

WELCOME AND INTRODUCTIONS



In the Chat Box please enter the following information

Name

Position

Phone

Handouts

SUD Tip Sheet-Residential Admissions BH INs 21-019 and 21-021

CalAIM Principles

Transforms the Medi-Cal System across all services: Beneficiary Centered

Recognizes needs of special populations: reentry, homeless, mental health and youth

Less Restrictive, More Flexibilities

Rapid access to support after release from incarceration or following a relapse when clients are in crisis



No Wrong Door Approach

SUD Specific Changes

- Move from current codes to CPT Codes for services provided
- Payment Reform: It changes the mechanism of reimbursement to Counties
- Services are allowed prior to determining a SUD Diagnosis
- Services can be provided in-person, via synchronous telehealth or by telephone/audio

Medical Necessity [21-019]	 Applies to Outpatient and MAT services Full Assessment no longer required to begin services Up to 60 days to complete assessment if homelessness is documented 21 and younger eligible to receive services without a diagnosis
Recovery Services [21-020]	 No longer need an "In Remission" Diagnosis Can receive immediately following incarceration Can be offered before, during or after treatment Beneficiaries receiving MAT services may also receive Recovery Services
Residential Treatment Limitations [21-021]	• Removal of two (2) limit maximum for non-continuous residential stays within 365-day period

Adopting the Changes in our County





GO LIVE! January 2022



Removes Residential Treatment Limitations [IN 21-021]

Residential treatment is NO longer restricted to 2 episodes per year

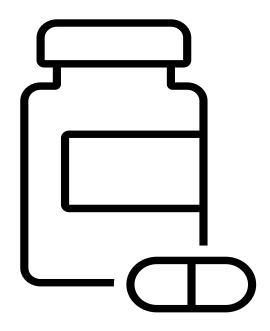
CMS directs State to aim for a statewide average length of stay (LOS) of 30 days. This is NOT a treatment "hard cap" individualized and clinical need. Contra Costa is at 35 days

Retroactive to January 1, 2021

Seeks consistency with ASAM Treatment Criteria

Medical Necessity for SUD Positive Changes [**Over 21**]

- 1) Have at least one diagnosis from the current DSM for Substance-Related and Addictive Disorders, with the exception of Tobacco-Related Disorders and Non Substance-Related Disorders; <u>OR</u>
- 2) Have had at least one diagnosis from the current 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, as determined by substance use history.



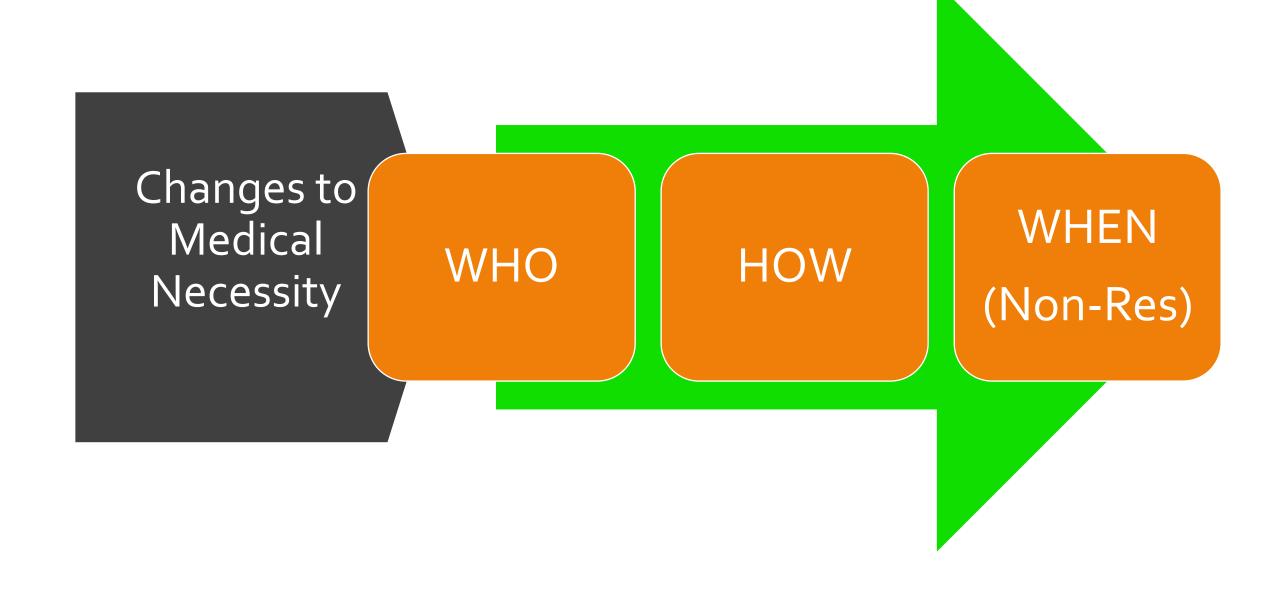
Applicability Factors

No changes for the non-incarcerated

Other Settings

Clients discharging from:

- Crisis Residential facilities
- Hospital
- Psych Emergency (PES)



SUD Medical Necessity

- Determined by LPHA
- Based upon assessment [LOCPA]

WHO?

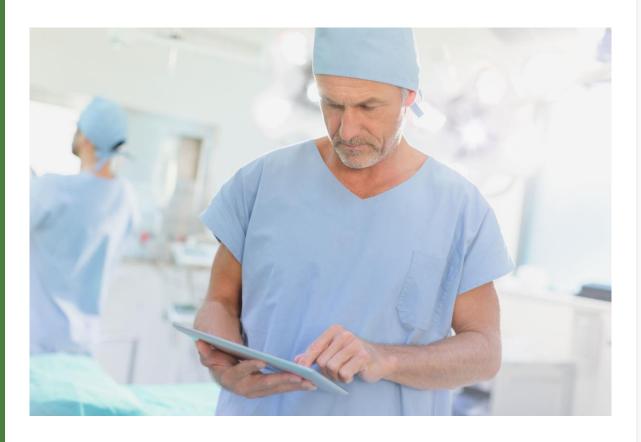
HOW

- Face-to-Face/In Person
- Synchronous Telehealth (Live Video)
- Telephone

- If assessment done by counselor, then LPHA shall evaluate assessment with
- LPHA makes initial medical determination
- Consultation can be in face-toface/in person, Synchronous Telehealth (Live Video)

ASSESSMENT

ASAM Criteria Assessment [LOCPA]



- A full ASAM Criteria assessment [LOCPA] is no longer required to begin receiving DMC-ODS services.
- The ASAM Criteria Assessment [LOCPA] shall be used to determine LOC placement.
- ASAM Criteria Assessment [LOCPA] is required before UM/UR authorizes a residential treatment level of care.
- If a client withdraws from treatment prior completing the ASAM Criteria assessment and later returns, the time period starts over. Close Episode and Reopen

Clinical Documentation Required

DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM [DMC-ODS] DOCUMENTATION STANDARDS RESIDENTIAL SERVICES

STEP ONE: INITIALIZING ACCESS TO SERVICES

BASIC INTAKE PACKAGE

- ✓ Medi-Cal Eligibility
- ✓ Intake Form [AODC-005]
- ✓ Health Questionnaire
- **✓** ROIs
- ✓ Consent to Treatment
- ✓ Notice of Action
- √ Fair Hearing Rights
- ✓ Personal Rights
- ✓ CalOMS Info [AODC-002]
- ✓ Client Registration [AODC-003]
- ✓ Admission & Discharge [AODC-004]
- **✓ Notice of Privacy Practices**
- √ UA

STEP TWO

✓ LOCPA

Counselor

LPHA) in person,

via synchronous

telehealth or by

(Registered,

Certified or

audio/

telephone

MEDICAL NECESSITY [AODC-14] IN SUD ONLY LPHA

- 1) DIAGNOSIS:
 - a) At least 1 (One) DSM 5 for SUD
 - b) Have had at least 1
 (one) DSM 5 for SUD
 prior to being
 INCARCERATED or
 during
 - INCARCERATION.
- 2) IMPAIRMENT: Any aspect related to SUD

STEP THREE: COMPREHENSIVE ASSESSMENT

- ✓ Documentation of a clear
 TB test results
 within last
 calendar year
- Physical exam within last calendar year signed by a physician
- ✓ Intake Summary
- ✓ (If children going to treatment: Child Immunization Records)

TREATMENT PLAN

(Within 30 days of Day One)

Resources

Cal AIM

https://www.dhcs.ca.gov/CalAIM/Pages/
calaim.aspx

2021 BH Information Notices
https://www.dhcs.ca.gov/formsandpubs/Pages/2021-MHSUDS-BH-Information-Notices.aspx

Resources



TIP Sheet



RESIDENTIAL TREATMENT ADMISSION CAPS

Regulatory Authority:

Information Notice 21-021 Updated Policy on Drug Medi-Cal Organized Delivery System (DMC-ODS) Residential Treatment Limitations

- Prior to January 31, 2021, Medi-Cal reimbursement to county DMC-ODS plans for residential services was limited to a maximum of two noncontinuous residential stays during a one-year period.
- After January 1, 2021 the limitations on the number of residential stays has been removed. This means, a client can have multiple admissions in all residential treatment levels.
- A client's length of stay for residential treatment services shall be determined by a Licensed Practitioner of the Healing Arts (LPHA) based on medical necessity.
- The statewide goal for the average length of stay for residential treatment services provided by DMC-ODS participating counties is 30 days or less. Contra Costa is currently at: 21.4 days (DHCS)
- In furtherance of the statewide goal, the county shall adhere and continue to monitor length of stay requirements set forth by DHCS.

NOVEMBER 2021

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- SUD Tip Sheet #10