

General Residential Treatment Assumptions

9/17/2018 - v4

Program design is individualized. The following are general assumptions that guided budget build and inform programming:

Level of Care	ASAM Level	Population	Projected	Average Days <i>(based on medical necessity)</i>	Minimum Program Hours
Residential	3.1	Adults Perinatal	25%	105 days	20 hours a week of structured activities Of those 20 hours: <ul style="list-style-type: none"> • 5 hours a week clinical • Minimum 1 hour each day
Residential	3.5	Adults Perinatal	75%	105 days <ul style="list-style-type: none"> • 30 days at 3.5 • 75 days at 3.1 	20 hours a week of structured activities Of those 20 hours: <ul style="list-style-type: none"> • 10 hours a week clinical • Minimum 1 hour each day
Residential	3.1	Teens	25%	45 days	20 hours a week of structured activities Of those 20 hours: <ul style="list-style-type: none"> • 5 hours a week clinical • Minimum 1 hour each day
Residential	3.5	Teens	75%	45 days	20 hours a week of structured activities Of those 20 hours: <ul style="list-style-type: none"> • 10 hours a week clinical • Minimum 1 hour each day
Withdrawal Management	WM 3.2	Adults Perinatal	10% <small>From total annual beds (when applicable)</small>	14 days	<ul style="list-style-type: none"> • Daily rate • Requires DHCS program designation • Requires Incidental Medical Services designation • Made available when clinically indicated • Same day billing only allowed for CM & OTP • Optum authorization not required

Service type	Population	Frequency	Notes
Case Management	All	~1 hour per week for duration of treatment (100% of admissions @ ~1 hour/week)	<ul style="list-style-type: none"> • Available throughout length of stay • Included in treatment hours but billed separately • Linkages to community supports
Recovery Services (AKA Aftercare)	All	Minimum of 90 minutes a month (10% of admissions @ ~2 hours/week)	<ul style="list-style-type: none"> • Expected to occur through Outpatient Program; exceptions allowable • Follows a completed treatment phase

Length of Treatment (LOT) for 3.1 & 3.5 DHCS LOT Parameters:

- 90 day maximum for adults and 30 day maximum for teens; unless medical necessity authorizes a 1 time extension of up to 30 days on an annual basis.
- Only 2 non-continuous 90 day regimens in a 1 year period.
- Perinatal clients may receive lengths of stay up to the length of the pregnancy and postpartum period (60 days after the pregnancy ends).

Longer LOTs are Allowable Based on the Following Local Parameters:

- Congruent with Residential ASAM determination
- Requires medical necessity
- Authorization through Optum

DMC Funding is Leveraged Based on DHCS Parameters with County Funds Supporting Local Parameters

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.

Justice Residential Treatment Overrides

- Court mandated or PO recommended treatment overrides are accepted when income threshold (under Federal Poverty Line [FPL]) and medical necessity are met regardless of the ASAM level of care indicated.
- Complete the residential authorization process through Optum and all other programmatic requirements.
- Services provided to court-ordered residential treatment clients are billable to the County as long as encounters are entered and all documentation standards are met.
- Work or vocational activities may comprise the minimum 20 hours per week of structured activities, but do not replace the 5 clinical hours per week minimum.
- Overrides are tracked in SanWITS on the ASAM screen indicating "Clinical Override" and selecting "Court Mandated". Additionally, program tracks in the QSR the "Court Mandated" vs. "PO Recommended" overrides.
- Court mandated or PO recommended referrals that meet medical necessity and have a residential ASAM designation shall follow the standard process and units claimed accordingly.



**DMC-ODS
RESIDENTIAL**

This document is a training tool and is subject to change. Please refer to the SUDPOH for current processes and expanded details.

Sample Residential Framework

9/17/2018 - v4

Annual DMC benefit covers two non-continuous 90 day stays with one 30 day extension for Perinatal and Adults

DMC benefit covers two non-continuous 30 day stays with one 30 day extension for Teens ~ 2 WEEKS

~ 12 WEEKS

Residential ASAM Level 3.1

- Must obtain Optum authorization upon admission
- Minimum 20 hours a week of structured activities
 - Must include 5 clinical hours a week
 - Minimum of 1 hour each day which includes: Intake, Individual and Group Counseling, Family Therapy, Patient Education*, Collateral Services, Crisis Intervention, Treatment Planning, Transportation Services* to and from medically necessary treatment, and Discharge services

* not clinical



Daily Rate
Obtain authorization to move between 3.1 and 3.5
Must provide billable service every day including weekends

Residential ASAM Level 3.5

- Must obtain Optum authorization upon admission
- Minimum 20 hours a week of structured activities
 - Must include 10 clinical hours a week
 - Minimum of 1 hour each day which includes: Intake, Individual and Group Counseling, Family Therapy, Patient Education*, Collateral Services, Crisis Intervention, Treatment Planning, Transportation Services* to and from medically necessary treatment, and Discharge services

* not clinical



Daily Rate
Obtain authorization to move between 3.5 and 3.1
Must provide billable service every day including weekends

Case Management (CM)

- Projected for 100% of admissions @ ~1 hour/week
- Activities that help resident access medical, educational, social, vocational, rehabilitative or other community services. Focus is on coordination of SUD care, primary care, & interactions with the justice system, as needed.



Unit Rate
(In addition to daily rate)

Withdrawal Management (WM) 3.2

Optional (Average length of stay 14 days)

- Requires DHCS Detox certification
- Local requirement of 24/7 nursing coverage, applicable procedures & Incidental Medical Services (IMS) designation
- Must meet 3.2 ASAM level of care but does not require Optum Authorization
- Consists of Intake, Observation, Medication Services, & Discharge Services



Daily Rate
(In lieu of 3.1 or 3.5 daily rate)

Recovery Services (RS)



Primarily through Outpatient services



Unit Rate
Minimum 90 min/month

AKA "Aftercare" (Projected for 10% of admissions @ ~2 hours/week)

- Residential programs only provide RS when client's ASAM designation does not support outpatient services or client is unable/unwilling to transition to outpatient services
- 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 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

Target Population

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

Evidence Based Practices

- Relapse Prevention
- Motivational Interviewing

Reminders

- Connect all eligible residents to Medi-Cal benefits (minimum goal of 80%)
- Requirement to link clients to transportation options for medically necessary appointments
- Daily admissions with LPHA determination
- No waitlist - utilize Optum to identify options
- Bed holds up to 7 days with rationale - only claim room & board (e.g. hospital, AWOL, incarceration)
- Weekend Pass - may be utilized in 3.1 LOC; minimum 1 hour daily service; 2 days maximum
- All admissions (BHS and Non-BHS) recorded in CalOMS

Staffing Considerations

- Medical Director, LPHA, Registered/Certified AOD Counselor
- Overnight Staffing - Minimum two (awake staff)
- Withdrawal Management requires 24/7 nursing staff
- Child Clinicians - available in Perinatal Programs
- Para Professional (claiming effective year 2)