An Advocate's Guide to Medi-Cal Services

January 2020

Chapter IV:
Substance Use Disorder Services

NATIONAL HEALTH LAW PROGRAM

Chapter IV: Substance Use Disorder Services

Outline of Medi-Cal Substance Use Disorder Services*

• SUD Preventative Services
  ◦ Screening, Brief Intervention and Referral to Treatment (SBIRT) for opioid use disorders & Alcohol Misuse Screening and Counseling (AMSC)
    ▪ Initial evaluation & treatment
    ▪ Routine screenings (Expanded screenings for alcohol use disorder)
    ▪ Specialized alcohol use disorder treatment
  ◦ Services for Prevention of Tobacco Use
    ▪ Initial tobacco use assessment with following annual visits
    ▪ FDA-approved tobacco cessation medications
    ▪ Individual, group, and telephone counseling
    ▪ One-on-one counseling services for pregnant tobacco users
 	
• Prescription Drug Services for Alcohol and Opioid Use Disorders
 	
• Drug Medi-Cal
  ◦ Methadone Maintenance Treatment at Narcotic Treatment Programs
  ◦ Outpatient Drug Free Treatment
  ◦ Intensive Outpatient Treatment
  ◦ Perinatal Residential SUD Services
  ◦ Naltrexone Treatment Services
 	
• Drug Medi-Cal Organized Delivery System
  ◦ Additional Treatment at Narcotic Treatment Programs
  ◦ Residential Services
  ◦ Withdrawal Management
  ◦ Recovery Services
  ◦ Case Management
  ◦ Physician Consultation
  ◦ Partial Hospitalization
  ◦ Additional medication-assisted treatment services
 	
• Voluntary Inpatient Detoxification

*This is a non-exhaustive list of services. It may not include all available services.

California significantly expanded the availability of substance use disorder (SUD) services in Medi-Cal in 2014. This coverage expansion was in response to the Affordable Care Act's (ACA) Essential Health Benefits provision, which mandates all state Medicaid programs to cover mental health and SUD services.[1] The ACA also requires Medi-Cal managed care plans (MCPs) to provide these services in compliance with the federal Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA).[2] As a result, SUD services cannot be subject to limitations that are more onerous than those limitations typically imposed on physical and surgical benefits.[3]

A. SUD Preventive Services

1. Screening, Brief Intervention and Referral to Treatment (SBIRT)

Medi-Cal provides coverage for preventive alcohol and opioid use services for beneficiaries over 18 through the SBIRT benefit. Medi-Cal MCPs are responsible for providing SBIRT services for MCP enrollees and Medi-Cal primary care physicians (PCP) provide SBIRT to Fee-for-Service (FFS) Medi-Cal beneficiaries.

ADVOCACY TIP:

✓ While coverage of SBIRT services is technically available to Medi-Cal beneficiaries over 18, beneficiaries ages 18 to 21 continue to be eligible for screening and preventive SUD services under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit.[4] Therefore, in practice, the more limited SBIRT benefit is available for adults over 21 while the EPSDT standard applies to beneficiaries under 21.

SBIRT was originally conceived as a program for individuals at risk of developing an alcohol use disorder (AUD). This alcohol use-specific benefit is now more commonly known as Alcohol Misuse Screening and Counseling (AMSC). SBIRT/AMSC consists of the following components: 1) initial evaluation, routine screening, and expanded screening for AUD; 2) initial treatment provided by the PCP and other MCP providers; and 3) specialized AUD treatment provided by the county alcohol and drug program.

PCPs must screen beneficiaries as part of initial and routine evaluations. When the beneficiary's PCP identifies a potential AUD, beneficiaries are entitled to at least one expanded screening every year.[5] For beneficiaries screening positively for risky alcohol use or a potential AUD, Medi-Cal provides coverage for behavioral counseling interventions provided by the PCP or another MCP provider.[6] MCPs must cover at least one, and up to three, behavioral counseling interventions per year with additional interventions covered as necessary.[7] Finally, under the AMSC benefit, beneficiaries identified with a possible AUD must be referred to the county alcohol and drug program for additional evaluation and treatment.[8]

As part of the 2019–2020 budget approval process, the Department of Health Care Services (DHCS) has been tasked with seeking federal funding to expand SBIRT to include services related to opioid use disorders (OUD) "in order to strengthen linkages and referral pathways between primary care and specialty substance use disorder treatment."[9] If federal funding is approved, beginning in January 2020, the three components of SBIRT would also apply to identification and treatment of potential risks associated with misuse of opioids.

2. Services for Prevention of Tobacco Use

Medi-Cal provides coverage for all preventive services identified as United States Preventive Services Task Force (USPSTF) grade "A" and "B" recommendations.[10] As a result, Medi-Cal beneficiaries have access to the following tobacco cessation services:

- **Assessment of tobacco use during initial medical visit and annually thereafter**
- **FDA-approved tobacco cessation medications:**[11]
    - Bupropion SR (Zyban®)
    - Varenicline (Chantix®)
    - Nicotine gum
    - Nicotine inhaler
    - Nicotine lozenge
    - Nicotine nasal spray
    - Nicotine patch
- **Individual, group, and telephone counseling:** at least four counseling sessions of at least ten minutes are covered regardless of whether the beneficiary is also undergoing medication treatment.[12] Beneficiaries have the option of selecting between individual or group counseling, and between counseling in-person or by telephone. Coverage of counseling sessions without prior authorization extends to at least two separate attempts to quit per year.[13]
- **Services for pregnant tobacco users:** Beneficiaries who are pregnant are eligible for tailored, one-on-one counseling for tobacco cessation.[14] Cessation counseling services must be covered during pregnancy and for 60 days after delivery, plus any additional days needed to end the respective month.

B. Prescription Drug Services for Alcohol and Opioid Use Disorders

Medi-Cal covers prescription drugs for treatment of alcohol and opioid use disorders on a FFS basis since these medications have been carved out of MCP contracts.[15] Medi-Cal covers the following medications:[16]

- Methadone, buprenorphine (Subutex® or Suboxone®), and injectable naltrexone (Vivitrol®) for medication-assisted treatment (MAT) of OUD;
- Naloxone (Narcan® or Evzio®) as an opioid overdose reversal medication; and
- Disulfiram (Antabuse®), acamprosate (Campral®), and oral and injectable naltrexone (Vivitrol®) for treatment of AUD.

When these medications are administered in a provider's office or in a clinical setting, Medi-Cal pays for the medications under the medical provider benefit.[17] However, under certain circumstances, providers may prescribe medications for SUD treatment for use outside of the provider's office. In these situations, Medi-Cal pays for the medications on a FFS basis under the prescription drug coverage benefit.[18] Pharmacies must bill DHCS directly even if the prescription was written by a MCP provider.

ADVOCACY TIP:

✓ The California Department of Public Health has issued a statewide standing order for the overdose-reversal medication naloxone, which enables individuals to access the medication from participating community organizations or entities without a prescription.[19] In addition, pharmacists across the state are allowed to dispense naloxone without a prescription.[20] Medi-Cal beneficiaries with SUD who may be at risk of overdose may access the medication at no cost and without any barriers such as prior authorization.

C. Drug Medi-Cal

Drug Medi-Cal (DMC) services are available to all Medi-Cal beneficiaries regardless of their county of residence, and are furnished by DHCS-certified SUD providers.[21] These services have been carved out of MCP contracts. Instead, county alcohol and drug programs are responsible for contracting with DHCS-certified providers to arrange, provide, or subcontract the provision of DMC services.

The State's obligations under the EPSDT benefit apply to DMC services.[22] This means that county alcohol and drug programs must ensure the availability of all DMC services for beneficiaries under 21 as long as the services are needed to correct or ameliorate an SUD condition. Prior authorization is not required when services are rendered under the EPSDT benefit, with the exception of residential SUD services, for which counties must provide authorization within 24 hours of submission of the request.[23]

In addition, all DMC services are reimbursed at an enhanced rate when provided to a beneficiary during pregnancy or postpartum, as long as the provider is certified to provide perinatal Medi-Cal services.[24] Perinatal SUD services must address specific issues that affect treatment and recovery, such as relationships and sexual and physical abuse. Perinatal services under DMC also extend to the following services:[25]

- Mother/child habilitative and rehabilitative services (such as development of parenting skills and training in child development);
- Transportation and service access;

- Education to reduce harmful effects of alcohol and drugs on the pregnant individual and fetus or infant; and
- Coordination of ancillary services (such as accessing dental services, accessing social and community services, and educational or vocational training).

Services covered as part of the DMC program include:

- **Methadone Maintenance Treatment (MMT) at Narcotic Treatment Programs (NTPs):** Pursuant to federal law, only specialized licensed clinics can dispense methadone for SUD treatment.[26] In California, these clinics are called narcotic treatment programs (NTPs) and provide "outpatient services using methadone… directed at stabilization and rehabilitation of persons [with SUD]."[27]
- **Outpatient Drug Free Treatment:** Outpatient services directed at stabilizing and rehabilitating persons with SUD diagnoses.[28]
- **Intensive Outpatient Treatment (IOT):** "Outpatient counseling and rehabilitation services provided at least three hours per day, three days per week…"[29]
- **Perinatal Residential SUD Services:** "Non-institutional, non-medical residential programs which provide rehabilitation services."[30]
- **Naltrexone Treatment Services:** Naltrexone is a medication that, in its injectable form, blocks the euphoric effects of opiates and helps prevent relapse. Medi-Cal covers naltrexone services on an outpatient basis.[31]

The following two tables summarize the components of the DMC program services (see Figure 1 below), and provide an overview of the coverage restrictions and exclusions for each service (See Figure 2):

Figure 1

	NTPs	Outpatient Drug Free Treatment	IOT	Perinatal Residential	Naltrexone Treatment
Intake[32]	✓	✓	✓	✓	✓
Body specimen screening	✓	✓	✓	✓	✓
Admissions physical exams and laboratory tests	✓	✓	✓	✓	✓
Treatment Planning	✓	✓	✓	✓	✓
Physician/Nursing Services	✓				✓
Medical Direction	✓	✓	✓	✓	✓
Medical Psychotherapy[33]	✓				
Individual/Group Counseling[34]	✓[35]	✓[36]	✓[37]	✓[38]	✓[39]
Medication Services[40]	✓	✓	✓	✓	✓

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Figure 1 (continued)

	NTPs	Outpatient Drug Free Treatment	IOT	Perinatal Residential	Naltrexone Treatment
Provision of MMT and/ or Levomethadyl acetate (LAAM)	✓				
Crisis Intervention[41]		✓	✓	✓	✓
Collateral Services[42]		✓	✓	✓	✓
Parenting Education				✓	
Discharge Planning		✓			

Figure 2

Services	Restrictions on Eligibility and Coverage Exclusions
Treatment at NTPs	Adults: Must have confirmed history of one year of OUD Children: Parental/legal guardian consent Confirmed history of 2 or more unsuccessful attempts in withdrawal treatment or short-term detoxification within one year.[43]
Outpatient Drug Free Treatment	None
IOT	None[44]
Perinatal Residential	Pregnant and postpartum individuals only. Beneficiaries must live on the premises of the facility and be supported, 24-hours and seven days a week, in an effort to "restore, maintain, and apply interpersonal and independent living skills and access community support systems."[45] Because of the federal Institution for Mental Diseases (IMD) exclusion, perinatal residential services under DMC must be provided in facilities with treatment capacity of 16 beds or less.[46] In addition, Medi-Cal coverage of perinatal residential services is limited to provision of SUD services at facilities licensed by the State and excludes room and board costs.[47]
Naltrexone Treatment	Limited to beneficiaries who are at least 18 years old, have a confirmed, documented history of OUD, have undergone detoxification (i.e., they are opiate free), and are not pregnant.[48]

D. Drug Medi-Cal Organized Delivery System

In 2015 California became the first state to obtain federal approval for a demonstration program to expand access to SUD services. The Drug Medi-Cal Organized Delivery System (DMC-ODS) program is part of California's Section 1115 waiver (Medi-Cal 2020), and seeks to increase integration and coordination of SUD services.[49] The demonstration also seeks to adopt the American Society of Addiction Medicine (ASAM) continuum of care, recognizing that different interventions are necessary for individuals with SUD who have different levels of need.[50]

In order to provide the whole continuum of care, the DMC-ODS waiver makes available several substance use services in addition to the services already available under the DMC program. These additional benefits are only available for Medi-Cal beneficiaries residing in counties that opt into the waiver program.[51] Eligibility for DMC-ODS program services is also restricted to Medi-Cal beneficiaries who meet the ASAM medical necessity criteria.[52] Therefore, in order to receive DMC-ODS program services, adult beneficiaries must meet: 1) a diagnosis for a substance-related and addictive disorder found in the Diagnostic and Statistical Manual of Mental Disorders, and 2) the ASAM criteria definition of medical necessity.

Despite the inclusion of this medical necessity criteria for children and adolescents as part of the DMC-ODS waiver, nothing in the waiver overrides EPSDT requirements.[53] This means that for a child or adolescent, if expanded SUD services are needed to correct or ameliorate an SUD condition, counties must make such service available regardless of whether the beneficiary meets the ASAM medical necessity criteria and regardless of whether the beneficiary's county of residence is participating in the DMC-ODS program.

The table below compares the SUD services available in counties participating in the DMC-ODS program with those available in the counties not participating in the demonstration:

Figure 3

Standard DMC Benefits (available to beneficiaries in all counties)	DMC-ODS Benefits (only available to beneficiaries in pilot counties)
Outpatient Drug Free Treatment	Outpatient Services
Intensive Outpatient Treatment	Intensive Outpatient Services
Naltrexone Treatment	Naltrexone Treatment
Narcotic Treatment Program (methadone)	Narcotic Treatment Program (methadone and additional medications)

Figure 3 (continued)

Standard DMC Benefits (available to beneficiaries in all counties)	DMC-ODS Benefits (only available to beneficiaries in pilot counties)
Perinatal Residential SUD services (limited by IMD exclusion)	Residential services (not restricted by IMD exclusion or limited to perinatal)
Detoxification in a Hospital	Withdrawal Management (at least one level)
	Recovery Services
	Case Management
	Physician Consultation
	Partial Hospitalization (Optional for counties)
	Additional MAT (Optional for counties)

1. Additional Treatment at Narcotic Treatment Programs

The DMC-ODS program continues to cover methadone treatment at NTPs. In addition to methadone treatment, the program also provides coverage for treatment at NTPs with the medications buprenorphine, disulfiram, and naloxone. The program also clarifies that activities covered as part of NTP include the prescribing, ordering, and monitoring of the medication regime.[54] NTPs must also now provide collateral services, crisis intervention services, and patient education services.

2. Residential Services

The DMC-ODS waiver makes residential services available to all beneficiaries who meet the ASAM medical necessity criteria for residential treatment.[55] The waiver includes a waiver of the Institution for Mental Disease (IMD) exclusion. The IMD exclusion rule is the part of the Medicaid Act that prohibits states from using federal Medicaid funds to cover treatments in mental health facilities with more than 16 beds, such as state mental hospitals. By waiving the exclusion, adult beneficiaries residing in a DMC-ODS program county who need residential SUD treatment may access these services at facilities with more than 16 beds. Medi-Cal coverage of residential SUD treatment is limited to two non-continuous 90 day stays per year for adults and two non-continuous 30 day stays for adolescents. When medically necessary, a one-time extension of up to 30 days may be authorized on an annual basis.[56]

Residential SUD services under the DMC-ODS program are intended to be individualized to treat the functional deficits identified in the ASAM criteria and must be provided in DHCS-licensed residential facilities that also have DMC certification and that have been designated as capable of delivering care consistent with ASAM treatment criteria. In addition to the components of

perinatal residential treatment under DMC, residential treatment under the DMC-ODS program includes education services, family therapy, safeguarding medication services, and transportation services.[57]

3. Withdrawal Management

Withdrawal management services are more commonly known as detoxification ("detox") services. This service consists of "the medical and psychological care of patients who are experiencing withdrawal symptoms as a result of ceasing or reducing use of their drug of dependence."[58] Counties participating in the DMC-ODS waiver must provide coverage for at least one ASAM level of withdrawal management.[59] Regardless of which ASAM level the county elects to cover, the services must include intake, observation, medication services, and discharge services.[60]

4. Recovery Services

Recovery services are available under the DMC-ODS program for beneficiaries who have completed their course of treatment whether they are triggered, have relapsed or as a preventive measure to prevent relapse.[61] Services may be provided face-to-face, by telephone, or by telehealth. Recovery services include the following components:[62]

- Outpatient counseling services: individual or group counseling to stabilize the beneficiary and then reassess if the beneficiary needs further care;
- Recovery Monitoring: coaching, monitoring via telephone and internet;
- Substance Abuse Assistance: Peer-to-peer services and relapse prevention;[63]
- Education and Job Skills: Linkages to life skills, employment services, job training, and education services;
- Family Support: Linkages to childcare, parent education, child development support services, family/marriage education;
- Support Groups: Linkages to self-help and support, spiritual and faith-based support, and peer support;
- Ancillary Services: Linkages to housing assistance, transportation, case management, individual services coordination;
- Youth Peer-to-Peer Recovery Coaching/Peer Mentoring (for persons under 21);
- Technological Support Services (for persons under 21); and
- Parent/Caregiver Support (for persons under 21).[64]

5. Case Management

Case management services are defined as "a service that assists a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services."[65] Services may be provided by a licensed practitioner or by a certified counselor at DMC provider sites, county locations, regional centers or as otherwise outlined by the county, and focus on coordination of SUD care, integration around primary care, and interaction with

the criminal justice system. Services may be provided face-to-face, by telephone, or by telehealth with the beneficiary.[66]

The specific components of the DMC-ODS program case management benefit are:[67]

- Comprehensive assessment and periodic reassessment of individual needs to determine the need for continuation of case management services;
- Transition to a higher or lower level SUD of care;
- Development and periodic revision of a beneficiary plan that includes service activities;
- Communication, coordination, referral and related activities;
- Monitoring service delivery to ensure that the beneficiary is accessing the service and the effectiveness of the service delivery system;
- Monitoring the beneficiary's progress; and
- Patient advocacy, linkages to physical and mental health care, transportation, and retention in primary care services.

6. Physician Consultation

Physician consultation services allow DMC physicians to consult with addiction medicine physicians, addiction psychiatrists or clinical pharmacists. These services are designed to assist DMC physicians seek expert advice on designing treatment plans for specific DMC-ODS program beneficiaries with complex SUD conditions. Consultation may address medication selection, dosing, side effect management, adherence, drug-drug interactions, or level of care considerations.[68]

7. Partial Hospitalization

Partial hospitalization services are available as optional services for counties participating in the DMC-ODS waiver. These are outpatient services that are more intensive than other outpatient services, such as treatment at NTPs, outpatient drug free treatment, and IOT. The partial hospitalization benefit entitles beneficiaries to 20 or more hours of clinically intensive SUD treatment per week. Services typically include direct access to psychiatric, medical, and laboratory services. The services should also meet the needs that, while identified as requiring daily monitoring or management, can be appropriately addressed in an outpatient setting.[69]

8. Additional MAT Services

Additional MAT services are available as optional services for counties participating in the DMC-ODS waiver. These services consist of the ordering, prescribing, administering, and monitoring of methadone, buprenorphine, and naltrexone treatment.[70]

ADVOCACY TIP:

✓ Advocates should determine whether their county is participating in the DMC-ODS waiver in order to know what services are available. If you are unsure, go to https://www.dhcs.ca.gov/provgovpart/Pages/County-Implementation-Plans-.aspx to find out. While 35 counties are currently participating in the waiver, the waiver will terminate or need to be re-authorized in 2020 and there will certainly be changes to the program at that time. Check CMS's website and the California Advancing and Innovating Medicaid (CalAIM) website for updates.

E. Voluntary Inpatient Detoxification

Voluntary Inpatient Detoxification (VID) is a type of withdrawal management or "detox" service provided to individuals with SUD in need of inpatient stays at general acute hospitals that are not Chemical Dependency Treatment Facilities or IMDs. As with other SUD services in Medi-Cal, the VID benefit has been carved out of MCP contracts and is available only on a FFS basis.[71] Both MCP enrollees and FFS beneficiaries are entitled to the service, subject to approval of a Treatment Authorization Request (TAR).[72]

To receive the service, the beneficiary must meet at least one of the following criteria:[73]

- Delirium tremens, with any combination of hallucinations, disorientation, tachycardia, hypertension, fever, agitation, or diaphoresis;
- Score greater than 15 on the Clinical Institute Withdrawal Assessment Scale for Alcohol, revised (CIWA-Ar) form;
- Alcohol/sedative withdrawal with CIWA score greater than 8 and one or more of the following high-risk factors:
  - Multiple substance abuse;
  - History of delirium tremens;
  - Unable to receive the necessary medical assessment, monitoring, and treatment in a setting with a lower level of care;
  - Medical co-morbidities that make outpatient detoxification unsafe;
  - History of failed outpatient treatment;
  - Psychiatric co-morbidities;
  - Pregnancy; or
  - History of seizure disorder or withdrawal seizures.
- Complications of opioid withdrawal that cannot be adequately managed in the outpatient setting due to the following factors:
  - Persistent vomiting and diarrhea from opioid withdrawal; or
  - Dehydration and electrolyte imbalance that cannot be managed in a setting with a lower level of care.

While VID is provided on a FFS basis, MCPs retain the responsibility of referring enrollees to providers at acute care hospitals for provision of the service when enrollees have symptoms meeting the medical necessity criteria. Beneficiaries may also self-refer to an acute care hospital for a medical necessity assessment to access VID. In addition, MCPs must provide care coordination with the VID service provider as needed. Finally, when an enrollee goes to an acute care hospital for VID services but the medical necessity criteria is not met, MCPs are responsible for referring the enrollee to the county alcohol and drug program for provision of other SUD services, as appropriate.[74]

Endnotes

[1] 42 U.S.C. § 18022(b)(10)(E). *See also* 42 C.F.R. § 440.347(a)(5).

[2] For the requirement to comply with parity with regards to Medicaid MCPs, *see* 42 U.S.C. § 1396u-2(b)(8). *See also* 42 C.F.R. §§ 438.900–.930.

[3] 42 U.S.C. § 300gg-26.

[4] *Id.*

[5] Cal. Dep't Health Care Servs., All Plan Letter 18-014, at 3 (Sept. 14, 2018), https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-014.pdf. Additional expanded screenings may be covered if medically necessary.

[6] *Id.*

[7] *Id.*

[8] *Id.*

[9] Cal. Welf. & Inst. Code § 14021.37. Pursuant to the approved budget and relevant statutory provisions, the expanded benefit will be suspended on December 31, 2021, unless the State determines through the 2021 budget process that there is sufficient General Fund revenue to support coverage of the benefit. *See also* Cal. State Budget 2019–2020 Summary, at 57, http://www.ebudget.ca.gov/2019-20/pdf/Enacted/BudgetSummary/FullBudgetSummary.pdf

[10] Cal. Welf. & Inst. Code § 14134.25(a); Cal. Dep't Health Care Servs., All Plan Letter 16-014, at 1–2 (Nov. 30, 2016) [hereinafter All-Plan Letter 16-014], https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2016/APL16-014.pdf.

[11] Cal. Welf. & Inst. Code § 14134.25(b)(2); All Plan Letter 16-014, *supra* note 10, at 3–4. In addition to the medications listed, any other medication approved by the FDA in the future is also covered. Coverage of tobacco cessation medications is not subject to proof of counseling and beneficiaries may not be required to receive a particular form of tobacco cessation service as a condition of receiving another tobacco cessation service. Coverage of cessation medications extends to 90-day treatment regimens without restrictions or barriers.

[12] Cal. Welf. & Inst. Code § 14134.25(b)(1); All Plan Letter 16-014, *supra* note 10, at 4–5.

[13] All Plan Letter 16-014, *supra* note 10, at 5.

[14] All Plan Letter 16-014, *supra* note 10, at 5–6.

[15] For information on carved-out medications, *see* Cal. Dep't Health Care Servs., All Plan Letter 16-004 (Feb. 19, 2016), https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2016/APL16-004.pdf.

[16] *See* Cal. Dep't Health Care Servs., MHSUDS Info. Notice 15-033 (Aug. 14, 2015) [hereinafter MHSUDS Info. Notice 15-033], https://www.dhcs.ca.gov/formsandpubs/Documents/MHSUDS_Information_Notice_15-033_MAT.pdf.

[17] *See* Cal. Dep't Health Care Servs., *Medication Assisted Treatment for Substance Use Disorders and the Drug Medi-Cal Organized Delivery System Pilot Program: Frequently Asked Questions* 3–5 (2018), https://www.rcdmh.org/Portals/0/PDF/Substance%20Use/DHCS%20-%20DMC-ODS%20MAT%20FAQ%20Update%208-2016%20Final.pdf?ver=2016-09-15-151405-663.

[18] *Id. See also* MHSUDS Info. Notice 15-033, *supra* note 16.

[19] For more information about the naloxone statewide standing order, *see* Cal. Dep't Pub. *Health, Naloxone Statewide Standing Order Frequently Asked Questions (FAQs)*, https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/CDPH%20Document%20Library/Naloxone/Naloxone%20FAQs%20062118.pdf.

[20] Cal. Bus. & Prof. Code § 4052.01.

[21] Most SUD services are provided pursuant to the rehabilitative services option (42 U.S.C. § 1396d(a)(13); 42 C.F.R. § 440.130) or other licensed practitioner option (42 U.S.C. § 1396d(a)(6); 42 C.F.R. § 440.60). Some services may also be delivered as part of broader optional benefits, such as pharmacy benefits (42 U.S.C. §§ 1396d(a)(12), 1396r-8; 42 C.F.R. § 440.120), or targeted case management (42 U.S.C. § 1396n(g)).

[22] Cal. Dep't Health Care Servs., MHSUDS Info. Notice 16-063 (Dec. 21, 2016) [hereinafter MHSUDS Info. Notice 16-063], https://www.dhcs.ca.gov/formsandpubs/Documents/Info%20Notice%202015/MHSUDS_IN_16-063.pdf. For more information about the scope and accessibility of mental health services in Medi-Cal, *see* Chapter III of the National Health Law Program's Medi-Cal Services Guide on Mental Health Services.

[23] *Id.* at 2.

[24] Cal. Code Regs. tit. 22, § 51341.1(c).

[25] *Id.*

[26] 42 C.F.R. § 8.12.

[27] Cal. Code Regs. tit. 22, § 51341.1(b)(17). *See also* Cal. Code Regs. tit. 22, § 51341.1(d)(1).

[28] Cal. Code Regs. tit. 22, § 51341.1(b)(18). *See also* Cal. Code Regs. tit. 22, § 51341.1(d)(2).

[29] Cal. Code Regs. tit. 22, § 51341.1(b)(8). *See also* Cal. Code Regs. tit. 22, § 51341.1(d)(3). Service was formerly known as day care habilitative services.

[30] Cal. Code Regs. tit. 22, § 51341.1(b)(20). *See also* Cal. Code Regs. tit. 22, § 51341.1(d)(4).

[31] Cal. Code Regs. tit. 22, § 51341.1(b)(16). *See also* Cal. Code Regs. tit. 22, § 51341.1(d)(5).

[32] Intake is "the process of admitting a beneficiary into [an SUD] treatment program, [including] the evaluation or analysis of the cause or nature of mental, emotional, psychological, behavioral, and [SUD]; the diagnosis of [SUD]...; and the assessment of treatment needs to provide medically necessary treatment services..." Cal. Code Regs. tit. 22, § 51341.1(b)(13).

[33] Medical Psychotherapy consists of "face-to-face discussion conducted by the medical director on a one-on-one basis with the patient, on issues identified in the patient's treatment plan." Cal. Code Regs. tit. 22, § 51341.1(b)(14); Cal. Code Regs. tit. 9, § 10345(b)(3)(C).

[34] Individual counseling is defined as "face-to-face contacts between a beneficiary and a therapist or counselor...conducted in a confidential setting." Cal. Code Regs. tit. 22, § 51341.1(b)(12). Group counseling consists of "face-to-face contacts in which one or more therapists or counselors treat two or more clients at the same time...conducted in a confidential setting..." Beneficiaries under 18 shall not participate with beneficiaries 18 or older unless the counseling takes place at a certified school site. Cal. Code Regs. tit. 22, § 51341.1(b)(11).

[35] At least 50 hours of counseling sessions per month. Cal. Code Regs. tit. 22, § 51341.1(h)(4)(B). These sessions may be individual sessions, medical psychotherapy sessions, or group sessions with four to ten patients and must have "a clear goal and/or purpose that is a common issue identified in the treatment plans of all participating patients." Cal. Code Regs. tit. 22, § 51341.1(b)(11)(A); Cal. Code Regs. tit. 9, § 10345.

[36] At least two group counseling sessions per month. Cal. Code Regs. tit. 22, § 51341.1(h)(4)(A). Groups must be composed of between four to ten patients and must focus on "short-term personal, family, job/school and other problems and their relationship to substance use." Individual counseling sessions under outpatient drug free treatment are limited to intake, crisis intervention, collateral services, and treatment and discharge planning. Cal. Code Regs. tit. 22, § 51341.1(b)(11)(A); Cal. Code Regs. tit. 22, § 51341.1(d)(2)(A)-(B).

[37] At least two counseling sessions per month. Cal. Code Regs. tit. 22, § 51341.1(h)(4)(A). Group counseling as part of IOT is limited to groups of between two to twelve patients. Cal. Code Regs. tit. 22, § 51341.1(b)(11)(B).

[38] At least two counseling sessions per month. Cal. Code Regs. tit. 22, § 51341.1(h)(4)(A).

[39] At least two counseling sessions per month. Cal. Code Regs. tit. 22, § 51341.1(h)(4)(A).

[40] Medication services are defined as "the prescription or administration of medication related to [SUD] treatment services, or the assessment of the side effects or results of that medication..." Cal. Code Regs. tit. 22, § 51341.1(b)(15).

[41] Crisis means an actual relapse or an unforeseen event or circumstance which presents to the beneficiary an imminent threat of relapse. Crisis intervention services are "face-to-face contact between a therapist or counselor and a beneficiary in crisis, [which] focus on alleviating crisis problems." Cal. Code Regs. tit. 22, § 51341.1(b)(7).

[42] Collateral services are defined as "face-to-face sessions with therapists or counselors and significant persons in the life of a beneficiary, focusing on the treatment needs of the beneficiary in terms of supporting the achievement of the beneficiary's treatment goals." Cal. Code Regs. tit. 22, § 51341.1(b)(4).

[43] Cal. Code Regs. tit. 9, § 10270; Cal. Code Regs. tit. 22, § 51341.1(h)(1)(B). *See also* Cal. Dep't Health Care Servs., MHSUDS Info. Notice 18-061 (Dec. 28, 2018), https://www.dhcs.ca.gov/formsandpubs/Documents/MHSUDS_Information_Notice_18-061_-_Treating_Youth_in_NTPs.pdf.

[44] IOT was originally available only for pregnant individuals and individuals under 21 as part of EPSDT. State Plan Amendment # 13-038 made the service available to all beneficiaries.

[45] Cal. Code Regs. tit. 22, § 51341.1(b)(20).

[46] Cal. Code Regs. tit. 22, § 51341.1(d)(4)(B). In order to prevent institutionalization, the federal Medicaid Act prohibits federal financial participation from going to facilities that treat individuals with mental health and SUDs if these facilities have more than 16 beds. 42 U.S.C. § 1396d(a)(B).

[47] Cal. Code Regs. tit. 22, § 51341.1(d)(4)(A).

[48] Cal. Code Regs. tit. 22, § 51341.1(d)(5).

[49] CMS, Approval Letter for California's Bridge to Reform Section 1115 Demonstration Amend. (Aug. 13, 2015), https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ca/Bridge-to-Health-Reform/ca-bridge-to-health-reform-2015-cms-amend-appvl-08132015.pdf; *See also* Cal. Dep't Health Care Servs., Drug Medi-Cal Organized Delivery System, https://www.dhcs.ca.gov/provgovpart/pages/drug-medi-cal-organized-delivery-system.aspx (last visited Nov. 12, 2019).

[50] For more information on the ASAM criteria, *see* Am. Soc. Addiction Med., What is the ASAM Criteria?, https://www.asam.org/resources/the-asam-criteria-/about (last visited Nov. 12, 2019).

[51] Under federal law, unless the Centers for Medicare and Medicaid Services (CMS) waives the requirement through approval of a Section 1115 waiver, Medicaid benefits must be available statewide and must available in similar amount, scope, and duration to all beneficiaries, regardless of categories of eligibility. *See* 42 C.F.R. §§ 431.50, 440.240. California's Section 1115 waiver waives these requirements and allows the State to provide different services depending on whether the county of residence opts to participate in the demonstration. CMS, Approval Letter for California's Bridge to Reform Section 1115 Demonstration Amend., *supra* note 49, Waiver Authority.

[52] CMS, Approval Letter for California's Bridge to Reform Section 1115 Demonstration Amend., *supra* note 49, Special Terms and Conditions, at 121–122.

[53] *See* CMS, Approval Letter for California's Bridge to Reform Section 1115 Demonstration Amend., *supra* note 49, Special Terms and Conditions, at 121.

[54] Cal. Dep't Health Care Servs., MHSUDS Info. Notice 16-048 (Sept. 27, 2016), https://www.dhcs.ca.gov/formsandpubs/ADPBulletins/MHSUDS-IN_16-048-MAT_NTPS_WAIVER.pdf.

[55] CMS, Approval Letter for California's Bridge to Reform Section 1115 Demonstration Amend., *supra* note 49, at 130. Counties are required to provide at least one ASAM level of residential treatment services initially and all ASAM levels within three years of participating in the program. *See also* Cal. Dep't Health Care Servs., MHSUDS Info. Notice 16-042 (Aug. 11, 2016), https://www.dhcs.ca.gov/formsandpubs/Documents/MHSUDS_IN_16-042.pdf.

[56] CMS, Approval Letter for California's Bridge to Reform Section 1115 Demonstration Amend., *supra* note 49, Special Terms and Conditions, at 130.

[57] CMS, Approval Letter for California's Bridge to Reform Section 1115 Demonstration Amend., *supra* note 49, Expenditure Authority, at 4.

[58] CMS, Approval Letter for California's Bridge to Reform Section 1115 Demonstration Amend., *supra* note 49, Special Terms and Conditions, at 131.

[59] CMS, Approval Letter for California's Bridge to Reform Section 1115 Demonstration Amend., *supra* note 49, Special Terms and Conditions, at 125–126.

[60] *See* Cal. Dep't Health Care Servs., MHSUDS Info. Notice 16-037 (July 20, 2016), https://www.dhcs.ca.gov/formsandpubs/Documents/MHSUDS_Information_Notice_16-037.pdf.

[61] CMS, Approval Letter for California's Bridge to Reform Section 1115 Demonstration Amend., *supra* note 49, Special Terms and Conditions, at 133.

[62] *Id.*

[63] For more information on peer support services under DMC-ODS, *see* Cal. Dep't Health Care Servs., MHSUDS Info. Notice 17-008 (Feb. 14, 2017), https://www.dhcs.ca.gov/formsandpubs/Documents/MHSUDS%20IN_17-008.pdf.

[64] MHSUDS Info. Notice 16-063, *supra* note 22. *See also* CMS & SAMHSA, Joint Informational Bulletin: Coverage of Behavioral Health Services for Youth with Substance Use Disorders (Jan. 26, 2015), https://www.medicaid.gov/federal-policy-guidance/downloads/cib-01-26-2015.pdf.

[65] CMS, Approval Letter for California's Bridge to Reform Section 1115 Demonstration Amend., *supra* note 49, Special Terms and Conditions, at 133–134.

[66] *Id.*

[67] *Id.*

[68] CMS, Approval Letter for California's Bridge to Reform Section 1115 Demonstration Amend., *supra* note 49, Special Terms and Conditions, at 134.

[69] CMS, Approval Letter for California's Bridge to Reform Section 1115 Demonstration Amend., *supra* note 49, Special Terms and Conditions, at 129.

[70] CMS, Approval Letter for California's Bridge to Reform Section 1115 Demonstration Amend., *supra* note 49, Special Terms and Conditions, at 132.

[71] Cal. Dep't Health Care Servs., All Plan Letter 18-001 (January 11, 2018), https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-001.pdf.

[72] *Id.*

[73] *Id.*

[74] *Id.*