therapy (OP and IOP)
- Collateral Services (OP and IOP)
- Recovery Monitoring (RSS)
- Substance Abuse Assistance: Relapse Prevention (RSS)

(b) Service Expectations

The addition of FBS allows contractors the opportunity to promote patient engagement and retention in SUD treatment services. Incorporating FBS into treatment planning can motivate clients through the following:

- Increasing patient retention in treatment.
- Re-engaging patients struggling with compliance and/or adherence to treatment.
- Overcoming patient resistance to traditional treatment settings.
- Keeping patients engaged in services when placed on waitlists for higher levels of care or during transitions to lower levels of care.⁴

² Refer to narrative in Provider Manual for treatment service definitions and service components.

³ Groups should have at least two (2) and can be no more than 12 individuals per group.

Contractors are expected to ensure that services reflect the individual's goals and are tailored to meet the patient's needs, including the availability of services provided via FBS. This includes the following service expectations:

- **Culturally Competent Services:** Contractors shall provide culturally competent services. Contractors 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.
- **Age and Developmentally Appropriate Services:** Contractors shall deliver services that align with the patient's age and developmental level to ensure engagement in the treatment process.
- **Medications for Addiction Treatment (MAT):** Contractors shall maintain procedures for linkage/integration to MAT services. Patients receiving MAT must not be discriminated against and must have equal access to services. The prescribing of MAT should follow established prescribing standards from the ASAM and the Substance Abuse and Mental Health Services Administration (SAMHSA). Contractor staff will regularly communicate with prescribers of MAT to ensure coordination of care, assuming the patient has signed a 42 CFR Part 2 compliant release of information for this purpose.
- **Evidenced-Based Practices (EBP):** Contractors must implement, at minimum, the following two EBPs: Motivational Interviewing (MI) and Cognitive Behavioral Therapy (CBT). Providers are encouraged to implement additional EBPs, including relapse prevention, trauma-informed treatment, and psychoeducation.
- **Case Management:** Contractors shall deliver a variety of case management and care coordination services, including transitioning patients from one level of care to another and navigating the mental health, physical health, and social service delivery systems, including housing referrals, as appropriate.
- **Confidentiality Regulations:** Contractors shall adhere to all applicable confidentiality laws, including but not limited to, CFR Title 42 §2.35(a); Health Insurance Portability and Accountability Act (HIPAA) Privacy Regulations; 45 CFR Section 164.508(b)(2) and 164.501; and the California Civil Code Section 56.11, when providing FBS.

VI. Documentation

Documentation for agencies proposing to provide direct SUD treatment via FBS: If during the treatment planning process it is determined that FBS are appropriate, then the treatment plan

⁴ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. (2002). *Enhancing Motivation for Change in Substance Abuse Treatment. TIP 35*. Rockville, MD.

must provide the anticipated number of FBS sessions to be provided and the approved site location(s) from the SAPC-approved work plan. Additionally, as with required treatment plan reviews and updates, the SUD counselor and LPHA must document the continued need for FBS, if applicable. All client files must be housed at the DMC-certified facility and in no instance shall client files be stored at the FBS site locations.

To ensure that activities are appropriately administered, a Monthly Activity Report (See SAPC Bulletin 19-03) must be submitted every month per provider for as long as FBS activities are provided.

VII. Staffing Levels and Provider Experience

Staffing Level/Experience: FBS must be delivered by certified SUD counselors or LPHAs.

Professional staff must be licensed, certified, or recognized under California State scope of practice statutes. Professional staff shall provide services within their individual scope of practice as required. 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 the California Department of Health Care Services (DHCS): Addiction Counselor Certification Board of California (affiliated with California Association for Alcohol/Drug Educators (CAADE); California Association of DUI Treatment Programs (CADTP) and California Consortium of Addiction Programs and Professionals (CCAPP). With the exception of Medications for Addiction Treatment (MAT) services, all OP and IOP services may be provided by a certified SUD counselor or LPHA. An LPHA possesses a valid California clinical license in one of the following professional categories:

- Physician (MD or DO)
- 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

VIII. Conclusion

SUD treatment should be delivered across a continuum of care that reflects illness severity and the intensity of services required. One of the key goals of DPH-SAPC is to ensure that patients

receiving SUD services in Los Angeles County receive the right service, at the right time, for the right duration, and in the right setting. The addition of FBS as a service delivery method will provide opportunities for engagement, retention, and delivery of services for hard-to-reach populations.

Throughout START-ODS implementation, SAPC will continue to explore opportunities to expand the availability of FBS to additional service sites, populations, and service categories based on community need and within the limitations of the DMC Wavier.