

Required Language for Admission Policy in Alignment with R95 Access to Care Expectations

- Required Language – Noted in **BLUE**
- Recommended Language – Noted in **BLACK** text and can be modified or omitted.
- Comments – Noted in **ORANGE ITALICS** text are clarification and are not inclusion in the policy, unless requested to insert information.
- Use agency specific headers / formats in accordance with your policy and procedure standards.
- This is not an exhaustive admission policy and any other County or State requirements need to be included in an agency's final version, including additional guidance that aligns with the intent of the R95 initiative.

Note: Provider agencies may use “client” or “patient” depending on your standard language

PURPOSE:

This policy outlines agency expectations on how to engage individuals who seek substance use disorder (SUD) treatment services and admit them to services that match their personal needs and preferences, including how to offer tailored services when individuals are not sure they can or desire to be entirely abstinent from alcohol and/or illicit drugs.

POLICY:

This policy outlines the process and requirements for SUD treatment admissions, including expectations that individuals seeking treatment are admitted based on their desire to receive SUD services even if they are not ready for complete abstinence from alcohol and/or illicit drugs at the time of admission. While abstinence may be a patient's goal on admission, abstinence is not a condition of or prerequisite for admission. SUD treatment services are tailored based on individualized treatment and recovery goals and are not delivered in fixed durations or modalities that are not responsive to the individual's treatment needs.

SCOPE:

This policy applies to all supervisors, Licensed Practitioners of the Healing Arts (LPHA), registered/certified counselors, Medi-Cal Peer Support Services Specialists, and other staff who provide direct treatment services and/or have a role in patient admissions (e.g., staff who answer the phones of callers seeking care). Furthermore, it applies to all

levels of care and services provided by the agency (e.g., outpatient, intensive outpatient, residential, withdrawal management, Opioid Treatment Programs, Recovery Services, Recovery Bridge Housing and Recovery Housing).

DEFINITIONS:

Lapse: A brief return to substance use following a sustained period of abstinence, despite the patient remaining interested in SUD treatment and demonstrating a willingness to re-engage with treatment services.

Relapse: A prolonged episode of substance use during which the patient is not interested or open to receiving SUD treatment.

Reaching the 95% (R95): This is an initiative specifically designed to reach the 95% of people who according to national data meet criteria for SUD treatment but either do not want it or chose not to access it by reducing barriers to care, including but not limited to, updating admission and discharge policies to include admission and delivery of services to those who are not abstinent but are interested in receiving services, do not state a readiness for complete abstinence; developing and implementing a service design that accommodates those who are not ready for complete abstinence; and identifying new collaborative opportunities and/or alternate service locations to better reach this population.

R95 Population: Individuals who most likely did not come to the program with a clear desire to commit to treatment and achieve long-term abstinence but do recognize that their substance use has been problematic and/or are willing to take steps to address those issues through participation in services.

Stages of Change: A model developed by Prochaska and DiClemente that describes individuals as moving through the following five stages when changing a behavior: precontemplation, contemplation, preparation, action, and maintenance.

Toxicology Testing: A [An optional] tool that can be offered alongside other clinical interventions to support patients' individualized goals and used by the treatment team to better inform care. The frequency of toxicology (also known as "drug" or "urinalysis") testing is informed by clinical need. When a person has a clinically unexpected result or declines to test, this should prompt therapeutic discussions with the patient and consideration of the patient's plan of care, and it does not result in an automatic refusal in admission or discharge from treatment. Provider agency staff prioritize engaging a person in treatment, which may include referrals to additional appropriate services.

[SAPC is seeking to transition to the term "toxicology" rather than "UA" or "drug" testing. As part of the policy and procedure, agencies may continue to use terms such as "drug"]

testing that may be better understood by agency staff and recommend including “also known as ‘toxicology testing’” to begin to familiarize the workforce with this terminology]

Warm Handoff: A transfer of a patient from one SUD facility to another that occurs with agreement or at the request of the individual and where the involved agency makes every effort to facilitate a successful connection, preferably by ensuring that the individual arrives at the new facility (e.g., intake scheduled and transportation arranged).

PROCEDURES:

- I. Referrals: The Department of Public Health, Substance Abuse Prevention and Control’s (SAPC) Substance Abuse Service Helpline (SASH), Client Engagement and Navigation Services (CENS) and Connecting to Opportunities for Recovery and Engagement (CORE) Centers, as well as from other County Departments and other referral entities (including self-referrals and walk-ins) will make referrals and this program will accept prospective patients that indicate a desire for treatment services, even if they do not state readiness for complete abstinence from alcohol, tobacco, cannabis, and illicit drugs. Abstinence is not a condition, nor a prerequisite to admission.
 - A. Individuals who express ambivalence to services or abstinence need to be encouraged to participate in an intake interview. LPHAs and/or counselors use motivational interviewing skills to encourage treatment participation, no matter how incremental.
 - B. The R95 population may be even more hesitant to start care, therefore, it is important to provide service options that match their current needs and preferences with the hope of increasing participation and commitment to reduce use and/or abstinence over time. Key to this approach is our openness to engaging people who may not be immediately interested or open to traditional treatment services and may require more flexibility in the type, frequency and intensity of services to help to increase that readiness.
- II. Accommodations: People cannot and will not be turned away or denied services because of their need or preference to receive services in a language other than English, including those who are deaf or hard of hearing, or who are visually impaired. Appropriate interpreter services must be provided to support admission.
 - A. To help establish certain sites as specialized service locations and to promote increased referrals / admissions, the program prioritizes hiring

and training of LPHAs and/or counselors to deliver services in the primary language(s) of the populations served may assist select staff to become certified translators.

- B. All patients who enter any SUD facility needing language assistance services will at minimum receive a screening conducted in their preferred language to ensure appropriate referrals, if needed.
 - 1. Only after this screening can a warm hand-off to partner agency be offered and facilitated so the individual can receive services in their preferred language rather through translation services.
 - 2. If there is not another available provider to deliver services in the preferred language, the individual cannot be turned away and translation services are procured.
 - C. When a person needs language assistance services, meaning translation of written materials and/or oral or sign language interpretation, to participate in the intake, assessment, and/or treatment services (e.g., individual, group sessions) services, program staff will initiate these services timely by contacting [insert agency-specific details on protocol for accessing language assistance services and contact information].
 - D. Patients will be provided all necessary interpreter / translation services at no-cost to appropriately participate in treatment services and address their treatment goals. This is important to ensuring that anybody seeking care does not experience service barriers based on ability to understand the treatment sessions.
 - E. Additional inquiries on limited availability of subsidized interpretation services can be directed to SAPC at eapu@ph.lacounty.gov.
- III. Same Day Admissions: Every effort will be made to offer individuals same-day intake and admission appointments (e.g., establishing flex in counselor and clinician schedules to accommodate same-day appointments, utilizing empty slots and no-shows to schedule appointments, etc.) to better ensure that those who reach out for care ultimately receive services.
- A. Prospective patients must be provided referrals and connected to another organization with availability if a same-day intake and assessment cannot be accommodated. Individuals who prefer to wait for the intake appointment must be seen as follows:

1. Residential / Inpatient Withdrawal Management (ASAM 3.2-WM, 3.7-WM, 4-WM) intake appointments must be completed within a maximum of 48 hours from the date of first contact (e.g., referral or screening date). If a bed is not immediately available, however, a connection should be made with another available provider. [remove level(s) of care or section if not offered by the agency; an earlier timeframe can be entered]
 2. Opioid Treatment Programs (OTP) intake appointments must be completed within a maximum of 3 business days from the date of first contact (e.g., referral or screening date). [remove section if level of care not offered by the agency; an earlier timeframe can be entered]
 3. Outpatient (ASAM 1.0), intensive outpatient (ASAM 2.1), outpatient withdrawal management (ASAM 1-WM, 2-WM), and residential (ASAM 3.1, 3.3, 3.5) intake appointments must be completed within a maximum of 10 business days from the date of first contact (e.g., referral or screening date). [remove level(s) of care or section if not offered by the agency; an earlier timeframe can be entered]
- B. Prospective patients cannot be asked to call back or wait for appointments as a demonstration of treatment commitment. This is not best practice and is counter to the goals of the R95 initiative to broaden treatment access.
- IV. Admission Criteria: All efforts are made to admit individuals who indicate a desire to receive services which includes, but is not limited to:
- A. Results of a toxicology test, whether “positive” or negative”, is never a fixed requirement or prerequisite to program admission for any level of care, including but not limited to OTP, withdrawal management, and residential. It can be used as one of the many tools, including clinical assessment and judgement, to determine appropriate services.
 - B. Individuals who disclose recent substance use (e.g., in the previous 24 hours) or test “positive” are still eligible for admission to the program, provided that there are no acute medical or behavioral symptoms requiring resolution at a different level of care.

1. Patients who lapse are not automatically transferred or discharged to emergency services, withdrawal management, or hospital settings unless the patient has medical symptoms that these levels of care are necessary to resolve.
 2. It is not a standard practice to refer patients for medical clearance solely because of substance use and the decision to transfer a patient is based on what is clinically appropriate for the patient determined through consultation with qualified professions.
- C. Individuals with any mental health diagnoses, including those that are mild, moderate, or severe, are welcome and admitted to services if they are functionally able to participate in SUD services.
1. A prior severe mental health diagnosis (e.g., schizophrenia, bipolar disorder, schizoaffective disorder) does not result in an automatic denial of admission. Instead, the functional status of patients must be the focus of admission considerations since someone with a prior diagnosis of schizophrenia may be sufficiently psychiatrically stable to functionally participate in an admission or may have previously been misdiagnosed because of substance-induced psychiatric symptoms.
 2. The treatment team will work with their mental health provider(s) to support mental health treatment (including but not limited to medication) adherence as applicable and/or if symptoms impact program participation. A mental health diagnosis, use of prescribed psychiatric medications (including controlled substance medications) and/or history or suicide attempts, are not in and of themselves a reason to refuse care or admission, as people with serious psychiatric conditions can also be simultaneously clinically capable of participating in SUD treatment services. In instances where the individual would benefit from mental health services that are not directly provided by the admitting treatment team, the treatment team provides appropriate care coordination with mental health providers to ensure needed mental health care concurrent with SUD services.

- D. Individuals who are treated with Medications for Addiction Treatment (MAT) such as methadone, buprenorphine, naltrexone, and other addiction medications, are welcome and admitted to services and are not required to discontinue or taper use as a condition of admission, unless this is determined to be clinically advisable by a clinician practicing within their scope of practice. All patients with an opioid, alcohol, stimulant, cannabis, tobacco, and/or sedative use disorder are educated about MAT, medications for withdrawal management, and related medication services so they understand the appropriate medication treatment options and are supported in referral and receipt when desired or needed.
- E. Patients who are currently prescribed controlled substance medications, such as benzodiazepines, opioids not FDA-approved for opioid use disorder, and psychostimulants are welcome and admitted to services. Admission is not contingent upon the patient tapering down on and/or discontinuing currently prescribed controlled substance medications. Following admission, patients are provided an individualized assessment of the risks and benefits of their current medication treatments, which should inform the plan of care that addresses whether the patient should consider adjustments in their medication regimen, and patients are provided (directly or through referral) with medication services to support appropriate medication adjustments.
- F. Individuals with medical conditions are welcome and admitted to services if they are functionally able to participate in SUD services. The treatment team will work with the patient's physical health provider(s) (which may be provided directly or through referral to local hospitals, urgent care centers, or community health centers) to support addressing the patient's medical conditions as necessary.
- G. Individuals who are eligible for but not enrolled in Medi-Cal, or who need benefits transferred from another County, including all individuals without documentation who are now eligible for Medi-Cal (ages 26 through 49 effective January 1, 2024).
 - 1. Individuals are not denied admission because their Medi-Cal benefits is not yet active in Los Angeles County.
 - 2. Reimbursable care coordination services are used to support patients in the Medi-Cal enrollment, transfer, and reenrollment process.

- H. Priority admission for individuals who are pregnant and/or for individuals who inject drugs (at minimum interim services will be provided with 48 hours in these circumstances).
- I. Individuals involved with or exiting the criminal justice system, including those who indicate that they have not recently used substances (including, but not limited to, for reasons of recent incarceration).
- J. People who use tobacco products should be offered support for and immediate access to smoking treatment including medications, counseling, and support such as though the CA Smoker's Helpline.
- K. Readmission are permitted and appropriate to support individuals who may lapse or relapse and return to the program seeking care. There is no minimum amount of time before an individual can be readmitted to services. SUD is a chronic and relapsing condition, and we expect to encounter patients who experience a changing interest in care.
- L. Meet medical necessity criteria: [remove section if age group is not served by the agency]
 - 1. Outpatient Services are provided prior to determination of a diagnosis or prior to determination of whether access criteria are met. Therefore, new patients are admitted to and receive services while the American Society of Addiction Medicine (ASAM) assessment is being completed for up to 30-days for adults (21 and older) and 60-days for youth (20 and younger) and people experiencing homelessness (PEH). During circumstances when a diagnosis has not yet been determined by an LPHA during these timeframes, the appropriate Z-code is used for billing.
 - 2. Youth 17 Years of Age and Under
 - a. 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

- b. Meet criteria for at least one diagnosis from the current DSM for Substance-Related Disorders and Non-Substance-Related Disorders prior to being incarcerated or during incarceration as determined by substance use history; OR
 - c. Meet Early and Periodic Screening, Diagnostic and Treatment (EPSDT) criteria to ameliorate or correct a substance misuse related condition. Services need not be curative or completely restorative to ameliorate a substance use condition, including substance misuse and substance use disorder (SUDs). Services that sustain, support, improve, or make more tolerable substance misuse or an SUD are considered to ameliorate the condition and are thus covered as EPSDT services; AND
 - d. Complete SAPC Youth Assessment if meet DSM Criteria or ASAM screener for Youth and Young Adults if meet EPSDT Criteria within the specified time periods per the County Provider Manual.
3. Young Adults 18 through 20 Years of Age
- a. 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
 - b. Meet criteria for at least one diagnosis from the current DSM for Substance-Related Disorders and Non-Substance-Related Disorders prior to being incarcerated or during incarceration as determined by substance use history; OR
 - c. Meet Early and Periodic Screening, Diagnostic and Treatment (EPSDT) criteria to ameliorate or correct a substance misuse related condition. Services need not be curative or completely restorative to ameliorate a substance use condition, including substance misuse and substance use disorder (SUDs). Services that sustain,

support, improve, or make more tolerable substance misuse or an SUD are considered to ameliorate the condition and are thus covered as EPSDT services; AND

- d. Complete ASAM CONTINUUM assessment if meet DSM Criteria or ASAM screener for Youth and Young Adults if meet EPSDT Criteria within the specified time periods per the County Provider Manual.

4. Adults 21 Years of Age and Older

- a. 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
- b. Meet criteria for at least one diagnosis from the current DSM for Substance-Related Disorders and Non-Substance-Related Disorders prior to being incarcerated or during incarceration as determined by substance use history; AND
- c. Complete the ASAM CONTINUUM assessment within the specified time periods per SAPC's Provider Manual.

M. Every effort will be made to admit individuals seeking care and to better outreach to and engage those who need care but aren't seeking it out. If an individual would not benefit from services at this agency or location but would benefit from services provided at a separate agency in SAPC's network, a referral and connection will be made to that the agency better equipped to meet the needs of the individual seeking care.

1. Providing contact information for a different location or agency without a facilitated handoff to schedule an intake is insufficient.
2. Staff will contact the new agency and secure a same-day appointment if available and provide transportation to the location. If a same-day appointment is not available, a new location will be identified.

3. Use www.RecoverLA.org, or the web-based SAPC Provider Directory – Service and Bed Availability Tool (SBAT) to help identify providers who are accepting admissions.

N. [\[Add other topic areas as needed\]](#)

- V. [Admission and Intake Process](#): Agency staff must make every effort to ensure that the process of enrolling into treatment welcomes patients into care and takes into account how much each individual can effectively accomplish or tolerate without becoming overwhelmed. This means that individuals needs are considered before the needs of the program or process; and clinical documentation may need to be completed over multiple sessions when needed. This is to better ensure the individual returns for subsequent services.

A. [\[Insert agency specific admission and intake process, documents etc. in alignment with the SAPC Provider Manual\]](#)

- VI. [Informational Materials](#): Ensure that all clients seeking services are provided key materials upon arrival and at the beginning of the admission process to ensure clear understanding of their rights and opportunities, including:

A. Ensure copies of the SAPC Patient Handbook are available in the waiting room and an electronic or printed copy are provided immediately to the individual in their preferred language. Available in all threshold languages here: <http://publichealth.lacounty.gov/sapc/PatientPublic.htm?hl>

B. Signs are posted in prominent areas (e.g., waiting room) notifying prospective and current patients of nondiscrimination policies, no-cost access to interpreter services, and no-cost services if Medi-Cal eligible or enrolled (unless subject to mandated sliding scale contribution).

C. Patient orientation video is played in waiting rooms and other key locations as needed to ensure new and current patients understand services and the no-cost benefits package. Available here: <http://publichealth.lacounty.gov/sapc/PatientPublic.htm?hl>

- VII. [Diversity, Equity and Inclusion \(DEI\)](#):

A. Individuals are admitted and served without regard to or because of race, color, creed, religion, ancestry, national origin, sex, sexual preference, age, physical or mental disability, marital status, HIV/AIDS status, Hepatitis A/B/C status, political affiliation or ability to pay.

- B. Services must be tailored to the cultural and linguistic, needs, as well as gender identity considerations of individuals seeking care and within the target community.

VIII. Service Environment: Each treatment site and level of care creates an inviting and engaging clinical environment that is conducive to the delivery of high-quality healthcare services and demonstrates to patients their value; and supports patients with variable levels of commitment and different readiness for abstinence.

- A. Investments are made to create and maintain this type of environment. Examples include:

1. Lighting that is warm and inviting as opposed to sterile lighting.
2. Walls that are painted in cohesive colors that are reflective of the patients and community served as opposed to institutional appearances and colors.
3. Furniture that is coordinated and comfortable and not mismatched or worn; and reflective of a clinical waiting area or home-like environment, and not institutional or sterile-appearing.

- B. Patients who are at different Stages of Change participate in group activities together when they have aligned recovery and abstinence goals.

1. Programing is individualized for each patient in treatment, and programs cannot develop fixed programs, such as a set program for those who commit to abstinence at admission and a separate fixed program for those that do not. Patients with different goals of care can be placed in groups together when there is a clinical rationale that supports the goals of each patient.
2. Residential sites should consider creating separate and distinct areas for those with goals of abstinence from those with non-abstinent goals of care.

IX. Staff Training and Development: All administrative and direct service staff (e.g., counselors, LPHAs) working at treatment sites must participate in the following activities:

- A. Training upon hire, and minimally overview updates annually thereafter, on the admission policy and demonstrate understanding of its requirements by attending an approved agency or SAPC training, including:
 - 1. Understand the difference between readiness for *treatment* and readiness for *abstinence*.
 - 2. Training on Motivational Interviewing (MI) techniques with an emphasis on patient engagement during the admission process and service delivery throughout their treatment episode for patients who are and are not ready for abstinence.
 - 3. How to create a service environment that is welcoming and available to patients with varied recovery and abstinence goals.
 - 4. Ensuring service type and frequency is tailored to the individual needs of each patient and not standardized for all admissions.
 - 5. Basic training on the R95 population including demographics and various SUD and other health service needs.
 - 6. Training on Prochaska and DiClemente's Stages of Change and key characteristics and process of each stage of change.

 - B. Conduct regular staff meetings and dialogue on at least an annual basis with a focus on ensuring that all staff can contribute to the discussion, design and implementation of strategies that effectively lower the bar for SUD treatment admissions and better serve the R95 population, which may be incorporated within the annual training or other forums.
- X. [Add other topic areas as needed]

ATTACHMENTS

- Updated Admission Agreement for patient signature