



# **An Advocate's Guide to Medi-Cal Services**

December 2022

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## **Chapter IV: Substance Use Disorder Services**

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### Outline of Medi-Cal Substance Use Disorder Services\*

- SUD Preventative Services
  - Alcohol and Drug Use Screening, Assessment, Brief Interventions and Referral to Treatment (SABIRT)
    - Screening of unhealthy alcohol and drug use
    - Brief Assessment
    - Brief Interventions and Referral to Treatment
  - Services for Prevention of Tobacco Use
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    - FDA-approved tobacco cessation medications
    - Individual, group, and telephone counseling
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- Prescription Drug Services for Alcohol and Opioid Use Disorders
- Drug Medi-Cal
  - Narcotic Treatment Programs
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  - Perinatal Residential SUD Services
- Drug Medi-Cal Organized Delivery System
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- Other Services under California Advancing and Innovating Medi-Cal Initiative (CalAIM)
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  - Crisis Intervention Services (including community-based mobile crisis services)
- Voluntary Inpatient Detoxification

California significantly expanded coverage of substance use disorder (SUD) services in the Medi-Cal state plan in 2014. This coverage expansion was in response to the Affordable Care Act's (ACA) Essential Health Benefits provision, which mandates state Medicaid programs to cover mental health and SUD services for Medicaid expansion populations.<sup>1</sup>

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).<sup>2</sup> As a result, SUD services cannot be subject to limitations that are more onerous than those limitations typically imposed on physical and surgical benefits.<sup>3</sup>

Subsequent to this expansion, in 2015, California added new SUD services in Medi-Cal through a Section 1115 waiver as part of the Drug Medi-Cal Organized Delivery System (DMC-ODS). This program, first approved in 2015 and subsequently extended with some modifications in 2021, remains the main vehicle by which most Medi-Cal beneficiaries with SUD access these vital services. In 2022, California made additional changes to the DMC-ODS Program through a new initiative called California Advancing and Innovating Medi-Cal (CalAIM) through renewed Section 1115 and 1915b Medi-Cal waivers.

## A. SUD Preventive Services

### 1. Alcohol and Drug Use Screening, Assessment, Brief Interventions and Referral to Treatment (SABIRT)

Medi-Cal provides coverage for all preventive services identified as United States Preventive Services Task Force (USPSTF) grade “A” and “B” recommendations.<sup>4</sup> Pursuant to USPSTF recommendation, preventive alcohol and drug use services are available for beneficiaries 11 years of age and older through the SABIRT benefit.<sup>5</sup> Medi-Cal MCPs are responsible for the availability of SABIRT services for MCP enrollees, while Medi-Cal primary care providers (PCP) are responsible for SABIRT services to Fee-for-Service (FFS) Medi-Cal beneficiaries.<sup>6</sup> Providers are responsible for maintaining proper documentation about SABIRT services rendered and any referrals made to alcohol and SUD programs.<sup>7</sup>

#### ADVOCACY TIP:

✓ While coverage of SABIRT services is technically available to Medi-Cal beneficiaries 11 years of age and older, all beneficiaries under 21 continue to be eligible for screening and preventive alcohol and SUD services under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit.<sup>8</sup> When an EPSDT screening and assessment shows a risk of developing an alcohol use disorder (AUD) or an SUD, beneficiaries in all counties may receive early intervention services under the outpatient services modality of the DMC-ODS program (described in more detail below).

SABIRT services are provided by PCPs within their scope of practice. Such providers may include physicians, physician assistants, nurse practitioners, certified nurse midwives, licensed midwives, licensed clinical social workers, licensed professional clinical counselors, psychologists, and licensed marriage and family therapists.<sup>9</sup> The benefit is divided into the following three components:

- **Screening of unhealthy alcohol and drug use:** This type of screening is performed to determine the level of risk for unhealthy alcohol and drug use. Screening must be performed using one of the validated screening forms, which include, but are not limited to *Tobacco, Alcohol, Prescription Medication, and Other Substance Use (TAPS)*; *Alcohol Use Disorders Identification Test (AUDIT-C)*; *Drug Abuse Screening Test (DAST-10)*; *Parents, Partner, Past and Present (4Ps)* for pregnant women and adolescents.<sup>10</sup>
- **Brief Assessment:** PCPs typically (but not always) perform these brief assessments when a screening is positive to determine the presence of unhealthy alcohol and drug use. The tools used for these assessments include: *NIDA-Modified Alcohol, Smoking and Substance Involvement Screening Test (NM-ASSIST)*; *Drug Abuse Screening Test (DAST-20)*; and *Alcohol Use Disorders Identification Test (AUDIT)*.<sup>11</sup>
- **Brief Interventions and Referral to Treatment:** PCPs must offer brief misuse counseling when an assessment reveals unhealthy patterns of alcohol or drugs use. As part of these brief interventions, providers should provide feedback to the beneficiary about the screening and assessment results, discuss negative consequences of unhealthy substance use, support behavioral changes, and ensure proper follow-up is performed.<sup>12</sup>

## 2. Services for Prevention of Tobacco Use

The USPSTF also recommends tobacco smoking cessation services.<sup>13</sup> As a result, Medi-Cal provides coverage for the following services:<sup>14</sup>

- **Assessment of tobacco use during initial medical visit and annually thereafter**
- **FDA-approved tobacco cessation medications:**<sup>15</sup>
  - 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.<sup>16</sup> 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.<sup>17</sup>

- **Services for pregnant tobacco users:** Beneficiaries who are pregnant are eligible for tailored, one-on-one counseling for tobacco cessation.<sup>18</sup> 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 coverage for prescription drugs for treatment of alcohol and opioid use disorders has historically been carved out of MCP contracts.<sup>19</sup> As a result, coverage for these medications is not impacted by the Medi-Cal Rx Pharmacy Benefit carve out transition (for more information on the Rx Carve Out, see Chapter II of this Guide on Prescription Drugs Services). Medi-Cal covers the following medications:<sup>20</sup>

- 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.<sup>21</sup> 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 Medi-Cal prescription drug coverage benefit.<sup>22</sup> Pharmacies must bill Medi-Cal directly (i.e. FFS) 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.<sup>23</sup> In addition, pharmacists across the state are allowed to dispense naloxone without a prescription.<sup>24</sup> 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.<sup>25</sup> These services have been carved out of MCP contracts. Instead, county alcohol and drug programs are responsible for contracting with Medi-Cal-certified providers to arrange, provide, or subcontract the provision of DMC services.

### 1. Access and Patient Placement Criteria

In order to receive DMC services, adult beneficiaries must 1) have at least one diagnosis from the Diagnostic and Statistical Manual of Mental Disorders (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 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.<sup>26</sup> Pursuant to changes adopted through the CalAIM demonstration, DMC services provided while an initial assessment is ongoing are reimbursable regardless of whether an SUD diagnosis is made for up to 30 days after the first visit to the provider if the patient is 21 years of age or older, and for up to 60 days after the first visit if the patient is either under 21 or experiencing homelessness.<sup>27</sup>

Beneficiaries under 21 are eligible for DMC services if they are needed to correct or ameliorate a condition, including an SUD, and the services need not be curative or completely restorative to ameliorate a behavioral health condition.<sup>28</sup> 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.<sup>29</sup>

After a determination that the beneficiary meets the access and medical necessity criteria has been made, the beneficiary is subject to an American Society of Addiction Medicine (ASAM) Placement Criteria Assessment to determine the level of care needed to address the beneficiary's condition.<sup>30</sup> The purpose of the ASAM criteria is to ensure that "beneficiaries are able to receive care in the least intensive level of care that is clinically appropriate to treat their condition."<sup>31</sup> The ASAM assessment must be completed within 30 days of the first visit for an initial assessment for beneficiaries 21 and over, and within 60 days of the first visit for beneficiaries under 21 and beneficiaries experiencing homelessness, although a full ASAM assessment is not required to begin receiving services.<sup>32</sup>

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.<sup>33</sup> 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:<sup>34</sup>

- 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).

## 2. DMC Levels of Care and Services

Services covered as part of the DMC program are provided in the following levels of care:

- Narcotic Treatment Programs (NTPs): Pursuant to federal law, only specialized licensed clinics can dispense methadone for SUD treatment.<sup>35</sup> In California, these clinics are called narcotic treatment programs (NTPs) and are outpatient facilities required to provide services related to provision of methadone, buprenorphine, naltrexone, naloxone, and disulfiram for OUD and AUD, including counseling if medically necessary.<sup>36</sup>
- Outpatient Drug Free Treatment: Outpatient services directed at stabilizing and rehabilitating persons with SUD diagnoses provided when medically necessary.<sup>37</sup>
- Intensive Outpatient Treatment (IOT): “Provided to beneficiaries in a structured programming environment.”<sup>38</sup>
- Perinatal Residential SUD Services: “Non-institutional, non-medical residential programs which provide rehabilitation services to pregnant and postpartum women with an SUD.”<sup>39</sup>

The following two tables summarize the services of the DMC program provided within each level of care (see Figure 1), 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
Assessment <sup>40</sup>	✓	✓	✓	✓
Individual Counseling <sup>41</sup>	✓	✓	✓	✓
Group Counseling <sup>42</sup>	✓	✓	✓	✓
Patient Education <sup>43</sup>	✓	✓	✓	✓
Medical Psychotherapy <sup>44</sup>	✓			
Medication Services <sup>45</sup>	✓	✓	✓	✓
Medication-Assisted Treatment (MAT) for OUD <sup>46</sup>	✓			
SUD Crisis Intervention <sup>47</sup>	✓	✓	✓	✓

**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. <sup>48</sup>
Outpatient Drug Free Treatment	None
IOT	None <sup>49</sup>
Services	Restrictions on Eligibility and Coverage Exclusions
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.” <sup>50</sup> 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. <sup>51</sup> 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. <sup>52</sup>



## 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 was part of California's Section 1115 waiver (Medi-Cal 2020), and sought to increase integration and coordination of SUD services.<sup>53</sup> The demonstration also adopted the ASAM continuum of care, recognizing that different interventions are necessary for individuals with SUD who have different levels of need.<sup>54</sup> The program was renewed and extended in 2021 as part of the CalAIM Initiative. DMC-ODS services are now incorporated into California's Medicaid state plan and provided pursuant to the terms and conditions of a renewed Section 1915(b) waiver, except for residential services in IMDs, which are authorized under a renewed Section 1115 waiver.<sup>55</sup> In order to provide the whole continuum of care, the DMC-ODS program covers several substance use disorder services and levels of care in addition to the services covered under the DMC program. These additional benefits are only available for Medi-Cal beneficiaries residing in counties that opt into the demonstration.<sup>56</sup>

### ADVOCACY TIP:

- ✓ While CalAIM introduced many changes to the DMC-ODS program, counties must still opt-in to provide DMC-ODS services to adult beneficiaries. 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.

### 1. Access and Patient Placement Criteria

Eligibility for DMC-ODS program services is restricted to Medi-Cal beneficiaries who meet specific service access criteria, while level of care is determined using the ASAM patient placement criteria. In order to receive DMC-ODS program services, adult beneficiaries must 1) have at least one diagnosis from the Diagnostic and Statistical Manual of Mental Disorders (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 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.<sup>57</sup> Pursuant to changes adopted through the CalAIM demonstration, however, DMC-ODS services provided while an initial assessment is ongoing are reimbursable regardless of whether an SUD diagnosis is made for up to 30 days after the first visit to the provider if the patient is 21 years of age or older, and for up to 60 days after the first visit if the patient is either under 21 or experiencing homelessness.<sup>58</sup>

Despite the inclusion of this access criteria for children and adolescents as part of DMC-ODS, nothing in the demonstration overrides EPSDT requirements.<sup>59</sup> 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 access criteria and regardless of whether the beneficiary's county of residence is participating in the DMC-ODS program.<sup>60</sup> In addition, changes made pursuant to CalAIM clarify that, under EPSDT, DMC-ODS services need not be curative or completely restorative to ameliorate a behavioral health condition.<sup>61</sup>

After a determination that the beneficiary meets the access and medical necessity criteria has been made, the beneficiary is subject to an ASAM Placement Criteria Assessment to determine the level of care needed to address the beneficiary's condition.<sup>62</sup> The purpose of the ASAM criteria is to ensure that "beneficiaries are able to receive care in the least intensive level of care that is clinically appropriate to treat their condition."<sup>63</sup> The ASAM assessment must be completed within 30 days of the first visit for an initial assessment for beneficiaries 21 and over, and within 60 days of the first visit for beneficiaries under 21 and beneficiaries experiencing homelessness, although a full ASAM assessment is not required to begin receiving services.<sup>64</sup>

## 2. DMC-ODS Levels of Care and Services

The table below compares the SUD levels of care and 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 Levels of Care and Services (available to beneficiaries in all counties)	DMC-ODS Levels of Care and Services (only available to beneficiaries in pilot counties, except when covered pursuant to EPSDT)
Early Intervention through SABIRT	SABIRT for adults and Early Intervention Services for beneficiaries under 21
Outpatient Drug Free Treatment	Outpatient Services
Intensive Outpatient Treatment	Intensive Outpatient Services
Narcotic Treatment Program	Narcotic Treatment Program
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)
<i>Peer Support Services (optional for counties)</i>	<i>Peer Support Services (optional for counties)</i>

**Figure 3 continued**

Crisis Intervention Services (including mobile crisis services)	Crisis Intervention Services (including mobile crisis services)
	Recovery Services
	Care Coordination
	Physician Consultation
	<i>Partial Hospitalization (optional for counties)</i>
	<i>MAT Delivered at Alternative Sites (optional for counties)</i>
	<i>Contingency Management for Stimulant Use Disorders (optional for counties)</i>

### **Early Intervention Services**

Because early intervention services are limited to beneficiaries under 21, these services are required to be provided both in DMC and DMC-ODS counties under EPSDT. However, coverage of the SABIRT benefit provided via either FFS or managed care (discussed in section A above) satisfies that requirement in DMC counties, whereas coverage of early intervention (or ASAM level 0.5) in alcohol and drug programs satisfies the requirement in DMC-ODS counties. In addition to screening services, early intervention under the DMC-ODS program includes individual counseling, group counseling, and education services.<sup>65</sup> An SUD diagnosis is not required for early intervention services. Nonetheless, providers may use an abbreviated ASAM tool for an SUD diagnosis and must perform a full ASAM assessment and refer the beneficiary to the appropriate level of care if the beneficiary meets the diagnostic criteria.<sup>66</sup>

### **Narcotic Treatment Programs**

The DMC-ODS program continues to provide coverage for treatment at NTPs with the medications methadone, buprenorphine, naltrexone, disulfiram, and naloxone.<sup>67</sup> Pursuant to CalAIM, NTPs are now required to offer all FDA-approved medications for OUD when they can be readily purchased by the NTP.<sup>68</sup> The DMC-ODS program also clarifies that activities covered as part of NTP include the ordering, prescribing, administering, and monitoring of the medication regime.<sup>69</sup> NTPs must also provide assessment services, care coordination, counseling (individual and group), family therapy, medical psychotherapy, medication services (non-MAT), patient education, recovery services, and SUD crisis intervention services.<sup>70</sup>

## ***Residential Services***

Pursuant to the DMC-ODS Medi-Cal waiver, residential services must be available to all beneficiaries who meet the ASAM medical necessity criteria for residential treatment.<sup>71</sup> This 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. 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. There are no limitations on lengths-of-stay; however, the waiver requires California to achieve a thirty day statewide average length of stay at IMDs.<sup>72</sup>

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 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 assessment services, care coordination, counseling (individual and group), family therapy, medication services (non-MAT), patient education, recovery services, and SUD crisis intervention services.<sup>73</sup> CalAIM now also requires all residential facilities to offer MAT onsite or refer beneficiaries to outside providers offering MAT and to carry naloxone at all times.<sup>74</sup>

## ***Withdrawal Management***

Withdrawal management services are more commonly known as detoxification (“detox”) services. These services are provided to beneficiaries “when medically necessary for maximum reduction of the SUD symptoms and restoration of the beneficiary to their best possible functional level.”<sup>75</sup> Counties participating in the DMC-ODS waiver must provide coverage for at least one ASAM level of withdrawal management.<sup>76</sup> Regardless of which ASAM level the county elects to cover, the benefit includes assessment services, care coordination, medication services (non-MAT), MAT for OUD, MAT for AUD and other non-opioid SUDs, observation, and recovery services.<sup>77</sup>

## ***Recovery Services***

Recovery services are required to be covered 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.<sup>78</sup> Beneficiaries do not need to have been diagnosed as being in remission to receive recovery services and may receive the services while receiving MAT services, including NTP services.<sup>79</sup> Beneficiaries being released from incarceration may be eligible for recovery services with a prior diagnosis of SUD

in order to not penalize individuals who actively received services during incarceration and may have recovered while incarcerated.<sup>80</sup> Services may be provided face-to-face, by telephone, or by telehealth and include the following components:<sup>81</sup>

- Assessment
- Care Coordination
- Individual and Group Counseling
- Family Therapy
- Recovery Monitoring, which includes recovery coaching and monitoring designed for the maximum reduction of the beneficiary's SUD.
- 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 services (previously called case management services) consist of “activities to provide coordination of SUD care, mental health care, and primary care, and to support the beneficiary with linkages to services and supports designated to restore the beneficiary to their best possible functional level.”<sup>82</sup> Services may be provided in clinical and non-clinical settings by a licensed practitioner or by a certified counselor at DMC provider sites, county locations, regional centers or as otherwise outlined by the county.<sup>83</sup> Services may be provided face-to-face, by telephone, or by telehealth with the beneficiary.<sup>84</sup>

The specific components of the DMC-ODS program care coordination benefit are:<sup>85</sup>

- 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; and
- Coordinating with ancillary services, including individualized connection, referral, and linkages to community-based services and supports.

### ***Clinician Consultation***

Clinician consultation services allow DMC physicians to consult with addiction medicine physicians, addiction psychiatrists, licensed clinicians or clinical pharmacists.<sup>86</sup> These services are designed to assist DMC physicians seeking 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.<sup>87</sup> Services can only be billed by and reimbursed to DMC-ODS providers.<sup>88</sup>

### ***Partial Hospitalization***

Partial hospitalization services are available as optional services for counties participating in the DMC-ODS waiver.<sup>89</sup> 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.<sup>90</sup> 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.<sup>91</sup> The service components of partial hospitalization are assessment services, care coordination, counseling (individual and group), family therapy, medication services (both MAT and non-MAT), patient education, recovery services, and SUD crisis intervention services.<sup>92</sup>

### ***MAT Delivered at Alternative Sites***

Previously known as “Additional MAT Services,” MAT Delivered at Alternative Sites is an optional benefit in DMC-ODS counties that covers the cost of ordering and purchasing FDA-approved medications for SUD.<sup>93</sup> This service is typically offered by providers who buy and administer methadone, buprenorphine, or naltrexone in alternative settings, which otherwise would not be covered under the Medi-Cal pharmacy benefit discussed above, such as criminal justice settings or street-based outreach.<sup>94</sup> Medi-Cal also requires counties that cover this benefit to ensure that providers offer counseling or other behavioral health therapy.<sup>95</sup>

### ***Contingency Management for Stimulant Use Disorders: The Recovery Incentives Program***

In January 2022, California became the first state to receive approval to use federal Medicaid funding for a contingency management program to help treat certain SUDs.<sup>96</sup> This pilot program, called Recovery Incentives Program, will allow DMC-ODS counties to offer contingency management to beneficiaries with a diagnosed stimulant use disorder beginning in early 2023.<sup>97</sup> Stimulants include illicit substances such as cocaine and methamphetamine, as well as prescription medications, like amphetamine.

California’s contingency management program consists of providing incentives to participating beneficiaries who test negative for stimulants during the course of a 24-week course of treatment. The incentives are in the form of gift cards for retail stores, grocery stores, and gas stations, although no cannabis, tobacco,



alcohol, or lottery tickets are allowed as purchases.<sup>98</sup> Participants can also receive additional support during their participation like counseling, MAT for OUD, patient education, peer support, withdrawal management, and recovery services.<sup>99</sup> Importantly, beneficiaries should be offered referral to these other DMC-ODS services when indicated, but acceptance of such services are not required to access contingency management services.<sup>100</sup>

During weeks 1 through 12 of the program participants will be asked to visit their contingency management provider or testing site to provide a urine sample that is tested for the presence of stimulants. If the test is negative for stimulants, the participant receives an incentive starting at \$10 for the first week and increasing by \$1.50 per week for each subsequent negative test. The maximum possible incentive for this period of the program is \$438. During weeks 13 to 24, participants visit their provider or testing site once a week. In weeks 13 to 18, participants receive \$15 for each negative urine test and in weeks 19 to 23 participants receive \$10 per negative urine test. In week 24, participants can receive a final incentive of \$21 for a negative urine test. A participant can receive a maximum total of \$599 if they do not miss any visits and consistently test negative for stimulants.<sup>101</sup>

A “reset” will occur when an individual submits a positive sample or has an unexcused absence. The next time they submit a stimulant-negative sample, their incentive amount will return to the initial value (i.e., \$10). A “recovery” of the pre-reset value will occur after two consecutive stimulant-negative urine samples. At that time, the participant will recover their previously earned incentive level without having to restart the process.<sup>102</sup>

### ***Additional Requirements Regarding Medication-Assisted Treatment (MAT)***

cPursuant to a new policy adopted through the CalAIM initiative, all DMC-ODS providers at all levels of care, including residential facilities, are now required to either offer MAT onsite or refer beneficiaries to any Medi-Cal provider offering MAT.<sup>103</sup> In addition, all DMC-certified providers are required to offer counseling or behavioral health therapy to beneficiaries in MAT. However, provision of MAT is not contingent on acceptance of behavioral health therapy.<sup>104</sup>

## **E. Other Services Under CalAIM**

In addition to the services CalAIM introduced that are limited to counties participating in the DMC-ODS program, the initiative also authorized the implementation or expansion of two other programs statewide. Peer support services for SUDs is an optional service for all counties, whereas crisis intervention services, including mobile interventions, will be required in all counties by the end of 2023.



## ***Peer Support Services***

Beginning July 1, 2022, both DMC and DMC-ODS counties have the option of providing peer support services for individuals with SUD. 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.”<sup>105</sup> 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.<sup>106</sup>

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 collaterals (family members or other people supporting the beneficiary) if the purpose of their participation is to focus on the treatment needs of the beneficiary by supporting the achievement of the beneficiary’s treatment goals. They include the following components:<sup>107</sup>

- Educational Skill Building Groups: a supportive environment in which beneficiaries and their families learn coping mechanisms and problem-solving skills;
- Engagement: encouraging and supporting beneficiaries to participate in behavioral health treatment, including supporting beneficiaries in their transitions between levels of care;
- Therapeutic Activity: a structured non-clinical activity provided to promote recovery, wellness, self-advocacy, relationship enhancement, development of natural supports, self-awareness and values, and the maintenance of community living skills.

## ***Crisis Intervention Services***

Crisis intervention services consist of contacts with a beneficiary in crisis, defined as “an actual relapse or an unforeseen event or circumstance which presents to the beneficiary an imminent threat of relapse.”<sup>108</sup> These services focus on alleviating the crisis problem and stabilization of the beneficiary’s immediate situation in the least intensive level of care that is medically necessary to treat the beneficiary’s condition.

In addition to covering crisis intervention services, the State has sought federal approval to cover Medi-Cal qualifying community-based mobile crisis services statewide beginning in 2023. States now have the option to provide coverage for behavioral health mobile crisis services pursuant to Section 9813 of the American Rescue Plan Act of 2021 (ARPA).<sup>109</sup> Mobile crisis services are services

provided by health professionals on the scene where the beneficiary is experiencing a crisis related to a mental health or substance use condition, including the person's home, work, and all other locations, except a hospital or other facility settings.<sup>110</sup> The State intends to start partial implementation of the mobile crisis benefit in January 2023, with full implementation statewide required by December 2023.<sup>111</sup> As with other DMC-ODS services, mobile crisis services are required to be provided under EPSDT, which means that beneficiaries under 21 should be able to access these services when medically necessary, regardless of whether their county of residence has implemented this new mobile crisis service or is participating in the DMC-ODS program.

## F. 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.<sup>112</sup> Both MCP enrollees and FFS beneficiaries are entitled to the service, subject to approval of a Treatment Authorization Request (TAR).<sup>113</sup>

To receive VID, the beneficiary must meet at least one of the following criteria:<sup>114</sup>

- 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

its 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.<sup>115</sup>

## Endnotes

<sup>1</sup> 42 U.S.C. § 18022(b)(10)(E). *See also* 42 C.F.R. § 440.347(a)(5).

<sup>2</sup> 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.

<sup>3</sup> 42 U.S.C. § 300gg-26.

<sup>4</sup> 42 U.S.C. § 1396d(a)(13)(A).

<sup>5</sup> U.S. Preventive Servs. Task Force, Final Recommendation Statement: Unhealthy Drug Use: Screening (June 9, 2020), <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/drug-use-illicit-screening> (last visited Nov. 30, 2022); Cal. Dep’t Health Care Servs., All Plan Letter 21-014 (Oct. 11, 2021), <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2021/APL21-014.pdf> [hereinafter All-Plan Letter 21-014].

<sup>6</sup> Cal. Dep’t Health Care Servs., Behavioral Health Information Notice No. 21-075 at 7 (Dec. 17, 2021), <https://www.dhcs.ca.gov/Documents/BHIN-21-075-DMC-ODS-Requirements-for-the-Period-2022-2026.pdf> [hereinafter Behavioral Health Information Notice No. 21-075].

<sup>7</sup> *Id.* at 7–8.

<sup>8</sup> Cal. Dep’t Health Care Servs., Behavioral Health Information Notice No. 22-003 at 2–3 (Feb. 3, 2022), <https://www.dhcs.ca.gov/Documents/BHIN-22-003-Medi-Cal-Substance-Use-Disorder-Treatment-Services-for-Beneficiaries-under-age-21.pdf> [hereinafter Behavioral Health Information Notice No. 22-003]. *See also* All Plan Letter 21-014, *supra* note 5, at 5–6 and Behavioral Health Information Notice No. 21-075, *supra* note 6, at 5, 7–8.

<sup>9</sup> Behavioral Health Information Notice No. 21-075, *supra* note 6, at 3.

<sup>10</sup> *Id.* at 4.

<sup>11</sup> *Id.*

<sup>12</sup> *Id.* at 4–5.

<sup>13</sup> U.S. Preventive Servs. Task Force, Final Recommendation Statement: Tobacco Smoking Cessation in Adults, Including Pregnant Persons: Interventions (Jan. 19, 2021), <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions> (last visited Nov. 30, 2022).

<sup>14</sup> CAL. WELF. & INST. CODE § 14134.25(a); Cal. Dep’t Health Care Servs., All Plan Letter 16-014 at 1–2 (Nov. 30, 2016), <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2016/APL16-014.pdf> [hereinafter All-Plan Letter 16-014].

<sup>15</sup> CAL. WELF. & INST. CODE § 14134.25(b)(2); All Plan Letter 16-014, *supra* note 14, 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.

<sup>16</sup> CAL. WELF. & INST. CODE § 14134.25(b)(1); All Plan Letter 16-014, *supra* note 14, at 4–5.

<sup>17</sup> All Plan Letter 16-014, *supra* note 14, at 5.

<sup>18</sup> All Plan Letter 16-014, *supra* note 14, at 5–6.

<sup>19</sup> For information on the original 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>.

<sup>20</sup> See Cal. Dep’t Health Care Servs., Mental Health and Substance Use Disorder Services Information Notice No. 15-033 (Aug. 14, 2015), [https://www.dhcs.ca.gov/formsandpubs/Documents/MHSUDS\\_Information\\_Note\\_15-033\\_MAT.pdf](https://www.dhcs.ca.gov/formsandpubs/Documents/MHSUDS_Information_Note_15-033_MAT.pdf) [hereinafter Mental Health and Substance Use Disorder Services Information Notice No. 15-033]. With regards to naloxone, California law specifies that Medi-Cal coverable pharmacist services extend to furnishing naloxone pursuant to CAL. BUS. & PROF. CODE § 4052.01, which allows pharmacists to dispense the medication without a prescription. CAL. WELF. & INST. CODE § 14132.968.

<sup>21</sup> 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>.

- <sup>22</sup> *Id.* See also Mental Health and Substance Use Disorder Services Information Notice No. 15-033, *supra* note 20.
- <sup>23</sup> 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/CCDCPHP/DCDIC/SACB/CDPH%20Document%20Library/Naloxone/Naloxone%20FAQs%20062118.pdf>.
- <sup>24</sup> CAL. BUS. & PROF. CODE § 4052.01.
- <sup>25</sup> For the state law authority to provide Drug Medi-Cal services, see CAL. WELF. & INST. CODE § 14124.24. 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)).
- <sup>26</sup> Cal. Dep't Health Care Servs., Behavioral Health Information Notice No. 21-071 at 3 (Dec. 3, 2021), <https://www.dhcs.ca.gov/Documents/BHIN-21-071-Medical-Necessity-Determination-Level-of-Care-Determination-Requirements.pdf>.
- <sup>27</sup> *Id.* at 2. AL. WELF. & INST. CODE § 14184.402(f)(2).
- <sup>28</sup> *Id.* at 3; Behavioral Health Information Notice No. 22-003, *supra* note 8, at 3–4. See also CAL. WELF. & INST. CODE § 14059.5(b) (incorporating the EPSDT medical necessity criteria into state law) and CAL. WELF. & INST. CODE § 14184.402(a), (e)(2) (extending the state law requirement to use the EPSDT medical necessity criteria to behavioral health services).
- <sup>29</sup> Behavioral Health Information Notice No. 22-003, *supra* note 8, at 4.
- <sup>30</sup> CAL. WELF. & INST. CODE § 14184.402(e)(1).
- <sup>31</sup> Behavioral Health Information Notice No. 21-075, *supra* note 6, at 6.
- <sup>32</sup> *Id.* CAL. WELF. & INST. CODE § 14184.402(e)(3).
- <sup>33</sup> CAL. CODE REGS. tit. 22, § 51341.1(c).
- <sup>34</sup> *Id.*
- <sup>35</sup> 42 C.F.R. § 8.12.
- <sup>36</sup> Cal. Dep't Health Care Servs., California State Plan, Supplement 3 to Attachment 3.1-A (Rehabilitative Mental Health Services) 6a–6b (2021), <https://www.dhcs.ca.gov/Documents/Att-3-1-A-Supp-3-5-5-22.pdf> [hereinafter State Plan Supplement 3].
- <sup>37</sup> *Id.* at 6b.
- <sup>38</sup> *Id.* at 6a.
- <sup>39</sup> *Id.* at 6b–6c.

- <sup>40</sup> Assessment “consists of activities to evaluate or monitor the status of a beneficiary’s health and determine the appropriate level of care and course of treatment.” It may be done on a periodic basis and could include contact with family members or other individuals. The service extends to the following components: collection of information used for evaluation purposes; diagnosis of SUD, including physical examination and laboratory testing; and treatment planning. State Plan Supplement 3, *supra* note 36, at 3–4.
- <sup>41</sup> Individual Counseling is defined as contact between a beneficiary and a SUD treatment professional. It may also include family members or other collaterals if necessary. The service also extends to “preparing the beneficiary to live in the community and providing linkages to treatment and services available in the community.” State Plan Supplement 3, *supra* note 36, at 4.
- <sup>42</sup> Group Counseling is defined as contact between a SUD treatment professional and multiple beneficiaries at the same time but is limited to groups between two and twelve beneficiaries. State Plan Supplement 3, *supra* note 36, at 4.
- <sup>43</sup> Patient Education means “education for the beneficiary on addiction, treatment, recovery, and associated health risks.” State Plan Supplement 3, *supra* note 36, at 4.
- <sup>44</sup> Medical Psychotherapy is defined as “a type of counseling service to treat SUDs other than OUD conducted by the medical director of a NTP on a one-to-one basis with the beneficiary.” State Plan Supplement 3, *supra* note 36, at 4.
- <sup>45</sup> Medication Services is defined as “the prescription or administration of medication related to SUD services, or the assessment of the side effects or results of the medication.” This service does not extend to MAT for OUD, which is a separate service. State Plan Supplement 3, *supra* note 36, at 4.
- <sup>46</sup> MAT for OUD “includes all medications approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. § 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. § 262) to treat OUD.” State Plan Supplement 3, *supra* note 36, at 4. Currently, MAT extends to buprenorphine, methadone, and naltrexone, and coverage for all these medication services is required under the federal Support Act until September 30, 2025. See 42 U.S.C. § 1396d(a)(29) and (ee).
- <sup>47</sup> SUD Crisis Intervention Services Crisis intervention services consist of contacts with a beneficiary in crisis, defined as “an actual relapse or an unforeseen event or circumstance which presents to the beneficiary an imminent threat of relapse.” These services focus on alleviating the crisis problem and stabilization of the beneficiary’s immediate situation in the least intensive level of care that is medically necessary to treat the beneficiary’s condition. State Plan Supplement 3, *supra* note 36, at 6.



- <sup>48</sup> CAL. CODE REGS. tit. 9, § 10270. See *also* Cal. Dep’t Health Care Servs., Mental Health and Substance Use Disorder Services Information Notice No. 18-061 (Dec. 28, 2018), [https://www.dhcs.ca.gov/formsandpubs/Documents/MHSUDS\\_Information\\_Note\\_18-061\\_-\\_Treating\\_Youth\\_in\\_NTPs.pdf](https://www.dhcs.ca.gov/formsandpubs/Documents/MHSUDS_Information_Note_18-061_-_Treating_Youth_in_NTPs.pdf).
- <sup>49</sup> 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. See CMS, Approval Letter for Cal. State Plan Amendment # 13-038 (Sept. 5, 2014), [https://www.dhcs.ca.gov/formsandpubs/laws/Documents/CA\\_SPA\\_13-038\\_Approved\\_Package\\_Redacted.pdf](https://www.dhcs.ca.gov/formsandpubs/laws/Documents/CA_SPA_13-038_Approved_Package_Redacted.pdf).
- <sup>50</sup> State Plan Supplement 3, *supra* note 36, at 6b.
- <sup>51</sup> 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).
- <sup>52</sup> State Plan Supplement 3, *supra* note 36, at 6b.
- <sup>53</sup> CMS, Approval Letter for California’s Bridge to Reform Section 1115 Demonstration Amendment (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. 28, 2022).
- <sup>54</sup> For more information on the ASAM criteria, see Am. Soc. Addiction Med., What is the ASAM Criteria?, <https://www.asam.org/asam-criteria/about-the-asam-criteria> (last visited Nov. 28, 2022).
- <sup>55</sup> CAL. WELF. & INST. CODE § 14184.401; CMS, Approval Letter for California Advancing & Innovating Medi-Cal Section 1915(b) Waiver (Dec. 29, 2021), <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ca-calaim-ca-17-appvl-ltr.pdf> [hereinafter Approval Letter for CalAIM Section 1915(b) Waiver]; CMS, Special Terms and Conditions for California Advancing & Innovating Medi-Cal Section 1915(b) Waiver (2021), <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ca-calaim-ca-17-stc.pdf>; CMS, Approval Letter for California Advancing & Innovating Medi-Cal Section 1115 Demonstration Extension (Dec. 29, 2021), <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ca-calaim-ext-appvl-12292021.pdf> [hereinafter Approval Letter for CalAIM Section 1115 Waiver]; CMS, Approval Letter for Cal. State Plan Amendment # 21-0058 (Dec. 20, 2021), <https://www.dhcs.ca.gov/Documents/CA-21-0058-Approval-Package.pdf> [hereinafter State Plan Amendment # 21-0058].



- <sup>56</sup> Under federal law, unless the Centers for Medicare and Medicaid Services (CMS) waive the requirement through approval of a federal waiver, Medicaid benefits must be available statewide and must be 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 1915(b) and Section 1115 waivers waive these requirements and allow the State to provide different services depending on whether the county of residence opts to participate in the demonstration. Approval Letter for CalAIM Section 1915(b) Waiver, *supra* note 56, at 1; Approval Letter for CalAIM Section 1115(b) Waiver, *supra* note 56, at Waiver Authority 3.
- <sup>57</sup> Behavioral Health Information Notice No. 21-075, *supra* note 6, at 4; Cal. Dep't Health Care Servs., Behavioral Health Information Notice No. 21-019 at 2-3 (May 14, 2021), <https://www.dhcs.ca.gov/Documents/BHIN-21-019-DMC-ODS-Updated-Policy-on-Medical-Necessity-and-Level-of-Care.pdf> [hereinafter Behavioral Health Information Notice No. 21-019].
- <sup>58</sup> CAL. WELF. & INST. CODE § 14184.402(f)(2); Behavioral Health Information Notice No. 21-019, *supra* note 56, at 2.
- <sup>59</sup> CAL. WELF. & INST. CODE § 14184.402(a), (e)(2); Behavioral Health Information Notice No. 21-075, *supra* note 6, at 4-5; Behavioral Health Information Notice No. 21-019, *supra* note 56, at 2; Behavioral Health Information Notice No. 22-003, *supra* note 8, at 2-4.
- <sup>60</sup> Behavioral Health Information Notice No. 21-075, *supra* note 6, at 4-5; Behavioral Health Information Notice No. 22-003, *supra* note 8, at 3.
- <sup>61</sup> Behavioral Health Information Notice No. 21-075, *supra* note 6, at 3-4. See also CMS, EPSDT – A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents (2014), [https://www.medicaid.gov/sites/default/files/2019-12/epsdt\\_coverage\\_guide.pdf](https://www.medicaid.gov/sites/default/files/2019-12/epsdt_coverage_guide.pdf).
- <sup>62</sup> CAL. WELF. & INST. CODE § 14184.402(e)(1).
- <sup>63</sup> Behavioral Health Information Notice No. 21-075, *supra* note 6, at 6.
- <sup>64</sup> Id. CAL. WELF. & INST. CODE § 14184.402(e)(3).
- <sup>65</sup> Behavioral Health Information Notice No. 21-019, *supra* note 58, at 2.
- <sup>66</sup> Behavioral Health Information Notice No. 21-075, *supra* note 6, at 7-8; Behavioral Health Information Notice No. 22-003, *supra* note 8, at 3.
- <sup>67</sup> State Plan Amendment # 21-0058, *supra* note 56, at 6q; Behavioral Health Information Notice No. 21-075, *supra* note 6, at 13.
- <sup>68</sup> Behavioral Health Information Notice No. 21-075, *supra* note 6, at 13; Cal. Dep't Health Care Servs., Behavioral Health Information Notice No. 21-024 at 2-3 (May 21, 2021), <https://www.dhcs.ca.gov/Documents/BHIN-21-024-DMC-ODS-Expanding-Access-to-Medications-for-Addiction-Treatment-MAT.pdf> [hereinafter Behavioral Health Information Notice No. 21-024].

- <sup>69</sup> State Plan Amendment # 21-0058, *supra* note 56, at 6h, 6q; Behavioral Health Information Notice No. 21-075, *supra* note 6, at 14, 34; Behavioral Health Information Notice No. 21-024, *supra* note 69, at 2.
- <sup>70</sup> State Plan Amendment # 21-0058, *supra* note 56, at 6q; Behavioral Health Information Notice No. 21-075, *supra* note 56, at 14.
- <sup>71</sup> State Plan Amendment # 21-0058, *supra* note 56, at 6p; Behavioral Health Information Notice No. 21-075, *supra* note 6, at 10-12; Behavioral Health Information Notice No. 21-019, *supra* note 58, at 3.
- <sup>72</sup> Behavioral Health Information Notice No. 21-075, *supra* note 6, at 12; Cal. Dep't Health Care Servs., Behavioral Health Information Notice No. 21-021 (May 14, 2021), <https://www.dhcs.ca.gov/Documents/BHIN-21-021-DMC-ODS-Updated-Policy-on-Residential-Treatment-Limitations.pdf>.
- <sup>73</sup> State Plan Amendment # 21-0058, *supra* note 56, at 6p-6q; Behavioral Health Information Notice No. 21-075, *supra* note 6, at 12.
- <sup>74</sup> Behavioral Health Information Notice No. 21-024, *supra* note 69, at 2; Cal. Dep't Health Care Servs., Behavioral Health Information Notice No. 22-025, <https://www.dhcs.ca.gov/provgovpart/Documents/BHIN-22-025.pdf>.
- <sup>75</sup> State Plan Amendment # 21-0058, *supra* note 56, at 6j.
- <sup>76</sup> Behavioral Health Information Notice No. 21-075, *supra* note 6, at 28.
- <sup>77</sup> State Plan Amendment # 21-0058, *supra* note 56, at 6j-6k; Behavioral Health Information Notice No. 21-075, *supra* note 6, at 15.
- <sup>78</sup> State Plan Amendment # 21-0058, *supra* note 56, at 6i-6j; Behavioral Health Information Notice No. 21-075, *supra* note 6, at 18. *See also* Cal. Dep't Health Care Servs., Behavioral Health Information Notice No. 21-020 (May 14, 2021), <https://www.dhcs.ca.gov/Documents/BHIN-21-020-DMC-ODS-Clarification-on-Recovery-Services.pdf> [hereinafter Behavioral Health Information Notice No. 21-020].
- <sup>79</sup> State Plan Amendment # 21-0058, *supra* note 56, at 6j; Behavioral Health Information Notice No. 21-075, *supra* note 6, at 18; Behavioral Health Information Notice No. 21-020, *supra* note 79, at 2.
- <sup>80</sup> State Plan Amendment # 21-0058, *supra* note 56, at 6j; Behavioral Health Information Notice No. 21-075, *supra* note 6, at 18; Behavioral Health Information Notice No. 21-020, *supra* note 79, at 3.
- <sup>81</sup> State Plan Amendment # 21-0058, *supra* note 56, at 6j; Behavioral Health Information Notice No. 21-075, *supra* note 6, at 18-19; Behavioral Health Information Notice No. 21-020, *supra* note 79, at 2.
- <sup>82</sup> State Plan Amendment # 21-0058, *supra* note 56, at 6g; Behavioral Health Information Notice No. 21-075, *supra* note 6, at 19.
- <sup>83</sup> State Plan Amendment # 21-0058, *supra* note 56, at 6g; Behavioral Health Information Notice No. 21-075, *supra* note 6, at 19.
- <sup>84</sup> Behavioral Health Information Notice No. 21-075, *supra* note 6, at 19.

- <sup>85</sup> State Plan Amendment # 21-0058, *supra* note 56, at 6g; Behavioral Health Information Notice No. 21-075, *supra* note 6, at 19.
- <sup>86</sup> Behavioral Health Information Notice No. 21-075, *supra* note 6, at 20.
- <sup>87</sup> *Id.*
- <sup>88</sup> *Id.*
- <sup>89</sup> *Id.* at 10.
- <sup>90</sup> *Id.*
- <sup>91</sup> *Id.*
- <sup>92</sup> State Plan Amendment # 21-0058, *supra* note 56, at 6p; Behavioral Health Information Notice No. 21-075, *supra* note 6, at 10.
- <sup>93</sup> Behavioral Health Information Notice No. 21-075, *supra* note 6, at 20; Behavioral Health Information Notice No. 21-024, *supra* note 69, at 3.
- <sup>94</sup> Behavioral Health Information Notice No. 21-075, *supra* note 6, at 21; Behavioral Health Information Notice No. 21-024, *supra* note 69, at 3.
- <sup>95</sup> Behavioral Health Information Notice No. 21-024, *supra* note 69, at 3.
- <sup>96</sup> See Approval Letter for CalAIM Section 1115(b) Waiver, *supra* note 56, at Expenditure Authority 2.
- <sup>97</sup> See generally Cal. Dep't Health Care Servs., Behavioral Health Information Notice No. 22-056 (Oct. 14, 2022), <https://www.dhcs.ca.gov/Documents/BHIN-22-056-The-Recovery-Incentives-Program-Californias-Contingency-Management-Benefit.pdf> [hereinafter Behavioral Health Information Notice No. 22-056]. See also Cal. Dep't Health Care Servs., *The Recovery Incentives Program: California's Contingency Management Benefit, Frequently Asked Questions (FAQs)* 3, 15 (Sept. 2022), <https://www.dhcs.ca.gov/Documents/Recovery-Incentives-Program-Contingency-Management-FAQs.pdf> [hereinafter Recovery Incentives Program FAQs]; Cal. Dep't Health Care Servs., *Medi-Cal Contingency Management Pilot Program Policy Design* (Feb. 2022) 4, <https://www.dhcs.ca.gov/Documents/Contingency-Management-Policy-Paper.pdf> [hereinafter Contingency Management Policy Paper].
- <sup>98</sup> Behavioral Health Information Notice No. 22-056, *supra* note 98, at 2; Recovery Incentives Program FAQs, *supra* note 98, at 14; *Contingency Management Policy Paper*, *supra* note 98, at 25.
- <sup>99</sup> Behavioral Health Information Notice No. 22-056, *supra* note 98, at 7; *Contingency Management Policy Paper*, *supra* note 98, at 16.
- <sup>100</sup> Behavioral Health Information Notice No. 22-056, *supra* note 98, at 4–5; *Recovery Incentives Program FAQs*, *supra* note 98, at 14; *Contingency Management Policy Paper*, *supra* note 98, at 17.
- <sup>101</sup> Behavioral Health Information Notice No. 22-056, *supra* note 98, at 5–10; *Contingency Management Policy Paper*, *supra* note 98, at 21–23.

- <sup>102</sup> Behavioral Health Information Notice No. 22-056, *supra* note 98, at 8-10; *Contingency Management Policy Paper*, *supra* note 98, at 22.
- <sup>103</sup> Behavioral Health Information Notice No. 21-075, *supra* note 6, at 20-21; Behavioral Health Information Notice No. 21-024, *supra* note 69, at 2.
- <sup>104</sup> Behavioral Health Information Notice No. 21-075, *supra* note 6, at 22; Behavioral Health Information Notice No. 21-024, *supra* note 69, at 3.
- <sup>105</sup> State Plan Amendment # 21-0058, *supra* note 56, at 6h; Behavioral Health Information Notice No. 21-075, *supra* note 6, at 16; Cal. Dep't Health Care Servs., Behavioral Health Information Notice No. 22-026 (May 6, 2022), <https://www.dhcs.ca.gov/Documents/BHIN-22-026-Drug-Medi-Cal-Drug-Medi-Cal-Organized-Delivery-System-SMHS-Peer-Support-Services.pdf> [hereinafter Behavioral Health Information Notice No. 22-026].
- <sup>106</sup> State Plan Amendment # 21-0058, *supra* note 56, at 6h; Behavioral Health Information Notice No. 21-075, *supra* note 6, at 16; Behavioral Health Information Notice No. 22-026, *supra* note 106, at 2.
- <sup>107</sup> State Plan Amendment # 21-0058, *supra* note 56, at 6i; Behavioral Health Information Notice No. 21-075, *supra* note 6, at 17; Behavioral Health Information Notice No. 22-026, *supra* note 106, at 2-3.
- <sup>108</sup> State Plan Amendment # 21-0058, *supra* note 56, at 6j; Behavioral Health Information Notice No. 21-075, *supra* note 6, at 36.
- <sup>109</sup> 42 U.S.C. § 1396w-6.
- <sup>110</sup> See CMS, Dear State Health Official Letter (Dec. 28, 2021) (SHO # 21-008) 2, <https://www.medicaid.gov/federal-policy-guidance/downloads/sho21008.pdf>.
- <sup>111</sup> Cal. Dep't Health Care Servs., State Plan Amendment Request # 22-0043 (Oct. 24, 2022), <https://www.dhcs.ca.gov/Documents/SPA-22-0043-Pending-Redacted.pdf>. See also Cal. Dep't Health Care Servs., Behavioral Health Information Notice No. 22-064 (Dec. 19, 2022), <https://www.dhcs.ca.gov/Documents/BHIN-22-064-Medi-Cal-Mobile-Crisis-Services-Benefit-Implementation.pdf>.
- <sup>112</sup> See Cal. Dep't Health Care Servs., All Plan Letter 18-001 (Jan. 11, 2018), <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-001.pdf>.
- <sup>113</sup> *Id.* at 3.
- <sup>114</sup> *Id.* at 1-2.
- <sup>115</sup> *Id.* at 2.