



# Updates for SAPC Treatment Providers

- Updates
  - CalAIM
  - COVID-19





# New CalAIM Requirements for Treatment Providers

## • **Examples of Changes Effective January 1, 2022:**

- Removal of annual limit on residential admissions – now based on medical necessity with a statewide length of stay average (not a 30-day stay cap).
- Reimbursement for 30- (all adults age 21 and over) or 60-days (youth age 20 and under and/or homeless adults) to complete assessment; if assessment results in a non-qualified diagnosis services remain reimbursable with appropriate diagnosis code.
- Requirement that Medications for Addiction Treatment (MAT) either be offered directly or via referral at all service sites.
- Recovery Services are available without a remission diagnosis, within all levels of care, and option for admission directly to this service.
- Early Intervention (ASAM 0.5) services for youth age 20 and under via EPSDT.

**Systems of Care will present on Provider Manual 6.0 updates and the SAPC team is planning additional training opportunities to ensure effective rollout of changes.**

### **REFERENCES:**

- [DHCS BHIN 21-075](#) DMC-ODS Requirements Period 2022-2026
- [Provider Manual Version 6.0](#)
- [Provider Manual Version 6.0 Changes - Quick Reference Guide](#)



# DHCS and Other CalAIM Updates

## New CalAIM Services

- Enhanced Care Management (ECM) – Certain SAPC agencies have contracted with the managed care plan to deliver this new Medi-Cal benefit.
- Community Supports – SAPC is launching new sobering center, withdrawal management, residential, and outpatient services at the MLK Behavioral Health Center in the next few months. Certain Community Support Services have been launched by the managed care plans already.

## Behavioral Health Continuum Infrastructure Program (BHCIP)

<https://www.infrastructure.buildingcalhhs.com/apply/>

- Round 3, Part 2: Pending DHCS announcement of availability of funds.
- Round 4: Children and Youth – Program update/design released.

## **Forthcoming CalAIM Changes; Updates Pending Ongoing Discussions with DHCS and DMH**

- Documentation reform – July 2022
- Peer Specialist Benefit – July 2022
- Contingency Management Pilot – July 2022
- BH payment reform – July 2023
- BH Administrative Integration – Jan 2027 at the earliest



## Full Scope Medi-Cal Expansion 50+

- Assembly Bill 133 amended WIC to expand eligibility for full scope Medi-Cal to individuals who are 50 years of age or older and who do not satisfy immigration status or are unable to establish satisfactory immigration status (implemented 5/1/2022):
  - See DHCS [Letter 21-13](#)
  - <https://www.dhcs.ca.gov/services/med-cal/eligibility/Pages/OlderAdultExpansion.aspx>
- This is modeled after the Young Adult Expansion, which provided full scope Medi-Cal to young adults 19 through 25 (implemented 1/1/2020)
  - <https://www.dhcs.ca.gov/services/med-cal/eligibility/Pages/youngadultexp.aspx>

**Please inform your patients who are 19 through 25, and 50 or older of this change and assist them in applying for Medi-Cal and do not refer them to My Health LA as DHS is disenrolling these patients and transitioning them to Medi-Cal as outlined above.**



# SAPC's Strategic Priorities for CalAIM

## • ACCESS

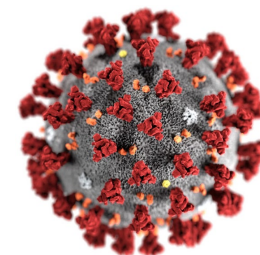
- Better reaching the 95% of people who have an SUD but don't think they need or want help (harm reduction, meeting people where they are literally and figuratively, open and engaging approaches to SUD services, etc.)
- Ensuring agencies have processes and policies to:
  - Enroll clients in Medi-Cal
  - Take the most effective approach to engage individual clients (e.g., some require softer while others require firmer approaches)

## • CARE INTEGRATION & COORDINATION

- Better connecting clients to needed physical and mental health services, as well as a full range of needed services to address all social determinants of health
  - Clients with co-occurring SUD and mental health conditions are a particular focus given the common need

# COVID-19 – Working Towards a New Normal

- COVID-19 cases have stabilized with periodic fluctuations.
- It is important to remember that loosening of quarantine and masking guidelines do not pertain to healthcare settings, and all specialty SUD treatment settings are considered healthcare settings, with particular risk in congregate settings (residential, inpatient, Recovery Bridge Housing).
- Anticipating ongoing evolution of the virus and possible increase in the Fall/Winter periods.
  - Reasonable precautions and vaccine/booster reminders are still essential.



# Thank You!



**“The opposite of addiction is not sobriety; the opposite of addiction is **connection.**”**

*- Johann Hari*