

# General Outpatient Treatment Assumptions

8/17/2018 - V4

Program design is individualized and impacted by numerous factors. The following are general assumptions to guide program and inform budget build:

Adults and Perinatal ~ 20 Week Treatment Episode (5 months)					
Teens ~ 16 Week Treatment Episode (4 months)					
All ~ 12 Week Aftercare Episode (3 months)					
~ 2 Week Withdrawal Management When Needed					
Level of Care	ASAM Level	Population	Minimum Hours per Week	Maximum Hours per	Average Weeks
Outpatient Services (OS)	1	Adults and Perinatal	1 ½	9	20 (may encompass IOT & WM)
Outpatient Services (OS)	1	Teens	1 ½	6	16 (may encompass IOT & WM)
Intensive Outpatient (IOT)	2.1	Adults and Perinatal	9	19	8
Intensive Outpatient (IOT)	2.1	Teens	6	19	8
Withdrawal Management (WM)	1 WM	All	Daily All Inclusive Rate		2
Recovery Services / Aftercare	---	All	Min of 90 Minutes a Month		12
Case Management	---	All	No Min / No Max		Aligned with LOC

UNIT BASED

COST CENTER BASED

- OS and IOT Treatment Episode Includes Claiming For:
  - ◆ Intake Session
  - ◆ Groups
  - ◆ Individual Services
  - ◆ Case Management
  - ◆ See Applicable Minimum & Maximum Time Required
- Withdrawal Management (WM):
  - ◆ Requires DHCS Designation
  - ◆ Made Available When Clinically Indicated
  - ◆ Same day billing only allowed for CM (and OTP)
  - ◆ 1 day = 1 unit
- Recovery Services – AKA Aftercare:
  - ◆ Following a Treatment Episode
  - ◆ Minimum of 90 minutes per Month
- Recovery Residence:
  - ◆ Leveraging existing sober living homes
  - ◆ Available When Enrolled in Program
  - ◆ Maximum of 9 Month Fiscal Subsidies per Client
  - ◆ Expects Client Financial Contribution
- Homeless Outreach Workers (HOWs) – available through adult and perinatal programs
- Child Clinicians – available in perinatal programs



→ Reimbursement based on units generated  
 → Services claimed in 15 minute increments

#### Target Population

- Medi-Cal or Medi-Cal eligible
- Low income - below 200% FPL
- Meeting DMC-ODS medical necessity

#### Reminders

- Connect all eligible residents to Medi-Cal benefits (minimum goal of 80%)
- Requirement to link clients to transportation options for medically necessary appointments
- Voicemail system provides Access & Crisis Line contact
- No waitlist - warm hand-off to alternate programs
- All admissions (BHS and Non-BHS) recorded in CalOMS

#### Treatment Continuation

DMC beneficiaries who lose DMC status as a result of finding employment while in treatment may continue to receive DMC services from the program.

- Leverage other health coverage and/or funding sources if client has access to those sources.
- Services not covered by client's available resources may be reimbursed as County-billable.

#### Staffing Considerations

- LPHA
- Registered/Certified AOD Counselor
- Child Clinicians - available in perinatal programs
- HOWs - available in select adult and perinatal programs
- Para Professional (May Only Claim RS Effective Year 2)

#### ASAM for Level of Care Determination

#### Evidence Based Practices

- Relapse Prevention
- Motivational Interviewing



**DMC-ODS**  
OUTPATIENT SERVICES

# Sample Outpatient Framework

9/17/2018 - V4

## Outpatient Services (OS) Upon Admission

**Intake** (100% of clients) 2 hours at time of intake

**Groups** (100% of clients) 3 hours/week  
(Average 6 clients per group)

**Individual** (100% of clients) 1 hour/week

**Case Management** (100% of clients) 1 hour/week



min 90 min/wk  
max 9 hrs/wk (Peri & Adult)  
max 6 hrs/wk (Teens)

## Intensive Outpatient Treatment (IOT) Upon Admission

**Intake** (100% of clients) 2 hours at time of intake

**Groups** (100% of clients) 9 hours/week  
(Average 6 clients per group)

**Individual** (100% of clients) 1 hour/week

**Case Management** (100% of clients) 1 hour/week



min 9 hrs/wk (Peri & Adult)  
min 6 hrs/wk (Teens)  
max 19 hrs/wk

## Outpatient Services (OS) Continuation Phase

**Groups** (100% of clients) 3 hours/week  
(Average 6 clients per group)

**Individual** (100% of clients) 1 hour/week

**Case Management** (100% of clients) 1 hour/week



min 90 min/wk  
max 9 hrs/wk (Peri & Adult)  
max 6 hrs/wk (Teens)

## Withdrawal Management (WM) Optional

If client is receiving WM; may only claim for WM and CM (as well as OTP) (10% of clients)

- \* Intake
- \* Observation
- \* Medication Services
- \* Discharge Services



Daily Rate

## Withdrawal Management (WM) Optional

If client is receiving WM; may only claim for WM and CM (as well as OTP) (10% of clients)

- \* Intake
- \* Observation
- \* Medication Services
- \* Discharge Services



Daily Rate

## Recovery Services (RS)

AKA "Aftercare" (45% of clients) 2 hours/week

- RS are provided based on assessment, must meet medical necessity, and be congruent with ASAM criteria
- Available within 90 days of conclusion of treatment phase (Initial LOC Assessment form not needed)
- To access RS 90 days after treatment, Initial LOC Assessment form completed to ensure treatment matching
- Providers may accept clients from other treatment providers into program's RS
- Consists of outpatient individual or group counseling; recovery monitoring; substance abuse assistance; education and job skills; family support; support groups; and ancillary services such as housing linkages, transportation, case management, and service coordination that supports client in their recovery

Unit Rate  
Minimum 90 min/month



Homeless  
Outreach  
Worker  
(Peri & Adults)



Child Clinician  
(Peri Only)



Recovery Residence  
(Peri & Adult)

~ 20 WEEKS ADULT/PERI  
~ 16 WEEKS TEENS

~ 12 WEEKS

### NOTES:

- Outpatient Services may be provided face to face, by telephone, or by telehealth with the beneficiary and may be provided anywhere in the community as long as P&Ps are in place that ensure privacy for clients and the field location is not a regular site for groups.
- Client may move between IOT, OS, & WM - the LOC is not necessarily linear