



Health Care Agency Mental Health and Recovery Services Policies and Procedures	Section Name:	Care and Treatment
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	SIGNATURE	DATE APPROVED
Director of Operations Mental Health and Recovery Services	_____ Signature on File	_____ 1/11/23

SUBJECT: Admission and Readmission in Substance Use Disorder Programs

PURPOSE:

To establish proper guidelines for the admission and readmission criteria for determining eligibility and medical necessity for County of Orange Mental Health and Recovery Services (MHRS) Substance Use Disorder (SUD) treatment programs.

POLICY:

Each individual seeking SUD services will be assessed to determine eligibility and medical necessity for treatment. These criteria shall include: a) DSM diagnosis; b) Use of alcohol/drugs of abuse; c) physical health status; and d) documentation of social and psychological problems.

SCOPE:

These procedures apply to individuals who are assessed for enrollment in the County of Orange MHRS SUD programs.

REFERENCES:

- [Alcohol and/or Other Drug Program Certification Standards](#)
- [California Medi-Cal 2020 Demonstration, Special Terms and Conditions](#)
- [Drug MediCal Organized Deliver System Intergovernmental Agreement for Substance Use Disorders, Exhibit A, Attachment I](#)

FORM:

Rules and Policies for Clients Receiving Services at Orange County Substance use Disorder Clinics (F346-108.4)

DEFINITIONS:

Adolescents - beneficiaries between the ages of twelve and under the age of twenty-one.

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 Drug Medi-Cal Organized Delivery System (DMC-ODS) covered services.

Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT) - the federally mandated Medicaid benefit that entitles full-scope Medi-Cal-covered beneficiaries less than 21 years of age to receive any Medicaid service necessary to correct or ameliorate a defect, mental illness, or other condition, such as a substance-related disorder, that is discovered during a health screening.

Medical Necessity Criteria - adult beneficiaries must have one diagnosis from the Diagnostic and Statistical Manual of Mental Disorders (DSM) Fifth Edition for Substance-Related and Addictive Disorders with the exception of Tobacco-Related Disorders and Non-Substance-Related Disorders, and must meet the American Society of Addiction Medicine (ASAM) Criteria definition of medical necessity for the level of care based on the ASAM Criteria. Youth under 21 may be assessed to be at risk for developing a substance use disorder, and if applicable, must meet the ASAM adolescent treatment criteria. Beneficiaries under age 21 are eligible to receive Medicaid services pursuant to the Early Periodic Screening, Diagnostic and Treatment (EPSDT) mandate. Under the EPSDT mandate, beneficiaries under age 21 are eligible to receive all appropriate and medically necessary services needed to correct and ameliorate health.

PROCEDURE:

- I. Programs shall have written admission and readmission criteria for determining the individual's eligibility and suitability for services and procedures, which shall be available to Medi-Cal beneficiaries and participants from the general public.
 - A. An initial interview shall determine whether or not an individual meets the admission criteria for services. All individuals admitted shall meet the admission criteria and this shall be documented in each participants/beneficiary's file and signed by the participant/beneficiary and counselor or clinician.
 - 1. The admission criteria shall include:
 - a) DSM Diagnosis;
 - b) Use of alcohol/drugs abuse;
 - c) Physical Health Status;
 - d) Documentation of social, psychological, physical and/or behavioral problems related to alcohol and/or other drugs;

- e) A statement of nondiscrimination requiring that admission shall not be denied on the basis of ethnic group identification, religion, age, gender, race, disability, or sexual orientation.
 - B. Readmission guidelines for any individual who has successfully completed participation or has terminated before completion of the level of care are as follows:
 - 1. There is no mandatory period of time that a participant/beneficiary must wait prior to being re-assessed for admission into the program.
 - 2. The participant/beneficiary shall follow the admission guidelines to re-admit.
- II. Programs shall address the needs of special populations, taking into consideration, when the need arises, the disabilities, the cultural, racial, linguistic, and sexual differences among such populations.
 - A. Programs shall ensure that their policies, procedures, practices, and rules and regulations do not discriminate based on disability.
 - 1. Whenever the non-disability related needs of any individual cannot be reasonably accommodated, efforts shall be made to make referral to appropriate programs.
 - 2. All participants/beneficiaries shall be physically and mentally able to comply with the program rules and regulations.
 - B. No individual shall be admitted who, on the basis of staff judgement:
 - 1. Exhibits behavior dangerous to staff, self, or others; and/or requires an immediate medical evaluation, or higher level of physical or mental health care.
 - a) Programs shall immediately refer an individual that needs a higher level of care to an appropriate facility.
 - b) Program shall inform individual that they are not being denied admission or services and will be re-assessed for admission when client returns after higher level of care is no longer necessary.
 - C. Programs shall have a written admission agreement that shall be signed and dated by the participant and program staff upon admission. Programs shall place the original signed admission agreement in each participant/beneficiary's file and a copy shall be given to the participant/beneficiary. The admission agreement shall inform the participants/beneficiaries of the following:
 - 1. Fees assessed for services provided including a statement that Medi-Cal benefits will be accepted as payment in full;

2. Activities expected of participants;
3. Program rules and regulations;
4. Participant/beneficiary's statutory rights to confidentiality;
5. Participant/beneficiary's and appeal procedures; and
6. Reasons for termination.