



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

Updated February 2026

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

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

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

Medi-Cal covers a variety of services that are part of the continuum of care for substance use disorders (SUD). Since the enactment of the Affordable Care Act (ACA), which requires Medicaid plans to cover mental health and SUD services to Medicaid expansion populations, California has significantly expanded the scope and availability of SUD services.<sup>1</sup> However, the SUD system in Medi-Cal continues to be highly fragmented. The majority of SUD services have been carved out from Medi-Cal managed care plans' (MCPs) contracts and are provided through county behavioral health plans. Availability of those carved-out services varies depending a beneficiary's county of residence. MCPs are generally responsible for coverage and provision of emergency SUD services and SUD services within the scope of practice of primary care practitioners, particularly extending to preventive services and care coordination.<sup>2</sup> The ACA also requires county behavioral health plans and MCPs to provide these services in compliance with the federal Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA).<sup>3</sup> As a result, SUD services cannot be subject to limitations that are more onerous than limitations typically imposed on physical and surgical benefits.<sup>4</sup>

Specialty SUD services in Medi-Cal are covered through a variety of legal authorities and initiatives. Most basic SUD services are provided through California's Medi-Cal State Plan and are part of California's Drug Medi-Cal (DMC) program. 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, extended with some modifications in 2021, is now 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 the California Advancing and Innovating Medi-Cal (CalAIM) initiative through renewed Section 1115 and 1915(b) Medi-Cal waivers. As a result of the 2022 renewal, the majority of the DMC-ODS services are now part of California's State Plan, though the accompanying waiver continues to limit their scope and beneficiary eligibility.

## 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 that have received a grade "A" or "B" recommendation from

#### 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 under 21 in all counties may receive early intervention services under the outpatient services modality of the DMC-ODS program (described in more detail below).

the United States Preventive Services Task Force (USPSTF).<sup>5</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>6</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>7</sup>

The SABIRT 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>9</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>10</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>11</sup>

## 2. Services for Prevention of Tobacco Use

The USPSTF also recommends tobacco smoking cessation services.<sup>12</sup> As a result, Medi-Cal provides coverage for the following services:<sup>13</sup>

- **Assessment of tobacco use during initial medical visit and annually thereafter**
- **FDA-approved tobacco cessation medications for non-pregnant adults:**<sup>14</sup>
  - Bupropion SR (Zyban<sup>®</sup>)
  - Varenicline (Chantix<sup>®</sup>)
  - 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>15</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>16</sup>

- **Services for pregnant tobacco users:** Beneficiaries who are pregnant are eligible for tailored, one-on-one counseling for tobacco cessation.<sup>17</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 use disorders (AUD) and opioid use disorders (OUD) has historically been carved out of MCP contracts and the carve out precedes the establishment of the Medi-Cal Rx Pharmacy Benefit carve out.<sup>18</sup> Medi-Cal covers the following SUD medications:<sup>19</sup>

- Methadone, buprenorphine (Subutex<sup>®</sup> or Suboxone<sup>®</sup>), and injectable naltrexone (Vivitrol<sup>®</sup>) for medication-assisted treatment (MAT) of OUD;<sup>20</sup>
- Naloxone (Narcan<sup>®</sup> or Evzio<sup>®</sup>) as an opioid overdose reversal medication, including the formulations approved by the FDA for over-the-counter sale;<sup>21</sup> and
- Disulfiram (Antabuse<sup>®</sup>), acamprosate (Campral<sup>®</sup>), and oral and injectable naltrexone (Vivitrol<sup>®</sup>) 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>22</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>23</sup>

### 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>24</sup> In addition, pharmacists across the state are allowed to dispense naloxone without a prescription.<sup>25</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.<sup>26</sup>

## 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>27</sup> These services have been carved out of MCP contracts. Instead, county behavioral health programs (in some counties still known as county drug and alcohol and programs) are responsible for contracting with Medi-Cal-certified providers to arrange, provide, or subcontract the provision of DMC services.

### 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>28</sup> 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>29</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>30</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>31</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. 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>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).

## DMC Services

Services covered as part of the DMC program include:

1. *Methadone Maintenance Treatment (MMT) at Narcotic Treatment Programs (NTPs)*: Pursuant to federal law, only specialized licensed clinics can dispense methadone for OUD treatment.<sup>35</sup> In California, these clinics are called narcotic treatment programs (NTPs) and provide “outpatient services using methadone...directed at stabilization and rehabilitation of persons who are opiate addicted and have a substance use disorder diagnosis.”<sup>36</sup>
2. *Outpatient Drug Free Treatment*: Outpatient services directed at stabilizing and rehabilitating persons with SUD diagnoses.<sup>37</sup>
3. *Intensive Outpatient Treatment (IOT)*: “Outpatient counseling and rehabilitation services provided at least three hours per day, three days per week...”<sup>38</sup>
4. *Perinatal Residential SUD Services*: “Non-institutional, non-medical residential programs which provide rehabilitation services.”<sup>39</sup>
5. *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.<sup>40</sup>
6. *Peer Support Services*: These services were approved as part of CalAIM for DMC-ODS counties, but counties not participating in the DMC-ODS program may also provide these services.<sup>41</sup> Section D below provides more detailed information about the components of the peer support benefit.

The following two tables summarize the components of the DMC program services (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	Residential Services	Naltrexone Treatment
Intake <sup>42</sup>	✓	✓	✓	✓	✓
Body specimen screening	✓	✓	✓	✓	✓
Admissions physical exams and laboratory tests	✓	✓	✓	✓	✓
Treatment Planning	✓	✓	✓	✓	✓
Physician/Nursing Services	✓				✓
Medical Direction	✓	✓	✓	✓	✓
Medical Psychotherapy <sup>43</sup>	✓	✓			
Individual/Group Counseling <sup>44</sup>	✓ <sup>45</sup>	✓ <sup>46</sup>	✓ <sup>47</sup>	✓ <sup>48</sup>	✓ <sup>49</sup>
Medication Services <sup>50</sup>	✓	✓	✓	✓	✓
Provision of MMT and/or LAAM	✓				
Crisis Intervention <sup>51</sup>		✓	✓	✓	✓
Collateral Services <sup>52</sup>		✓	✓	✓	✓
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 and adolescents (under 18): Parental/legal guardian consent Confirmed history of 2 or more unsuccessful attempts in withdrawal treatment or short-term detoxification within one year. <sup>53</sup>
Outpatient Drug Free Treatment	None
IOT	None <sup>54</sup>
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>55</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>56</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>57</sup>
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. <sup>58</sup>

## D. Drug Medi-Cal Organized Delivery System

The Drug Medi-Cal Organized Delivery System (DMC-ODS) was first adopted as part of a Section 1115 waiver in 2015 and it sought to increase integration and coordination of SUD services.<sup>59</sup> The demonstration also adopted the American Society of Addiction Medicine (ASAM) continuum of care.<sup>60</sup> The DMC-ODS is a managed care program (with similar responsibilities as other managed care plans in California) for substance use disorder (SUD) services that expands treatment options for Medi-Cal beneficiaries, and is therefore part of the county behavioral health plans. This program was renewed and extended effective in

2022 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 still authorized under a Section 1115 waiver.<sup>61</sup> The DMC-ODS program enables counties to cover 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>62</sup>

### **Access and Patient Placement Criteria**

Eligibility for DMC-ODS program services is restricted to Medi-Cal beneficiaries who meet specific service access 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>64</sup> However, DMC-ODS services provided while an initial assessment is ongoing are reimbursable regardless of whether an SUD diagnosis is ultimately made.<sup>65</sup>

Despite the use of this access criteria as part of DMC-ODS, nothing in the demonstration overrides EPSDT requirements.<sup>66</sup> This means that, for

### **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.

### **ADVOCACY TIP:**

- ✓ DMC-ODS programs are considered Prepaid Inpatient Health Plans (PIHPs), which means they effectively function as managed care programs. As such, DMC-ODS programs must comply with all Medi-Cal managed care laws and regulations, including requirements around due process protections (e.g., requirement to provide a Notice of Adverse Benefit Determination (NOABD) and a system to evaluate patients' grievances and appeals).<sup>65</sup>

beneficiaries under 21, 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>67</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>68</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. 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>69</sup>

### DMC-ODS Services

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/Levels of Care (available to beneficiaries in all counties)	DMC-ODS Benefits/Levels of Care (only available to beneficiaries in pilot counties, except when covered pursuant to EPSDT)
Early Intervention through SABIRT	Early Intervention Services (limited to beneficiaries under 21)
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)
Perinatal Residential SUD services (limited by IMD exclusion)	Residential services (not restricted by IMD exclusion or limited to perinatal)
<i>Detoxification in a Hospital</i>	<i>Withdrawal Management (at least one level)</i>
	Inpatient services (optional for counties)
	Recovery Services
	Care Coordination
	Physician Consultation

**Figure 3 continued**

	<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>
	<i>Peer Support Services (optional for counties)</i>
	<i>Traditional Health Care Practices</i>

### **1. 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>70</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>71</sup>

### **2. 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.<sup>72</sup> NTPs are required to offer all FDA-approved medications for OUD when they can be readily purchased by the NTP.<sup>73</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>74</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>75</sup>

### **3. Partial Hospitalization**

Partial hospitalization services are available as optional services for counties participating in the DMC-ODS waiver.<sup>76</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>77</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>78</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>79</sup>

#### **4. Residential and Inpatient 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>80</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>81</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>82</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>83</sup>

DMC-ODS Counties also have the option to offer SUD inpatient services in general acute care hospitals, Chemical Dependency Recovery Hospitals (CDRHs) licensed by the Department of Public Health (DPH), and Freestanding Acute Psychiatric Hospitals (FAPHs) licensed by DPH.<sup>84</sup> When counties take up this option, they must provide the same components as residential services described above.<sup>85</sup>

#### **5. 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>86</sup> Counties participating in the DMC-ODS waiver must provide coverage for at least one ASAM level of withdrawal management.<sup>87</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>88</sup>

## **6. Medication-Assisted Treatment (MAT)**

As part of a new no-wrong-door approach implemented through CalAIM, DHCS has clarified that counties may offer MAT, which is otherwise covered through the Rx carve out, as a standalone service in addition to being a component of other DMC-ODS services.<sup>89</sup> When offered as a standalone service, counties must ensure that they provide assessment, care coordination, individual and group counseling, family therapy, medication services, patient education, recovery services, SUD crisis intervention services, and withdrawal management services.<sup>90</sup>

## **7. 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>91</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>92</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>93</sup> Services may be provided face-to-face, by telephone, or by telehealth and include the following components:<sup>94</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.

## **8. 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>95</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>96</sup> Services may be provided face-to-face, by telephone, or by telehealth with the beneficiary.<sup>97</sup>

The specific components of the DMC-ODS program care coordination benefit are:<sup>98</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.

## **9. Clinician Consultation**

Clinician consultation services allow DMC physicians to consult with addiction medicine physicians, addiction psychiatrists, licensed clinicians or clinical pharmacists.<sup>99</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>100</sup> Services can only be billed by and reimbursed to DMC-ODS providers.<sup>101</sup>

## **10. 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>102</sup> This time-limited pilot program, called Recovery Incentives Program, allows counties to offer contingency management to beneficiaries with a diagnosed stimulant use disorder beginning in early 2023.<sup>103</sup> Stimulants include illicit substances such as cocaine and methamphetamine, as well as prescription medications, like amphetamine. As of 2025, there were 109 sites offering the contingency management benefits in a total of 21 counties participating in the Recovery Incentives Program.<sup>104</sup> The program is slated to end in December 2027, but DHCS has stated its intention to seek a renewal from CMS.

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>105</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>106</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>107</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>108</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>109</sup>

## **11. Peer Support Services**

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>110</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>111</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>112</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.

## **12. Crisis Intervention Services and Mobile Crisis Services**

DMC-ODS programs are required to provide crisis intervention services, which 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>113</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, Medi-Cal covers qualifying community-based mobile crisis services statewide.<sup>114</sup> States may elect to provide coverage for behavioral health mobile crisis services pursuant to Section 9813 of the American Rescue Plan Act of 2021 (ARPA).<sup>115</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>116</sup> To receive federal matching funding under ARPA, the community-based mobile crisis service must meet all of the qualifying requirements, such as 24/7, multi-disciplinary, mobile, and not taking place in a hospital or other facility settings.<sup>117</sup> As with other DMC-ODS services, mobile crisis services are required to be provided under EPSDT, which means that beneficiaries under 21 are entitled to 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.

## **13. Traditional Health Care Practices**

In 2025, CMS approved an amendment to California’s section 1115 waiver under CalAIM that enables Medi-Cal to cover traditional health care practices.<sup>118</sup> Beginning March 21, 2025, DMC-ODS counties are required to provide these services to Medi-Cal beneficiaries who reside in their county, are able to receive services through an eligible provider entity, and meet the DMC-ODS access criteria (described above).<sup>119</sup> As with other services, however, application of the access criteria does not override counties’ responsibilities under EPSDT.<sup>120</sup> Therefore, beneficiaries under 21 who are determined to need traditional health care services to correct or ameliorate a condition are entitled to the services regardless of their county of residence.

Traditional health care practices extend to two sets of services:<sup>121</sup>

- **Traditional healer services:** use interventions such as music therapy (traditional songs, dancing, drumming), spirituality (ceremonies, rituals, herbal remedies), and other integrative approaches. These services must be

provided by a person currently recognized as a spiritual leader in good standing with the community.

- Natural healer services: assist in navigating support, psychosocial skill building, self-management, and trauma support to restore health. These services are provided by a health advisor contracted or employed by an eligible provider facility.

Traditional health care practices may only be provided by participating Indian Health Care Providers (IHCPs), which include Indian Health Service (IHS) facilities, facilities operated by Tribes or Tribal organizations, and facilities operated by urban Indian organizations.<sup>122</sup> Providers may opt in to provide traditional health care services to Medi-Cal beneficiaries, but they must be enrolled as Medi-Cal providers.<sup>123</sup> They may also offer other DMC-ODS services, in which case the providers must complete a DMC certification.<sup>124</sup> All IHCPs are required to coordinate access to additional SUD services and to ensure that beneficiaries have timely access to the full continuum of DMC-ODS services, including MAT.<sup>125</sup>

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

Pursuant 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>126</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>127</sup>

At county option, DMC-ODS covers the cost of ordering and purchasing FDA-approved medications for SUD.<sup>128</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>129</sup> Medi-Cal also requires counties that opt into this benefit to ensure that providers offer counseling or other behavioral health therapy.<sup>130</sup>

## **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.<sup>131</sup> Both MCP enrollees and FFS beneficiaries are entitled to the service, subject to approval of a Treatment Authorization Request (TAR).<sup>132</sup>

To receive VID, the beneficiary must meet at least one of the following criteria:<sup>13</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>134</sup>

## **F. CalAIM Justice-Involved Initiative: Pre-Release Medi-Cal Services**

The CalAIM Justice-Involved Initiative is part of the CalAIM 1115 waiver and aims to improve access to and quality of health care for justice-involved populations as they re-enter their communities.<sup>135</sup> In 2023, California became the first state to receive federal approval from the CMS to offer and obtain federal funding for a targeted set of Medi-Cal services to youth and adults in correctional facilities for up to 90 days prior to release (hereinafter, “pre-release Medi-Cal services”).<sup>136</sup> This time-limited program is slated to expire at the end of 2027, although DHCS has expressed its intention to seek a waiver renewal from CMS.

Pre-release Medi-Cal services are available to eligible individuals in the following correctional agencies: state prisons, county jails/detention facilities, and county

youth correctional facilities.<sup>137</sup> Adults who are incarcerated in these qualified facilities are eligible to receive pre-release services if they (1) meet the standard Medicaid eligibility criteria, and (2) experience one or more of the following health care needs: mental illness, SUD, chronic condition or significant clinical condition, intellectual or developmental disability, traumatic brain injury, HIV/AIDS, and/or be pregnant or postpartum.<sup>138</sup> Youth who are incarcerated are able to receive pre-release services without needing to demonstrate a particular health care need.<sup>139</sup> In addition, pursuant to the EPSDT benefit, pre-release services are available for youth under age 21 when they are necessary to correct or ameliorate a physical or behavioral health condition.<sup>140</sup> Correctional facilities and prisons are required to screen all Medi-Cal eligible adults and youth for physical and behavioral health needs to ensure that all eligible individuals who meet the pre-release access criteria are able to receive Medi-Cal services.<sup>141</sup>

Pre-release Medi-Cal services include:

- **Case Management:** intended to facilitate reentry planning into the community in order to (1) support the coordination of services delivered during the pre-release period and upon reentry; (2) ensure smooth linkages to social services and supports; and (3) ensure arrangement of appointments and timely access to appropriate care and pre-release services delivered in the community.<sup>142</sup> Although the care management services provided under the pre-release services are similar to Enhanced Care Management (ECM) services, these are two separate benefits due to the context the services are administered and the type of providers that may be providing these services.<sup>143</sup>
- **Physical and behavioral health clinical consultation services:** include targeted preventive, physical, and behavioral health clinical consultation services, such as clinical assessments, patient education, therapy and counseling, and peer support services.<sup>144</sup>
- **Laboratory and radiology services:** pursuant to California's state plan, laboratory and radiology services are covered on order of a licensed practitioner except laboratory services in renal dialysis centers and community hemodialysis units.<sup>145</sup>
- **Medications and medication management:** pursuant to California's state plan, coverage extends to all medications, including over-the-counter medications, in the Medi-Cal Prescription Drug Contract Drugs List, and includes access to medications that are difficult to obtain in correctional facilities and helping individuals access medications that will stabilize their chronic conditions.<sup>146</sup>
- **Medication-Assisted Treatment (MAT):** provided for opioid use disorder (OUD), alcohol use disorder (AUD) and non-opioid substance use disorder, along with other psychosocial services delivered in conjunction with MAT for both OUD, AUD, and non-opioid SUD.<sup>147</sup>

- **Community Health Workers/Promotores/Representatives (CHWPR) services:** includes preventive health services to prevent disease, help control chronic conditions or infectious diseases, and other conditions that may impact health.<sup>148</sup>
- **Services provide upon release:** a minimum 30-day supply of prescribed and prescription OTC medication and durable medical equipment.<sup>149</sup>

Pre-release services can be provided via telehealth or in-person.<sup>150</sup> Correctional facilities are allowed to conduct appointments by video or audio only, as clinically appropriate, and consistent with Medi-Cal’s telehealth policy.<sup>151</sup> DHCS requires that providers offering telehealth services to incarcerated individuals comply with the Health Insurance Portability and Accountability Act (HIPAA).<sup>152</sup> Pre-release services will be delivered through Medi-Cal’s FFS delivery system and all pre-release providers must enroll in Medi-Cal as an FFS provider.<sup>153</sup> While the targeted set of Medi-Cal pre-release services will be billed FFS, Managed Care Plans (MCPs) will be essential to establish a smooth transition for the individual from pre-release services into post-release (regular) Medi-Cal services upon reentry. However, this transition is only necessary if upon release the formerly incarcerated individual is enrolled into a Medi-Cal MCP.

DHCS’ launch date for the pre-release services was set for October 1, 2024.<sup>154</sup> DHCS anticipates a two-year implementation period that would allow correctional facilities, county partners, MCPs, and community-based organizations to better prepare for the implementation of targeted pre-release services as required by state law and CMS. DHCS maintains a website with a list of counties and their status in the justice-involved program.<sup>155</sup> As of the end of 2025, 22 counties are already providing pre-release services to eligible individuals. By October 1, 2026, pre-release Medi-Cal services must be implemented in every county jail, youth correctional facility, and state prison within California.<sup>156</sup>

## G. Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Initiative

BH-CONNECT is a 5-year initiative designed to expand evidence-based practices (EBPs) and to strengthen behavioral health guidance and principles to Medi-Cal services statewide.<sup>157</sup> One component of BH-CONNECT allows DMC and DMC-ODS counties to opt-in to cover Enhanced Community Health Worker (CHW) services and Individual Placement and Support (IPS) Supported Employment.<sup>158</sup> Counties may cover these services independently or as part of a bundled set of services that also includes EBPs specific for mental health conditions under the Specialty Mental Health Services (SMHS) system.<sup>159</sup>

Enhanced CHW Services are “preventive services to prevent disease, disability, and other health conditions or their progression; to prolong life; and promote

physical and behavioral health.”<sup>160</sup> Enhanced CHW Services include all of the same components and requirements as CHW preventive services but are tailored to members who meet the access criteria for specialty mental health and/or SUD services.<sup>161</sup>

The IPS model of Supported Employment is “a community-based intervention that supports members living with significant behavioral health needs to find and maintain competitive employment.” This program supports improved employment outcomes as well as improved self-esteem, independence, sense of belonging, and overall health and well-being.<sup>162</sup>

Additionally, BH-CONNECT makes available a new transitional rent benefit. This benefit provides coverage for short-term rental assistance that extends to room and board without clinical assistance for MCP enrollees experiencing or at risk of homelessness.<sup>163</sup> Transitional Rent will be available for up to 6 months, which may be used during different intervals or sequentially, for the entire duration of the five-year BH-CONNECT demonstration (i.e., 2025–2029).<sup>164</sup> The benefit joins other room-and-board Community Support services available through CalAIM (Short-Term Post-Hospitalization Housing and Recuperative Care). Together, a managed care enrollee may receive up to a maximum of 6 months of any of these 3 services during a 12-month period.

Beginning January 1, 2026, all MCPs must cover Transitional Rent for individuals who meet all of the following 3 categories:<sup>165</sup>

1. The enrollee meets the access criteria for SMHS, DMC, or DMC-ODS;

AND

2. The enrollee is part of one of the following transitioning populations:
  - **Individuals transitioning out of an institutional or congregate residential setting**, including but not limited to an inpatient hospital stay, an inpatient or residential SUD treatment facility, an inpatient or residential mental health treatment facility, or a nursing facility.
  - **Individuals transitioning out of a carceral setting**, including those transitioning out of a state prison, county jail, youth correctional facility, or other state, local, or federal penal setting where they have been involuntarily held in custody through operation of law enforcement authorities.
  - **Individuals transitioning out of interim housing**, including those transitioning out of transitional housing, rapid re-housing, a domestic violence shelter or domestic violence housing, a homeless shelter, or other interim housing, whether funded or administered by HUD, or at the State or local level.
  - **Individuals transitioning out of recuperative care or short-term post-hospitalization housing**, whether the stay was covered by Medi-Cal managed care or another source.

- **Individuals transitioning out of foster care:** Youth having aged out of foster care up to age 26 (having been in foster care on or after their 18th birthday) either in California or in another state.
- **Individuals experiencing unsheltered homelessness:** Individuals or families with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or campground.
- **Individuals eligible for Full-Service Partnership (FSP):** FSP is a comprehensive behavioral health program for individuals living with significant mental health and/or co-occurring substance use conditions that have demonstrated a need for intensive wraparound services.

## AND

3. The enrollee is experiencing or at risk of homelessness.

Plans also have the option of offering the service to individuals with one or more of the following clinical risk factors: (1) pregnant or up to 12-months postpartum, (2) have one or more serious chronic physical health conditions, or (3) have one or more physical, intellectual, or developmental disabilities.<sup>166</sup> Individuals must always be part of one of the transiting populations described above (criteria #2) and be experiencing or at risk of homelessness (criteria #3). These additional eligibility pathways for Transitional Rent, while currently optional, will become mandatory for managed care plans to cover no sooner than January 1, 2027.<sup>167</sup>

# Endnotes

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- <sup>1</sup> 42 U.S.C. § 18022(b)(10)(E). See also 42 C.F.R. § 440.347(a)(5).
- <sup>2</sup> See Cal. Dep't Health Care Servs., Behavioral Health Information Notice No. 22-011 at 4 (Mar. 31, 2022), <https://www.dhcs.ca.gov/Documents/BHIN-22-011-No-Wrong-Door-for-Mental-Health-Services-Policy.pdf> [hereinafter Behavioral Health Information Notice No. 22-011].
- <sup>3</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>4</sup> 42 U.S.C. § 300gg-26.
- <sup>5</sup> 42 U.S.C. § 1396d(a)(13)(A).
- <sup>6</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 Dec. 1, 2025); Cal. Dep't Health Care Servs., All Plan Letter No. 21-014 (Oct. 11, 2021), <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2021/APL21-014.pdf> [hereinafter All-Plan Letter 21-014].
- <sup>7</sup> Cal. Dep't Health Care Servs., Behavioral Health Information Notice No. 24-001 at 10 (Dec. 21, 2023), <https://www.dhcs.ca.gov/Documents/BHIN-24-001-DMC-ODS-Requirements-for-the-Period-of-2022-2026.pdf> [hereinafter Behavioral Health Information Notice No. 24-001].
- <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 No. 21-014, *supra* note 6, at 5–6 and Behavioral Health Information Notice No. 24-001, *supra* note 7, at 4–5, 10–11.
- <sup>9</sup> All Plan Letter No. 21-014, *supra* note 6, at 4.
- <sup>10</sup> *Id.*
- <sup>11</sup> *Id.* at 4–5.
- <sup>12</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 Dec. 1, 2025).
- <sup>13</sup> CAL. WELF. & INST. CODE § 14134.25(a); Cal. Dep't Health Care Servs., All Plan Letter No. 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>14</sup> CAL. WELF. & INST. CODE § 14134.25(b)(2); All Plan Letter No. 16-014, *supra* note 13, 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>15</sup> CAL. WELF. & INST. CODE § 14134.25(b)(1); All Plan Letter No. 16-014, *supra* note 13, at 4-5.
- <sup>16</sup> All Plan Letter No. 16-014, *supra* note 13, at 5.
- <sup>17</sup> *Id.* at 5-6.
- <sup>18</sup> For information on the original carved-out medications, see Cal. Dep't Health Care Servs., All Plan Letter No. 16-004 (Feb. 19, 2016), <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2016/APL16-004.pdf>.
- <sup>19</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].
- <sup>20</sup> MCPs cover MAT when provided in primary care, inpatient hospital, emergency departments, and other contracted medical settings. See Behavioral Health Information Notice No. 22-011, *supra* note 2, at 4.
- <sup>21</sup> Cal. Dep't Health Care Servs., Medi-Cal Rx Contract Drugs List – Over the Counter Drugs and Cough/Cold Preparations at 2, 4 (Sept. 1, 2025), [https://medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/provider/forms-and-information/cdl/Medi-Cal\\_Rx\\_Contract\\_Drugs\\_List\\_OTC\\_FINAL.pdf](https://medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/provider/forms-and-information/cdl/Medi-Cal_Rx_Contract_Drugs_List_OTC_FINAL.pdf). [hereinafter Medi-Cal Rx Contract Drugs List - OTC Drugs and Cough/Cold Preparations] See also Cal. Dep't Health Care Servs., Behavioral Health Information Notice No. 23-064 (Nov. 13, 2023), <https://www.dhcs.ca.gov/Documents/BHIN-23-064-Naloxone-Use-Funding-Sources-and-Best-Practices.pdf> [hereinafter Behavioral Health Information Notice No. 23-064].
- <sup>22</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>23</sup> *Id.* See also Mental Health and Substance Use Disorder Services Information Notice No. 15-033, *supra* note 19.

- <sup>24</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/CCDPHP/DCDIC/SACB/CDPH%20Document%20Library/Naloxone/Naloxone%20FAQs%20062118.pdf>.
- <sup>25</sup> CAL. BUS. & PROF. CODE § 4052(a)(13).
- <sup>26</sup> For more information on coverage and availability of naloxone products in Medi-Cal, see Behavioral Health Information Notice No. 23-064, *supra* note 21.
- <sup>27</sup> 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>28</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>29</sup> *Id.* at 2.
- <sup>30</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) (extending the state law requirement to use the EPSDT medical necessity criteria to behavioral health services).
- <sup>31</sup> Behavioral Health Information Notice No. 22-003, *supra* note 8, at 4.
- <sup>32</sup> Behavioral Health Information Notice No. 24-001, *supra* note 7, at 9.
- <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. CODE REGS. tit. 22, § 51341.1(b)(17). See also CAL. CODE REGS. tit. 22, § 51341.1(d)(1).
- <sup>37</sup> CAL. CODE REGS. tit. 22, § 51341.1(b)(18). See also CAL. CODE REGS. tit. 22, § 51341.1(d)(2).
- <sup>38</sup> 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.
- <sup>39</sup> CAL. CODE REGS. tit. 22, § 51341.1(b)(20). See also CAL. CODE REGS. tit. 22, § 51341.1(d)(4).
- <sup>40</sup> CAL. CODE REGS. tit. 22, § 51341.1(b)(16). See also CAL. CODE REGS. tit. 22, § 51341.1(d)(5).
- <sup>41</sup> 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>42</sup> 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).
- <sup>43</sup> 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).
- <sup>44</sup> 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).
- <sup>45</sup> 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.
- <sup>46</sup> 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).
- <sup>47</sup> 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).
- <sup>48</sup> At least two counseling sessions per month. CAL. CODE REGS. tit. 22, § 51341.1(h)(4)(A).
- <sup>49</sup> At least two counseling sessions per month. CAL. CODE REGS. tit. 22, § 51341.1(h)(4)(A).
- <sup>50</sup> 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).

- <sup>51</sup> 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).
- <sup>52</sup> 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).
- <sup>53</sup> CAL. CODE REGS. tit. 9, § 10270; CAL. CODE REGS. tit. 22, § 51341.1(h)(1)(B). *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\\_Notice\\_18-061\\_-\\_Treating\\_Youth\\_in\\_NTPs.pdf](https://www.dhcs.ca.gov/formsandpubs/Documents/MHSUDS_Information_Notice_18-061_-_Treating_Youth_in_NTPs.pdf).
- <sup>54</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>55</sup> CAL. CODE REGS. tit. 22, § 51341.1(b)(20).
- <sup>56</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>57</sup> CAL. CODE REGS. tit. 22, § 51341.1(d)(4)(A).
- <sup>58</sup> CAL. CODE REGS. tit. 22, § 51341.1(d)(5).
- <sup>59</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 Dec. 1, 2025).
- <sup>60</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 Dec. 1, 2025).

- <sup>61</sup> 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>62</sup> Under federal law, unless the Centers for Medicare and Medicaid Services (CMS) waives 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 61, at 1; Approval Letter for CalAIM Section 1115(b) Waiver, *supra* note 61, at Waiver Authority 3.
- <sup>63</sup> See Cal. Dep't Health Care Servs., Quality and Performance, <https://www.dhcs.ca.gov/provgovpart/Pages/qualityandperformance.aspx> (last visited Oct. 24, 2025).
- <sup>64</sup> Behavioral Health Information Notice No. 24-001, *supra* note 7, at 7; 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>65</sup> Behavioral Health Information Notice No. 24-001, *supra* note 7, at 8; Behavioral Health Information Notice No. 21-019, *supra* note 64, at 2.
- <sup>66</sup> Behavioral Health Information Notice No. 24-001, *supra* note 7, at 8; Behavioral Health Information Notice No. 21-019, *supra* note 64, at 2; Behavioral Health Information Notice No. 22-003, *supra* note 8, at 2-4.
- <sup>67</sup> Behavioral Health Information Notice No. 24-001, *supra* note 7, at 8; Behavioral Health Information Notice No. 22-003, *supra* note 8, at 3.
- <sup>68</sup> Behavioral Health Information Notice No. 24-001, *supra* note 7, at 8. 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>69</sup> Behavioral Health Information Notice No. 24-001, *supra* note 7, at 9.
- <sup>70</sup> Behavioral Health Information Notice No. 21-019, *supra* note 64, at 2.
- <sup>71</sup> Behavioral Health Information Notice No. 24-001, *supra* note 7, at 10-11; Behavioral Health Information Notice No. 22-003, *supra* note 8, at 3.
- <sup>72</sup> State Plan Amendment # 21-0058, *supra* note 61, at 6q; Behavioral Health Information Notice No. 24-001, *supra* note 7, at 15-16.
- <sup>73</sup> Behavioral Health Information Notice No. 24-001, *supra* note 7, at 15-16; 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>74</sup> State Plan Amendment # 21-0058, *supra* note 61, at 6h, 6q; Behavioral Health Information Notice No. 24-001, *supra* note 7, at 16; Behavioral Health Information Notice No. 21-024, *supra* note 73, at 2.
- <sup>75</sup> State Plan Amendment # 21-0058, *supra* note 61, at 6q; Behavioral Health Information Notice No. 24-001, *supra* note 7, at 16-17.
- <sup>76</sup> Behavioral Health Information Notice No. 24-001, *supra* note 7, at 12.
- <sup>77</sup> *Id.*
- <sup>78</sup> *Id.*
- <sup>79</sup> State Plan Amendment # 21-0058, *supra* note 61, at 6p; Behavioral Health Information Notice No. 24-001, *supra* note 7, at 12.
- <sup>80</sup> State Plan Amendment # 21-0058, *supra* note 61, at 6p; Behavioral Health Information Notice No. 24-001, *supra* note 7, at 13-15; Behavioral Health Information Notice No. 21-019, *supra* note 64, at 3.
- <sup>81</sup> Behavioral Health Information Notice No. 24-001, *supra* note 7, at 14; 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>82</sup> State Plan Amendment # 21-0058, *supra* note 61, at 6p-6q; Behavioral Health Information Notice No. 24-001, *supra* note 7, at 13.
- <sup>83</sup> Behavioral Health Information Notice No. 21-024, *supra* note 73, 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>84</sup> State Plan Amendment # 21-0058, *supra* note 61, at 6p-6q; Behavioral Health Information Notice No. 24-001, *supra* note 7, at 15.
- <sup>85</sup> Behavioral Health Information Notice No. 24-001, *supra* note 7, at 15.
- <sup>86</sup> State Plan Amendment # 21-0058, *supra* note 61, at 6j.
- <sup>87</sup> Behavioral Health Information Notice No. 24-001, *supra* note 7, at 17-18, 34.
- <sup>88</sup> State Plan Amendment # 21-0058, *supra* note 61, at 6j-6k; Behavioral Health Information Notice No. 24-001, *supra* note 7, at 18.

- <sup>89</sup> Behavioral Health Information Notice No. 24-001, *supra* note 7, at 18.
- <sup>90</sup> *Id.*
- <sup>91</sup> State Plan Amendment # 21-0058, *supra* note 61, at 6i-6j; Behavioral Health Information Notice No. 24-001, *supra* note 7, at 20. *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>92</sup> State Plan Amendment # 21-0058, *supra* note 61, at 6j; Behavioral Health Information Notice No. 24-001, *supra* note 7, at 20; Behavioral Health Information Notice No. 21-020, *supra* note 91, at 2.
- <sup>93</sup> State Plan Amendment # 21-0058, *supra* note 61, at 6j; Behavioral Health Information Notice No. 24-001, *supra* note 7, at 20; Behavioral Health Information Notice No. 21-020, *supra* note 91, at 3.
- <sup>94</sup> State Plan Amendment # 21-0058, *supra* note 61, at 6j; Behavioral Health Information Notice No. 24-001, *supra* note 7, at 20-21; Behavioral Health Information Notice No. 21-020, *supra* note 91, at 2.
- <sup>95</sup> State Plan Amendment # 21-0058, *supra* note 61, at 6g; Behavioral Health Information Notice No. 24-001, *supra* note 7, at 21.
- <sup>96</sup> State Plan Amendment # 21-0058, *supra* note 61, at 6g; Behavioral Health Information Notice No. 24-001, *supra* note 7, at 21.
- <sup>97</sup> Behavioral Health Information Notice No. 24-001, *supra* note 7, at 21.
- <sup>98</sup> State Plan Amendment # 21-0058, *supra* note 61, at 6g; Behavioral Health Information Notice No. 24-001, *supra* note 7, at 21.
- <sup>99</sup> Behavioral Health Information Notice No. 24-001, *supra* note 7, at 22.
- <sup>100</sup> *Id.*
- <sup>101</sup> *Id.*
- <sup>102</sup> *See* Approval Letter for CalAIM Section 1115(b) Waiver, *supra* note 61, at Expenditure Authority 2.
- <sup>103</sup> *See generally* Cal. Dep't Health Care Servs., Behavioral Health Information Notice No. 24-031 (Aug. 22, 2024), <https://www.dhcs.ca.gov/Documents/BHIN-24-031-Updated-Guidance-for-the-RI-Program.pdf> [hereinafter Behavioral Health Information Notice No. 24-031]. *See also* Cal. Dep't Health Care Servs., The Recovery Incentives Program: California's Contingency Management Benefit Frequently Asked Questions (revised 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: Background, Training, and Evaluation of California's Recovery Incentives Program* (Nov. 2022), <https://www.dhcs.ca.gov/Documents/CM-Background-Training-and-Evaluation-12-5-2022.pdf> [hereinafter *Contingency Management Background, Training, and Evaluation*].

- <sup>104</sup> Cal. Dep't Health Care Servs., DMC-ODS Counties Participating in the Recovery Incentives Program, <https://www.dhcs.ca.gov/Pages/DMC-ODS-Counties-Participating-in-the-Incentives-Recovery-Program.aspx> (last visited Dec. 1, 2025).
- <sup>105</sup> Behavioral Health Information Notice No. 24-031, *supra* note 103, at 2, 18; Recovery Incentives Program FAQs, *supra* note 103; *Contingency Management Background, Training, and Evaluation*, *supra* note 103, at 4.
- <sup>106</sup> Behavioral Health Information Notice No. 24-031, *supra* note 103, at 8.
- <sup>107</sup> *Id.* at 5.
- <sup>108</sup> *Id.* at 8-10.
- <sup>109</sup> *Id.* at 9, 11.
- <sup>110</sup> State Plan Amendment # 21-0058, *supra* note 61, at 6h; Behavioral Health Information Notice No. 24-001, *supra* note 7, at 19, 35; Behavioral Health Information Notice No. 22-026, *supra* note 41, at 2.
- <sup>111</sup> State Plan Amendment # 21-0058, *supra* note 61, at 6h; Behavioral Health Information Notice No. 24-001, *supra* note 7, at 19; Behavioral Health Information Notice No. 22-026, *supra* note 41, at 2.
- <sup>112</sup> State Plan Amendment # 21-0058, *supra* note 61, at 6i; Behavioral Health Information Notice No. 22-026, *supra* note 41, at 2-3.
- <sup>113</sup> State Plan Amendment # 21-0058, *supra* note 61, at 6j.
- <sup>114</sup> *See generally*, Cal. Dep't Health Care Servs., Mobile Crisis Services, <https://www.dhcs.ca.gov/Pages/CalAIM-Mobile-Crisis-Services-Initiative.aspx> (last visited Dec. 1, 2025); CMS, Approval Letter for Cal. State Plan Amendment # 22-0043 (July 20, 2023), <https://www.dhcs.ca.gov/formsandpubs/laws/Documents/SPA-22-0043-Approval.pdf> [hereinafter State Plan Amendment # 22-0043]; Cal. Dep't Health Care Servs., Behavioral Health Information Notice No. 23-025 (June 19, 2023), <https://www.dhcs.ca.gov/Documents/BHIN-23-025-Medi-Cal-Mobile-Crisis-Services-Benefit-Implementation.pdf> [hereinafter Behavioral Health Information Notice No. 23-025].
- <sup>115</sup> 42 U.S.C. § 1396w-6.
- <sup>116</sup> *See* CMS, Dear State Health Off. Letter (Dec. 28, 2021) (SHO # 21-008) 2, <https://www.medicare.gov/federal-policy-guidance/downloads/sho21008.pdf>; Behavioral Health Information Notice No. 23-025, *supra* note 114, at 4.
- <sup>117</sup> 42 U.S.C. § 1396w-6(b). *See also* Behavioral Health Information Notice No. 23-025, *supra* note 114, at 4.
- <sup>118</sup> CMS, Approval Letter for California's California Advancing and Innovating Medi-Cal (CalAIM) Section 1115 Waiver Amendment (Jan. 17, 2025), <https://www.medicare.gov/medicaid/section-1115-demonstrations/downloads/ca-calaim-dmstrn-appvl-thncl-crctn-atcmnt-c-aa-01172025.pdf>.

- <sup>119</sup> Cal. Dep't Health Care Servs., Behavioral Health Information Notice No. 25-007 at 2, 4 (March 21, 2025), <https://www.dhcs.ca.gov/Documents/BHIN-25-007-Traditional-Health-Care-Practices-Benefit-Implementation.pdf> [hereinafter Behavioral Health Information Notice No. 25-007].
- <sup>120</sup> Behavioral Health Information Notice No. 24-001, *supra* note 7, at 8; Behavioral Health Information Notice No. 21-019, *supra* note 64, at 2; Behavioral Health Information Notice No. 22-003, *supra* note 8, at 2–4.
- <sup>121</sup> *Id.* at 3.
- <sup>122</sup> *Id.* at 2.
- <sup>123</sup> *Id.* at 5, 8.
- <sup>124</sup> *Id.* at 4–5.
- <sup>125</sup> *Id.* at 7.
- <sup>126</sup> Behavioral Health Information Notice No. 24-001, *supra* note 7, at 23; Behavioral Health Information Notice No. 21-024, *supra* note 73, at 2.
- <sup>127</sup> Behavioral Health Information Notice No. 24-001, *supra* note 7, at 24; Behavioral Health Information Notice No. 21-024, *supra* note 73, at 3.
- <sup>128</sup> Behavioral Health Information Notice No. 24-001, *supra* note 7, at 23; Behavioral Health Information Notice No. 21-024, *supra* note 73, at 3.
- <sup>129</sup> Behavioral Health Information Notice No. 24-001, *supra* note 7, at 23; Behavioral Health Information Notice No. 21-024, *supra* note 73, at 3.
- <sup>130</sup> Behavioral Health Information Notice No. 21-024, *supra* note 73, at 3.
- <sup>131</sup> See Cal. Dep't Health Care Servs., All Plan Letter No. 18-001 (Jan. 11, 2018), <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPsandPolicyLetters/APL2018/APL18-001.pdf>.
- <sup>132</sup> *Id.* at 3.
- <sup>133</sup> *Id.* at 1–2.
- <sup>134</sup> *Id.* at 2.
- <sup>135</sup> Cal. Dep't Health Care Servs., *Transformation of Medi-Cal: Justice Involved*, <https://www.dhcs.ca.gov/CalAIM/Documents/CalAIM-JI-a11y.pdf> (last visited Feb. 12, 2026). See also Cal. Dep't Health Care Servs., DHCS Justice-Involved Waiver Stakeholder Toolkit, <https://www.dhcs.ca.gov/CalAIM/Pages/JI-Stakeholder-Toolkit.aspx> (last visited Feb. 12, 2026).
- <sup>136</sup> CAL. WELF. & INST. CODE § 14184.402. See CMS, Approval Letter for California Advancing and Innovating Medi-Cal (CalAIM) Reentry Demonstration Initiative Amendment (Jan. 26, 2023), <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ca-calaim-ca1.pdf>.

- <sup>137</sup> Cal. Dep't Health Care Servs., *Policy and Operational Guide for Planning and Implementing the CalAIM Justice-Involved Initiative* (Oct. 2023), at 62-66, <https://www.dhcs.ca.gov/provgovpart/pharmacy/Documents/CalAIM-JI-Policy-and-Operations-Guide-FINAL-October-2023-updated.pdf> [hereinafter, DHCS CalAIM Justice-Involved Initiative Policy Guide]. Individuals residing in low-security institutions, which include g camps and two honor farms, are deemed “inmates” and do not have the freedom of movement, therefore pre-release services will be available to individuals confined in these facilities. See *Id.* at 61.
- <sup>138</sup> *Id.* at 62-66.
- <sup>139</sup> *Id.* at 63. Under the federal SUPPORT Act and CMS guidance, California requires counties to implement unlimited suspension for individuals under age 21 who were incarcerated prior to January 1, 2023. See CMS, Dear State Medicaid Director Letter (Jan. 19, 2021) (SMD # 21-002) (guidance on Implementation of At-Risk Youth Medicaid Protections for Inmates of Public Institutions (Section 1001 of the SUPPORT Act)), <https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/smd21002.pdf>. See also CalAIM Justice-Involved Initiative Policy Guide, *supra* note 148, at 16, FN 19.
- <sup>140</sup> 42 U.S.C. § 1396d(r)(5); CAL. WELF. & INST. CODE § 14059.5(b)(1).
- <sup>141</sup> DHCS CalAIM Justice-Involved Initiative Policy Guide, *supra* note 137, at 67-72.
- <sup>142</sup> *Id.* at 75-76.
- <sup>143</sup> *Id.* at 93-107.
- <sup>144</sup> *Id.* at 108-110. For more information about coordination services to which Medi-Cal beneficiaries are entitled, see Chapter 11 of this Guide on Care Coordination.
- <sup>145</sup> DHCS CalAIM Justice-Involved Initiative Policy Guide, *supra* note 137, at 77; Cal. Dep't Health Care Servs., Cal. State Plan Chart, Limitations on Attachment 3.1-A 4, <https://www.dhcs.ca.gov/SPA/Documents/Limitations-to-Attachment-3-1-A.pdf>.
- <sup>146</sup> Cal. Dep't Health Care Servs., Medi-Cal Rx Contract Drugs List (2026), [https://medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/provider/forms-and-information/cdl/Medi-Cal\\_Rx\\_Contract\\_Drugs\\_List\\_FINAL.pdf](https://medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/provider/forms-and-information/cdl/Medi-Cal_Rx_Contract_Drugs_List_FINAL.pdf); See also Cal. Dep't Health Care Servs., Medi-Cal Rx Contract Drugs List – Over-the-Counter Drugs and Cold/Cough Preparations (2026), [https://medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/provider/forms-and-information/cdl/Medi-Cal\\_Rx\\_Contract\\_Drugs\\_List\\_OTC\\_FINAL.pdf](https://medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/provider/forms-and-information/cdl/Medi-Cal_Rx_Contract_Drugs_List_OTC_FINAL.pdf). Cal. Dep't Health Care Servs., Cal. State Plan Chart, Limitations on Attachment 3.1-A 17, <https://www.dhcs.ca.gov/SPA/Documents/Limitations-to-Attachment-3-1-A.pdf>, and Cal. Dep't Health Care Servs., Cal. State Plan Chart, Limitations on Attachment 3.1.A.1, <https://www.dhcs.ca.gov/formsandpubs/laws/Documents/Attachment-3-1-A-1-3.pdf>.

- <sup>147</sup> CMS, Approval Letter for Cal. State Plan # 20-0006 (Dec. 20, 2021), <https://www.dhcs.ca.gov/Documents/CA-20-0006-B-MAT-SPA-Approval-Package.pdf>.
- <sup>148</sup> CMS, Approval Letter for Cal. State Plan # 22-0001 (July 26, 2022), <https://www.dhcs.ca.gov/formsandpubs/laws/Documents/SPA-22-0001-Approval.pdf>.
- <sup>149</sup> DHCS CalAIM Justice-Involved Initiative Policy Guide, *supra* note 137, at 78.
- <sup>150</sup> *Id.* at 93.
- <sup>151</sup> *Id.*
- <sup>152</sup> *Id.*
- <sup>153</sup> *Id.* at 131.
- <sup>154</sup> *Id.* at 47.
- <sup>155</sup> Cal. Dep’t Health Care Servs., Justice-Involved Reentry Initiative Go Live Partners and Status, <https://www.dhcs.ca.gov/CalAIM/Justice-Involved-Initiative/Pages/County-readiness-status.aspx> (last visited Dec. 1, 2025).
- <sup>156</sup> For more information on services and supports available through the Justice-Involved Initiative, see Jasmine Young & Héctor Hernández-Delgado, Nat’l Health Law Prog., *Medi-Cal Services & Supports for Californians Transitioning Out of Incarceration* (2024), <https://healthlaw.org/resource/medi-cal-services-supports-for-californians-transitioning-out-of-incarceration/>.
- <sup>157</sup> Cal. Dep’t Health Care Servs., Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Initiative, <https://www.dhcs.ca.gov/CalAIM/Pages/BH-CONNECT.aspx> (last visited Feb. 11, 2026); CMS, Approval Letter for California’s Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Section 1115 Demonstration (Dec. 16, 2024), <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ca-bh-connect-ca-12162024.pdf> [hereinafter BH-CONNECT Approval Letter].
- <sup>158</sup> CMS, Approval Letter for California State Plan Amendment 24-0051 (Dec. 18, 2024), <https://www.dhcs.ca.gov/SPA/Documents/SPA-24-0051-Approval.pdf>; CMS, Approval Letter for California State Plan Amendment 24-0052 (Dec. 16, 2024), <https://www.dhcs.ca.gov/Documents/Approval-CA-24-0052-SPA-Redacted.pdf>; CMS, Approval Letter for California State Plan Amendment 22-0001 (July 26, 2022), <https://www.dhcs.ca.gov/formsandpubs/laws/Documents/SPA-22-0001-Approval.pdf>. For more in-depth information about these EBPs, see Cal. Dep’t Health Care Servs., Adult Evidence-Based Practices, <https://www.dhcs.ca.gov/CalAIM/Pages/Adult-Evidence-Based-Practices.aspx> (last visited Feb. 17, 2026). See also Cal. Dep’t Health Care Servs., *BH-CONNECT Evidence-Based Practice Policy Guide*, <https://www.dhcs.ca.gov/Documents/EBP-Policy-Guide.pdf>; Cal. Dep’t Health Care Servs., Behavioral Health Information Notice No. 25-009 at 2 (Apr. 11, 2025), <https://www.dhcs.ca.gov/Documents/BHIN-25-009-Coverage-of-BH-CONNECT-Evidence-Based-Practices.pdf> [hereinafter Behavioral Health Information Notice No. 25-009].

- <sup>159</sup> See Behavioral Health Information Notice No. 25-009, *supra* note 158. For additional information on SMHS EBPs under BH-CONNECT, see Chapter 3 of this Guide on Mental Health Services.
- <sup>160</sup> Behavioral Health Information Notice No. 25-009, *supra* note 158, at 3.
- <sup>161</sup> For specific information about the Medi-Cal CHW service, see Chapter 11 of this Guide on Care Coordination.
- <sup>162</sup> Behavioral Health Information Notice No. 25-009, *supra* note 158, at 3–4.
- <sup>163</sup> BH-CONNECT Approval Letter, *supra* note 157, at 6–7; DHCS, Community Supports Policy Guide Volume 2 at 24–42 (Apr. 2025), <https://www.dhcs.ca.gov/Documents/MCQMD/DHCS-Community-Supports-Policy-Guide-Volume-2.pdf> [hereinafter CS Policy Guide Vol. 2].
- <sup>164</sup> CS Policy Guide Vol. 2, *supra* note 163, at 57.
- <sup>165</sup> *Id.* 57–61.
- <sup>166</sup> *Id.* 61–63.
- <sup>167</sup> BH-CONNECT Approval Letter, *supra* note 157, at 52, Special Terms and Conditions.