Applying the ASAM Criteria to Facility Licensing and Program Certification

Los Angeles County Department of Public Health - Substance Abuse Prevention and Control

Webinar presented by the California Institute for Behavioral Health Solutions

11-12-15

These are the questions and answers form the webinar given on November 12, 2015.

Click on the resource below to access the information via hyperlink:

*ASAM designation questionnaire that residential care providers are requested to send to DHCS

*Other ASAM related material prepared by DHCS

*SAPC Drug Medi-Cal Organized Delivery System (DMC-ODS) website

#	Webinar Questions	Answers
1	Can a facility be rated for more than one level of care?	Yes. At some point you can expect the State to come out and verify the information you supply in the questionnaire. As was discussed in the webinar the interaction of client needs and characteristics, staff skills and training, and the specific mix of services will operationally define the level of care. (Refer to DHCS MHSUDS Information Bulletin 15-035)
2	All the presentation ASAM seems to concentrate on residential. What about out patient programs?	Sorry. Today's session dealt only with residential treatment and the ASAM designation questionnaire for residential levels of care.
3	How is schooling accounted for in the youth residential settings vis-a-vis ASAM designations?	Today's session was focused on adult treatment facilities. We plan to address youth treatment issues in a future webinar.
4	If using DSM - 5 for dx'ing SUD severity how can DMC not use the DSM- 5. Do we have to use a DSM IV code?	At present, DHCS only recognizes DSM-IV codes for Drug Medi-Cal billing. The DSM-5 coding scheme is not identical to that in DSM-IV and if you used a DSM-5 code, the DMC claim will not be accepted.
5	Is this presentation just on residential services?	Yes.
6	Let's say you are evaluated to be a level 3.1 and then the program adds licensed social workers. Can you ask the state to come back and re-evaluate us?	Refer to DHCS FAQ on ASAM Residential Level Designation Questionnaire. Programs will be able to revise their provisional ASAM level designation.

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7	Pertaining to the number of DMC providers needed in a particular county, does each County determine a county DMC application process, approval and denial process? If so, is the state prescribing a methodology to be used by Counties for determining how many providers and/or facilities are needed? (for example: based on number of Medi-Cal clients or other criteria)?	DMC certification will continue to be a DHCS responsibility and not delegated to counties under the Waiver. Each county is required to describe its methodology for ensuring adequate access to services in their DMC ODS implementation plans, including its selective contracting process for its DMC provider network.
8	Since sobriety supportive housing/ living environment will be essential stepping patients out of residential to outpatient levels of care, will licensing require residential providers to maintain housing resource linkages. If not, homeless patients would get dumped back on the street or remain indefinitely in residential.	Each county is required to describe its approach to providing a full continuum of care in their DMC ODS implementation plans in order to participate in the waiver program. This includes consideration of housing and other recovery support needs for DMC beneficiaries. Stakeholders should actively participate in the planning activities that counties are required to conduct for preparing their DMC ODS implementation plans to ensure that housing and other recovery support services are adequately addressed.
9	We are DMC certified for Out Patient so how do we go about applying for residential DMC? AND HOW LONG IS THAT PROCESS?	To be certified as a residential provider under DMC, you must first be licensed as a residential provider. This could be a lengthy process the extent that you need to locate, lease, receive zoning approval, furnish a facility and apply to DHCS for licensure. The state cannot license a facility which does not exist. Prior to issuing a license, DHCS conducts a site visit to examine the facility.
10	Can DMC providers in a county that will not be opting in to the Waiver still contract directly with DHCS?	The expanded DMC benefits under the waiver will only be available in counties that have opted in. It is not yet clear whether DHCS will continue to contract directly for current DMC services with providers in counties not opting in.

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11	What is 3.3 Designation?	DHCS, in MHSUDS Information Notice No.: 15-035 describes ASAM level 3.1 as, "24-hour care with trained counselors to stabilize multidimensional imminent danger. Less intense milieu and group treatment for those with cognitive or other impairments unable to use the full active milieu or therapeutic community and preparation for outpatient treatment."
12	Will ASAM be required only for residential Tx? Not required for Drug Medi-Cal outpatient?	An ASAM designation will be required for every type of service that we have historically referred to as modalities. Aside from residential services, this will include outpatient treatment intensive outpatient, and partial hospitalization. Narcotic treatment programs have their own OTP level of care designation in ASAM. Beyond the residential levels of care we move into acute and subacute hospital settings. At the moment, it appears that other waiver services, case management for example, will be benefits provided in any certified program and not freestanding levels of care.
13	Will HCPCS codes (all of them even the Assessment) be a billable service once the ODS is implemented?	All billable services would be connected to HCPCS codes. However, not every HCPCS code may be billable.
14	Will there be direct contracts in counties who opt in and do not want to contract with OP providers	No. Each county opting in is required to establish its own selective contracting process.
15	Will we start to use the ASAM before billing option is available from SAPC	You should start thinking about your services in terms of the ASAM criteria and there is no reason why you could not implement ASAM principles independent of the waiver or current program funding.
16	With regard to PTSD patients is there currently a military funding carve out for this?	Not sure about a carve out but the VA does have a National Center for PTSD - http://www.ptsd.va.gov/ - and also has TBI-related resources - http://www.publichealth.va.gov/docs/vhi/traumatic-brain-injury-vhi.pdf

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17	Would you recommend an ASAM screening tool to determine LOC or suggestions? Is there a screening tool we can start using?	We understand that several are under development but cannot recommend one at the present time.
18	Can certified addiction counselors dx SUD disorders under DMC?	No. At present a diagnosis can only be assigned by a physician or other licensed practitioner of the healing arts. The terms and conditions state that, "The initial medical necessity determination for the DMC-ODS benefit must be performed through a face-to-face review or telehealth by a Medical Director, licensed physician, or Licensed Practitioner of the Healing Arts (LPHA) as defined in Section 3(a). After establishing a diagnosis, the ASAM Criteria will be applied to determine placement into the level of assessed services." However, unless an LPHA conducts the intake and assessment process, the documentation to support the diagnosis will be obtained from the client and perhaps other sources by certified addiction counselors.
19	Are DMC certified programs going to apply again for DMC Certification under this phase?	No. However, DMC programs will have to comply with current DHCS re-certification requirements.
20	For educational counseling sessions - you are referring to SUD education and not hours they are in school while in treatment on site?	These would not be academic instruction. These sessions would be along the lines of psychoeducation as described in SAMHSA's TIP 41 – "Psychoeducational groups are designed to educate clients about substance abuse, and related behaviors and consequences. The major purpose of psychoeducational groups is expansion of awareness about the behavioral, medical, and psychological consequences of substance abuse. Another prime goal is to motivate the client to enter the recovery-ready stage (Martin et al. 1996; Pfeiffer et al. 1991). Psychoeducational groups are provided to help clients incorporate information that will help them establish and maintain abstinence and guide them to more productive choices in their lives.

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		Some of the contexts in which psychoeducational groups may be most useful are: ▫ Helping clients in the precontemplative or contemplative level of change to reframe the impact of drug use on their lives, develop an internal need to seek help, and discover avenues for change. ▫ Helping clients in early recovery learn more about their disorders, recognize roadblocks to recovery, and deepen understanding of the path they will follow toward recovery. ▫ Helping families understand the behavior of a person with substance use disorder in a way that allows them to support the individual in recovery and learn about their own needs for change. ▫ Helping clients learn about other resources that can be helpful in recovery, such as meditation, relaxation training, anger management, spiritual development, and nutrition."
21	We have both residential and OP at our facility and an old exam room in the residential side. Can we do DMC Medical Necessity exams in that room?	The medical necessity review does not involve a physical exam. A physical exam is required as part of the intake process under Title 22 (§3141.1(~). Your program physician could conduct physical exams on site if it makes sense from a clinical and fiscal perspective.
22	What are the payment rates for each level?	The DMC-ODS waiver give counties the authority, with DHCS approval, to set reimbursement rates. Each county will negotiate with DHCS to establish its payment rates.
23	Where does the 90 day 2 episodes fit?	With regard to length of stay for residential services, the terms & conditions state that, "The length of residential services range from 1 to 90 days with a 90-day maximum for adults and 30-day maximum for adolescents; unless medical necessity authorizes a one-time extension of up to 30 days on an annual basis. Only two non-continuous 90-day regimens will be authorized in a one-year period. The average length of stay for

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		residential services is 30 days. Perinatal clients may receive a longer length of stay based on medical necessity. Adolescents require shorter lengths of stay and should be stabilized and then moved down to a less intensive level of treatment."
24	Will CARF or other forms of accreditation be required to become DMC-ODS provider?	No. Accreditation is important for working with commercial plans but is not required for DMC certification.
25	If a facility is rated 3.1, will it be prohibited from serving a dual-diagnosis client? Will its billings for such a client be rejected and not reimbursed?	Not necessarily. If the admission is medically necessary and the client is able to participate in treatment activities at the same level as other clients, this may not be a problem.
26	Are all DMC certified providers going to be part of the DMC-ODS program?	The Waiver terms and conditions give counties the authority to select those providers that will be components of the organized delivery system. As long as no problems with access are created as a result, counties are not obligated to contract with every existing DM provider.
27	If you are making referrals to outside agency for mental health services does that count as services you provide?	No. DMC billable services, while reimbursable if provided off-site, must be conducted by program staff. However, you could bill for the case management session in which the referral was made.
28	Is it now approved that in outpatient as well as residential that mft's, nurse practitioners etc., can sign off on diagnosis and treatment plans?	No. Licensed Practitioners of the Healing Arts can only do this once a county's Waiver Implementation Plan is approved and a new DMC contract is signed by the County.
29	If you provide services for 3.5 does that automatically allow you to provide services for 3.1? And where does the 3.2 residential services fit into the program design?	At present, the ASAM level of care designation is based on provider responses to the DHCS ASAM questionnaire. If you believe, based on the framework presented in the webinar, that your facility provides all 3 levels of clinically managed residential care and indicate such on the questionnaire, DHCS will probably assign those levels on a provisional basis pending verification.

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		However, when, at some future point, DHCS staff conduct a site visit, they will make their own determination of the level(s) of care provided and may change their original designation. In addition to DHCS, counties, to the extent that reimbursement is connected to level of care, may make their own determinations as well. Residential detoxification services are provided in Level 3.2 WM, (Clinically Managed Residential Withdrawal Management)
30	Where does the withdrawal management fit into the development of services? Will you need certification and is that a billable service?	Level 3.2 WM residential withdrawal management (formerly called residential detoxification) must be provided in a DHCS licensed and DMC-certified residential facility. This would be billable as a residential service.
31	Are programs allowed to stay at one level of care? Or are we required to develop staffing to be able to service all levels of care?	Unless the county directs otherwise, the level of care provided in a particular facility will be a business and clinical decision made by the provider.
32	Regarding completion of questionnaire- phase 2, is there a deadline and who do we send to? Thank you.	Please send the completed questionnaire to: Ilana Rub, Supervisor Department of Health Care Services SUD Compliance Division Narcotic Treatment Programs Unit 2, MS 2603 P.O. Box 997413 Sacramento, CA 95899-7413 There is no hard deadline but DHCS would like to get these submitted by the end of this month (December) if possible

Please note:
Waiver implementation is still in its early stages. The responses provided here are based on the most current information available at the time (December 2015) but may be subject to change as DMC-ODS Waiver implementation proceeds. In addition, these responses to questions posed during the webinar should not be construed as reflecting current or future policy on the part of SAPC or DHCS.