



Substance Use Disorder and Recovery Services Coordination of Care Policy

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Signed by:

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On Behalf of Georgina Yoshioka, DSW, MBA, LCSW, Director

Policy

It is the policy of the Department of Behavioral Health (DBH) Substance Use Disorder and Recovery Services (SUDRS) for clients to receive coordination of services throughout an episode of care, between levels of care, and across an integrated array of services within DBH and, with written client consent/authorization, care that is coordinated with other organizations and providers.

Purpose

The purpose of this policy is to provide guidance to DBH staff and substance use disorder (SUD) contracted providers regarding service utilization requirements for all Medi-Cal clients receiving specialty mental health (SMH) and/or substance use disorder (SUD) treatment services.

Definitions

American Society of Addiction Medicine (ASAM) Criteria: Single common standard for assessing client needs, optimizing placement, determining medical necessity, and documenting the appropriateness of reimbursement.

Care Coordination: Activities to provide coordination of SUD care, mental health care, and medical care, and to support the client with linkages to services and supports designed to restore the client to their best possible functional level.

Consent (AKA Authorization for Release): The legal agreement that allows healthcare providers to disclose patient records related to substance use disorder (SUD) treatment.

Continuum of Care: System that guides and tracks clients over time through a comprehensive of array of health care services spanning all levels and intensity of care.

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Coordination of Care Policy, Continued

Continuum of Care Services Provided Requirements

DBH shall provide a continuum of care system that guides and tracks clients over time through a comprehensive array of health services provided to all eligible clients. DBH has adopted the continuum of care modeled after the ASAM Criteria for SUD treatment services:

- The ASAM Criteria provide a matrix for matching severity and level of function with type and intensity of treatment needs. ASAM is intended to move the client from a program-driven system to an assessment-driven methodology in the treatment and placement of clients.

Care Coordination

Care coordination shall be provided to clients in conjunction with all levels of treatment and may also be delivered and claimed as a standalone service.

- Every effort will be made to ensure that primary care and mental health services are easily accessible, and that connections or referrals to social services are available. Services furnished by DBH will be coordinated with services a client may receive from other managed care organizations, or in FFS Medicaid, to ensure that all the needs of the client are addressed.
- Care coordination includes one or more of the following components:
 - Coordinating with medical and mental health care providers to monitor and support comorbid health conditions;
 - Discharge planning, including coordinating with SUD treatment providers to support transitions between levels of care and to recovery resources, referrals to mental health providers, and referrals to primary or specialty medical providers, and
 - Coordinating with ancillary services, including individualized connection, referral, and linkages to community-based services and supports including but not limited to educational, social, prevocational, vocational, housing, nutritional, criminal justice, transportation, childcare, child development, family/marriage education, cultural sources, and mutual aid support groups.
- **Perinatal:**
 - An individual treatment plan will be developed for each pregnant and parenting individual with an SUD. This helps to ensure that pregnant and parenting individuals are receiving the most effective, necessary, and appropriate care and treatment services for their SUD. In the instance that an SUD treatment provider does not have the capacity or availability to provide the essential treatment services, other arrangements should be made to ensure treatment services are provided.
- **Adolescent:**
 - Effective adolescent services will be coordinated with the adolescent's family (with adolescent consent if required) and with professionals from the various systems with which the client interacts (e.g., mental health, physical health care, education, social services, child welfare, and juvenile justice).

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Privacy Requirements

The confidentiality of clients enrolled in SUD treatment programs is protected by state and federal regulations. Prior to communicating with other providers to coordinate client care, DBH shall ensure that the exchange of protected health information (PHI) is permitted by state and federal regulations, or by a valid **Authorization to Release Protected Health Information (PHI)** (COM001) signed by the client or their legally authorized representative.

42 Code of Federal Regulations (CFR) Part 2 includes the following provisions:

- Clients receiving SUD services have the right to obtain an accounting of disclosures and to request restrictions on certain disclosures (see DBH policy COM0912 Authorization to Release PHI Policy for additional information);
- A separate consent form is required for release of information for all record requests related to legal proceedings;
- A single signed authorization form (consent) can be completed and signed for treatment, payment and operations (TPO) disclosures only. A copy of this signed authorization form must accompany every disclosure.
- Records related to TPO can be redisclosed to a covered or business entity with a need to know when accompanied by a copy of the signed authorization;
- Client has a right to request restriction of what PHI is shared.

To prevent duplication of services by DBH and other managed care organizations who are concurrently providing services to DBH clients, results of assessments may be shared with treatment providers with a signed consent (COM001).

Note: The Authorization to Release PHI includes a notice prohibiting the re-disclosure of SUD information without consent. Providers who receive SUD client PHI from DBH are not permitted to re-disclose the information without first obtaining a valid written consent signed by the client or their legally authorized representative except for the purposes of TPO as described above.

Related Policy or Procedure

[DBH Standard Practice Manual and Departmental Forms:](#)

- Authorization to Release Protected Health Information (PHI) (COM001)
- Coordination of Care Procedure (SUDRS0228-1)
- Confidentiality of Protected Health Information (PHI) (COM0905)

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Reference(s)

- [California Department of Health Care Services, The American Society of Addiction Medicine Criteria Fact Sheet](#)
 - [California Department of Health Care Services, Drug Medi-Cal Organized Delivery System Waiver fact Sheet](#)
 - [Code of Federal Regulations, Title 42, § 438.208](#)
 - [DHCS Perinatal Practice Guidelines](#)
 - [DHCS Adolescent SUD Best Practices Guide](#)
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