

Field-Based Services in Non-Clinic Settings

SERVICE DELIVERY OPTION UNDER THE SYSTEM
TRANSFORMATION TO ADVANCE RECOVERY AND TREATMENT,
LOS ANGELES COUNTY'S SUBSTANCE USE DISORDER
ORGANIZED DELIVERY SYSTEM (START-ODS)

Department of Public Health
SUBSTANCE ABUSE PREVENTION AND CONTROL

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I. Introduction

The Los Angeles County Department of Public Health, Substance Abuse Prevention and Control (SAPC) will implement an initial benefit package of Substance Use Disorder (SUD) services upon the launch of the System Transformation to Advance Recovery and Treatment, Los Angeles County's Substance Use Disorder Organized Delivery System (START-ODS). The benefit package contains provisions to allow for Field-Based Services (FBS) as a method of service delivery for Outpatient Services (ASAM Level 1), Intensive Outpatient Services (ASAM Level 2.1), Opioid Treatment Programs, Case Management, and Recovery Support Services for patients with established medical necessity.

Additionally, at a minimum, certified SUD counselors may conduct clinical assessments at SAPC-approved sites as a FBS option to promote client engagement in treatment services. Under START-ODS, agencies must verify medical necessity by a Licensed Practitioner of the Healing Arts (LPHA) within 30 days of the initial FBS assessment in order to bill for assessment services. *Time spent conducting assessments for individuals that do not meet medical necessity or are not eligible for Medi-Cal are not reimbursable under START-ODS.*

Services under the START-ODS are patient-centered and may vary in intensity, duration, and method of service delivery based on medical necessity and the patient's needs. This includes the delivery of outpatient or intensive outpatient treatment services at non-SUD clinic sites. The provider delivering the FBS must be linked to contracted Drug Medi-Cal (DMC)-certified agency- operated site.

II. Purpose of Field Based Services

The evolution of the SUD treatment field under the County's START-ODS will allow the delivery of outpatient and intensive outpatient treatment to be flexible based on individual patient's needs and treatment goals. Flexible treatment approaches such as FBS and the use of a patient-centered philosophy can increase patient motivation in treatment and lead to positive treatment outcomes.¹

The purpose of FBS as a method of service delivery provides an opportunity for SUD network providers to address patient challenges to accessing traditional treatment settings such as physical limitations, employment conflicts, transportation limitations, or restrictive housing requirements (i.e. registered sex offenders). The utilization of FBS should be based on a demonstrated patient need for services outside of a DMC-certified site. Additionally, FBS should complement primary services provided at the DMC-certified facilities to further provide a patient-centered care delivery.

¹ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. (2002). *Enhancing Motivation for Change in Substance Abuse Treatment. TIP 35.* Rockville, MD.

III. Target Populations

The delivery of FBS are intended for those populations that have been historically difficult to serve which include, but are not limited to individuals who are:

- Arsonists
- Registered Sex Offenders
- Chronically Homeless
- Individuals with Co-Occurring Disorder Diagnosed (Mental or Physical Health Condition)
- Medically Fragile
- Residents of Rural Areas
- Juvenile Justice-Involved Involved
- Foster Care System Involved
- Pregnant and Post-Partum Women
- School-Based Youth, including Alternative School Placements

IV. Where Services Can Be Provided

Prior to commencing FBS, contracted service providers must submit a work plan (See Attachment II) to SAPC for review and approval. The purpose of the work plan is to:

- Identify the proposed non-clinic settings, target populations to be served,
- Demonstrate that FBS will comply with required patient confidentiality requirements (42 CFR and the Health Insurance Portability and Accountability Act (HIPPA) when they are delivered in the proposed settings,
- Describe the frequency and duration of service provision in field-based locations.

SAPC will require Memoranda of Understanding (MOUs) between the contracted service provider and the agencies/organizations that will host the provider of field-based services. Additionally, SAPC holds the discretion to deny approval of work plans at any time.

The approved work plan will allow contracted agencies to have a predetermined set of potential non-clinic settings where service delivery may be appropriate when a treatment plan indicates that a client may benefit from FBS. Agencies conducting FBS at sites not listed on the approved work plan will be disallowed and may have their approved FBS work plan revoked.

The following outlines the SAPC-recommended non-clinic settings:

(a) Youth

- Youth Homeless Shelters
- Group Homes
- Community Facility Centers
- Schools

- Community Centers
- Recreation Centers
- Department of Children and Family Offices
- Probation office sites/regional hubs

(b) Adult

- Board and Care settings
- Federally Qualified Health Centers
- Department of Mental Health (DMH) clinic sites (including DMH legal entities)
- Department of Health Services (DHS) directly-operated facilities
- Department of Probation Area Offices
- Department of Children and Family Offices
- Department of Public Social Services
- Temporary or Permanent Supportive Housing Locations

Limitations/Exclusions: In-custody services provided for youth and adults are not permissible as a FBS delivery site or reimbursable through the Drug Medi-Cal (DMC) program.

DMC Site Certification and Other SAPC Requirements: FBS cannot be used in lieu of obtaining California Department of Health Care Services (DHCS) DMC Site Certification for providers' directly operated sites (e.g., rented, leased, owned sites) where delivery of SUD or mental health treatment services are the primary business and where services are delivered by individuals employed by the agency managing the service site. DHCS DMC Site Certification is not required for facilities whose primary business is the provision of services *other than SUD and mental health* and where services are delivered by individuals *not employed by the agency managing the service site*. If services are provided on a regular basis, specifically permanent, full-time co-locations, the SAPC-contracted SUD service provider must add the site location to their SAPC contract to receive DMC reimbursement for those services.

V. Components of Field-Based Services

The delivery of FBS must be in conjunction with services provided within a DMC certified-site to ensure that patients have access to all ancillary services and peer support services made available to those patients that solely receive facility-based SUD treatment services.

FBS outpatient and intensive outpatient counseling services and case management are face-to-face interventions which may be provided on a one-to-one basis or in groups. Groups should have at least two (2) and can no more than 12 individuals per group. Individuals must meet medical necessity based upon the ASAM Criteria.

(a) FBS Service Components²:

- Individual Counseling
- Group Counseling
- Case Management
- Patient Education
- Family Therapy
- Collateral Services
- Crisis Intervention Services
- Recovery Support Services

(b) Service Expectations

The addition of FBS allows service providers the opportunity to promote patient engagement and retention in SUD treatment services. Incorporating FBS into the treatment planning can motivate clients by³:

- Increasing the chances of patients returning to treatment.
- Re-engaging patients struggling with attending sessions or receiving services in traditional treatment settings.
- Overcoming patient defensiveness and resistance with traditional treatment settings.
- Keeping patients engaged in services when placed on waitlists for higher levels of care or during transitions to lower levels of care.

Providers are expected to ensure that services reflect the patient's individual goals, and to tailor treatment approaches to address the patient's needs, including the availability of services provided via FBS. This includes the following service expectations:

- **Culturally Competent Services:** Providers are expected to provide culturally competent services. Providers must ensure that their policies, procedures, and practices are consistent with the principles outlined in the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS) and are embedded in the organizational structure, as well as being upheld in day-to-day operations.
- **Age- and Developmentally Appropriate Services:** Providers are expected to deliver services that account for the patient's age and developmental level to ensure his/her engagement in the treatment process.
- **Medication-Assisted Treatment (MAT):** Providers are expected to maintain procedures for linkage/integration of MAT services for patients to ensure adequate access to this core component of SUD treatment. Patients who are receiving MAT must not be discriminated against and must have equal access to services as patients who are not receiving MAT. The prescribing of MAT

² Refer to Outpatient narrative for full definitions

³ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. (2002). *Enhancing Motivation for Change in Substance Abuse Treatment. TIP 35*. Rockville, MD.

should follow established prescribing standards from the American Society of Addiction Medicine (ASAM) and the Substance Abuse and Mental Health Services Administration (SAMHSA). Provider staff will regularly communicate with prescribers of these medications to ensure coordination of care, assuming the patient has signed a 42 CFR Part 2 compliant release of information for this purpose.

- **Evidenced-Based Practices (EBP):** Providers must implement, at minimum, two EBPs: Motivational Interviewing (MI) and Cognitive Behavioral Therapy (CBT). Providers are also encouraged to implement additional EBPs, which include relapse prevention, trauma-informed treatment, and psychoeducation.
- **Case Management:** Providers are expected to deliver a variety of case management and care coordination services, including transitioning patients from one level of care to another and navigating the mental health, physical health, and social service delivery systems.
- **Confidentiality Regulations:** Providers are expected to adhere to CFR Title 42 §2.35(a); Health Insurance Portability and Accountability Act (HIPAA) Privacy Regulations; 45 CFR. Section 164.508(b)(2) and 164.501; and the California Civil Code Section 56.11 when providing FBS.

VI. Required Documentation for Field-Based Services

During the treatment planning process, if it is determined that FBS are appropriate and needed for the patient to meet treatment goals and objectives, FBS may be provided in conjunction with services provided at the DMC certified site to provide all needed services that are indicated on the treatment plan. The treatment plan must provide justification for the inclusion of FBS, the anticipated number of FBS units to be provided, and the approved site location(s) from the SAPC-approved work plan. Additionally, as with required treatment plan reviews and updates, the SUD counselor and LPHA must document the continued need for FBS, if applicable.

VII. Staffing Levels and Provider Experience

Staffing Level/Experience: FBS must be delivered by Certified SUD Counselors or LPHAs. Recovery Support Services are to be conducted by Peer Recovery Support Specialists.

Professional staff must be licensed, certified, or recognized under California State scope of practice statutes. Professional staff shall provide services within their individual scope of practice and receive supervision required under their respective scope of practice laws. Certified SUD counselors must adhere to all requirements in the California Code of Regulations, Title 9, Chapter 8 and must be certified by one of the National Commission for Certifying Agencies (NCCA)-accredited organizations recognized by the California Department of Health Care Services (DHCS): Addiction Counselor Certification Board of California (affiliated with California Association for Alcohol/Drug Educators (CAADE); California Association of DUI Treatment Programs (CADTP); and California Consortium of Addiction Programs and Professionals (CCAPP). With the exception of Medication-Assisted

Treatment (MAT) services, all outpatient and intensive outpatient services may be provided by a certified SUD counselor or LPHA. An LPHA possesses a valid California clinical license in one of the following professional categories:

- Physician (MD or DO)
- Nurse Practitioner (NP)
- Physician Assistant (PA)
- Registered Nurse (RN)
- Registered Pharmacist (RP)
- Licensed Clinical Psychologist (LCP)
- Licensed Clinical Social Worker (LCSW)
- Licensed Professional Clinical Counselor (LPCC)
- Licensed Marriage and Family Therapist (LMFT)
- License-Eligible Practitioners working under the supervision of licensed clinicians
- Peer Recovery Support Specialists (Recovery Support Services only)

VIII. Conclusion

SUD treatment should be delivered across a continuum of care that reflects illness severity and the intensity of services required. One of the key goals of DPH-SAPC is to ensure that patients receiving SUD services in Los Angeles County receive the right service, at the right time, for the right duration, and in the right setting. The addition of FBS as a delivery method will provide opportunities for engagement, retention, and delivery of services for hard-to-reach populations.

Throughout START-ODS implementation, SAPC will continue to explore opportunities to expand the availability of FBS to additional service sites, populations, and service categories based on community need and within the limitations of the DMC Wavier.