

## Recovery Support Service Guidelines: A Training Tool

### Background Overview

California Advancing and Innovating Medi-Cal [CalAIM] is a multi-layered approach to overhaul the Medi-Cal service delivery system. CalAIM advances several key priorities by leveraging Medicaid as a tool to help address many of the complex challenges facing California's most vulnerable residents, such as: homeless, insufficient behavioral health care access, the growing number of justice-involved populations who have significant clinical needs including the growing aging population. CalAIM offers opportunities to provide non-clinical interventions focused on a whole-person care approach via Medi-Cal to target social determinants of health and reduce health inequities.

### Recovery Support Services (RSS) Substance Use Disorders (SUD)

#### Goal

The goal of RSS under CalAIM is to ensure that there is rapid access to support clients immediately after release from incarceration, and/or following a relapse when clients are in crisis.

#### Purpose of this Document

To provide further guidance to counselors in Contra Costa's Drug Medi-Cal Organized Delivery System (DMC-ODS) provider network and facilitate implementation of Recovery Support Services (RSS)

#### Triple "R" Aim: The Right Services, at the Right Time, in the Right Place

- In Remission code **not** Required
- Client does not need to be abstinent from drugs for a specific period of time
- The difference between Case Management and RSS is that the latter is not linked to a particular level of care. To prevent gray areas, if the client ***is in treatment***, then provide Case Management
- Services can be provided anywhere in the community, and/or immediately after release from jail
- Must comply with 42CFR Part2 requirements
- Recovery Plan or/and Discharge Plans are required
- There is no need to establish medical necessity in order to provide services

### Recommended Options

#### OPTION 1

Immediate Crisis – It may consist of a counselor triaging a need such as in a medical emergency/crisis. Quick admit, several visits depending on medical necessity. It allows you to provide support immediately. Link to treatment as needed

#### OPTION 2

Aftercare Services may be established as a natural/mandatory/ step down from treatment by each program with services intended to sustain the gains made in recovery, prevent relapse, etc.

## Clinical Documentation

Providing RSS still requires documentation. The key question is whether or not the client is Homeless. Depending on the answer you may follow the Green or Yellow Track for documentation purposes.

➤ **Is the client homeless or not?**

Documentation will also change depending on whether or not:

➤ **The client has completed treatment in the same program where the services are being sought?\*\*\***

**GREEN TRACK PROCEDURES: Same DMC Home Clinic**

Green means: you are good to provide services!

- If the client completed treatment in the same “home DMC Clinic” within the last 90 days from requesting services, you may use the Discharge Plan as the Recovery Plan\*\*\*
- The Discharge Plan will remain current for 90 days from discharge date.\*\*\* Keep in mind that is a best practice to have all clients complete a Discharge Plan.
- If not Homeless, you only have 30 days to complete medical necessity and LOCPA
- If HOMELESS status is documented, then you have 60 days to finalize Medical Necessity and LOCPA.
- The treatment plan is still required at 30 days and at day 10 in residential treatment. There is no waiver to this requirement

Not Homeless (30 days)	Homeless Status Documented (Up to 60 days)
✓ Medi-Cal Verification	✓ Medi-Cal Verification
✓ Discharge Plan (AODC-009)	✓ Recovery Plan
✓ AODC-002 CalOMS Information	✓ AODC-002 CalOMS Information
✓ AODC-003 Client Registration	✓ AODC-003 Client Registration
✓ AODC-004 Admission & Discharge Form	✓ AODC-004 Admission & Discharge Form

**YELLOW TRACK: Different Home DMC Clinic**

In Yellow Track, provide services but you may need to collect more clinical historical information about the client as it may not be readily available.

- If not same clinic, prepare an ROI then print a face-sheet to determine where the client completed treatment and request a copy of the Discharge Plan
- If no Discharge Plan, prepare a Recovery Plan
- Incorporate client’s Self-Assessment of needs
- If just released from jail, Choosing Change, Methadone, Detox or Clients who are beyond the 90 days, follow procedures as above, meaning create a Recovery Plan

Not Homeless (30 days)	Homeless Status Documented (Up to 60 days)
✓ Medi-Cal Verification	✓ Medi-Cal Verification
✓ Discharge Plan (see above Optional)	✓ Recovery Plan
✓ Recovery Plan	✓ AODC-002 CalOMS Information
✓ AODC-002 CalOMS Information	✓ AODC-003 Client Registration
✓ AODC-003 Client Registration	✓ AODC-004 Admission & Discharge Form
✓ AODC-004 Admission & Discharge Form	

\*\*\*This training tool is the result of input from local experts in SUD. The group adopted certain features to the procedures that are unique to the county. While they adhere to the requirements, they were developed in consistency with client-centered approaches.