



# COUNTY OF YOLO

## HEALTH AND HUMAN SERVICES AGENCY

### POLICIES AND PROCEDURES

#### SECTION 6, CHAPTER 7, POLICY 002

#### SUBSTANCE USE DISORDER MEDICAL NECESSITY AND ACCESS CRITERIA

<b>POLICY NUMBER:</b>	6-7-002
<b>SYSTEM OF CARE:</b>	SUBSTANCE USE
<b>FINALIZED DATE:</b>	01/25/2024
<b>EFFECTIVE:</b>	01/01/2024
<b>SUPERSEDES # :</b>	Supersedes Policy #'s: N/A

**A. PURPOSE:** To establish uniform guidelines, requirements, and timelines for Medical Necessity determination and Access criteria for Yolo County Health and Human Services Agency (HHS) Substance Use Disorder (SUD) Network Providers.

**B. FORMS REQUIRED:**

1. Approved assessment based on ASAM criteria:
  - a. Yolo County SUD Assessment Tool
  - b. ASAM Criteria Assessment Interview Guide
  - c. ASAM Continuum software

**C. DEFINITIONS:**

1. **Access Criteria:** Criteria Medi-Cal members must meet to qualify for services after assessment.
2. **Licensed Practitioners of the Healing Arts (LPHA):** Physicians, Nurse Practitioners, Physician Assistants, Registered Nurses, Registered Pharmacists, Licensed Clinical Psychologist (LCP), Licensed Clinical Social Worker (LCSW), Licensed Professional Clinical Counselor (LPCC), Licensed Marriage and Family Therapist (LMFT), Licensed Vocational Nurse (LVN), Licensed Occupational Therapist (LOT), Licensed Psychiatric Technician (LPT), and licensed-eligible practitioners working under the supervision of licensed clinicians and within their scope of practice (Registered Clinical Social Worker, Registered Professional Clinical Counselor, Registered Marriage and Family Therapist).
3. **Medical Necessity:**

- a. **21 years and older:** a service is “medically necessary” or a “medical necessity” when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain.
  - b. **Under 21 years of age:** a service is “medically necessary” or a “medical necessity” if the service is necessary to correct or ameliorate screened health conditions. Services need not be curative or completely restorative to ameliorate a health condition, including substance misuse and SUDs. Services that sustain, support, improve, or make more tolerable substance misuse or an SUD are considered to ameliorate the condition and are thus covered as EPSDT services.
  - c. **Narcotic Treatment Programs (NTPs)** shall conduct a history and physical exam by a LPHA pursuant to state and federal regulations. This history and physical exam done at admission to a NTP qualifies for the purpose of determining medical necessity under the DMC-ODS.
4. **Member: DMC-ODS (formerly Beneficiary):** A person who: (a) has been determined eligible for Medi-Cal; (b) is not institutionalized; (c) has a substance-related disorder per the current "Diagnostic and Statistical Manual of Mental Disorders (DSM)" criteria; and (d) meets the admission criteria to receive DMC covered services.
  5. **Network Provider:** Any provider, group of providers, or entity that has a network provider agreement with Yolo County HHSA BH and receives Medicaid funding directly or indirectly to order, refer or render covered services as a result of the contract (Title 42 Code of Federal Regulations [42 CFR] § 438.2)
  6. **Telehealth:** Synchronous audio-only and synchronous video interactions. Telehealth does not include asynchronous store and forward communications or remote patient monitoring, such as E-Consults.
  7. **Withdrawal from treatment:** The member exits treatment for any reason (ex: no-shows or declines services), the member’s treatment episode is closed, and a CalOMS discharge has been completed. CalOMS requires that non-residential treatment episodes are closed if the client has not had at least one face to face visit with a treatment counselor for 30 consecutive days. For residential treatment, an episode shall be closed if there has been 7 consecutive days of absence. Once an episode has been closed, a new access screening, referral to treatment, and program intake are required.

**D. POLICY:**

**Initial Assessment**

1. An assessment based on the ASAM criteria shall be used for initial assessment.
  - a. One of the following approved assessment tools shall be used: Yolo County full SUD assessment tool, ASAM Criteria Assessment Interview Guide, ASAM Continuum software.
  - b. Effective January 1, 2025, DMC and DMC-ODS providers shall use one of the following approved assessment tools: ASAM Criteria Assessment Interview Guide, ASAM Continuum software.

2. Initial assessment shall be performed face-to-face, by telehealth, or by telephone by an LPHA or registered or certified counselor and may be done in the community or the home.
  - a. Telephone assessments may not be clinically appropriate for all members, as they limit the program's ability to visually see the client during assessment (ex: unable to visually assess for withdrawal symptoms). The program must use clinical judgment when determining how an assessment will be performed and ensure safety measures are in place.
3. The county designated assessment based on the ASAM criteria is not required to deliver prevention and early intervention services for members under 21.
  - a. A brief screening ASAM criteria tool is sufficient for these services.
4. If the assessment of the member is completed by a registered or certified counselor, then the LPHA shall evaluate that assessment with the counselor. The LPHA shall make the initial diagnosis. The consultation between the LPHA and the registered or certified counselor can be conducted in person, by synchronous video, or by telephone/audio only. Documentation of the initial assessment shall reflect consultation between LPHA and registered/certified counselor.
5. Narcotic Treatment Programs (NTPs) must fulfil the requirements of a needs assessment as outlined in CCR Title 9 §10305.

#### **Services Provided During the Assessment Process**

1. Within non-residential treatment settings, DMC-ODS services are reimbursable whether or not a Diagnostic and Statistical Manual (DSM) diagnosis for Substance Related and Addictive Disorders is established.
  - a. The above timelines do not alter the requirements for Residential SUD treatment authorization. Please refer to Yolo County HHS SUD Residential Authorization Policy for more information.

#### **Access Criteria for Services After Assessment**

1. Diagnostic determination shall be made by an LPHA.
2. Members 21 years and older: To qualify for DMC services after the initial assessment process, members 21 years of age and older must meet one of the following criteria:
  - a. 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
  - b. 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.
3. Members under the age of 21: The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Medicaid mandate entitles these members to receive any medically necessary services coverable under a Medicaid state plan to correct and ameliorate health conditions, even if they do not meet criteria for a SUD diagnosis. This includes treatment for risky

substance use and early engagement services. Individual and group counseling and educational services are examples of early intervention services covered under EPSDT.

- a. An SUD diagnosis shall not be required for early intervention services.
    - i. If the member under 21 meets diagnostic criteria for SUD, providers shall complete the full Yolo County assessment based on ASAM criteria and refer the member to the appropriate level of care indicated by the assessment.
  - b. Nothing in the DMC-ODS overrides any EPSDT requirements.
4. Clinically appropriate services provided prior to the determination of an SUD diagnosis are reimbursable.

#### **Level of Care Determination**

1. Level of care determination shall be made by an LPHA.
2. Network providers shall utilize one of the approved assessment tools based on ASAM criteria to determine the appropriate level of SUD treatment service for DMC members. This is separate and distinct from determining medical necessity.
  - a. The treatment service must be both medically necessary and clinically appropriate to address the member's presenting condition.
  - b. Placement and level of care determination shall be in the least restrictive level of care that is clinically appropriate to treat the member's condition.
3. Members under the age of 21: The full Yolo County assessment based on ASAM criteria shall not be required for a DMC member under the age of 21 to receive early intervention services.
  - a. A Yolo County approved, abbreviated ASAM screening tool may be utilized.
4. If a member withdraws from treatment prior to completing the assessment and later returns, the time period starts over.
5. These requirements for ASAM Level of Care assessments apply to NTP clients and settings.
6. The above timelines do not alter the requirements for Residential SUD treatment authorization. A level of care assessment is required before Yolo County authorizes residential treatment. Please refer to Yolo County HHSA SUD Residential Authorization Policy for more information.

#### **Additional Coverage Requirements**

1. These changes do not eliminate the requirement that all Medi-Cal claims include a CMS approved ICD diagnosis code. Provisional diagnoses are used prior to the determination of a diagnosis. In cases where services are provided due to a suspected SUD that has not yet been diagnosed a CMS approved ICD diagnosis code list shall be utilized.
  - a. Provisional diagnoses shall be updated by an LPHA to accurately reflect the member's need
2. Medically necessary covered DMC-ODS prevention, screening, assessment, and treatment services delivered by DMC-ODS providers are covered and reimbursable Medi-Cal services when:
  - a. The prevention, screening, assessment, treatment, or recovery services were not included in an individual treatment plan
    - i. Yolo County shall not disallow reimbursement for these services due to lack of treatment plan or lack of client signature on the treatment plan.
  - b. The member has a co-occurring mental health condition
3. Early intervention services are covered DMC-ODS services for members under the age of 21. Any member under the age of 21 who is screened and determined to be at risk of developing

an SUD may receive any service component covered under the outpatient level of care as early intervention services.

**Reassessment**

1. A full level of care assessment shall be updated as clinically appropriate when the members condition changes.
2. For Residential, members initially authorized for treatment are reassessed, at a minimum of every 30 days, using an approved assessment tool based on the ASAM criteria, unless medical necessity warrants more frequent reassessment.
3. For NTP services, members shall be reassessed at minimum annually to determine treatment goals and other areas of need.

**E. PROCEDURE:**

1. Network providers shall develop internal policies and procedures which meet the requirements outlined in this policy.

**F. REFERENCES:**

1. DHCS Information Notice 23-068: Updates to Documentation Requirements for all Specialty Mental Health (SMH), Drug Medi-Cal (DMC), and Drug Medi-Cal Organized Delivery System (DMC-ODS) Services
2. DHCS Information Notice 24-001: Drug Medi-Cal Organized Delivery System (DMC-ODS) Requirements for the Period of 2022 – 2026
3. CCR Title 9 §10305
4. 42 CFR §8.12 Federal Opioid Treatment Standards

**Approved by:**

  
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**Julie Freitas, LMFT, Alcohol & Drug Administrator**  
**Yolo County Health and Human Services Agency**

1/26/2024  
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**Date**

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**Karleen Jakowski, LMFT, Mental Health Director**  
**Yolo County Health and Human Services Agency**

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**Date**