START-ODS SYSTEM TRANSFORMATION TO ADVANCE RECOVERY AND TREATMENT

Los Angeles County's Substance Use Disorder Organized Delivery System

NAVIGATING THE CONTRACTING PROCESS AND UNDERSTANDING STATE AND LOCAL REQUIREMENTS: How to Join the System of Care and Expand Level of Care Options

## **Increasing Access to Services**

Los Angeles County's substance use disorder (SUD) system transformation will expand the continuum of care to include new American Society of Addiction Medicine (ASAM) levels of care (LOC) and services funded by Drug Medi-Cal (DMC). To respond to expected increased demand for SUD services by Medi-Cal eligible beneficiaries, Substance Abuse Prevention and Control (SAPC) requires that beginning July 1, 2017 all contracted providers maintain DMC certification for all directlyoperated clinic sites. Given the increased rates and service opportunities, SUD treatment providers dedicated to delivery of patient-centered and outcome-focused services are encouraged to seek expansion of new locations and new LOCs. New providers may also join the network.

A SAPC analysis suggests a significant need to expand availability of youth and adult LOCs throughout the County, as well as to increase the number of sites with the capacity to appropriately address the diverse cultural and linguistic needs of County residents.

ADULT SYSTEM OF CARE			
ASAM LOC	Current Slots	Projected Need	Percent Change
Outpatient	2,402	5,195	116%
Intensive Outpatient	375	1,064	184%
Short-Term Residential	1,226	2,365	93%
Withdrawal Management (WM)	49	155	216%
Opioid Treatment Programs (OTP)	5,373	7,096	32%
Total	9,425	15,875	68%

All Medi-Cal-eligible beneficiaries with a SUD diagnosis will need to receive covered DMC services at a DMC certified site, regardless of eligibility for other programs (e.g., AB 109, CalWORKs). Agencies adding new agency-operated sites locations or LOCs need to receive DMC site certification prior to the delivery of services. Field-based services cannot be used in lieu of obtaining site certification, or as a means to deliver services prior to obtaining California Department of Health Care Services (DHCS) DMC site certification and SAPC site review. New sites and LOCs can be added any time after July 1, 2017 if DMC and SAPC qualifications are met.

# **Obtaining State Certification and Licensure**

Before an SUD provider can contract with SAPC, the agency must complete the Initial Treatment Provider Application and submit all required documentation and fees to DHCS. Upon DHCS approval, agencies will receive an Alcohol and Other Drug (AOD) Certification (ASAM 1.0, 2.1, 1-WM, 2-WM, OTP) and/or AOD License (ASAM 3.2-WM; 3.1, 3.3, 3.5 [adults only]). Details on the May 1, 2017 update of the AOD Program Certification Standards are outlined in DHCS' MHSUDS Notice #17-017. NOTE: the California Department of Social Services (CDSS)—not DHCS—issues licenses for youth residential programs and group homes.



# **Obtaining a Master Agreement**

Beginning July 1, 2017, all current and new contractors must have a Master Agreement (MA) with SAPC to deliver SUD treatment services. The Substance Use Disorder RFSQ application is continuously open and the response needs to include all LOCs currently provided or planned to be initiated in the near future.

RFSQ Application Available At: http://publichealth.lacounty.gov/sapc/funding/SUD/SUD.htm MA Application Available At: 2012-004 Substance Use Disorder RFSQ http://publichealth.lacounty.gov/cg/



The application needs to comply with all formatting and content requirements outlined in the Request for Statement of Qualifications (RFSQ) or it could be rejected by the review panel or receive an insufficient score to permit the delivery of SUD treatment services.

## Becoming a New DMC Provider

To become a new DMC certified provider, providers must submit the following documents to DHCS. These forms constitute the basic DMC application package; a DMC application package and application fee will need to be submitted for each LOC to be provided.

DHCS Form 6001: DMC SUD Clinic Application DHCS Form 6009: DMC Provider Agreement DHCS Form 6010: Select Staff Disclosure DHCS Form 6207: Medi-Cal Disclosure DHCS Form 6208\*: Medi-Cal Provider Agreement \*Note: Form number may vary by services provided

The most current version of DHCS forms must be used. Consult the DHCS Website for updated guidance and forms prior to completion and submission.

Follow <u>all</u> instructions to avoid return of the application or processing delays. When submitting the application be sure to (1) not leave any blanks or use "not applicable or N/A" unless specifically permitted; (2) write the agency's legal name on each page as it appears with the Secretary of State and Internal Revenue Service, and resolve any discrepancies with these agencies before submission; (3) ensure the medical director is not barred from providing Medi-Cal services; (4) use physical addresses (not P.O. Box) and land lines (not cell); (5) notarize as required; (6) and use blue ink for signatures.

# Adding New Levels of Care at Existing Sites

Providers can add a LOC to existing DMC certified sites. Please note: a separate form must be submitted for each address, and it should include both current and requested LOCs provided at that location. Complete the top portion of form (page 5), mark "Other" and indicate "DMC"; additional modalities can be added on pages 33-42.

Other changes requiring submission of DHCS Form 6209 include: changes in hours of operation and addition/removal of SUD Medical Director or managing employees. For some changes, other DHCS forms may also be required.

If the new modality is a residential (ASAM 3.1, 3.3, 3.5), residential withdrawal management (ASAM 3.2-WM) or OTP, the appropriate license must be obtained first (see *Obtaining State Certification and Licensure* section above).

For changes involving the provision of Incidental Medical Services (IMS) in a residential setting, see *Incidental Medical Services* section below.

It will also be necessary to update the AOD certification or license application to reflect any new LOCs by completing DHCS Form 5255, Supplemental Application Request for Additional Services.

DMC Certification Documents Available At:

#### **DHCS Provider Enrollment and Forms**

http://files.medi-cal.ca.gov/pubsdoco/prov\_enroll.asp

#### **DHCS DMC Certification**

<u>http://www.dhcs.ca.gov/provgovpart/Pages/DrugMedi-CalCertificationRe-</u> <u>CertificationContinuedCertificationInformation.aspx</u>

# DMC Process by Level of Care

Beginning July 1, 2017, Los Angeles County has opted-in to the Waiver, which makes available more American Society of Addiction Medicine (ASAM) LOCs to DMC beneficiaries. With the proper DMC certification and MA, SUD providers can further expand the continuum of care within their agencies and also add new sites for currently provided LOCs to expand accessibility.

#### Medication-Assisted Treatment (MAT)

MAT is the use of pharmacological interventions (e.g., medications) in combination with counseling and behavioral health therapies to address the biomedical aspects of addiction and provide a comprehensive and whole-person approach to SUD treatment. MAT stabilizes reward pathways in the brain that are associated with addiction, and loosens the unnatural and physical grip drugs have on the brain to allow psychosocial interventions to work more effectively and enable better patient outcomes. Approved MAT include the following:

Medications for Opioid Use Disorder		
Buprenorphine Subutex <sup>®</sup> , Suboxone <sup>®</sup>	<ul><li>Blocks euphoric effects</li><li>Alleviates withdrawal and craving</li></ul>	
Methadone Methadose®, Dolophine®	<ul> <li>Long-acting and slower onset of action, less euphoria than other opioids</li> <li>Alleviates withdrawal and cravings</li> </ul>	
Naltrexone ReVia®, Depade® Vivitrol®	<ul> <li>Blocks euphoric effects and decreases risk of impulsive use</li> <li>Not an opioid and not addictive</li> </ul>	
Naloxone	<ul> <li>Reverses the effects of an opioid overdose in emergency situations</li> <li>Not an opioid and not addictive</li> </ul>	
Medications for Alcohol Use Disorder		
Naltrexone ReVia®, Depade® Vivitrol®	<ul> <li>Blocks euphoric effects and decreases risk of impulsive use</li> <li>Not an opioid and not addictive</li> </ul>	
Disulfiram Antabuse®	Blocks acetaldehyde dehydrogenase causing unpleasant effects after drinking (e.g., flushing, vomiting, nausea)	
Acamprosate Campral®	Alleviates cravings and withdrawal	



Other than methadone, which is only available in OTP settings, all other MAT are available via fee-for-service (FFS) Medi-Cal and can be prescribed in non-OTP settings. Buprenorphine can be prescribed for the treatment of addiction if the SUD provider's physician has completed the application process (link provided below) and is DATA 2000 Waivered or addiction certified with an "X Number".



## **Opioid Treatment Programs (ASAM 1-OTP)**

Availability of MAT within DMC will expand under OTPs (formerly Narcotic Treatment Programs) to include methadone, buprenorphine, and disulfiram, as well as naloxone for overdose prevention. SUD providers will soon be able to refer patients to OTPs for these medications if the agency's medical director or physician is not a Medi-Cal/MAT prescriber. Other MAT will be available via general FFS Medi-Cal. Requirements to deliver MAT in OTPs are as follows:

ASAM	Site Type	Required License/Certification
1-OTP	DHCS-Licensed OTP Facility	<ol> <li>(1) AOD Certification</li> <li>(2) DMC OTP Certification</li> <li>(3) Drug Enforcement Authority (DEA) Registration</li> <li>(4) Substance Abuse and Mental Health Services Administration (SAMHSA) Certification</li> <li>(5) SAPC SUD MA for OTP/NTP</li> </ol>

## Withdrawal Management (ASAM 1-WM, 2-WM, 3.2-WM)

Between July 2017 and June 2018, there are two DMC-funded withdrawal management (WM) LOCs and limited non-DMC funded inpatient 3.7-WM and 4.0-WM beds.

- Ambulatory (Outpatient) 1-WM: No extended on-site monitoring for adults with mild withdrawal who require daily or less than daily outpatient supervision
- Residential 3.2-WM: Clinically managed residential for adults with moderate withdrawal who require all 24-hour support.
- Inpatient 3.7-WM: Clinically managed inpatient for adults with 24-hour nursing care and physician visits.
- Inpatient 4.0-WM: Medically managed inpatient for adults with 24-hour nursing care and daily physician visits.

By year two of the Waiver, ambulatory 2-WM with extended onsite monitoring will be added to the DMC benefit package.

Outpatient, Intensive Outpatient and Residential providers can and should offer the appropriate WM LOCs within their facilities to better enable patients to receive needed services.

START-ODS Stakeholder Informational Brief – Issue #3 Navigating the Contracting Process and Understanding State and Local Requirements May 2017

Requirements to deliver DMC-funded WM LOCs will be as follows. To add WM to an outpatient or residential program see DHCS' <u>MHSUDS Notice #15-048</u> and <u>FAQ</u>.

ASAM	Site Type	Required License/Certification
1-WM	DHCS-Certified Outpatient Facility	<ol> <li>(1) AOD Certification with Non-Residential detox service authorization</li> <li>(2) DMC Outpatient Certification</li> <li>(3) SAPC SUD MA for WM/Detox</li> </ol>
2-WM	DHCS-Certified Outpatient Facility	<ol> <li>AOD Certification with Non-Residential detox service authorization</li> <li>DMC Outpatient Certification</li> <li>SAPC SUD MA for WM/Detox</li> </ol>
3.2-WM	DHCS-Licensed Residential Facility	<ol> <li>(1) DHCS Residential License with detox service authorization</li> <li>(2) DMC Residential Certification</li> <li>(3) SAPC SUD MA for WM/Detox</li> </ol>

## Outpatient/Intensive Outpatient Services (ASAM 1.0, 2.1)

Outpatient services (ASAM 1.0) are provided less than nine hours per week for adults, or less than six hours per week for youth, whereas intensive outpatient services (ASAM 2.1) are provided nine to nineteen hours per week for adults and six to nineteen hours per week for youth. Requirements to deliver either of these LOCs will be as follows:

ASAM	Site Type	Required License/Certification
1.0	DHCS-Certified Outpatient (OP) Facility	<ul><li>(1) DHCS AOD Certification</li><li>(2) DHCS DMC OP Certification</li><li>(3) SAPC SUD MA – OP Services</li></ul>
2.1	DHCS-Certified Intensive Outpatient (IOP) Facility	<ol> <li>(1) DHSC AOD Certification</li> <li>(2) DHCS DMC IOP Certification</li> <li>(3) SAPC SUD MA – IOP Services</li> </ol>

Outpatient and Intensive Outpatient programs are strongly encouraged to offer ambulatory WM services and MAT to better enable patients to receive needed services and reduce access barriers.

## Residential Services (ASAM 3.1, 3.3, 3.5)

There are three DMC-funded residential LOCs and limited non-DMC funded inpatient 3.7 and 4.0 beds at 2 sites.

- ASAM 3.1: Clinically Managed Low-Intensity Residential Services with at least 20 hours of clinical services per week.
- ASAM 3.3: Clinically Managed High-Intensity Residential Services with at least 24 hours of clinical service per week for individuals with cognitive or other impairments who require a less intensive milieu
- ASAM 3.5: Clinically Managed High-Intensity Residential Services with at least 22 hours of clinical service per week and not population specific as individuals can successfully function within the more intensive milieu.
- ASAM 3.7: Medically Monitored, Intensive Inpatient Services with 24-hour medical monitoring but not intensive treatment.
- ASAM 4.0: Medically Monitored, Intensive Inpatient Services with 24-hour medical and nursing care with full resources of a licensed hospital.



Before submitting an application to provide DMC residential services, agencies will need to obtain the appropriate DHCS or CDSS license. Requirements to deliver these LOCs will be as follows:

ASAM	Site Type	Required License/Certification
3.1	CDSS Group Home (<18) DHCS-Licensed Residential Facility (>18)	<ol> <li>(1) DHCS Residential License (adults) or CDSS Group Home License (youth)</li> <li>(2) DHCS ASAM Designation 3.1</li> <li>(3) DHCS DMC Residential Certification</li> <li>(4) SAPC SUD MA – Residential Services</li> </ol>
3.3		<ol> <li>(1) DHCS Residential License (adults only)</li> <li>(2) DHCS ASAM Designation 3.3</li> <li>(3) DHCS DMC Residential Certification</li> <li>(4) SAPC SUD MA – Residential Services</li> </ol>
3.5		<ol> <li>(1) DHCS Residential License (adults) or CDSS Group Home License (youth)</li> <li>(2) DHCS ASAM Designation 3.5</li> <li>(3) DHCS DMC Residential Certification</li> <li>(4) SAPC SUD MA – Residential Services</li> </ol>

Completion of the DHCS ASAM Designation Questionnaire is also required.



Residential programs are strongly encouraged to offer residential WM services, MAT and Incidental Medical Services to better enable patients to receive needed services and reduce access barriers.

#### Incidental Medical Services

An appropriately licensed physician or health care practitioner will be able to provide the following incidental medical services (IMS) within licensed residential facilities: (1) obtaining medical histories; (2) monitoring health status to determine whether the health status warrants transfer of the patient to urgent or emergent care; (3) testing associated with alcohol/drug detoxification: (4) providing alcoholism or drug abuse recovery or treatment services; (5) overseeing patient self-administered medications; and (6) treating SUDs including detoxification. Please see DHCS' <u>MHSUDS Notice 16-039</u> for more information.

New residential providers will need to submit DHCS Form 6002, Initial Treatment Provider Application; DHCS Form 5256, Health Care Practitioners Acknowledgement Form; and provide the Incidental Medical Services Protocols and Policies; a copy of the practitioner's license; a floor plan with confidential space identified; and any associated additional fees.

Current residential providers do not need to submit a new Initial Treatment Provider Application (DHCS Form 6002). However, a Supplemental Application Request (DHCS 5255), DHCS Form 5256; Health Care Practitioners Acknowledgement Form; Incidental Medical Services Protocols and Policies; a copy of the practitioner's license; a floor plan with confidential space identified; and any associated additional fees are required.

# **DMC Site Certification**

DMC site certification must be obtained for each agencyoperated clinic location where DMC services are regularly provided. Beginning July 1, 2017, site certification will not be required for services provided at SAPC-approved non-agency operated sites (e.g., schools, group homes, community centers, health clinics) and field-based services (e.g., in-home, homeless encampments).

# Available Technical Assistance

SAPC has contracted with The California Institute for Behavioral Health Solutions (CIBHS) to provide a broad range of clinical and business capacity building activities to network providers participating in SUD system transformation. For more information, please visit SAPC's website or join the system transformation listserv by emailing the address below:

#### Website

http://publichealth.lacounty.gov/sapc/NetworkProviders.htm

Email

SUDTransformation@ph.lacounty.gov

\*\*REMINDER – DHCS is the DMC Authority\*\* Always check DHCS' website to ensure use of the most current version of the referenced forms and for any new information included in MHSUDS or FAQs

