Drug Medi-Cal Organized Delivery System Requirements 2022 – 2026

El Dorado County Substance Use Disorder Services
DMC-ODS Quality Assurance Training Series
FY 2023-2024
JUNE 18 AND JUNE 27, 2024

Today's Topic

Department of Health Care Services Behavioral Health Information Notice No.: 24-001

This training will assist you in understanding the DMC-ODS program requirements pursuant to CalAIM, effective January 2022 through December 2026, including program updates, which replace the Section 1115 Standard Terms and Conditions used to describe the DMC-ODS program for the years 2015-2021.

CalAIM
California Advancing and Innovating Medi-Cal (CalAIM)

CalAIM is a multi-year initiative by DHCS to improve the quality of life and health outcomes of our population by implementing broad delivery system, program, and payment reform across the Medi-Cal program.

CalAIM is a multi-year initiative by the Department of Health Care Services (DHCS) to improve the quality of life and health outcomes of our population by implementing broad delivery system, program, and payment reforms across the Medi-Cal program. DHCS conducted extensive stakeholder engagement to elicit county, provider, and member feedback on how to improve Medi-Cal programs, including the DMC-ODS. As a result of that input, DHCS proposed to the Centers for Medicare and Medicaid Services (CMS) a set of updates to DMC-ODS, some of which CMS approved for the January – December 2021 extension period and others which were effective January 2022.

Establishes a “no wrong door” approach for enrollees to quickly and easily access substance use disorder services.

DMC-ODS Program Criteria for Services

Medi-Cal beneficiaries under age 21 in all counties are able to receive DMC-ODS services

Medi-Cal adult beneficiaries whose county of responsibility is a DMC-ODS county and Medi-Cal beneficiaries under age 21 in all counties are able to receive DMC-ODS services consistent with the following access criteria, assessment, and level of care determination criteria

Early Periodic Screening, Diagnostic and Treatment (EPSDT)

- **Federal mandate.**
- **Ensures beneficiaries under 21 received all SUD services needed to correct or ameliorate health conditions.**
- **Nothing in DMC-ODS Requirements limits or modifies scope of EPSDT.**
- **Can Reference BHIN 22-003 for more information.**

In accordance with the Early Periodic Screening, Diagnostic and Treatment (EPSDT) mandate under Section 1905(r) of the Social Security Act, all Counties, irrespective of their participation in the DMC-ODS program, shall ensure that all beneficiaries under age 21 receive all applicable SUD services needed to correct or ameliorate health conditions that are coverable under Section 1905(a) of the Social Security Act. Nothing in the DMC-ODS limits or modifies the scope of the EPSDT mandate. DMC-ODS counties are responsible for the provision of SUD services pursuant to the EPSDT mandate. Counties should refer to BHIN 22-003 regarding Medi-Cal SUD treatment services for beneficiaries under age 21 for further compliance with EPSDT requirements. Please note that the access criteria for beneficiaries under 21 is different and more flexible than the access criteria for adults accessing DMC-ODS services, to meet the EPSDT mandate and the intent for prevention and early intervention of SUD conditions.

Initial Assessment and Services Provided During the Assessment Process

- **Covered and clinically appropriate DMC-ODS services (except for residential treatment services) are:**
  - Medi-Cal reimbursable for up to 30 days following the first visit with a LPHA or counselor.
  - Up to 60 days if the beneficiary is under age 21, or if a provider documents that the client is experiencing homelessness.
  - Whether or not a DSM diagnosis for Substance-Related and Addictive Disorders is established.

Covered and clinically appropriate DMC-ODS services (except for residential treatment services) are Medi-Cal reimbursable for up to 30 days following the first visit with a Licensed Practitioner of the Healing Arts (LPHA) or registered/certified counselor, whether or not a DSM diagnosis for Substance-Related and Addictive Disorders is established, or up to 60 days if the beneficiary is under age 21, or if a provider documents that the client is experiencing homelessness and therefore requires additional time to complete the assessment.

If a beneficiary withdraws from treatment prior to establishing a DSM diagnosis for Substance-Related and Addictive Disorders, and later returns, the 30-day time period starts over.

The initial assessment shall be performed face-to-face, by telehealth ("telehealth" throughout this document is defined as synchronous audio and video) or by telephone (synchronous audio-only) by an LPHA or registered or certified counselor and may be done in the community or the home.

If the assessment of the beneficiary is completed by a registered or certified counselor, then the LPHA shall evaluate that assessment with the counselor and the LPHA shall make the initial diagnosis. The consultation between the LPHA and the registered or certified counselor can be conducted in person, by video conferencing, or by telephone.

DMC-ODS Access Criteria for Beneficiaries After Assessment

- **Beneficiaries 21 years and older must meet one of the following criteria:**
  - Have at least one diagnosis from DSM for Substance-Related and Addictive Disorders
  - Have had at least one diagnosis from the DSM for Substance-Related and Addictive Disorders, prior to being incarcerated or during incarceration, determined by substance use history.

To qualify for DMC-ODS services after the initial assessment process, beneficiaries 21 years of age and older must meet one of the following criteria:

Have at least one diagnosis from DSM for Substance-Related and Addictive Disorders, with the exception of Tobacco-Related Disorders and Non-Substance-Related Disorders, OR

Have had at least one diagnosis from the DSM for Substance-Related and Addictive Disorders, with the exception of Tobacco-Related Disorders and Non-Substance-Related Disorders, prior to being incarcerated or during incarceration, determined by substance use history.

DMC-ODS Access Criteria for Beneficiaries After Assessment

- **Beneficiaries under age 21 qualify to receive all medically necessary DMC-ODS services as required**

Beneficiaries under age 21 qualify to receive all medically necessary DMC-ODS services as required pursuant to Section 1396d(r) of Title 42 of the United States Code.

Federal EPSDT statutes and regulations require States to furnish all Medicaid-coverable, appropriate, and medically necessary services needed to correct and ameliorate health conditions, regardless of whether those services are covered in the state's Medicaid State Plan.

DMC-ODS Access Criteria for Beneficiaries After Assessment

- **Services need not be curative or completely restorative**
- **Services that sustain, support, improve, or make more tolerable substance misuse or an SUD are covered as EPSDT services.**

Consistent with federal guidance, services need not be curative or completely restorative to ameliorate a health condition, including substance misuse and SUDs.

Services that sustain, support, improve, or make more tolerable substance misuse or an SUD are considered to ameliorate the condition and are thus covered as EPSDT services.

Additional Coverage Requirements and Clarifications

- **Covered SUD prevention, screening, assessment, treatment, and recovery services are reimbursable Medi-Cal services**

Consistent with W&I Code section 14184.402(f), covered SUD prevention, screening, assessment, treatment, and recovery services are reimbursable Medi-Cal services when:

1) Services are provided prior to determination of a diagnosis or prior to determination of whether DMC-ODS criteria are met, as described above; or

2) The prevention, screening, assessment, treatment, or recovery services were not included in an individual treatment plan; or

3) The beneficiary has a co-occurring mental health condition.

Regarding (1), clinically appropriate and covered DMC-ODS services provided to beneficiaries over 21 are reimbursable during the assessment process as described above in the “Initial Assessment and Services Provided During the Assessment Process” subsection.

In addition, DMC-ODS county(ies) shall not disallow reimbursement for clinically appropriate and covered DMC-ODS services provided during the assessment process if the assessment determines that the beneficiary does not meet the DMC-ODS Access Criteria for Beneficiaries After Assessment.

Additional Coverage Requirements and Clarifications

- **All Medi-Cal claims, including DMC-ODS claims must include an ICD-10-CM code.**

In cases where services are provided due to a suspected SUD that has not yet been diagnosed, options are available in the CMS approved ICD-10-CM code list, for example, codes for “Other specified” and “Unspecified” disorders,” or “Factors influencing health status and contact with health services”. For additional information regarding code selection during the assessment period for outpatient behavioral health services, please refer to BHIN 22-013.

Additional Coverage Requirements and Clarifications

- **There are two scenarios where treatment plans are required**

There are two scenarios where treatment plans are required, or referenced, by state licensing and certification requirements, and DHCS will accept a problem list to identify the needs of the beneficiary and the reasons for service encounters:

1-Alcohol and Other Drug (AOD) Certification Standards: DHCS is in the process of updating the AOD Certification Standards that pertain to treatment plans to align with BHIN 22-019. Until the AOD Certification Standards have been updated, DMC-ODS providers may use a problem list, as defined in BHIN 22-019, in lieu of a treatment plan for beneficiaries.

2-Adult Alcoholism or Drug Abuse Recovery or Treatment Facility Licensing Regulations: DMC-ODS providers may use a problem list, as defined in BHIN 22-019, in lieu of a treatment plan for beneficiaries to comport with adult alcoholism or drug abuse recovery or treatment facilities licensing regulations that pertain to treatment plans

Covered SUD prevention, screening, assessment, treatment, and recovery services

- **Reimbursable when:**
  - (a) Services are provided prior to determination of a diagnosis or prior to determination of whether DMC-ODS access criteria (see description below) are met; or
  - (b) The prevention, screening, assessment, treatment, or recovery services were not included in an individual treatment plan; or
  - (c) The member has a co-occurring mental health condition.

For additional information regarding covered services for members with co-occurring SUD and mental health conditions, please refer to BHIN 22-011.

Level of Care Determination

- **The ASAM Criteria shall be used to determine placement**
- **Beneficiaries are able to receive care in the least intensive level of care that is clinically appropriate**

The ASAM Criteria shall be used to determine placement into the appropriate level of care for all beneficiaries, and is separate and distinct from determining medical necessity Beneficiary placement and level of care determinations shall ensure that beneficiaries are able to receive care in the least intensive level of care that is clinically appropriate to treat their condition.

For beneficiaries 21 and over, a full assessment using the ASAM Criteria shall be completed within 30 days of the beneficiary's first visit with an LPHA or registered/certified counselor.

b. For beneficiaries under 21, or for adults experiencing homelessness, a full assessment using the ASAM Criteria shall be completed within 60 days of the beneficiary's first visit with an LPHA or registered/certified counselor.

c. A full ASAM Criteria assessment is not required to deliver prevention and early intervention services for beneficiaries under 21; a brief screening ASAM Criteria tool is sufficient for these services (see below regarding details about ASAM level of care 0.5).

d. If a beneficiary withdraws from treatment prior to completing the ASAM Criteria assessment and later returns, the time period starts over.

e. A full ASAM assessment, or initial provisional referral tool for preliminary level of care recommendations, shall not be required to begin receiving DMC-ODS services.

f. A full ASAM assessment does not need to be repeated unless the beneficiary's condition changes.

g. These requirements for ASAM Level of Care assessments apply to NTP clients and settings.

Level of Care Determination

- **The ASAM Criteria shall be used to determine placement**
  - A full ASAM Criteria assessment is not required to deliver prevention and early intervention services for members under 21; a brief screening ASAM Criteria tool is sufficient for these services.
  - A full ASAM assessment, or initial provisional referral tool for preliminary level of care recommendations, shall not be required to begin receiving DMC-ODS services.

Residential and inpatient DMC-ODS services are subject to prior authorization. See this BHIN's section Authorization Policy for Residential/Inpatient Levels of Care for specific authorization requirements for residential and inpatient services.

Member placement and level of care determinations shall ensure that members are able to receive care in the least intensive level of care that is clinically appropriate to treat their condition.

Level of Care Determination

- **The ASAM Criteria shall be used to determine placement**
  - A full ASAM assessment does not need to be repeated unless the member's condition changes.
  - These requirements for ASAM level of care assessments apply to NTP clients and settings

Residential and inpatient DMC-ODS services are subject to prior authorization.

Member placement and level of care determinations shall ensure that members are able to receive care in the least intensive level of care that is clinically appropriate to treat their condition.

Additional Coverage Requirements and Clarifications

- **Medically necessary covered DMC-ODS services**
  - 21 years or older-When it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain.
  - Under 21 years old-Necessary to correct or ameliorate screened health conditions.

Medically necessary covered DMC-ODS services delivered by DMC-ODS providers are covered and reimbursable Medi-Cal services whether or not the beneficiary has a co-occurring mental health condition.

DMC-ODS counties shall not disallow reimbursement for covered DMC-ODS services provided to a beneficiary who has a co-occurring mental health condition if the beneficiary meets the DMC-ODS Access Criteria for Beneficiaries After Assessment.

Covered DMC-ODS Services

- **Outpatient, residential, and inpatient evidence-based SUD services**
- **Must be recommended by licensed practitioners of the healing arts**

DMC-ODS services include the following comprehensive continuum of outpatient, residential, and inpatient evidence-based SUD services.

DMC-ODS services must be recommended by licensed practitioners of the healing arts, within the scope of their practice. DMC-ODS services are provided by DMC-certified providers and are based on medical necessity.

Early Intervention (ASAM Level 0.5)

- **Officially known as Screening, Brief Intervention, Referral to Treatment and Early Intervention Services (ASAM Level 0.5)**
- **The goal of .5 services is to intervene before a person develops a substance use disorder.**

Alcohol and Drug Screening, Assessment, Brief Interventions and Referral to Treatment (SABIRT) (commonly known as Screening, Brief Intervention, and Referral to Treatment, or SBIRT) is not a DMC-ODS benefit. It is a benefit in Medi-Cal Fee-for-Service (FFS) and Medi-Cal managed care delivery system for beneficiaries aged 11 years and older.

Early intervention services are covered DMC-ODS services for beneficiaries under the age of 21. Any beneficiary under the age of 21 who is screened and determined to be at risk of developing an SUD may receive any service component covered under the outpatient level of care as early intervention services. A full assessment utilizing the ASAM criteria is not required for a DMC beneficiary under the age of 21 to receive early intervention services; an abbreviated ASAM screening tool may be used. An SUD diagnosis is not required for early intervention services.

Early intervention can consist of assessment and education for people at risk of developing a substance use disorder, or programs like DUI classes for people arrested for driving under the influence

Early intervention Services may be provided in person, by telehealth, or by telephone.

Outpatient Treatment Services (ASAM Level 1)

- **Outpatient treatment services are provided to beneficiaries when medically necessary**

Outpatient treatment services are provided to beneficiaries when medically necessary (offering up to nine hours a week for adults, and six hours a week for adolescents). Services may exceed the maximum based on individual medical necessity. Outpatient Treatment Services may be provided in person, by telehealth, or by telephone. Providers are required to either offer medications for addiction treatment (MAT, also known as medication-assisted treatment) directly, or have effective referral mechanisms in place to the most clinically appropriate MAT services Outpatient treatment services include the following service components: Assessment, Care Coordination, Counseling (individual and group), Family Therapy, Medication Services, MAT for Opioid Use Disorder (OUD) MAT for Alcohol Use Disorder (AUD) and other non-opioid SUDs, Patient Education, Recovery Services, SUD Crisis Intervention Services

Intensive Outpatient Treatment Services (ASAM Level 2.1)

- **Intensive outpatient treatment services are provided to beneficiaries when medically necessary**

Intensive Outpatient Treatment Services are provided to beneficiaries when medically necessary in a structured programming environment (offering a minimum of nine hours with a maximum of 19 hours a week for adults, and a minimum of six hours with a maximum of 19 hours a week for adolescents).Services may exceed the maximum based on individual medical necessity.

Outpatient Treatment Services may be provided in person, by telehealth, or by telephone. Providers must offer MAT directly or have effective referral mechanisms in place to the most clinically appropriate MAT services (defined as facilitating access to MAT off-site for beneficiaries while they are receiving intensive outpatient treatment services if not provided on-site. Providing a beneficiary the contact information for a treatment program is insufficient).

Intensive Outpatient Treatment Services include the following service components: Assessment, Care Coordination, Counseling (individual and group), Family Therapy, Medication Services, MAT for OUD, MAT for AUD and other non-opioid SUDs, Patient Education, Recovery Services, SUD Crisis Intervention Services

Partial Hospitalization Services (ASAM Level 2.5)

- **Partial Hospitalization Services are delivered to beneficiaries when medically necessary in a clinically intensive programming environment**

Partial Hospitalization Services are delivered to beneficiaries when medically necessary in a clinically intensive programming environment (offering 20 or more hours of clinically intensive programming per week). Partial Hospitalization Services are clinically intensive programming designed to address the treatment needs of beneficiaries with severe SUD requiring more intensive treatment services than can be provided at lower levels of care.

Services may be provided in person, by synchronous telehealth, or by telephone.

Level 2.5 Partial Hospitalization Programs typically have direct access to psychiatric, medical, and laboratory services, and are to meet the identified needs that warrant daily monitoring or management, but that can be appropriately addressed in a structured outpatient setting.

Providing this level of service is optional for DMC-ODS Counties. El Dorado County does not offer this service as part of the EDC DMC-ODS provider Network

Partial Hospitalization Services include the following service components: Assessment, Care Coordination, Counseling (individual and group), Family Therapy, Medication Services, MAT for OUD, MAT for AUD and other non-opioid SUDs, Patient Education, Recovery Services, SUD Crisis Intervention Services

Residential Treatment and Inpatient Services (ASAM Levels 3.1 – 4.0)

- **Residential Treatment Services are delivered to beneficiaries when medically necessary in a short-term residential program**

Residential Treatment Services are delivered to beneficiaries when medically necessary in a short-term residential program corresponding to at least one of the following levels:

Level 3.1 - Clinically Managed Low-Intensity residential Services

Level 3.3 - Clinically Managed Population-Specific High Intensity Residential Services

Level 3.5 - Clinically Managed High Intensity Residential Services

All Residential and Inpatient Treatment services provided to a client while in a residential or inpatient treatment facility may be provided in person, by telehealth, or telephone.

Telehealth and telephone services, when provided, shall supplement, not replace, the in-person services and the in-person treatment milieu; most services in a residential or inpatient facility shall be in-person.

A client receiving Residential or Inpatient services pursuant to DMC-ODS, regardless of the length of stay, is a “short-term resident” of the residential or inpatient facility in which they are receiving the services.

These services are intended to be individualized to treat the functional deficits identified in the ASAM Criteria.

Each client shall live on the premises and shall be supported in their efforts to restore, maintain, and apply interpersonal and independent living skills and access community support systems.

Residential Treatment and Inpatient Services (ASAM Levels 3.1 – 4.0)

- **Residential Treatment Services are delivered to beneficiaries when medically necessary in a short-term residential program**

Providers are required to either offer MAT directly or have effective referral mechanisms in place to clinically appropriate MAT services (defined as facilitating access to MAT off-site for beneficiaries while they are receiving residential treatment services if not provided on-site.

Providing a beneficiary, the contact information for a treatment program is insufficient).

Residential Treatment Services include the following services: Assessment, Care Coordination, Counseling (individual and group), Family Therapy, Medication Services, MAT for OUD, MAT for AUD and other non-opioid SUDs, Patient Education, Recovery Services, SUD Crisis Intervention Services

Narcotic Treatment Program (NTP)

- **Narcotic Treatment Program (NTP), is an outpatient program ordered by a physician as medically necessary**

Narcotic Treatment Program (NTP), also described in the ASAM criteria as an Opioid Treatment Program (OTP), is an outpatient program that provides Food and Drug Administration (FDA)-approved medications and biological products to treat SUDs when ordered by a physician as medically necessary.

NTPs are required to administer, dispense, or prescribe medications to patients covered under the DMC-ODS formulary including methadone, buprenorphine (transmucosal and long-acting injectable), naltrexone (oral and long-acting injectable), disulfiram, and naloxone

NTP shall offer the beneficiary a minimum of fifty minutes of counseling services per calendar month. NTPs shall comply with all federal and state NTP licensing requirements.

If the NTP cannot comply with all federal and state NTP requirements, then the NTP must assist the beneficiary in choosing another MAT provider, ensure continuity of care, and facilitate a warm hand-off to ensure engagement.

NTP services are provided in DHCS-licensed NTP facilities pursuant to the California Code of Regulations, Title 9, Chapter 4, Division 4, and title 42 of the CFR.

Counseling services provided in the NTP modality can be provided in person, by telehealth, or by telephone.

The medical evaluation for methadone treatment (which consists of a medical history, laboratory tests, and a physical exam) must be conducted in-person.

NTP Services include the following service components: Assessment, Care Coordination, Counseling (individual and group), Family Therapy, Medication Services, MAT for OUD, MAT for AUD and other non-opioid SUDs, Patient Education, Recovery Services, SUD Crisis Intervention Services

Withdrawal Management Services

- **Withdrawal Management Services are provided to beneficiaries experiencing withdrawal**

Withdrawal Management Services are provided to beneficiaries experiencing withdrawal in the following outpatient and residential settings:

Level 1-WM: Ambulatory withdrawal management without extended on-site monitoring (Mild withdrawal with daily or less than daily outpatient supervision)

Level 2-WM: Ambulatory withdrawal management with extended on-site monitoring (Moderate withdrawal with daytime withdrawal management and support and supervision in a non-residential setting)

Level 3.2-WM: Clinically managed residential withdrawal management (24-hour support for moderate withdrawal symptoms that are not manageable in outpatient setting)

Level 3.7-WM: Medically Managed Inpatient Withdrawal Management (24-hour care for severe withdrawal symptoms requiring 24-hour nursing care and physician visits)

Level 4-WM: Medically managed intensive inpatient withdrawal management (Severe, unstable withdrawal requiring 24-hour nursing care and daily physician visits to modify withdrawal management regimen and manage medical instability)

EL Dorado DMC-ODS offers Level 3.2-WM within the Provider Network

Withdrawal Management Services include the following service components: Assessment, Care Coordination, Medication Services, MAT for OUD, MAT for AUD and other non-opioid SUDs, Observation, Recovery Services

Withdrawal Management Services may be provided in an outpatient, residential or inpatient setting. If beneficiary is receiving Withdrawal Management in a residential setting, each beneficiary shall reside at the facility.

All beneficiaries receiving Withdrawal Management services, regardless in which type of setting, shall be monitored during the detoxification process.

Medication-assisted treatment (MAT)

- **Medications to treat**
  - AUD
  - OUD
  - Any SUD

Medications for addiction treatment include all FDA-approved medications and biological products to treat AUD, OUD, and any SUD.

MAT may be provided in clinical or non-clinical settings and can be delivered as a standalone service or as a service delivered as part of a level of care.

MAT may be provided with the following service components: Assessment, Care Coordination, Counseling (individual and group), Family Therapy, Medication Services, Patient Education, Recovery Services, SUD Crisis Intervention Services, Withdrawal Management Services

MAT Policy Clarifications

- **<u>ALL providers</u>, at all levels of care, must demonstrate that they either directly offer or have an effective referral mechanism to the most clinically appropriate MAT services.**
  - Providing contact information is insufficient.

Originally in the DMC-ODS 1115 Waiver, methadone, buprenorphine, naloxone, and disulfiram were only available in the NTP setting. However, under the "MAT Delivered at Alternative Sites" option, DMC-ODS counties had the option to cover drug product costs for MAT when the medications are purchased and administered or dispensed outside of the pharmacy or NTP benefit (in other words, purchased by providers and administered or dispensed on-site or in the community, and billed to the county DMC-ODS plan)

Under CalAIM, DMC-ODS counties shall ensure that all DMC-ODS providers, at all levels of care, demonstrate that they either directly offer or have an effective referral mechanism to the most clinically appropriate MAT services for beneficiaries with SUD diagnoses that are treatable with medications or biological products (defined as facilitating access to MAT off-site for beneficiaries if not provided on-site.

Providing a beneficiary the contact information for a treatment program is insufficient). An appropriate facilitated referral to any Medi-Cal provider rendering MAT to the beneficiary is compliant whether or not that provider seeks reimbursement through DMC-ODS. DMC-ODS Counties shall monitor the referral process or provision of MAT services.

Beneficiaries needing or utilizing MAT must be served and cannot be denied treatment services or be required to decrease dosage or be tapered off medications as a condition of entering or remaining in the program.

DMC-ODS providers offering MAT shall not deny access to medication or administratively discharge a beneficiary who declines counseling services. For patients with lack of connection to psychosocial services, more rigorous attempts at engagement in care may be indicated, such as using different evidence-based practices, different modalities (e.g., telehealth), different staff, and/or different services (e.g., peer support services). If the DMC-ODS provider is not capable of continuing to treat the beneficiary, the DMC-ODS provider must assist the member in choosing another MAT provider, ensure continuity of care, and facilitate a warm hand-off to ensure engagement.

Peer Support Services

- **Peer Support Services are culturally competent individual and group services**
- **The aim is to**
  - Prevent relapse
  - Empower beneficiaries
  - Support linkages to community resources
  - Educate beneficiaries and their families about their conditions and the process of recovery

Peer Support Services are culturally competent individual and group services that promote recovery, resiliency, engagement, socialization, self-sufficiency, self-advocacy, development of natural supports, and identification of strengths through structured activities such as group and individual coaching to set recovery goals and identify steps to reach the goals.

Services aim to prevent relapse, empower beneficiaries through strength-based coaching, support linkages to community resources, and to educate beneficiaries and their families about their conditions and the process of recovery.

Peer support services may be provided with the beneficiary or significant support person(s) and may be provided in a clinical or non-clinical setting. Peer support services can include contact with family members or other people supporting the beneficiary (defined as collaterals) **if the purpose** of the collateral's participation **is to focus on the treatment needs of the beneficiary** by supporting the achievement of the beneficiary's treatment goals.

Peer Support Services consist of Educational Skill Building Groups, Engagement and Therapeutic Activity services providing a supportive environment in which beneficiaries and their families learn coping mechanisms and problem-solving skills in order to help the beneficiaries achieve desired outcomes. These groups promote skill building for the beneficiaries in the areas of socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, and maintenance of skills learned in other support services.

These activities may include, but are not limited to, advocacy on behalf of the beneficiary; promotion of self-advocacy; resource navigation; and collaboration with the beneficiaries and others providing care or support to the beneficiary, family members, or significant support persons.

Contingency Management

- **Contingency Management (CM)**
  - Evidence-based behavioral treatment
  - Provides motivational incentives to reduce the use of stimulants
  - Demonstrated robust outcomes

Contingency Management (CM) is an evidence-based behavioral treatment that provides motivational incentives to reduce the use of stimulants. CM is the only treatment that has demonstrated robust outcomes for individuals with stimulant use disorder, including reduction or cessation of drug use and longer retention in treatment.

Recovery Services

- **Recovery Services designed to**
  - Support recovery
  - Prevent relapse
  - Manage health
  - Organize internal and community resources

Recovery Services are designed to support recovery and prevent relapse with the objective of restoring the beneficiary to their best possible functional level. Recovery Services emphasize the beneficiary's central role in managing their health, use effective self-management support strategies, and organize internal and community resources to provide ongoing self-management support to beneficiaries. Beneficiaries may receive Recovery Services based on self-assessment or provider assessment of relapse risk. Beneficiaries do not need to be diagnosed as being in remission to access Recovery Services. Beneficiaries may receive Recovery Services while receiving MAT services, including NTP services. Beneficiaries may receive Recovery Services immediately after incarceration with a prior diagnosis of SUD. Services may be provided in person, by telehealth, or by telephone. Recovery Services can be delivered and claimed as a standalone service, concurrently with the other levels of care

Recovery Services include the following service components: Assessment, Care Coordination, Counseling (individual and group), Family Therapy, Recovery Monitoring, which includes recovery coaching and monitoring designed for the maximum reduction of the beneficiary's SUD and Relapse Prevention, which includes interventions designed to teach beneficiaries with SUD how to anticipate and cope with the potential for relapse for the maximum reduction of the beneficiary's SUD.

Care Coordination

- **Care coordination shall be provided to a client in conjunction with all levels of treatment.**
- **Previously referred to as "case management'**

Care coordination was previously referred to as "case management" in the Section 1115 STCs that were used to describe the DMC-ODS program for the years 2015-2021. Per CMS feedback, DHCS has retitled and re-described this benefit as "care coordination."

Care coordination shall be provided to a client in conjunction with all levels of treatment. It may also be delivered and claimed as a standalone service. Care coordination consists of activities to provide coordination of SUD care, mental health care, and medical care, and to support the beneficiary with linkages to serviceand supports designed to restore the beneficiary to their best possible functional level. Care coordination can be provided in clinical or non-clinical settings (including the community) and can be provided face-to-face, by telehealth, or by telephone. Care coordination includes one or more of the following components: s l.

• Coordinating with medical and mental health care providers to monitor and support comorbid health conditions.

• Discharge planning, including coordinating with SUD treatment providers to support transitions between levels of care and to recovery resources, referrals to mental health providers, and referrals to primary or specialty medical providers.

• Coordinating with ancillary services, including individualized connection, referral, and linkages to community-based services and supports including but not limited to educational, social, prevocational, vocational, housing, nutritional, criminal justice, transportation, childcare, child development, family/marriage education, cultural sources, and mutual aid support groups.

• For guidance on claiming for care coordination within a level of care or as a standalone service, please refer to the most current DMC-ODS Billing Manual.

Indian Health Care Providers (IHCP)

- **All American Indian and Alaska Native (AI/AN) Medi-Cal beneficiaries whose county of responsibility is a DMC-ODS county may choose to receive DMC-ODS services at any DMC-certified IHCP**

American Indian and Alaska Native individuals who are eligible for Medicaid and reside in counties that have opted into the DMC-ODS can also receive DMC-ODS services through Indian Health Care Providers (IHCPs).

IHCPs include:

• Indian Health Service (IHS) facilities – Facilities and/or health care programs administered and staffed by the federal Indian Health Service.

• Tribal 638 Providers – Federally recognized Tribes or Tribal organizations that contract or compact with IHS to plan, conduct and administer one or more individual programs, functions, services or activities under Public Law 93-638.

Tribal 638 providers enrolled in Medi-Cal as an Indian Health Services-Memorandum of Agreement (IHS-MOA) provider must appear on the “List of American Indian Health Program Providers” set forth in APL 17-020, Attachment 1 in order to qualify for reimbursement as a Tribal 638 Provider under this BHIN.

Tribal 638 providers enrolled in Medi-Cal as a Tribal Federally Qualified Health Center (FQHC) provider, must do so consistent with the Tribal FQHC criteria established in the California State Plan, the Tribal FQHC section of the Medi-Cal provider manual, and APL 21-008.10 Tribal 638 providers enrolled in Medi-Cal as a Tribal FQHC must appear on the “List of Tribal FQHCs"

• Urban Indian Organizations – A Nonprofit corporate body situated in an urban center, governed by an urban Indian controlled board of directors, and providing for the maximum participation of all interested Indian groups and individuals, which body is capable of legally cooperating with other public and private entities for the purpose of performing the activities described in section 1653(a) of U.S. Code: Title 25, Chapter 18.

Access To Services

- **El Dorado County Access Beneficiary Portal**
  - 1-800-929-1955
  - 530-621-6290 #5.

El Dorado County Medi-Cal Beneficiaries will be able to access SUD services through:

The 24/7 toll-free access line.

1-800-929-1955 or **530-621-6290 #5.**

Authorization Policy for Residential/Inpatient Levels of Care

- **DMC-ODS Counties shall provide prior authorization for residential and inpatient services within 24 hours of the prior authorization request**
- **Excludes withdrawal management services**

DMC-ODS Counties shall provide prior authorization for residential and inpatient services (excluding withdrawal management services) within 24 hours of the prior authorization request being submitted by the provider.

DMC-ODS Counties will review the DSM and ASAM Criteria to ensure that the beneficiary meets the requirements for the service.

Authorization Policy for Non-Residential/Inpatient Levels of Care

- **Authorization prior to non-residential or non-inpatient assessment and treatment services not allowed**

DMC-ODS Counties may not impose prior authorization or centralized DMC-ODS County-administered ASAM full assessments prior to provision of non-residential or non-inpatient assessment and treatment services, including withdrawal management services.

Brief ASAM-based screening tools may be used when beneficiaries call the DMC-ODS County's beneficiary access number to determine the appropriate location for treatment.

Practice Requirements

- **Use of at least two of the following evidenced-based treatment practices (EBPs) is required**

DMC-ODS Counties shall ensure that providers implement at least two of the following evidenced-based treatment practices (EBPs) based on the timeline established in the DMC-ODS County implementation plan. The two EBPs are per provider, per service modality. DMC-ODS Counties shall ensure the providers have implemented EBPs and are delivering the practices to fidelity. The State will monitor the implementation of EBPs during reviews. The required EBPs include: Motivational Interviewing, Cognitive-Behavioral Therapy, Relapse Prevention, Trauma-Informed Treatment, Psycho-Education

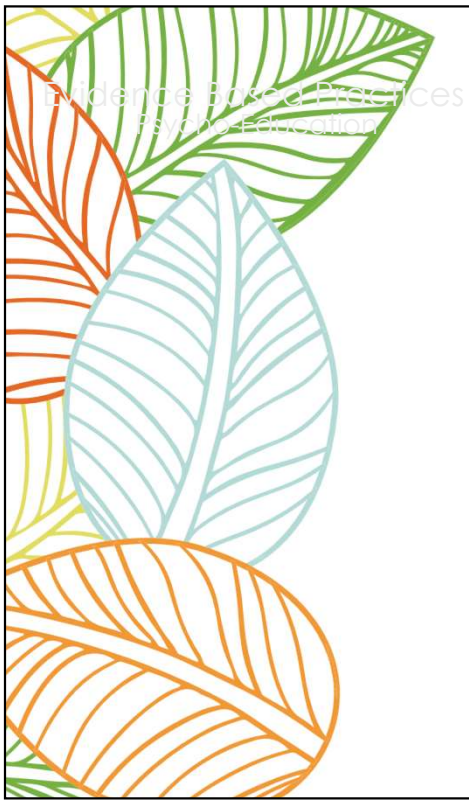
Motivational Interviewing-A beneficiary-centered, empathic, but directive counseling strategy designed to explore and reduce a person's ambivalence toward treatment. This approach frequently includes other problem-solving or solution-focused strategies that build on beneficiaries' past successes.

Cognitive-Behavioral Therapy-Based on the theory that most emotional and behavioral reactions are learned and that new ways of reacting and behaving can be learned.

Relapse Prevention- A behavioral self-control program that teaches individuals with SUD how to anticipate and cope with the potential for relapse. Relapse prevention can be used as a stand-alone substance use treatment program or as an aftercare program to sustain gains achieved during initial SUD treatment.

Trauma-Informed Treatment-Services must take into account an understanding of trauma, and place priority on trauma survivors' safety, choice, and control.

Psycho-Education-Psycho-educational groups are designed to educate beneficiaries about substance abuse and related behaviors and consequences.



Intersection with the Criminal Justice System

- **Beneficiaries involved in the criminal justice system are often harder to treat for SUD.**
- **DMC-ODS counties should recognize and educate staff and collaborative partners that Parole and Probation status is not a barrier to DMC-ODS.**

DMC-ODS County Oversight, Monitoring, and Reporting

- **All Counties are required to have a Quality Improvement Plan**
  - Includes the DMC-ODS County's plan to monitor the capacity of service delivery

DMC-ODS requirements shall only apply to services provided to Medi-Cal beneficiaries and not to those provided to non-Medi-Cal patients receiving services in subcontractors' facilities.

External Quality Review

- **EDC DMC-ODS participates in External Quality Review on a yearly basis.**
- **EDC DMC-ODS External Quality Review implementation includes Performance Improvement Projects in both Clinical and Non-Clinical domains.**

Network Adequacy Requirements

- **All counties and contracted providers are required to comply with network adequacy requirements.**


Questions

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