

Recovery Services Frequently Asked Questions Revised August 2017

The following answers to frequently asked questions intend to provide stakeholders with a better understanding about recovery services under the Drug Medi-Cal Organized Delivery System (DMC-ODS).

This document will be updated as necessary.

For additional information regarding claiming for recovery services under the DMC-ODS, please refer to the following resource:

 Information Notice 17-034 (International Classification of Diseases, Tenth Revision Substance Use Disorder Remission Codes for the Drug Medi-Cal Organized Delivery System): <u>http://www.dhcs.ca.gov/formsandpubs/Documents/MHSUDS_Information_N</u> <u>otice_17-034.pdf</u>

For additional information regarding the DMC-ODS Pilot Program:

- Visit <u>http://www.dhcs.ca.gov/provgovpart/Pages/Drug-Medi-Cal-Organized-Delivery-System.aspx</u>
- Contact us at <u>DMCODSWAIVER@dhcs.ca.gov</u>

1. What are recovery services?

Recovery services are important to beneficiaries in the recovery and wellness process. As part of the assessment and treatment needs of Dimension 6, Recovery Environment of the ASAM Criteria, and during the transfer / transition planning process, beneficiaries will be linked to applicable recovery services.

Treatment is designed to emphasize the beneficiary's central role in managing their health, promote the use of effective self-management support strategies, and provide internal and community resources to support ongoing self-management.

2. What are the components of recovery services?

The components of recovery services are:

• Outpatient Counseling Services in the form of individual or group

counseling to stabilize the beneficiary and reassess if further care is needed;

- **Recovery Monitoring**, including recovery coaching and monitoring via telephone / telehealth;
- **Substance Abuse Assistance**, including peer-to-peer services and relapse prevention;
- **Support for Education and Job Skills**, such as linkages to life skills, employment services, job training, and education services;
- **Family Support**, such as linkages to childcare, parent education, child development support services, and family / marriage education;
- **Support Groups**, including linkages to self-help and faith-based support; and,
- **Ancillary Services**, such as linkages to housing assistance, transportation, case management, and individual services coordination.

3. Are recovery services a required benefit in counties that participate in the DMC-ODS Pilot Program?

Yes. Recovery services are required in all counties that elect to participate in the DMC-ODS Pilot Program.

4. When can beneficiaries access recovery services?

Beneficiaries may access medically necessary recovery services after completing their course of treatment. Services are available to beneficiaries whether they are triggered, have relapsed, or as a measure to prevent relapse. Services should be provided in the context of an individualized client plan that includes specific goals. This may include the plan for ongoing recovery and relapse prevention that was developed during discharge planning when treatment was completed. Medical necessity criteria for recovery services must be appropriately documented in the medical record.

5. Are beneficiaries receiving ongoing, long-term medication assisted treatment eligible for recovery services given that they may not "complete" their course of treatment (i.e., opioid replacement therapy)?

If a beneficiary is receiving medication assisted treatment services through a Narcotic Treatment Program (NTP), they should access any related counseling services through the NTP provider since counseling and other supports are included as part of the NTP program. For beneficiaries receiving medication assisted treatment in non-NTP-settings, such as primary care settings, they may access recovery services as necessary through certified DMC providers after their course of treatment (other than ongoing medication support) has been completed.

6. How can recovery services be delivered to a beneficiary?

Recovery services can be provided to a beneficiary in the following ways:

- Face-to-face;
- Telephone;
- Telehealth; or,
- In the community*

*If recovery services are provided in the community, the provider delivering the service must be linked with a physical site / facility that is DMC certified.

7. Who can provide recovery services?

Recovery services may be provided by a Licensed Practitioner of the Healing Arts (LPHA), Counselor, or Peers (for substance abuse assistance).

8. What is an LPHA?

LPHA includes:

- Physician
- Nurse Practitioner (NPs)
- Physician Assistants (PAs)
- Registered Nurses (RNs)
- Registered Pharmacists (RPs)
- Licensed Clinical Psychologists (LCPs)
- Licensed Clinical Social Workers (LCSWs)
- Licensed Professional Clinical Counselors (LPCCs)
- Licensed Marriage and Family Therapists (LMFTs)
- License-Eligible Practitioners working under the supervision of licensed clinicians

9. Are recovery services delivered by peers reimbursable?

Peer-to-peer services are eligible for reimbursement under the DMC-ODS Program when provided as substance abuse assistance services - a component of recovery services. All reimbursement requirements outlined above apply. Additionally, the county must submit a training plan to DHCS for approval prior to providing covered peer-to-peer services. See Information Notice 17-008 for more information.

10. What are the certification requirements to offer recovery services?

A site / facility offering recovery services must be a certified DMC provider. However, this does not mean that services must be provided at the certified site / facility. Alternatively, services may be provided in the community.

11. Is a valid ICD-10 diagnosis code for remission necessary when claiming for recovery services?

Yes. For more information, please refer to Information Notice 17-034.