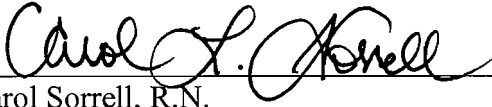

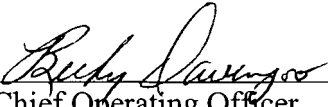
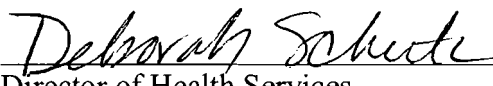


**KERN HEALTH SYSTEMS  
POLICIES AND PROCEDURES**

<b>SUBJECT: Alcohol and Substance Abuse Treatment Services</b>		INDEX NUMBER 3.10-P		Page 1 of 5			
RESPONSIBLE DEPARTMENT HEAD: Director of Health Services							
Review Date	08/1997	05/2000	02/2001	10/2005	02/2009		
Effective Date			01/01/01	12/20/05	03/02/09		
Revision No.	1997-08	2000-05	2001-02	2005-11	2009-03		

Approved		Date	3/2/09
	Carol Sorrell, R.N. Chief Executive Officer		
Approved		Date	2-25-09
	Medical Director		
Approved		Date	2/24/09
	Chief Operating Officer		
Approved		Date	2-11-09
	Director of Health Services		

**POLICY<sup>1</sup>:**

Alcohol and substance abuse treatment services available under the Short-Doyle Medi-Cal (SDMC) program as defined in Title 22, Section 51341.1 and outpatient heroin detoxification as defined in Title 22, Section 51328 are excluded from the Kern Health Systems (KHS) Medi-Cal contract.<sup>2</sup>

Limited services for inpatient and outpatient alcohol and drug abuse are covered under the Healthy Families product.

KHS providers will make best efforts to identify members requiring alcohol and or substance abuse treatment services and arrange their referral to the Kern County Department of Mental Health (KCDMH) for appropriate services provided through the Alcohol and Other Drugs Program, including outpatient heroin detoxification providers.<sup>3</sup>

**PURPOSE:**

To design and define systematic methods to identify and refer KHS plan members requiring alcohol and drug treatment services to KCDMH.

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**PROCEDURE:**

**1.0 ACCESS**

KHS and KCDMH work collaboratively to coordinate referrals for chemical dependency services. Primary Care Providers (PCPs) identify members requiring chemical dependency services through evaluations during office visits or during the initial health assessment. PCPs refer members to KCDMH or to community and volunteer organizations within the community as appropriate.

KCDMH referrals should be made to the following address and/or phone number:

Kern County Department of Mental Health  
2151 College Avenue  
Bakersfield, California 93305  
(661) 868-8080  
24 hour crisis intervention (661) 868-8000

KHS assists members in locating available treatment service sites.<sup>4</sup> To the extent that treatment slots are not available in the KCDMH Alcohol and other Drugs Program, KHS pursues placement outside of Kern County.<sup>5</sup>

**2.0 PROVISION OF SERVICES**

Covered benefits differ based on benefit plan as outlined below.

**2.1 Medi-Cal Product**

KHS covers psychotherapeutic medications, on the KHS formulary or approved with a TAR, prescribed by PCPs or KCDMH psychiatrists. Psychotherapeutic medications listed in Bulletin #420 are excluded from KHS coverage and should be billed to Fee-For-Service Medi-Cal.

KHS covers the History and Physical examination by a contract PCP if indicated prior to outpatient detoxification services and any associated laboratory studies.

Chemical dependency services are provided by and are the responsibility of KCDMH. Services provided by KCDMH are outlined below:

- A. Methadone Maintenance:** Outpatient services directed at stabilization and rehabilitation of members who are narcotic dependent are covered. Such outpatient service includes counseling and the provision of methadone as prescribed by a physician to alleviate the symptoms of withdrawal from narcotics.
- B. Drug Free Treatment of Drug Abuse:** Outpatient services directed at stabilization and rehabilitation of members who are drug abusers are covered. Such outpatient service includes extensive counseling but no drugs are prescribed in specific

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treatment of the drug abuse problem.

- C. **Day Care Habilitative:** Programs which provide counseling and rehabilitative services less than twenty-four hours per day to members with substance abuse impairments are covered. Each member attends the program a minimum of at least three hours per day, three days a week and has regularly assigned, supervised work functions. The beneficiary may live independently, semi-independently, or in a supervised residential care facility which does not provide this service.
- D. **Residential Substance Abuse Services:** Programs which provide services and supervision in a residential setting to pregnant women and women in the postpartum perinatal period are covered. Each beneficiary lives on the premises, participates in scheduled therapeutic activities, and, unless medically contraindicated, shall have regularly assigned, supervised work functions at the facility's premises.
- E. **Outpatient Heroin Detoxification Services:** Routine elective heroin detoxification services are covered, subject to prior authorization, only as an outpatient service. Outpatient services are limited to a maximum period of 21 days. Inpatient hospital services are limited to patients with serious medical complications of addiction or to patients with associated medical problems which require inpatient treatment. A new course of outpatient heroin detoxification services is covered, subject to prior authorization, only as an outpatient service. Outpatient services are limited to a maximum period of 21 days. The patient may be considered a new patient for reimbursement purposes by a new provider for heroin detoxification services started in the period between the 29th through the 90th days following completion of an immediately preceding course of heroin detoxification services only if the fact of the preceding course is denied or misrepresented by the patient.

**2.2 Healthy Families Product**

Limited chemical dependency services for Healthy Families Members are provided by and are the responsibility of KHS. Services provided by KHS are outlined below:

- A. **Inpatient Services:** Hospitalization for alcoholism or drug abuse as medically appropriate to remove toxic substances is covered.
- B. **Outpatient Services:** Crisis intervention and treatment of alcoholism or drug abuse on an outpatient basis as medically appropriate is covered.

Services for alcoholism treatment and rehabilitation on an inpatient or day care basis, whether or not court-ordered, are not covered.

**3.0 CASE MANAGEMENT AND COORDINATION OF CARE**

KHS continues to cover and provide primary care and other services unrelated to the alcohol and substance abuse treatment.<sup>6</sup> KHS coordinates services between the PCP and the treatment programs.<sup>7</sup>

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**3.1 PCP and KCDMH Chemical Dependency Provider Responsibilities**

KHS PCPs forward pertinent medical records/documentation to KCDMH. KCDMH providers are responsible for communicating with the member's PCP as needed and appropriate and for supplying the PCP with appropriate medical records/documentation.

KHS PCPs are responsible to monitor that the member is following up with chemical dependency appointments. KHS Case Managers assist PCPs who are encountering difficulty referring members for services or who are having difficulty with non-compliant members, by contacting the member/KCDMH to determine the nature of the difficulty and intercede/facilitate as needed.

KHS Providers continue to provide care for the physical health of the member, and the PCP communicates with the member's chemical dependency provider as needed and appropriate.

After consultation with the member's PCP, the KCDMH chemical dependency provider refers the member back to the PCP for ongoing care at such time that it is determined that the member no longer requires care from the KCDMH provider. The PCP provides ongoing medical care and refers back to KCDMH for chemical dependency follow-up as needed.

**3.2 Hospitalization of a Member**

If a member is hospitalized for chemical dependency services and requires medical treatment, the admitting chemical dependency Provider will contact the PCP for consultation and development of treatment plan. Members who require transfer to a medical bed for treatment of a medical condition are transferred by the PCP to the appropriate level of acute care. The chemical dependency provider continues to consult with the PCP regarding treatment of the member. When medically stable, the member is either discharged by the PCP with appropriate follow-up by KCDMH chemical dependency provider and the PCP, or transferred back to the inpatient treatment facility by the chemical dependency provider. Upon discharge, the member is instructed to follow-up with the KCDMH chemical dependency provider and the PCP, as appropriate.

**3.3 KHS and KCDMH Liaisons**

There is a designated liaison for KHS. The Director of Mental Health serves as the liaison for KCDMH. Issues which require resolution are directed to these individuals for discussion and problem resolution

**4.0 PROVIDER AND MEMBER EDUCATION**

KHS providers are educated regarding chemical dependency carve-outs, PCP responsibilities, and referral procedures through Provider Orientations and the *Provider Administrative Manual*.

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**5.0 CONFIDENTIALITY**

KHS and KHS contracted providers will maintain and protect the confidentiality of members' medical information regarding inpatient and outpatient alcohol and drug services. Confidentiality of member information is described in *KHS Policy and Procedure #2.27 - Medical Records and Other Protected Health Information - Content, Maintenance, and Security* and *KHS Policy and Procedure #2.28-P: Medical Records and Other Protected Health Information – Privacy, Use, and Disclosure*.

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<sup>1</sup> **Revision 2009-03:** Routine revision. **2005-11:** Routine review. Policy reviewed against DHS Contract 03-76165 (Effective 5/1/2004).

<sup>2</sup> DHS Contract A-11 (6)

<sup>3</sup> DHS Contract A-11 (6)

<sup>4</sup> DHS Contract A-11 (6)

<sup>5</sup> DHS Contract A-11 (6)

<sup>6</sup> DHS Contract A-11 (6)

<sup>7</sup> DHS Contract A-11 (6)