



Intensive Outpatient Treatment and the Drug Medi-Cal Organized Delivery System
Frequently Asked Questions
Revised June 2018

The following answers to frequently asked questions intend to provide clarification regarding Intensive Outpatient Treatment (IOT) services through the Drug Medi-Cal Organized Delivery System (DMC-ODS).

This document will be updated as necessary.

For additional information regarding DMC-ODS:

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

1. What is Intensive Outpatient Treatment (IOT)?

IOT (ASAM Level 2.1) structured programming services are provided to beneficiaries when determined by a Medical Director or Licensed Practitioner of the Healing Arts (LPHA) to be medically necessary and in accordance with an individualized client plan. Services are provided for a minimum of nine hours with a maximum of nineteen hours a week for adults and for a minimum of six hours with a maximum of nineteen hours a week for adolescents. Services consist primarily of counseling and education about addiction-related problems.

2. Is coverage of IOT required under DMC-ODS?

Yes. Counties contracting to participate in DMC-ODS are required to cover IOT services.

3. Can lengths of treatment be extended when determined to be medically necessary?

Yes. Lengths of treatment can be extended when determined to be medically necessary by a Medical Director or LPHA.

4. What are the components of IOT?

The components of IOT include the following services:

- i. **Intake:** The process of determining that a beneficiary meets the medical necessity criteria and admitting the beneficiary into a substance use disorder treatment program. Intake includes the evaluation or analysis of substance use disorders; the diagnosis of substance use disorders; and the assessment of treatment needs to provide medically necessary services. Intake may include a physical examination and laboratory testing necessary for substance use disorder treatment.
- ii. **Individual Counseling:** Contacts between a beneficiary and a therapist or counselor. Services provided in-person, by telephone, or by telehealth qualify as Medi-Cal reimbursable units of service, and are reimbursed without distinction.
- iii. **Group Counseling:** Face-to-face contacts in which one or more therapists or counselors treat two or more clients at the same time with a maximum of 12 in the group, focusing on the needs of the beneficiaries served. Services must be provided face-to-face to qualify as Medi-Cal reimbursable units of service.
- iv. **Patient Education:** Provide research-based education on addiction, treatment, recovery, and associated health risks.
- v. **Family Therapy:** The effects of addiction are far-reaching and family members and loved ones of the beneficiary are also impacted by the disorder. By including family members in the treatment process, education about factors that are important to the beneficiary's recovery, as well as their own recovery, can be conveyed. Family members can provide social support to the beneficiary, help motivate their loved one to remain in treatment, and receive help and support for their own family recovery as well.
- vi. **Medication Services:** The prescription or administration of medication related to substance use disorder treatment services, or the assessment of the side effects or results of that medication conducted by staff lawfully authorized to provide such services and / or order laboratory testing within their scope of practice or licensure.
- vii. **Collateral Services:** Sessions with therapists or counselors and significant persons in the life of the beneficiary, focused on the treatment needs of the beneficiary in terms of supporting the achievement of the beneficiary's treatment goals. Significant persons are individuals that have a personal, not official or professional, relationship with the beneficiary.
- viii. **Crisis Intervention Service:** Contact between a therapist or counselor and a beneficiary in crisis. Services shall focus on alleviating crisis problems. "Crisis" means an actual relapse or an unforeseen event or circumstance which presents to the beneficiary an imminent threat of relapse. Crisis intervention services shall be limited to the stabilization of the beneficiary's emergency situation.
- ix. **Treatment Planning:** The provider shall prepare an individualized written treatment plan, based upon information obtained in the intake and assessment process. The treatment plan will be completed upon intake and then updated every subsequent 90 days unless there is a change in treatment

modality or significant event that would then require a new treatment plan.

The treatment plan shall include:

- A statement of problems to be addressed
 - Goals to be reached which address each problem
 - Action steps which will be taken by the provider and / or beneficiary to accomplish identified goals
 - Target dates for accomplishment of action steps and goals, and a description of services including the type of counseling to be provided and the frequency thereof
 - Treatment plans have specific quantifiable goal / treatment objectives related the beneficiary's substance use disorder diagnosis and multidimensional assessment
 - The treatment plan will identify the proposed type(s) of interventions / modality that includes a proposed frequency and duration
 - The treatment plan will be consistent with the qualifying diagnosis and will be signed by the beneficiary and the Medical Director or LPHA
- x. **Discharge Services:** The process to prepare the beneficiary for referral into another level of care, post treatment return, or reentry into the community, and / or the linkage of the individual to essential community treatment, housing, and human services.

5. What is an LPHA?

LPHA includes all of the following:

- Physician
- 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 Practitioner working under the supervision of licensed clinicians

6. Who may provide IOT services?

IOT services may be provided by a licensed professional or a certified or registered counselor. The county must ensure that all providers are appropriately credentialed. Eligible entities providing IOT services must be certified by the Department of Health Care Services (DHCS) to participate in the Drug Medi-Cal program. This applies to both county-operated and subcontracted providers. For more on how to apply for Drug Medi-Cal certification, see:

http://www.dhcs.ca.gov/services/adp/Pages/Drug_MediCal.aspx

7. Where can IOT services be delivered?

IOT services can be provided in any appropriate setting in the community. This includes in-person, by telephone, or by telehealth, with the exception of group counseling services. Group counseling services must be provided face-to-face.

8. Is the Title 22 requirement that beneficiaries receive at least two group counseling sessions per month applicable under the DMC-ODS?

No. The DMC-ODS does not require that beneficiaries receive a minimum number of group counseling sessions per month.