Recovery Services

California Advancing & Innovating Medi-Cal (CalAIM): Brief Introduction

Transforms the Medi-Cal System/Beneficiary Centered

Recognizes the needs of special populations: Reentry, Homeless, Mental Health, Youth

Less Restrictive; More Flexibilities

Rapid access to support after release from incarceration or following a relapse for a client experiencing a crisis

No Wrong Door Approach

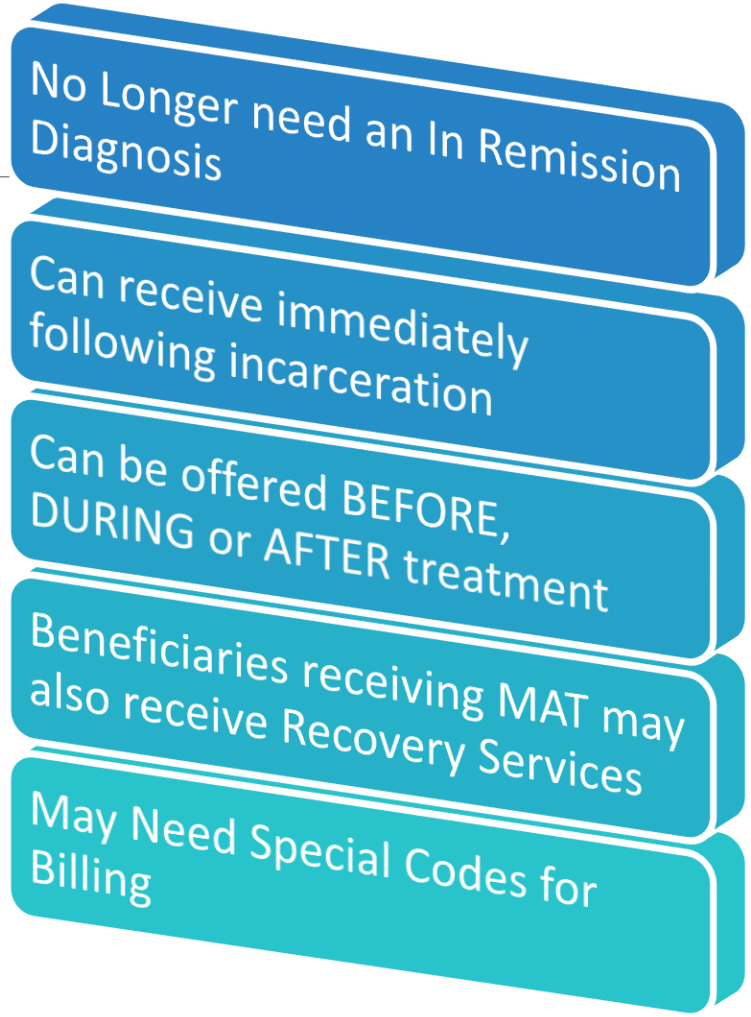
CalAIM Changes to SUD Services

• Change of Procedure Codes from HCPCS to CPT Codes • Payment Reform: Mechanism of reimbursement to counties • Provision of services prior to a SUD Diagnosis being determined is allowed • Services can be provided in-person, through synchronous telehealth or by telephone/audio	
Medical Necessity	• Applies to Outpatient and MAT services • Full Assessment no longer required to begin services • Up to 60 days to complete assessment (LOCPA) if homelessness is documented • 21 and younger eligible to receive services without a diagnosis
Recovery Services	Triple R: The Right Services, at the Right Time, in the Right Place
Residential Treatment Limitations	Removal of two (2) limit maximum for non-continuous residential stays within 365-day period

Elements of Recovery Services under Drug Medi-Cal

- Individual and/or group outpatient counseling services
- Recovery Monitoring: Recovery coaching and monitoring delivered in-person, by synchronous telehealth, or by telephone/audio-only
- Relapse Prevention: Relapse prevention, including attendance in alumni groups and recovery focused events/activities
- Education and Job Skills: Linkages to life skill services and supports, employment services, job training, and education services
- Family Support: Linkages to childcare, parent education, child development support services, family/marriage education
- Support Groups: Linkages to self-help and support services, spiritual and faith-based support
- Ancillary Services: Linkages to housing assistance, transportation, case management, and other individual services coordination

New Changes to Recovery Services Under CalAIM



The Triple “R” of Recovery Services

RIGHT SERVICES at the **RIGHT** TIME and at the **RIGHT** PLACE

You do not need to establish medical necessity prior to providing services

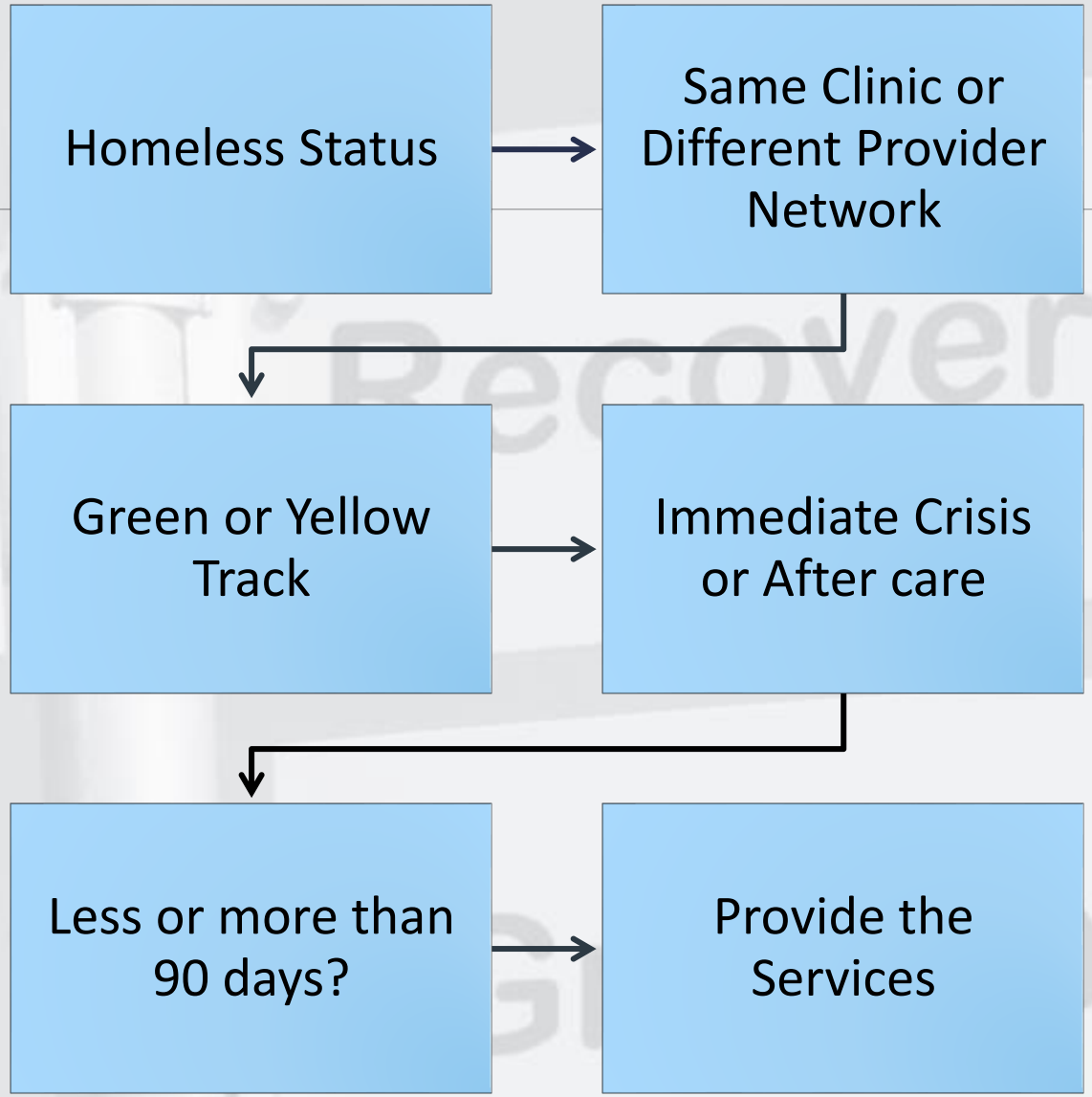
The LOCPA can be completed later if the client is in crisis, and you can still bill for it

The client does not need to be abstinent from drugs for a specific period of time.

Services can be provided anywhere in the community, and/or immediately after release from jail.

Recovery Plan or/and Discharge Plans are required

Decision Tree



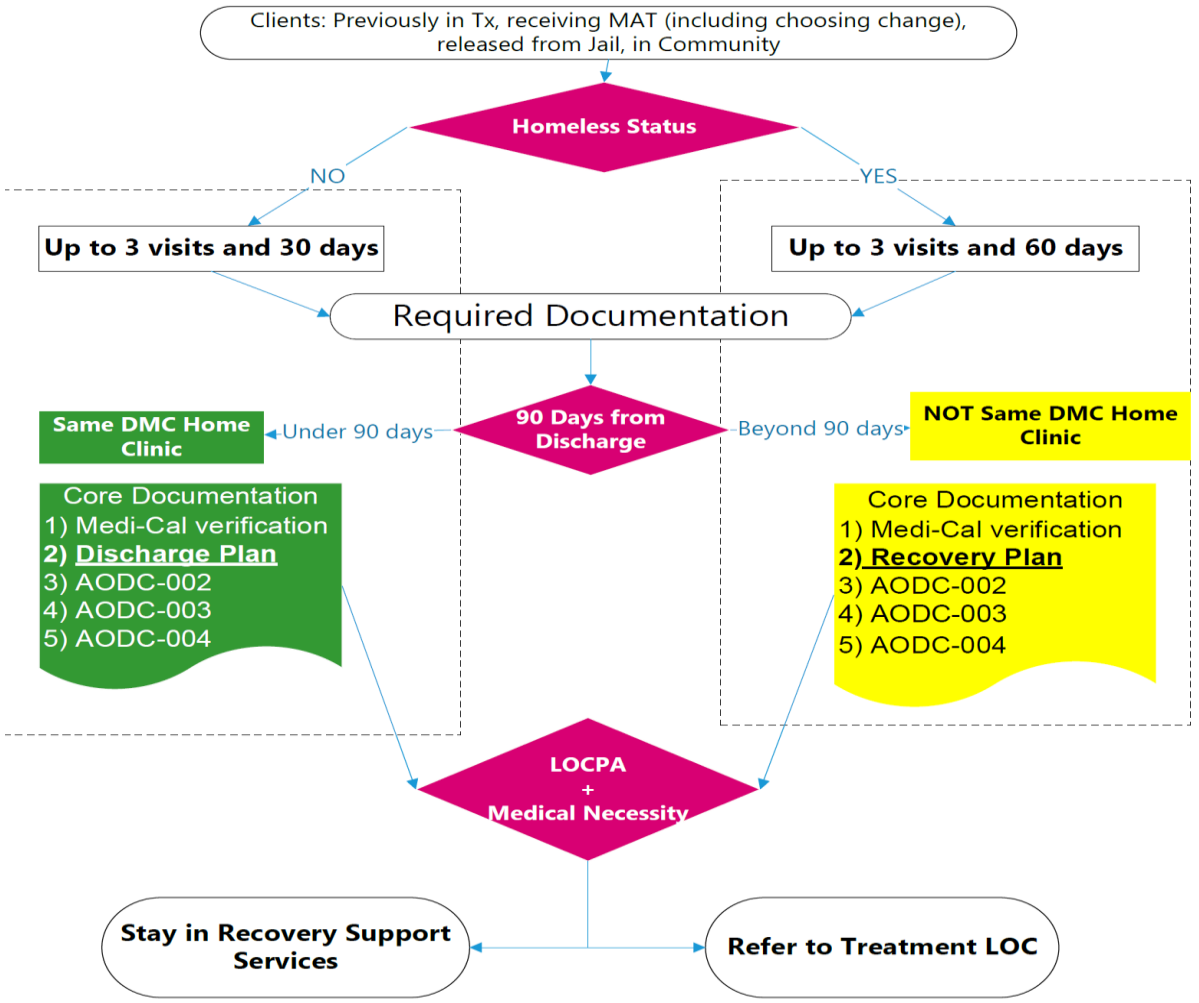
- Clinical Documentation is still needed, however some forms are more critical than others if you are to follow the **Triple R**. For example, you need to open/register the client in the system; otherwise, you cannot bill for the services.
- No need to establish Medical Necessity in order to receive services, especially if there is a crisis. Think of Urgent Care. There could always be follow-up visits where you continue supporting the client and complete the LOCPA
- When completing the Discharge Plan, always include a referral to Recovery Services via Progress Note, Continuation of Services, and/or Discharge Plan
- Ensure that a Release of Information (ROI) is in place for After Care or immediate Recovery Services, regardless. The reason being is that you can just request a copy of the discharge plan. The ROI should have an expiration date.
- If the client was discharged from a program within less than 90 days, you can use the same Discharge Plan completed by the client. If at the same home DMC clinic, you can pull it from your records.
- If the client completed treatment more than 90 days ago, then you must complete a Recovery Plan
- If the client continues to struggle, then assess medical necessity for treatment and link as soon as possible
- We still adhere to 42 CFR Part 2

Clinical Documentation

Contra Costa Health Services
Alcohol and Other Drug Services

CONTRA COSTA BEHAVIORAL HEALTH
A Division of Contra Costa Health Services

Recovery Support Services



CASE MANAGEMENT OR RECOVERY SERVICES?

Although it may seem that both activities are the same, Recovery Services are not linked to a particular level of care (LOC) or location. Case Management should be linked to a particular DMC LOC, clinic/location while a client is in treatment. Example-A Choosing Change client cannot receive Case Management, but they are eligible for Recovery Services at any DMC Certified Program.

Tools of the Trade

Remember the "**Triple R**"

Always include the client's self assessment

With consent from the client, print copies of a Face Sheet, then you will have more information available

(***) While Contra Costa procedures adhere to all regulatory requirements, local experts in the field adopted unique features consistent with the impetus of CalAIM

Choosing Change, OTP and clients who completed treatment in other programs are eligible for Recovery Services

Take Away

Engage, Provide Support, Assist in the Crisis, Coach, Counsel

There is no need to pile documents on a client during the first visit. This is not required by the Department of Health Care Services (DHCS), and not by the county

Stick to the essential forms, ***and*** make sure to write strong progress notes

If a client was just released from jail, they need your support, not papers. Understandably so, providers need to be paid for services.

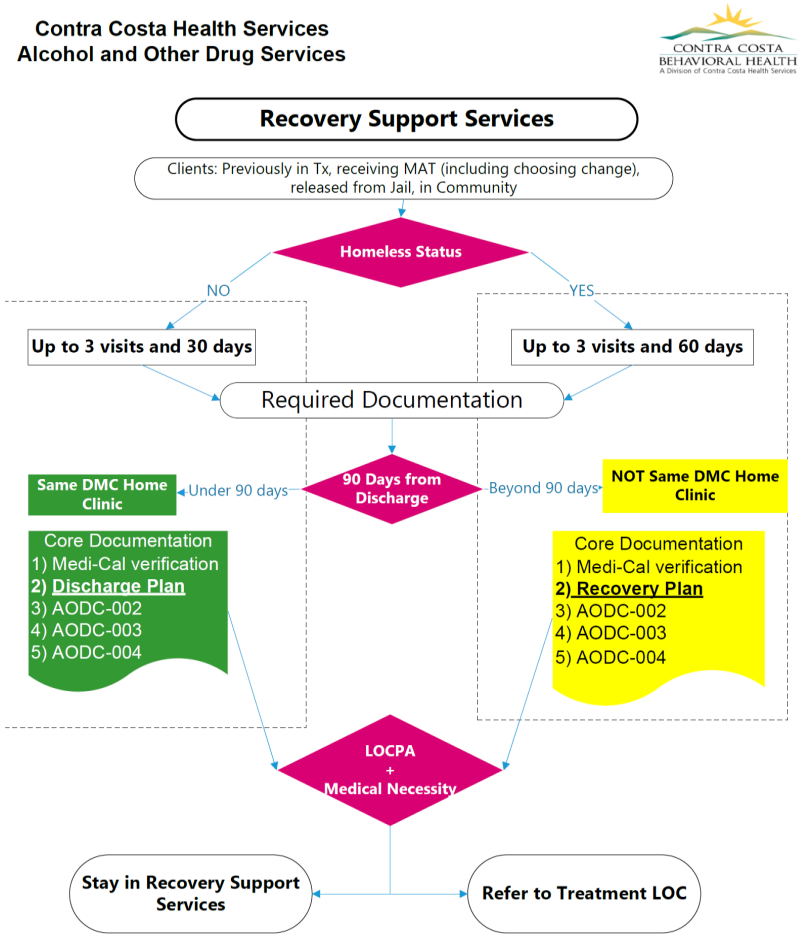
This is a SHIFT in culture to support rapid access to services

Scenario #1

Client completed LOC 3.1 Treatment twenty-two (22) days ago after a thirty-six (36) day length of stay (LOS) at your facility.

The client had been referred to LOC 2.1 (Intensive Outpatient) treatment following residential, but opted not to attend as had a job to return to and was not able to commit to a 2.1 program upon discharge.

Client has had minimal use since time in residential, however has been finding that use has now increased.



Scenario #2

A client who was open to your program 5 months ago, contacts your treatment facility after being incarcerated for 114 days. Client is homeless upon release from jail. Client reports that they have not used while incarcerated nor have they used since being released. Client did receive MAT while incarcerated and describes to you that they are experiencing strong cravings to use and are concerned they may relapse.