Clinical Services Division: Utilization Management & Quality Improvement Updates

Los Angeles County Department of Public Health
All Provider Meeting Nov 4, 2025
Substance Abuse Prevention & Control

Agenda

Updated Opioid Treatment Program Regulations

Proposed ASAM 4th Edition Residential Capacity Building Initiative

Reminder: Pre Admission Non-Residential Services

Updated California Opioid Treatment Program Regulations

DHCS

Services Individuals Providers & Partners

25-008

Effective October 1, 2025

Narcotic Treatment Programs Regulation Changes

- Attachment 1: Narcotic Treatment Programs Regulation Text
- Application for License Renewal (DHCS 4029)
- Interim Treatment Patient Notification (DHCS 4032)
- Narcotic Treatment Program Initial Application (DHCS 5014)
- Facility and Geographical Area (DHCS 5025)
- Staff Information (DHCS 5026)
- County Certification (DHCS 5027)
- Affiliated and Associated Acknowledgement (DHCS 5134)
- Application for Protocol Amendment (DHCS 5135)

http://www.dhcs.ca.gov/provgovpart/Pages/2025-BH-Information-Notices.aspx

Updates to Title 9 CA Code of Regulations for Opioid Treatment Programs

- Admission Procedure
  - Medical director, program physician or physician extender shall conduct a screening evaluation of the applicant
  - The screening evaluation may be conducted via telehealth if the medical director, program physician, or physician extender determines that an adequate evaluation of the patient can be accomplished via telehealth
  - Toxicology test is required on admission
  - An in-person medical history and physical examination is required by an appropriately licensed health care provider no later than fourteen (14) calendar days following admission

Updates to Title 9 CA Code of Regulations for Opioid Treatment Programs

- Toxicology testing
  - A program shall not discharge a patient because the patient declined to take a test for illicit drug use or tests positive for illicit drugs, unless the positive or presumed positive test will negatively impact the patient's treatment with medication for opioid use disorder or the program has documented evidence of increasing clinical risk to the patient's health and safety.

Updates to Title 9 CA Code of Regulations for Opioid Treatment Programs

- Take-Home Methadone Supply Limits
  - No longer a fixed schedule or dose
  - The initial dosage shall be sufficient to control symptoms of withdrawal
  - The medical director, program physician, or physician extender shall determine the supply of take-home methadone that is provided to a patient, not to exceed:
    - During the first fourteen (14) days of treatment, the take-home supply shall not exceed seven (7) days
    - From fifteen (15) days of treatment, the take-home supply shall not exceed fourteen (14) days
    - From 31 days of treatment, the take-home supply shall not exceed 28 days

Updates to Title 9 CA Code of Regulations for Opioid Treatment Programs

- Counseling: medical director may adjust or waive the number of minutes of counseling services per calendar month
  - Patients can continue to receive treatment with medication for opioid use disorder if they decline to participate in a counseling visit (if the patient's declining has been documented via a signed waiver or documentation that the patient's signature was unavailable)

Updates to Title 9 CA Code of Regulations for Opioid Treatment Programs

- Reminder:
  - OTPs shall comply with the revised regulations no later than October 1, 2025
  - Submit an amended protocol to DHCS demonstrating compliance with these regulatory changes no later than November 1, 2025
  - DHCS Contact Email: DHCSNTP@dhcs.ca.gov

County of Los Angeles Public Health

ASAM 4th Edition Capacity Building: Residential Co-Occurring Capability and Additional Residential Withdrawal Management Beds

The ASAM Criteria Continuum of Care for Adult Addiction Treatment

Level 4: Inpatient				4 Medically Managed Inpatient 4 Psych
Level 3: Residential		3.1 Clinically Managed Low-Intensity Residential	3.5 Clinically Managed High-Intensity Residential 3.5 COE	3.7 Medically Managed Residential 3.7 BIO 3.7 COE
Level 2: IOP/HIOP		2.1 Intensive Outpatient (IOP)	2.5 High-Intensity Outpatient (HIOP) 2.5 COE	2.7 Medically Managed Intensive Outpatient 2.7 COE
Level 1: Outpatient	1.0 Long-Term Remission Monitoring		1.5 Outpatient Therapy 1.5 COE	1.7 Medically Managed Outpatient 1.7 COE
Recovery Residence	RR Recovery Residence			

Notable Level of Care changes

Removing Level 0.5. Early intervention and prevention are addressed in a new chapter.

Removing Level 3.3. Reflecting that cognitive deficits should be addressed in all levels of care.

Level 3.2 WM services integrated into Level 3.5.

Recovery support service expectations at each level of care.

Expectation that all levels of care be co-occurring capable at minimum.

Adding harm reduction as a component of individualized care.

Clinical Trainings for Substance Use Services

ASAM Criteria 4th Edition: Implications for SAPC Treatment Provider Agencies

http://www.sapc-lnc.org/www/lms/training-info.aspx?trainingID=401

Proposed Opportunity: ASAM 4th Edition Residential Capacity Building Pilot

- Time-limited capacity building start-up fund funds for:
  - Staffing (LPHAs which may include *psychiatrist / Psych-NPs*) providing mental health services in residential LOCs
  - Adding 3.2-WM Bed Capacity
  - *Limited to residential sites of care*

- Current Funding Consideration
  - $400,000 per site of residential care in a cost-sharing arrangement
  - 85% must be directed to staffing
    - Covers staffing until DHCS rates align with state cost reporting

Proposed Opportunity: ASAM 4th Edition Residential Capacity Building Pilot

- Funding Available via Approved Implementation Plan which must include:
  - Proposed Staffing Model
  - Proposed 3.2-WM Bed Additions
- Key Performance Indicators:
  - Mental health diagnoses documented via Cal-OMS
  - 3.2-WM Bed Count / Utilization
  - Direct LPHA services to residential clients:
    - Medication service H0034 claims by psychiatrists / psychiatric advanced practice nurses
    - TBD $0 billing claim code for *non-medical* LPHAs

Proposed Opportunity: ASAM 4th Edition **Residential** Capacity Building Pilot

- Written feedback welcomed via email: SAPC.QI.UM@ph.lacounty.gov

Reminder: Pre Admission Non-Residential Services

When Authorization is Required During Non-Residential Patient Engagement

Single Screening Visit

- Co-triage documented
- **No request for authorization required; billed through p-auth**
- No CalOMS required

Recovery Services

- Includes assessment, care coordination, counseling (individual and group), family therapy, recovery monitoring, relapse prevention
- Full ASAM not required (although welcomed)
- **No request for authorization required; billed through p-auth**
- **Pre-admission engagement of patients** → no CalOMS required
- Once admitted to a formal course of treatment → CalOMS required within 7 days of date of admission

ASAM 0.5, 1.0, 2.1, OTP LOCs → Initial Engagement Authorizations

- A formal admission that includes assessment, care coordination, counseling (individual and group), family therapy, medication services (including MOUD / MAUD / Rx for other SUDs), patient education, SUD crisis intervention services
- CalOMS required within 7 days of admission
- Initial engagement authorization available for 30d (housed patients 21 years old and older) / 60d (PEH and/or age 20 years old and younger) during which a **full ASAM is not required**

Q&A / Discussion