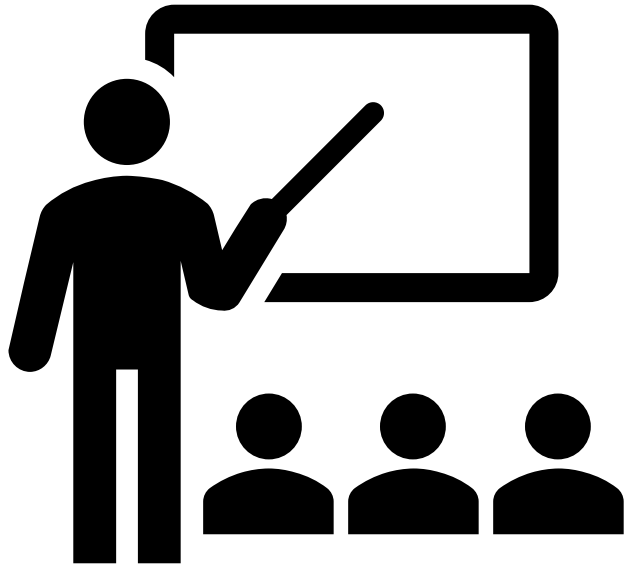




California Advancing Medi-Cal [CalAIM]

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

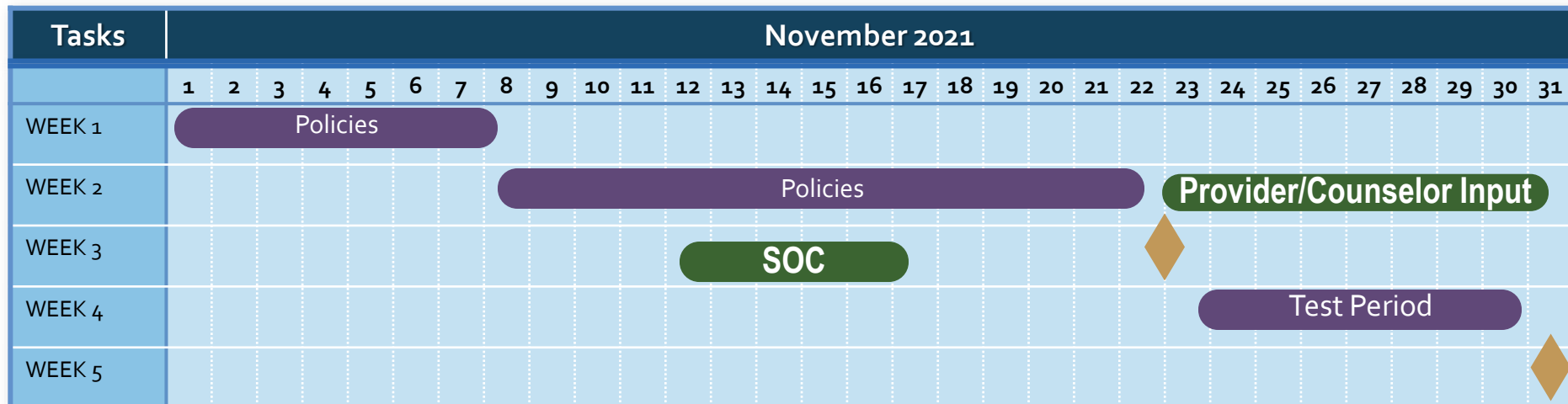
Recovery Services [21-020]

- 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



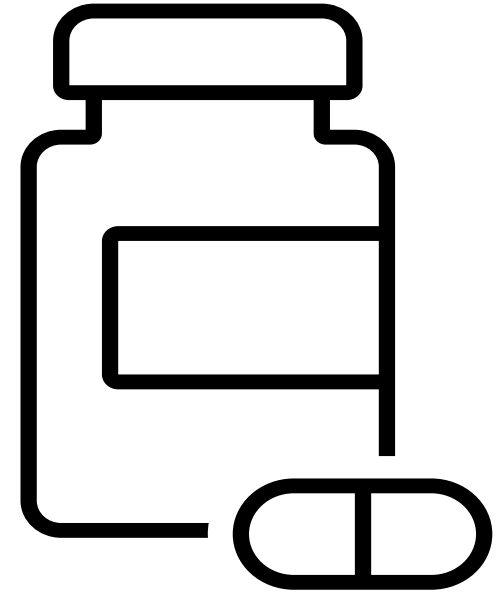
Retroactive to January 1, 2021



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; **OR**
- 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)

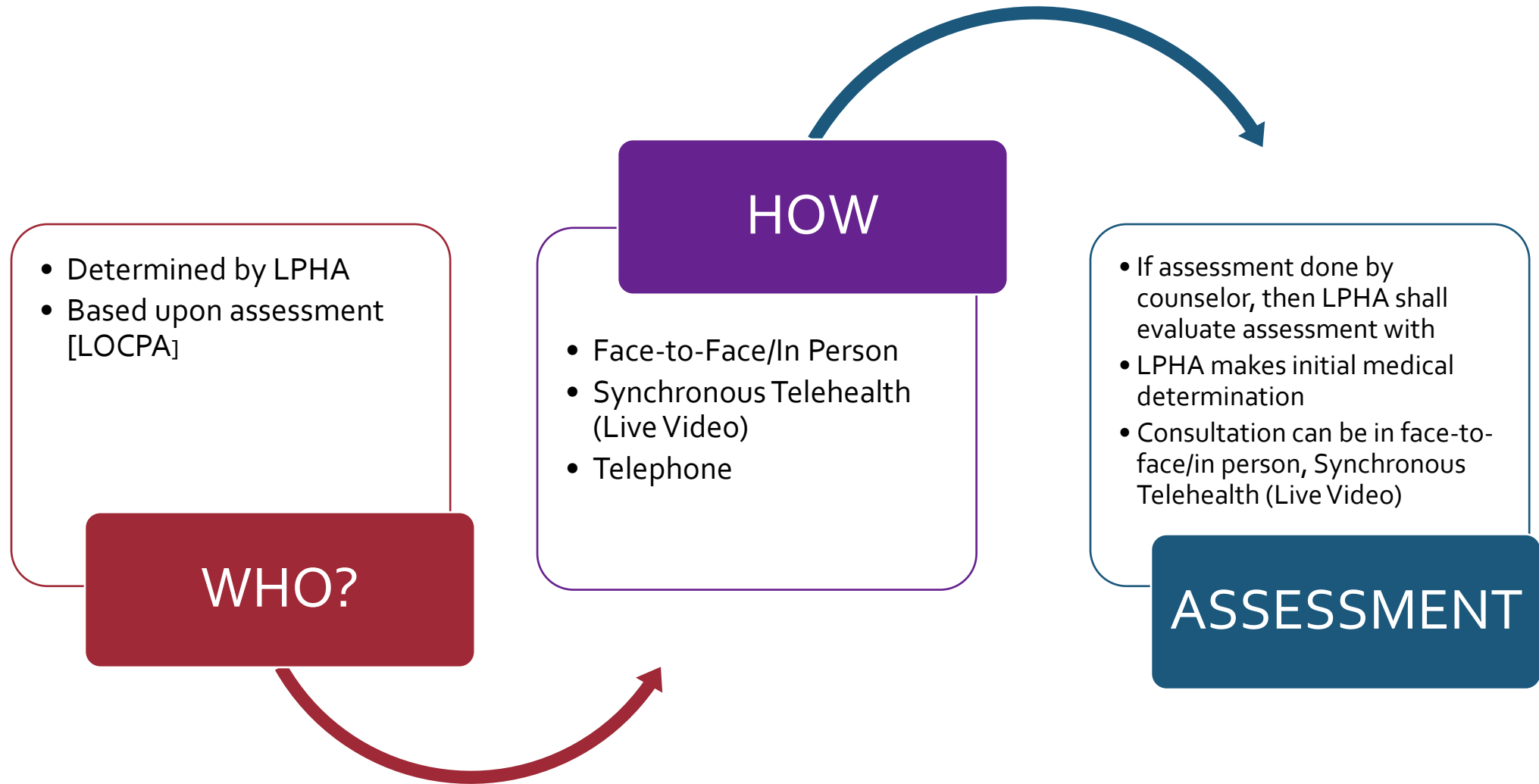
Changes to
Medical
Necessity

WHO

HOW

WHEN
(Non-Res)

SUD Medical Necessity



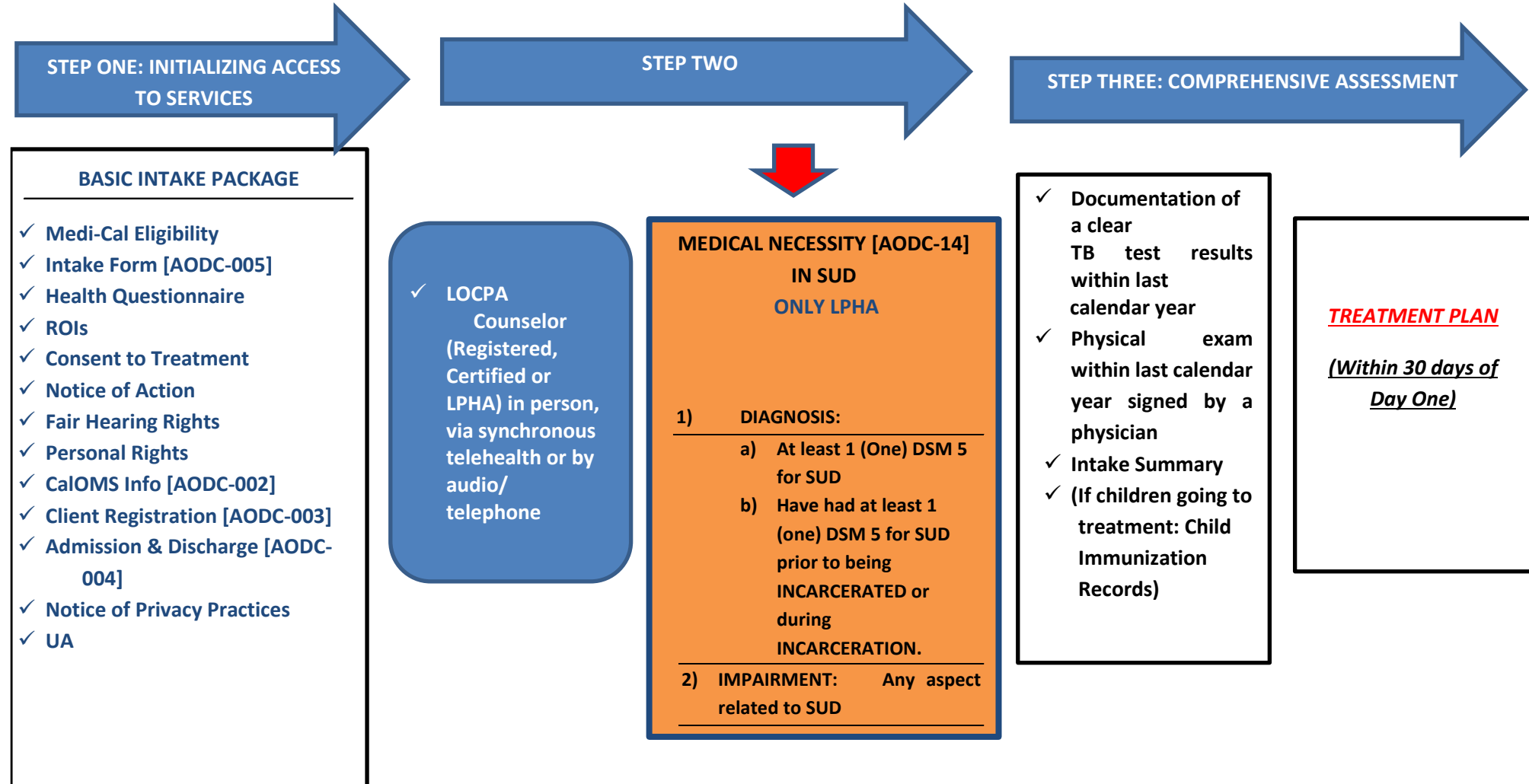
ASAM Criteria Assessment [LOCPA]



- 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



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

NOVEMBER 2021

 1220 Morello Ave. Suite 101, Martinez, CA 94553

 (925) 335-3307

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 SUD Tip Sheet #10

- 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.