

START-ODS

SYSTEM TRANSFORMATION TO ADVANCE RECOVERY AND TREATMENT

Los Angeles County's Substance Use Disorder Organized Delivery System

THE CHANGING LANDSCAPE OF SUD TREATMENT SERVICES

What Providers Need to Know and Do Before the Launch of the New System of Care

START-ODS: Redesigning Service Delivery

Los Angeles County has embarked upon a substantial transformation of its substance use disorder (SUD) treatment system of care with its intention to opt-in to California's Medi-Cal 2020 1115(a) Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver Demonstration Project known locally as the System Transformation to Advance Recovery and Treatment (START-ODS). Participation will allow for a more comprehensive continuum of care, additional service options and higher DMC rates. It will also require new clinical standards of care and quality assurance expectations. **Every contracted SUD provider and the associated clinical sites will be impacted by this system transformation and will need to meet these new requirements.** This is expected to be fully operational by July 2017. The following outlines major system changes and what SUD providers need to do in order to participate by the launch date.

DMC Certification/Licensure

All treatment agencies that contract with Substance Abuse Prevention and Control (SAPC) need to be DMC-certified and/or licensed for all contracted levels of care (LOC) and directly operated sites by July 1, 2017 in order to maintain current contracts and obtain new contracts; contracts will not be renewed for any agency site without the required DMC certification and/or licensure. New contractors will also need to apply to be added to SAPC's Master Agreement list.

July 2016



July 2017



START submitting DMC applications and modifications for all directly operated clinic sites **before** the end of this fiscal year (July 2016) to allow sufficient time for the State to complete the review and approval process.

DMC application: <http://www.dhcs.ca.gov/provgovpart/Pages/DMC-Forms.aspx>

DMC ASAM Residential Designation Application:

<http://www.dhcs.ca.gov/provgovpart/Pages/ASAM-Designation.aspx>

Primary Funding Source

Under the system transformation, most patients and most LOCs/services will be funded by DMC, unlike today where a combination of funding sources such as General Relief, AB109, and CalWORKs pay for services for specific populations. There will soon be a single benefit package available to all individuals served in the publicly funded system, including those who qualify for My Health LA.

July 2016



July 2017



START internal planning efforts now to ensure DMC eligible individuals receive appropriate DMC LOC services at your site(s) by July 1, 2017. If the right LOC/site is not DMC certified/licensed by the deadline, be prepared to refer DMC eligible individuals to the right DMC provider.

Benefit Package

The DMC benefit package will expand significantly upon the START-ODS launch date to include the following American Society of Addiction Medicine (ASAM) LOCs:

DMC Funded Levels Of Care	ASAM Level
Outpatient	1.0
Intensive Outpatient	2.1
Low Intensity Residential	3.1
High Intensity Residential, Population Specific	3.3
High Intensity Residential, Non-Population Specific	3.5
Ambulatory Withdrawal Management - Without Extended On-Site Monitoring	1-WM
Ambulatory Withdrawal Management - With Extended On-Site Monitoring	2-WM
Residential Withdrawal Management - Clinically Managed	3.2-WM
Opioid Treatment Program	1-OTP

ASAM LOCs available outside the DMC covered benefit (e.g., health plan, hospitals) include the following:

Non-DMC Funded Levels Of Care	ASAM Level
Early Intervention	0.5
Partial Hospitalization	2.5
Intensive Inpatient Services, Medically Monitored	3.7
Intensive Inpatient Services, Medically Managed	4.0
Inpatient Withdrawal Management	4-WM

START expanding services to include other DMC LOCs that align with existing services (e.g., add the intensive outpatient service option to existing outpatient service sites) or expanding the agency's continuum of care by adding new DMC LOCs. Any agency can expand the type of LOCs and number of locations if properly certified/licensed by the State and with the appropriate SAPC contract.

Eligibility Determination

California opted to expand Medi-Cal eligibility under the Affordable Care Act to include single, non-elderly adults with or without dependent children and incomes up to 138 percent of the Federal Poverty Level (FPL), and children under 19 regardless of immigration status if other eligibility requirements are met. This eligibility expansion adds to previously eligible groups such as children in households with income up to 266 percent of the FPL, pregnant women with incomes up to 213 percent of the FPL, and seniors and people with disabilities up to 126 percent of the FPL. All Medi-Cal beneficiaries are eligible for DMC, if determined medically necessary by a qualified physician.

START assessing how many current patients qualify for Medi-Cal to determine the impact on admissions if DMC certification/licensure is not obtained by the deadline. Explore how your agency can be a resource in helping eligible patients apply for Medi-Cal.

Screening and Referrals

Individuals will be able to enter the SUD treatment system either through the new Beneficiary Access Line (to be developed) or directly at the provider site. Regardless of entry point, the provisional LOC for adults will be determined using the SAPC developed Brief Triage Assessment tool whereas, minors will be referred first to outpatient sites for assessment and referral when appropriate. During the initial contact,

individuals will also be informed about the amount, duration and scope of services available under Los Angeles County's (LAC) benefit package in enough detail that the individual understands their entitled benefits.

An appointment for a full ASAM assessment will be made with the selected SUD network provider within three business days. The face-to-face or telehealth assessment appointment is expected to be conducted within 15 business days from the Brief Triage Assessment date (adults) or referral (youth).

START assessing whether your agency can achieve the appointment and assessment/intake deadlines and take steps to improve timely access if needed. Have appropriate staff familiarize themselves with the Brief Triage Assessment tool (adults only), available at: <http://publichealth.lacounty.gov/sapc/HealthCare/HCRWorkGroup/Meeting/040716/2InitialAdultASAMTriage032316.pdf>

Medical Necessity Determination/Assessment

Under START-ODS, a Medical Director, licensed physician, or Licensed Practitioner of the Healing Arts (LPHA) will perform the initial medical necessity determination through a face-to-face review or via telehealth. After establishing a diagnosis, the ASAM Criteria will be applied to determine placement into the appropriate LOC. Qualification for services occurs every six months for all services except OTP which occurs annually, through the reauthorization process.

Who is Considered an LPHA?

Licensed Practitioner of the Healing Arts includes Physicians, Nurse Practitioners, Physician Assistants, Registered Nurses, Registered Pharmacists, Licensed Clinical Psychologists (LCP), Licensed Clinical Social Workers (LCSW), Licensed Professional Clinical Counselors (LPCC), and Licensed Marriage and Family Therapists (LMFT) and licensed-eligible practitioners working under the supervision of licensed clinicians.

To receive medically necessary SUD treatment services, beneficiaries need to meet the following criteria:

- One diagnosis from the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) for Substance-Related and Addictive Disorders (excluding Tobacco-Related and Non-Substance-Related Disorders); or be less than 21 years of age and assessed to be at risk for developing an SUD (to be later defined) per the Early Periodic Screening, Diagnostic and Treatment (EPSDT) mandate that allows receipt of all appropriate and

medically necessary services needed to correct and ameliorate health conditions that are coverable under section 1905(a) Medicaid authority.

- Need to meet the ASAM Criteria definition of medical necessity for services.
- If an individual qualifies for DMC, eligibility needs to be verified by the SUD provider and approved by the County before payment for services.

In order to establish/confirm the appropriate LOC placement, providers need to conduct a more intensive biopsychosocial clinical assessment using a standardized tool based on the ASAM Criteria, options include: ASAM Continuum Software (ASAM-CS), SAPC developed ASAM-based tool, or an agency developed ASAM-based tool that is pre-approved by SAPC.

Beginning in July 2017, the target for the assessment and intake appointment will be five business days from the screening/referral for outpatient services and 10 business days for residential LOCs. By July 2018, the target will be five business days for all LOCs.

START the hiring process for a Medical Director if your agency does not already have one. Investigate if and how to integrate other LPHA staff into the staffing structure. Explore whether LPHAs should be hired full-time or shared with other agencies.

START deciding what ASAM assessment tool to use. Explore the feasibility of using ASAM-CS and/or have LPHA staff familiarize themselves with SAPC's Full ASAM Assessment (adults) available at: <http://publichealth.lacounty.gov/sapc/HealthCare/HCRWorkGroup/Meting/040716/3ASAMAdultFullAssessment32316.pdf>

Prior Authorization and Reauthorization

Prior County authorization is required for residential services. When the Brief Triage Assessment and/or the full ASAM assessment indicates that placement in a residential treatment program (ASAM level 3.1, 3.3, 3.5) is needed, the selected provider will submit a pre-authorization request to SAPC's Office of the Medical Director and Science Officer, which will conduct a pre-authorization review, and then approve or deny the request within 24 hours of receiving the request. If relapse risk is deemed to be significant without immediate placement in residential care, a County-operated or community-based residential treatment provider may admit an individual prior to receiving residential authorization, with the understanding that authorization denials will result in financial loss (e.g., not billable to other state and federal sources) whereas authorization approvals will be retroactively reimbursed to the date of admission.

Restrictions on residential services are as follows:

- **Adults:** Residential services may be authorized for up to 90 days in one continuous period. Reimbursement will be limited to two non-continuous regimens for adults in any one-year period (365 days). One extension of up to 30 days beyond the maximum length of stay of 90 days may be authorized for one continuous length of stay in a one-year period (365 days).
- **Youth/Minors:** Residential services may be authorized for up to 30 days in one continuous period. Reimbursement will be limited to two non-continuous 30-day regimens in any one-year period (365 days). One extension of up to 30 days beyond the maximum length of stay may be authorized for one continuous length of stay in a one-year period (365 days).
- **Perinatal:** Residential services stay may continue up to the length of the pregnancy and postpartum period (60 days after the pregnancy ends).
- **Criminal Justice:** Residential services may be extended beyond the above listed limits (e.g., up to 6 months) if assessed for need and if using non-DMC funds.

In LAC, reauthorization is required after 60-calendar days for adults and 30-calendar days for youth to assess for appropriate LOC utilization. Requests for continuation of residential services need to be submitted at least seven calendar days in advance of the end date of current authorization.

Pre-authorization by the County is not required for admission into other ASAM LOCs, though it will be required for Medication-Assisted Treatment for those under age 18.

START determining how your residential services program design may need to change given length of stay limits and preauthorization requirements. Update program documents and conduct staff trainings based on any changes.

Treatment Plan and Updates

Patient-centered care is critical and requires that patients be provided the opportunity to actively shape their treatment plans. In LAC, the initial treatment plan will be conducted at intake with *reviews* for adults and youth occurring at least every 30 days and treatment plan *updates* at least every 90 days in outpatient, intensive outpatient, and opioid treatment program settings. For residential settings, treatment plan *updates* will occur at least every 30 days, with treatment plan *reviews* occurring as needed and appropriate.

The treatment plan will be consistent with the diagnosis and at minimum include: a statement of problem(s) to be addressed, goals, action steps, and target dates, as well as the LOC and proposed interventions with frequency and duration. It also needs to be signed by the patient and the Medical Director or LPHA.

START finalizing the treatment plan format and ensure it complies with all requirements, including those in SAPC's Quality Improvement and Utilization Management Plan. Determine whether SAPC's tool would work for your agency. Available at:
<http://publichealth.lacounty.gov/sapc/HealthCare/HCRWorkGroup/Meeting/040716/5TreatmentPlanForm033016.pdf>

Evidence-Based Practices

All providers will need to ensure direct-service staff (e.g., counselors, LPHAs) receive appropriate and on-going training for the following evidence-based practices, and can effectively and consistently provide services using these techniques:

1. **Motivational Interviewing (MI):** A client-centered and empathic, but directive counseling strategy designed to explore and reduce a person's ambivalence toward treatment. This approach frequently includes other problem solving or solution-focused strategies that build on clients' past successes; and
2. **Cognitive Behavioral Therapy (CBT):** Based on the theory that most emotional and behavioral reactions are learned and that new ways of reacting and behaving can be learned.

In addition, providers will be encouraged to adopt other evidence-based and promising practices tailored for its target patient population(s).

START training staff on MI and CBT, and incorporate these techniques in the delivery of services at all LOCs (if not currently done). Identify train-the-trainer staff who can attend SAPC facilitated sessions and then train direct service staff at your program site(s). Check out the SAPC calendar for upcoming training dates: <http://publichealth.lacounty.gov/sapc/Event/event.htm>

Field-Based Services and Telehealth

Under the waiver, some DMC reimbursable services may be provided in the field (e.g., homeless encampment) or via telehealth (e.g., secure web-based assessment). The County will develop criteria on how/when these options can be used.

Medication Assisted Treatment

Medication Assisted Treatment (MAT) combines the use of pharmacological medications with counseling/therapy in the treatment of an alcohol and/or opioid condition. Examples of medications include acamprosate, buprenorphine, disulfiram, methadone, naloxone, and naltrexone (oral and extended release formulations). All providers will need to discuss MAT as a concurrent treatment option for individuals with an alcohol and/or opioid related SUD condition, and make the appropriate referrals for services when requested by the patient.

START ensuring all staff receive training on MAT and that they are comfortable discussing it as a treatment option. Determine if the program design needs to be modified to accommodate individuals receiving concurrent MAT. SAPC training list:
<http://publichealth.lacounty.gov/sapc/Event/event.htm>

Expanded Access

Since (1) most individuals in need of SUD treatment services from a SAPC contracted provider will qualify for Medi-Cal and DMC, (2) more LOCs/services are covered by DMC, and (3) all DMC eligible patients will need to receive services at a DMC site, LACs system of care will need to expand to ensure adequate access and availability of services at all LOCs. This means, providers have new opportunities to modify program services to attract new patients (e.g., expanded hours/days of operation; more culturally, linguistically, and developmentally appropriate services; additional sites and/or more slots).

START exploring how your business model could be enhanced to attract new patients and/or increase the LOCs available and/or add new service locations.

Start Date

This transformed SUD system of care, and the requirements described herein, will begin once LAC officially opts-in to the waiver. This is expected by July 2017, therefore, providers are strongly encouraged to commence preparation now to ensure readiness to participate.

More Information on the SUD Transformation

SAPC Website

<http://publichealth.lacounty.gov/sapc/HealthCare/HealthCareReform.htm>

SAPC Email

SUDTransformation@ph.lacounty.gov

Organizational Development Support

<http://www.cibhs.org/sud-services>