



Policy: GG.1100
Title: **Alcohol and Substance Use Disorder Treatment Services**
Department: Medical Management
Section: Behavioral Health Integration

CEO Approval: /s/ Michael Hunn 01/29/2025

Effective Date: 01/02/1996

Revised Date: 12/31/2024

Applicable to: ☒ Medi-Cal
☐ OneCare
☐ PACE
☐ Administrative

I. PURPOSE

This policy defines the process by which Members may obtain Medically Necessary alcohol and substance use disorder treatment services under the Medi-Cal program.

II. POLICY

- A. CalOptima Health shall cover clinically appropriate and covered Non-Specialty Mental Health Services (NSMHS) in accordance with CalOptima Health Policy GG.1900: Behavioral Health Services.
- B. Acute inpatient alcohol and substance use disorder treatment services are not Covered Services under the CalOptima Health Medi-Cal program, except as part of an inpatient course of treatment for a medical condition.
- C. Outpatient alcohol and substance use disorder treatment services are not Covered Services under the CalOptima Health program with the exception of the provision of the alcohol and drug Screening, Brief Interventions and Referral to Treatment (SBIRT) to Members ages eleven (11) years and older (as recommended by the United States Preventative Services Task Force and the American Academy of Pediatrics), including pregnant women by providers within their scope of practice. All Members under twenty-one (21) years of age are eligible for additional screening benefits under Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) and in accordance with CalOptima Health Policy GG.1121: Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Services.
 - 1. Members are entitled to one (1) SBIRT expanded screening using a validated screening tool per year. Additional screenings can be provided in a calendar year if Medical Necessity is documented by the Member's Primary Care Provider (PCP) or primary care team.
 - 2. CalOptima Health requires the use of a validated screening tool for unhealthy alcohol and drug use screening. Validated screening tools include, but are not limited to:
 - a. Cut Down-Annoyed-Guilty-Eye-Opener Adapted to Include Drugs (CAGE-AID);
 - b. Tobacco Alcohol, Prescription medication and other Substances (TAPS);

- c. National Institute on Drug Abuse (NIDA) Quick Screen for adults;
 - i. The single NIDA Quick Screen alcohol-related question can be used for alcohol use screening;
 - d. Drug Abuse Screening Test (DAST-10);
 - e. Alcohol Use Disorder Identification Test – Consumption (AUDIT-C);
 - f. Parents, Partners, Past and Present (4Ps) for pregnant women and adolescents;
 - g. Car, Relax, Alone, Forget, Friends, Trouble (CRAFFT) for non-pregnant adolescents; or
 - h. Michigan Alcoholism Screening Test Geriatric (MAST-G) alcohol screening for geriatric population.
3. CalOptima Health shall cover and pay for Behavioral Counseling Intervention(s) for Members who screen positively for risks or hazardous alcohol use or a potential Alcohol Use Disorder.
 4. CalOptima Health or a Health Network shall refer, without requiring Prior Authorization, a Member to SBIRT services if the Member’s PCP does not offer SBIRT.
 5. CalOptima Health or a Health Network shall refer, without requiring Prior Authorization, a Member to substance use disorder treatment when there is a need beyond SBIRT.
 6. In providing SBIRT, CalOptima Health and its Health Networks and providers shall comply with all applicable laws and regulations relating to the privacy of substance use disorder records, as well as state law concerning the rights of minors over twelve (12) years of age to consent to treatment, including without limitation, Title 42 Code of Federal Regulations (CFR), section 2.1 et seq., 42 CFR section 2.14, California Family Code section 6929, and CalOptima Health Policy HH.3010: Protected Health Information (PHI) Disclosures Required by Law.
- D. Specified alcohol and drug treatment services are available to Members through the county department responsible for substance use treatment, Orange County Health Care Agency (OCHCA) Drug Medi-Cal Organized Delivery System (DMC-ODS), or other community resources.
 - E. Outpatient Methadone Detoxification services are available to Members through a Narcotic Treatment Program (NTP).
 - F. CalOptima Health or a Health Network shall identify Members who require alcohol and substance use disorder treatment services and shall arrange for their referral to the appropriate provider in accordance with this Policy.
 - G. CalOptima Health or a Health Network shall assist a Member in locating available treatment center sites. If a provider is not available in the Service Area, CalOptima Health or a Health Network shall locate an appropriate treatment center outside of the Service Area.
 - H. CalOptima Health or a Health Network shall ensure provision of primary care and other Medically Necessary Covered Services unrelated to the alcohol and substance use disorder treatment services.

- I. A PCP shall coordinate with the Members treatment program to ensure coordination of care and appropriate medical monitoring.
- J. CalOptima Health shall include information about SBIRT services in Member informing materials in accordance with CalOptima Health Policies DD.2005: Member Informing Materials Requirements, and GG.1900: Behavioral Health Services.

III. PROCEDURE

A. Identification of Members Who Require Alcohol and Substance Abuse Treatment Services

- 1. CalOptima Health or a Health Network shall identify a Member who requires alcohol and substance use disorder treatment services through:
 - a. Case Management referrals;
 - b. Utilization Management (UM) referrals;
 - c. Member self-referrals;
 - d. Provider referrals;
 - e. SBIRT services administered by an eligible provider, as defined in Section III.B.1. of this Policy;
 - f. Community agency referrals; or
 - g. The most current DHCS approved screening and transition of care tools.

B. Alcohol and Drug Screening, Assessment, Brief Interventions and Referral to Treatment (SBIRT)

1. Eligible Providers

- a. All providers licensed in accordance with the California Business and Professions Code, Division 2, Section 500 et al. may offer SBIRT services in the primary care setting.
- b. These services may be provided by providers within their scope of practice, including, but not limited to, physicians, physician assistants, nurse practitioners, certified nurse midwives, licensed midwives, licensed clinical social workers, licensed professional clinical counselors, psychologists and licensed marriage and family therapists.

2. Screening

- a. All PCPs must provide unhealthy alcohol and drug use screening annually using a validated alcohol screening tool as provided in Section II.C.2. of this Policy.

3. Brief Assessment

- a. When a screening is positive, the screening provider shall use validated assessment tools to determine if Unhealthy Alcohol Use or Substance Use Disorder (SUD) is present. Validated alcohol and drug assessment tools may be used without first using validated screening tools. Validated assessment tools include, but are not limited to:

- i. NIDA-Modified Alcohol, Smoking and Substance Involvement Screening Test (NM-ASSIST);
- ii. Drug Abuse Screening Test (DAST-20); and
- iii. Alcohol Use Disorders Identification Test (AUDIT).

4. Brief Interventions

- a. For Members with brief assessments that reveal unhealthy alcohol use, brief misuse counseling should be offered. Appropriate referral for additional evaluation and treatment, including medications for addiction treatment, must be offered to Members whose brief assessment demonstrates probable Alcohol Use Disorder (AUD) or SUD. Alcohol and/or drug brief interventions include alcohol misuse counseling and counseling a Member regarding additional treatment options, referrals, or services. Brief interventions must include the following:
 - i. Providing feedback to the Member regarding screening and assessment results;
 - ii. Discussing negative consequences that have occurred and the overall severity of the problem;
 - iii. Supporting the Member in making behavioral changes; and
 - iv. Discussing and agreeing on plans for follow-up with the Member, including referral to other treatment if indicated.
- b. CalOptima Health shall make good faith efforts to confirm whether Members receive referred treatments, and document when, where, and any next steps following treatment. If a Member does not receive referred treatments, CalOptima Health shall follow-up with the Member to understand barriers and adjust the referrals, if warranted. CalOptima Health shall also attempt to connect with the provider to whom the Member was referred to facilitate a warm hand off to necessary treatment.

5. Referral to Mental Health and/or Alcohol Use Disorder Services:

- a. Licensed providers shall refer Members who meet criteria for an AUD as defined by the current Diagnostic and Statistical Manual of Mental Disorders (DSM), or for whom there is an uncertain diagnosis, to the OCHCA DMC-ODS for further alcohol and substance use disorder evaluation and treatment.

6. Documentation Requirements:

- a. A PCP shall maintain documentation of the SBIRT services provided to Members in the Member's Medical Record. When a Member transfers from one PCP to another, the receiving PCP must attempt to obtain the Member's prior Medical Records, including those pertaining to the provision of preventive services.
- b. Medical Record documentation shall include:
 - i. The service provided;

- ii. The name of the screening instrument and the score of the screening instrument;
- iii. The name of the assessment instrument and the score on the assessment (unless the screening tool is embedded in the electronic health record); and
- iv. If and where a referral to an AUD or SUD program was made.

C. Alcohol Use Disorder (AUD) Treatment Services

- 1. Members in need of AUD treatment services shall be referred to the OCHCA DMC-ODS for Alcohol Use Disorder treatment.

D. Voluntary Inpatient Detoxification (VID) Services

- 1. VID is not a CalOptima Health Covered Service.
- 2. VID is a covered benefit under the Fee-for-Service (FFS) Medi-Cal program. If a Member appears to be in need of VID service, CalOptima Health or the Member's Health Network shall refer the Member to a VID service provider in a general acute care hospital. The VID service provider must submit a Treatment Authorization Request (TAR) to the local Medi-Cal FFS field office for authorization. CalOptima Health shall provide care coordination with the VID service provider, as needed.
- 3. If a Member has a primary medical diagnosis for which acute hospitalization is medically appropriate, and a secondary diagnosis of chemical dependency, CalOptima Health or the Member's Health Network shall be responsible for the Member's acute inpatient admission.
 - a. If the Member is enrolled in a Health Network, the hospital shall obtain authorization in accordance with the Health Network's authorization policy and procedures.
 - b. If the Member is enrolled in CalOptima Health Direct-Administrative (COD-A) or CalOptima Health Community Network (CCN), the hospital shall obtain authorization in accordance with CalOptima Health Policy GG.1500: Authorization Instructions for CalOptima Health Direct and CalOptima Health Community Network Providers.
- 4. If a Member has a Dual Diagnosis for which acute psychiatric hospitalization is medically appropriate, the acute psychiatric inpatient admission, if approved, shall be authorized by OCHCA Orange County Mental Health Plan (OCMHP).
 - a. A hospital shall request authorization from the OCHCA's OCMHP in accordance with its authorization policy and procedures.
 - b. The OCHCA's OCMHP shall be responsible for both authorization and service provisions in such situations.
 - c. CalOptima Health or the Member's Health Network shall be responsible for medical consultations and medical procedures provided to the Member during an acute psychiatric inpatient admission.
- 5. A Member's PCP shall collaborate with the acute mental health Provider in order to ensure coordination of care, and appropriate medical monitoring.

E. Outpatient Methadone Detoxification

1. Outpatient Methadone Detoxification is not a CalOptima Health Covered Service.
2. Outpatient Methadone Detoxification is a covered benefit under the Drug Medi-Cal Program. If a Member appears to be in need of outpatient Methadone Detoxification services, CalOptima Health or the Member's Health Network shall refer the Member to OCHCA DMC-ODS for Narcotic Treatment Program (NTP).
3. CalOptima Health or a Health Network shall facilitate a Member's referral to OCHCA DMC-ODS for outpatient Methadone Detoxification Provider including, but not limited to, supplying the Member with the names of Providers in the local area who accept the Drug Medi-Cal Program and contacting the Provider to arrange for an appointment.
4. The Member's PCP shall collaborate with the Drug Medi-Cal Program Methadone Detoxification Provider who is treating the Member to ensure coordination of care and appropriate medical monitoring.

F. Other Outpatient Substance Use Disorder Treatment Services

1. Other outpatient substance use disorder treatment is not a CalOptima Health Covered Service.
2. If a Member appears to be in need of substance use disorder treatment services other than outpatient Methadone Detoxification, CalOptima Health or a Health Network shall refer the Member to the county department responsible for substance use disorder treatment, Drug Medi-Cal Program, or other community resources.
3. The Member's PCP shall collaborate with the Provider who is treating the Member to ensure coordination of care and proper medical monitoring.

G. Medication for Treatment of Alcohol and Substance Use Disorder

1. CalOptima Health or a Health Network shall provide or arrange for the provision of:
 - a. Medication-Assisted Treatment (MAT) provided in primary care, inpatient hospital, emergency departments, and other contracted medical settings.
 - b. Emergency services necessary to stabilize the Member.
2. CalOptima Health or a Health Network shall reimburse Network Providers for professional fees associated with visits during which AUD and SUD treatments are provided when such treatments are within the scope of practice for the provider. Examples of within scope services may include, but are not limited to, a visit to prescribe medication for a Member actively using opioids, to prescribe medications to reduce symptoms of withdrawal, or a visit to a provider to prescribe medications to support addiction recovery.
3. Reimbursement for medications used for the treatment of AUD and SUD are the responsibility of Medi-Cal Rx.
4. Although the medications used in Medication-Assisted Treatment (MAT) should be prescribed as part of a comprehensive treatment plan that includes counseling, treatment must not be

contingent on a Member's compliance with referrals to county treatment programs and the services outlined must be covered regardless of the Member accepting county treatment programs or services.

H. Care Coordination

1. CalOptima Health and OCHCA DMC-ODS shall coordinate any concurrent NSMHS and SUD services for adults, as well as children twelve (12) years of age and over. In addition, CalOptima Health and OCHCA OCMHP to facilitate care transitions and guide referrals for Members receiving OCHCA DMC-ODS to transition to a NSMHS Provider. Such decisions should be made via a patient-centered shared decision-making process.
2. CalOptima Health and its Health Networks shall coordinate care for Members enrolled in Enhanced Care Management (ECM) and/or Community Supports under the California Advancing and Innovating Medi-Cal for All (CalAIM) initiative in accordance with CalOptima Health Policies GG.1353: CalAIM Enhanced Care Management Service Delivery, GG.1354: CalAIM Enhanced Care Management - Eligibility and Outreach, and GG.1355: CalAIM Community Supports.
 - a. CalOptima Health and its Health Networks shall ensure compliance with all applicable State and federal requirements related to ECM requirements determined by DHCS, including but not limited to DHCS All Plan Letter (APL) 21-012: Enhanced Care Management Requirements.
 - b. CalOptima Health and a Health Network shall ensure Members are receiving appropriate and coordinated services.

I. Co-occurring Substance Use Disorder (SUD) Services:

1. Clinically appropriate and covered NSMHS delivered by CalOptima Health Providers are covered whether or not the Member has a co-occurring SUD, in accordance with GG.1900: Behavioral Health Services.

J. Dispute Resolution

1. For any dispute resolution, CalOptima Health and OCHCA DMC-ODS shall attempt to resolve the dispute in accordance with CalOptima Health Policies GG.1103: Specialty Mental Health Services, and EE.1144: Memorandum of Understanding (MOU) Requirements for CalOptima Health and Third-Party Entities.

IV. ATTACHMENT(S)

Not Applicable

V. REFERENCE(S)

- A. CalOptima Health Contract with Department of Health Care Services (DHCS) for Medi-Cal
- B. CalOptima Health/Orange County Health Care Agency Mental Health Memorandum of Understanding
- C. CalOptima Health Policy DD.2005: Member Informing Materials Requirements
- D. CalOptima Health Policy EE.1144: Memorandum of Understanding (MOU) Requirements for CalOptima Health and Third Party Entities
- E. CalOptima Health Policy GG.1103: Specialty Mental Health Services

- F. CalOptima Health Policy GG.1121: Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Services
- G. CalOptima Health Policy GG.1401: Physician Administered Drug (PAD) Prior Authorization Process
- H. CalOptima Health Policy GG.1500: Authorization Instructions for CalOptima Health Direct and CalOptima Health Community Network Providers
- I. CalOptima Health Policy HH.3010: Protected Health Information (PHI) Disclosures Required by Law
- J. Department of Health Care Services (DHCS) All Plan Letter 18-001: Voluntary Inpatient Detoxification
- K. Department of Health Care Services (DHCS) All Plan Letter 15-008: Professional Fees for Office Visits Associated with Alcohol and Substance Use Disorder Treatment Services
- L. Department of Health Care Services (DHCS) All Plan Letter 21-014: Alcohol and Drug Screening, Assessment, Brief Interventions and Referral To Treatment (Supersedes APL 18-014)
- M. Department of Health Care Services (DHCS) All Plan Letter 22-005: No Wrong Door for Mental Health Services Policy
- N. Department of Health Care Services (DHCS) All Plan Letter 22-006: Medi-Cal Managed Care Health Plan Responsibilities for Non-Specialty Mental Health Services
- O. Department of Health Care Services (DHCS)_All Plan Letter 22-028: Adult and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services.
- P. California Business and Professions Code, Division 2, §500 et al
- Q. California Family Code, §6929
- R. Title 42, Code of Federal Regulations (CFR), §§2.1 *et seq.* and 2.14
- S. Title 22, California Code of Regulations (CCR), §§ 51003, 51116, 51328, and 51341.1

VI. REGULATORY AGENCY APPROVAL(S)

| Date | Regulatory Agency | Response |
|------------|---|-----------------------|
| 05/20/2010 | Department of Health Care Services (DHCS) | Approved As Submitted |
| 11/03/2015 | Department of Health Care Services (DHCS) | Approved As Submitted |
| 01/12/2018 | Department of Health Care Services (DHCS) | Approved As Submitted |
| 02/17/2022 | Department of Health Care Services (DHCS) | Approved As Submitted |
| 07/29/2022 | Department of Health Care Services (DHCS) | Approved As Submitted |
| 06/02/2023 | Department of Health Care Services (DHCS) | Approved As Submitted |

VII. BOARD ACTION(S)

None to Date

VIII. REVISION HISTORY

| Action | Date | Policy | Policy Title | Program(s) |
|-----------|------------|---------|--|------------|
| Effective | 01/02/1996 | GG.1100 | Substance Abuse Treatment Services | Medi-Cal |
| Revised | 04/01/1999 | GG.1100 | Substance Abuse Treatment Services | Medi-Cal |
| Revised | 09/01/2004 | GG.1100 | Substance Abuse Treatment Services | Medi-Cal |
| Revised | 01/01/2010 | GG.1100 | Alcohol and Substance Abuse Treatment Services | Medi-Cal |
| Revised | 03/01/2014 | GG.1100 | Alcohol and Substance Abuse Treatment Services | Medi-Cal |

| Action | Date | Policy | Policy Title | Program(s) |
|---------------|-------------|---------------|---|-------------------|
| Revised | 09/01/2015 | GG.1100 | Alcohol and Substance Abuse Treatment Services | Medi-Cal |
| Revised | 09/01/2016 | GG.1100 | Alcohol and Substance Abuse Treatment Services | Medi-Cal |
| Revised | 10/01/2017 | GG.1100 | Alcohol and Substance Abuse Treatment Services | Medi-Cal |
| Revised | 01/01/2018 | GG.1100 | Alcohol and Substance Use Disorder Treatment Services | Medi-Cal |
| Revised | 01/01/2019 | GG.1100 | Alcohol and Substance Use Disorder Treatment Services | Medi-Cal |
| Revised | 01/01/2022 | GG.1100 | Alcohol and Substance Use Disorder Treatment Services | Medi-Cal |
| Revised | 06/01/2023 | GG.1100 | Alcohol and Substance Use Disorder Treatment Services | Medi-Cal |
| Revised | 12/31/2024 | GG.1100 | Alcohol and Substance Use Disorder Treatment Services | Medi-Cal |

IX. GLOSSARY

| Term | Definition |
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| Alcohol Use Disorder | Member meets the criteria in the Diagnostic and Statistical Manual (DSM) for a substance use disorder resulting from alcohol use. |
| Behavioral Counseling Interventions for Alcohol Misuse | Activities delivered by primary care clinicians and related health care staff to assist patients in adopting, changing, or maintaining behaviors proven to affect health outcomes and health status including appropriate alcohol use. |
| CalOptima Health Community Network (CHCN) | A managed care network operated by CalOptima Health that contracts directly with physicians and hospitals and requires a Primary Care Provider (PCP) to manage the care of the Members. |
| CalOptima Health Direct Administrative (COHD-A) | The managed Fee-For-Service health care program operated by CalOptima Health that provides services to Members as described in CalOptima Health Policy DD.2006: Enrollment in/Eligibility with CalOptima Health Direct. |
| Covered Services | <p>Those health care services, set forth in W&I sections 14000 et seq. and 14131 et seq., 22 CCR section 51301 et seq., 17 CCR section 6800 et seq., the Medi-Cal Provider Manual, the California Medicaid State Plan, the California Section 1115 Medicaid Demonstration Project, the contract with DHCS for Medi-Cal, and DHCS APLs that are made the responsibility of CalOptima Health pursuant to the California Section 1915(b) Medicaid Waiver authorizing the Medi-Cal managed care program or other federally approved managed care authorities maintained by DHCS.</p> <p>Covered Services do not include:</p> <ol style="list-style-type: none"> 1. Home and Community-Based Services (HCBS) program as specified in the DHCS contract for Medi-Cal Exhibit A, Attachment III, Subsections 4.3.15 (Services for Persons with Developmental Disabilities), 4.3.20 (Home and Community-Based Services Programs) regarding waiver programs, 4.3.21 (In-Home Supportive Services), and Department of Developmental Services (DDS) Administered Medicaid Home and Community-Based Services Waiver. HCBS programs do not include services that are available as an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) service, as described in 22 CCR sections 51184, 51340 and 51340.1. EPSDT services are covered under the DHCS contract for Medi-Cal, as specified in Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services), Subsection F4 regarding services for Members less than twenty-one (21) years of age. CalOptima Health is financially responsible for the payment of all EPSDT services; 2. California Children's Services (CCS) as specified in Exhibit A, Attachment III, Subsection 4.3.14 (California Children's Services), except for Contractors providing Whole Child Model (WCM) services; 3. Specialty Mental Health Services as specified in Exhibit A, Attachment III, Subsection 4.3.12 (Mental Health Services); 4. Alcohol and SUD treatment services, and outpatient heroin and other opioid detoxification, except for medications for addiction |

| Term | Definition |
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| | <p>treatment as specified in Exhibit A, Attachment III, Subsection 4.3.13 (Alcohol and Substance Use Disorder Treatment Services);</p> <ol style="list-style-type: none"> 5. Fabrication of optical lenses except as specified in Exhibit A, Attachment III, Subsection 5.3.7 (Services for All Members); 6. Direct Observed Therapy for Treatment of Tuberculosis (TB) as specified in Exhibit A, Attachment III, Subsection 4.3.18 (Direct Observed Therapy for Treatment of Tuberculosis); 7. Dental services as specified in W&I sections 14131.10, 14132(h), 14132.22, 14132.23, and 14132.88, and EPSDT dental services as described in 22 CCR section 51340.1(b). However, CalOptima Health is responsible for all Covered Services as specified in Exhibit A, Attachment III, Subsection 4.3.17 (Dental) regarding dental services; 8. Prayer or spiritual healing as specified in 22 CCR section 51312; 9. Educationally Necessary Behavioral Health Services that are covered by a Local Education Agency (LEA) and provided pursuant to a Member's Individualized Education Plan (IEP) as set forth in Education Code section 56340 et seq., Individualized Family Service Plan (IFSP) as set forth in California Government Code (GC) section 95020, or Individualized Health and Support Plan (IHSP). However, CalOptima Health is responsible for all Medically Necessary Behavioral Health Services as specified in Exhibit A, Attachment III Subsection 4.3.16 (School-Based Services); 10. Laboratory services provided under the State serum alpha-feto-protein-testing program administered by the Genetic Disease Branch of California Department of Public Health (CDPH); 11. Pediatric Day Health Care, except for Contractors providing Whole Child Model (WCM) services; 12. State Supported Services; 13. Targeted Case Management (TCM) services as set forth in 42 USC section 1396n(g), W&I sections 14132.48 and 14021.3, 22 CCR sections 51185 and 51351, and as described in Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services). However, if Members less than twenty-one (21) years of age are not eligible for or accepted by a Regional Center (RC) or a local government health program for TCM services, CalOptima Health must ensure access to comparable services under the EPSDT benefit in accordance with DHCS APL 23-005; 14. Childhood lead poisoning case management provided by county health departments; 15. Non-medical services provided by Regional Centers (RC) to individuals with Developmental Disabilities, including but not limited to respite, out-of-home placement, and supportive living; 16. End of life services as stated in Health and Safety Code (H&S) section 443 et seq., and DHCS APL 16-006; and 17. Prescribed and covered outpatient drugs, medical supplies, and enteral nutritional products when appropriately billed by a pharmacy on a pharmacy claim, in accordance with DHCS APL 22-012. |

| Term | Definition |
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| | <p>Prescribed and covered outpatient drugs, medical supplies, and enteral nutritional products when appropriately billed by a pharmacy on a pharmacy claim, in accordance with DHCS APL 22-012. Those health care services, set forth in W&I sections 14000 et seq. and 14131 et seq., 22 CCR section 51301 et seq., 17 CCR section 6800 et seq., the Medi-Cal Provider Manual, the California Medicaid State Plan, the California Section 1115 Medicaid Demonstration Project, the contract with DHCS for Medi-Cal, and DHCS APLs that are made the responsibility of CalOptima Health pursuant to the California Section 1915(b) Medicaid Waiver authorizing the Medi-Cal managed care program or other federally approved managed care authorities maintained by DHCS. Covered Services do not include:</p> <ol style="list-style-type: none"> 1. Home and Community-Based Services (HCBS) program as specified in the DHCS contract for Medi-Cal Exhibit A, Attachment III, Subsections 4.3.15 (Services for Persons with Developmental Disabilities), 4.3.20 (Home and Community-Based Services Programs) regarding waiver programs, 4.3.21 (In-Home Supportive Services), and Department of Developmental Services (DDS) Administered Medicaid Home and Community-Based Services Waiver. HCBS programs do not include services that are available as an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) service, as described in 22 CCR sections 51184, 51340 and 51340.1. EPSDT services are covered under the DHCS contract for Medi-Cal, as specified in Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services), Subsection F4 regarding services for Members less than twenty-one (21) years of age. CalOptima Health is financially responsible for the payment of all EPSDT services; 2. California Children's Services (CCS) as specified in Exhibit A, Attachment III, Subsection 4.3.14 (California Children's Services), except for Contractors providing Whole Child Model (WCM) services; 3. Specialty Mental Health Services as specified in Exhibit A, Attachment III, Subsection 4.3.12 (Mental Health Services); 4. Alcohol and SUD treatment services, and outpatient heroin and other opioid detoxification, except for medications for addiction treatment as specified in Exhibit A, Attachment III, Subsection 4.3.13 (Alcohol and Substance Use Disorder Treatment Services); 5. Fabrication of optical lenses except as specified in Exhibit A, Attachment III, Subsection 5.3.7 (Services for All Members); 6. Direct Observed Therapy for Treatment of Tuberculosis (TB) as specified in Exhibit A, Attachment III, Subsection 4.3.18 (Direct Observed Therapy for Treatment of Tuberculosis); 7. Dental services as specified in W&I sections 14131.10, 14132(h), 14132.22, 14132.23, and 14132.88, and EPSDT dental services as described in 22 CCR section 51340.1(b). However, CalOptima Health is responsible for all Covered Services as specified in Exhibit A, Attachment III, Subsection 4.3.17 (Dental) regarding dental services; 8. Prayer or spiritual healing as specified in 22 CCR section 51312; |

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| | <ol style="list-style-type: none"> 9. Educationally Necessary Behavioral Health Services that are covered by a Local Education Agency (LEA) and provided pursuant to a Member's Individualized Education Plan (IEP) as set forth in Education Code section 56340 et seq., Individualized Family Service Plan (IFSP) as set forth in California Government Code (GC) section 95020, or Individualized Health and Support Plan (IHSP). However, CalOptima Health is responsible for all Medically Necessary Behavioral Health Services as specified in Exhibit A, Attachment III Subsection 4.3.16 (School-Based Services); 10. Laboratory services provided under the State serum alpha-feto-protein-testing program administered by the Genetic Disease Branch of California Department of Public Health (CDPH); 11. Pediatric Day Health Care, except for Contractors providing Whole Child Model (WCM) services; 12. State Supported Services; 13. Targeted Case Management (TCM) services as set forth in 42 USC section 1396n(g), W&I sections 14132.48 and 14021.3, 22 CCR sections 51185 and 51351, and as described in Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services). However, if Members less than twenty-one (21) years of age are not eligible for or accepted by a Regional Center (RC) or a local government health program for TCM services, CalOptima Health must ensure access to comparable services under the EPSDT benefit in accordance with DHCS APL 23-005; 14. Childhood lead poisoning case management provided by county health departments; 15. Non-medical services provided by Regional Centers (RC) to individuals with Developmental Disabilities, including but not limited to respite, out-of-home placement, and supportive living; 16. End of life services as stated in Health and Safety Code (H&S) section 443 et seq., and DHCS APL 16-006; and 17. Prescribed and covered outpatient drugs, medical supplies, and enteral nutritional products when appropriately billed by a pharmacy on a pharmacy claim, in accordance with DHCS APL 22-012. Those services provided in the Fee-For-Service Medi-Cal program (as set forth in Title 22, CCR, Division 3, Subdivision 1, Chapter 3, beginning with Section 51301), the Child Health and Disability Prevention program (as set forth in Title 17, CCR, Division 1, Chapter 4, Subchapter 13, Article 4, beginning with section 6842), and the California Children's Services (as set forth in Title 22, CCR, Division 2, subdivision 7, and Welfare and Institutions Code, Division 9, Part 3, Chapter 7, Article 2.985, beginning with section 14094.4) under the Whole-Child Model program, to the extent those services are included as Covered Services under CalOptima Health's Medi-Cal Contract with DHCS and are Medically Necessary, along with chiropractic services (as defined in Section 51308 of Title 22, CCR), podiatry services (as defined in Section 51310 of Title 22, CCR), speech pathology services and audiology services (as defined in Section 51309 of Title 22, CCR), and Enhanced Care Management and Community |

| Term | Definition |
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| | <p>Supports as part of the California Advancing and Innovating Medi-Cal (CalAIM) Initiative (as set forth in the CalAIM 1115 Demonstration & 1915(b) Waiver, DHCS All Plan Letter (APL) 21-012: Enhanced Care Management Requirements and APL 21-017: Community Supports Requirements, and Welfare and Institutions Code, Division 9, Part 3, Chapter 7, Article 5.51, beginning with section 14184.100), or other services as authorized by the CalOptima Health Board of Directors, which shall be covered for Members notwithstanding whether such benefits are provided under the Fee-For-Service Medi-Cal program.</p> |
| Drug Medi-Cal Treatment Program (Drug Medi-Cal) | <p>Program under which each county enters into contracts with the State Department of Health Care Services (DHCS) for the provision of various drug treatment services to Medi-Cal recipients or DHCS directly arranges for the provision of these services if a county elects not to do so.</p> |
| Dual Diagnosis | <p>A simultaneous occurrence of a substance related disorder and a mental disorder in the same individual.</p> |
| Health Network | <p>A Physician Hospital Consortium (PHC), physician group under a shared risk contract, or health care service plan, such as a Health Maintenance Organization (HMO) that contracts with CalOptima Health to provide covered services to Members assigned to that Health Network.</p> |
| Medically Necessary or Medical Necessity | <p>Reasonable and necessary Covered Services to protect life, to prevent significant illness or significant disability, or alleviate severe pain through the diagnosis or treatment of disease, illness, or injury, as required under W&I Code 14059.5(a) and Title 22 CCR Section 51303(a). Medically Necessary services shall include Covered Services necessary to achieve age-appropriate growth and development, and attain, maintain, or regain functional capacity.</p> <p>For Members under 21 years of age, a service is Medically Necessary if it meets the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) standard of medical necessity set forth in Section 1396d(r)(5) of Title 42 of the United States Code, as required by W&I Code 14059.5(b) and W&I Code Section 14132(v). Without limitation, Medically Necessary services for Members under 21 years of age include Covered Services necessary to achieve or maintain age-appropriate growth and development, attain, regain or maintain functional capacity, or improve, support or maintain the Member's current health condition. CalOptima Health shall determine Medical Necessity on a case-by-case basis, taking into account the individual needs of the child.</p> |
| Methadone Detoxification | <p>The administering or furnishing by a physician, or under the ongoing supervision of a physician, either of the following:</p> <ol style="list-style-type: none"> 1. Methadone as a substitute narcotic drug in decreasing doses to reach a diminished or drug free state in a period not to exceed 21 days. 2. Nonnarcotic drugs to reduce or eliminate, over a period not to exceed 21 days, an individual's dependence on heroin or other morphine-like drugs. |

| Term | Definition |
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| Narcotic Treatment Program (NTP) | An outpatient service using methadone and/or levoalphacetylmethadol (LAAM), directed at stabilization and rehabilitation of persons who are opiate addicted and have a substance use disorder diagnosis. For the purposes of this policy, “narcotic treatment program” does not include detoxification treatment. |
| Primary Care Provider (PCP) | A person responsible for supervising, coordinating, and providing initial and Primary Care to Members; for initiating referrals; and, for maintaining the continuity of patient care. A Primary Care Provider may be a Primary Care Physician or Non-Physician Medical Practitioner. |
| Prior Authorization | A formal process requiring a Provider to obtain advance approval for the amount, duration, and scope of non-emergent Covered Services. |
| Screening, Brief Interventions and Referral to Treatment (SBIRT) | Comprehensive, integrated delivery of early intervention and treatment services for Members with Substance Use Disorders (SUDs), as well as those who are at risk of developing SUDs. |
| Service Area | The county or counties that CalOptima Health is approved to operate in under the terms of the DHCS contract. Currently, this covers Orange County, California. |
| Treatment Authorization Request (TAR) | Certain Fee-for-Service (FFS) procedures and services that are subject to authorization by Medi-Cal field offices before reimbursement can be approved. |
| Unhealthy Alcohol Use | A spectrum of behaviors, from risky drinking to alcohol use disorder (AUD) (e.g., harmful alcohol use, abuse, or dependence). Risky or hazardous alcohol use means drinking more than the recommended daily, weekly, or per-occasion amounts, resulting in increased risk for health consequences, but not meeting criteria for AUD. |
| Voluntary Inpatient Detoxification (VID) | A fee-for-service (FFS) Medi-Cal benefit that is available to Medi-Cal beneficiaries who meet medical necessity criteria may receive voluntary inpatient detoxification (VID) services in a general acute care hospital that is not a Chemical Dependency Treatment Facility or Institution for Mental Disease. |