

Fiscal Leadership Institute

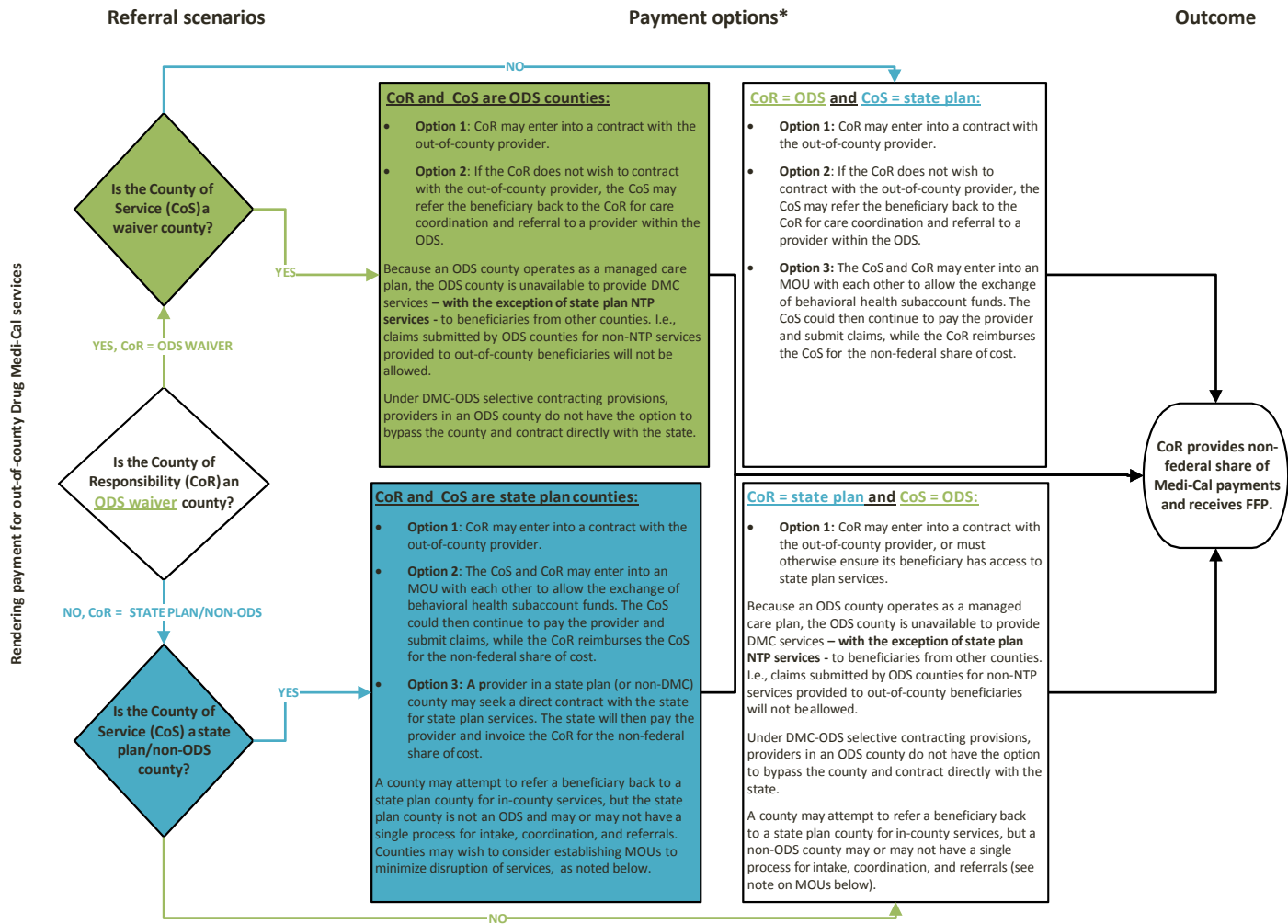
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County Behavioral Health Directors Association of
California

Drug Medi-Cal County of Responsibility Flow Chart

Counties may use this tool as a companion to DHCS Information Notice (IN) 17-036: Drug Medi-Cal County of Responsibility Transition. *Please contact Paula at pwilhelm@cbhda.org with questions.



*No county is obligated to contract with a given provider or render payment for services for out-of-county beneficiaries. Counties may wish to establish MOUs with neighboring counties to outline notification and referral protocols that minimize disruption of services for beneficiaries who do seek services outside their counties of residence and/or are undergoing Medi-Cal transfers.

Adolescent SUD Treatment

Where does EPSDT come in?

Medically necessary SUD services for Medi-Cal eligible youth under 21 years of age are *guaranteed* under EPSDT, but *delivered and billed* through the Drug Medi-Cal delivery system (subject to certain authorization and documentation requirements).

- When co-occurring disorders are treated strictly through specialty mental health, DMC regulations do not apply.
- If specialized SUD treatment is medically necessary and delivered through a DMC-certified program rather than through specialty mental health, DMC regulations and/or 1115 Waiver STCs do come into play. **But EPSDT rules take precedence.** This leads to two possible scenarios:

Adolescent SUD Treatment (cont.)

- **State Plan county:** Residential SUD treatment for non-perinatal populations is not a covered State Plan benefit. But under EPSDT the adolescent is entitled to this service, assuming that medical necessity criteria and rules for authorization are met. Services can be billed through Short-Doyle using perinatal residential billing codes with a modifier. Length of stay depends on medical necessity and proper authorization.
- **ODS county:** Youth residential stays of longer than 30 days (plus one continuous 30-day extension per year) are not covered under the STCs. However, if a longer stay is medically necessary and properly authorized, the EPSDT entitlement takes precedence, much as it does in the State Plan scenario.

Adolescent SUD Treatment (cont.)

How is medical necessity determined for youth?

- EPSDT broadens the definition of medical necessity for youth, and makes the full SUD benefit package available to all individuals up to age 21 without any caps or limitations, assuming medical necessity is established.
- Medical necessity can only be determined after a full ASAM assessment (including the ASAM adolescent treatment criteria), which includes an assessment for an SUD diagnosis from the DSM. Screenings do not include sufficient information to determine medical necessity.
- In order to meet medical necessity criteria, youth and young adults under the age of 21 must meet at least one of the following criteria:
 - Have at least one diagnosis from the current DSM, and meet the ASAM criteria for medically-necessary services; OR
 - Be assessed to be “at-risk” for developing a substance use disorder.

Adolescent SUD Treatment (cont.)

What is the definition of “at risk” for youth up to age 21?

- Youth or young adults under the age of 21 may be determined to be “at risk” if they meet the following criteria:
 1. If the substance use does **NOT** meet the minimum criteria for a substance use disorder from the DSM-5; **AND**
 2. Determined to be at-risk of developing a substance use disorder based on reports of experimental or early-phase substance use, associated biopsychosocial risk factors, and information gathered from the full ASAM assessment and At-Risk Determination Tool.
- The “at-risk” designation must be determined either by an LPHA, or by a counselor (registered or certified) with signature approval from an LPHA.

Important to remember: **Federal EPSDT requirements supersede state Medi-Cal requirements, and the DMC-ODS Waiver does not override EPSDT.**

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