

QUICK REFERENCE GUIDE:

Changes Made to Version 11.0 of the Substance Use Disorder Treatment Services Provider Manual

Changes are listed in order under their respective **subsection headings** (the large, bold, blue headings in the Provider Manual). Page numbers are provided for convenience. **Please review each section in full (not just the specified page) to ensure a complete understanding.**

ENTIRE DOCUMENT

- Removed mentions of “Community Engagement Team” (CET); formerly known as “Connecting to Opportunities for Recovery and Engagement Centers” (CORE Centers)

SECTION 2: CLIENT SERVICE STANDARDS

Substance Use Disorder Benefit Package

- Covered Members and Eligible Individuals....13
 - Updated State and County programs
 - Removed note on Medi-Cal expansion
- Medi-Cal Eligibility and Enrollment Changes Under H.R.1.....14
 - New section
- Provider Agency Considerations.....14
 - New section
- Communication and Outreach.....14
 - New section
- Opioid Treatment Programs Courtesy Dosing.....15-16
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 - Clarified submission details
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 - Added guidance to use BenefitsCal for Medi-Cal applications and account management
- Figure 1: Key Inter-County Transfer Steps.....20
 - Updated guidelines
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 - Clarified reimbursement conditions
 - Updated guidance on retroactive coverage limits
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 - Updated authorization guidance to allow continuation under existing authorization when Medi-Cal is approved
 - Clarified reauthorization and payer documentation requirements

- Medi-Cal Managed Care.....23
 - Added guidance for verifying Medi-Cal plan enrollment
 - Clarified provider responsibility to notify health plans of referrals
- Medi-Cal and Medicare: “Medi-Medi”.....23-24
 - Added Medicare coordination of benefits guidance

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 - Added clearer expectations for screening callers and offering intake appointments
 - Formalized the centralized Help Line structure and provider response expectations
- Table 4: Service Connection Process.....27
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- Provider Agency Responsibilities for Service Connection Portals and Direct Referrals...28-29
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 - New section
- Referral Connection and Appointment Disposition Requirements.....35
 - New section
- Service & Bed Availability Tool and Provider Directory.....36
 - Expanded SBAT requirements to include updates for both new and modified listings, mandated daily updates of intake slots and bed availability, and updated portal references
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 - Removed requirement to submit closure requests annually by December 31 and clarified that updates are only needed at the start of each FY if changes occur
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 - Clarified ongoing monthly NACT updates alongside required annual DHCS certifications
 - Added requirement to use coordinator credentials for portal access
 - Added expectations for provider participation in quarterly meetings

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- Confidentiality & Release of Information...53-55
 - New section

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 - Updated guidance to allow conditional collection and use of CalFresh and General Relief funds
- ASAM 3.3: Service Requirements.....75-76
 - Updated guidance to allow conditional collection and use of CalFresh and General Relief funds
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 - Updated guidance to allow conditional collection and use of CalFresh and General Relief funds
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 - Expanded RBH eligibility and billing to include RS clients
 - Introduced “RBH for Dads”
 - Updated PPW definitions and child age limits
 - Allowed billing for accompanying children
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 - Expanded referral requirements from external entities
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 - Expanded RH eligibility to include PPW clients and dads
 - Clarified referral/discharge procedures and secure submission requirements
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 - Updated information to reflect SAPC IN 25-16
 - Expanded Participant Assistance Funds from \$500 to \$1,500
- Transitional Rent.....101
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- Peer Support Services.....102-105
 - Updated section to focus more on the service type rather than the provider

- Recovery Incentives-Contingency Management.....106
 - Reframed as an established OP treatment service
 - Clarified participant eligibility and cross-provider access
 - Emphasized provider compliance requirements

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- Language Assistance Services.....112
 - Expanded guidance on accessing SAPC-supported interpretation services
 - Clarified provider responsibility for compliance
- Transportation Services.....122-123
 - Clarified transportation coverage and billing guidance
 - Increased allowable Perinatal Transportation reimbursement from 80 to 100 miles per month per member family unit

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SECTION 3: CLIENT SERVICE STANDARDS: SPECIAL POPULATIONS

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 - Updated PPW guidance to use more inclusive and current terminology
 - Expanded consideration of postpartum recovery needs
- PPW: Treatment Requirements and Care Coordination.....132-133
 - Expanded and updated PPW service requirements to align with the November 2025 DHCS Perinatal Practice Guidelines
- PPW: Expanded Services for Children.....133
 - Expanded PPW children’s support services eligibility from ages 0–16 to 0–17
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 - Clarified documentation and submission requirements for the Women’s Health History form in Sage

- Sexual and Reproductive Health Services.....136-137
 - Updated and streamlined SRH service guidance by clarifying DHS and CENS collaboration roles
 - Clarified PATH and Reproductive Health form requirements
 - Clarified guidelines and timelines for SRH screening and rescreening

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- DPSS – CalWORKs.....137-140
 - Updated Adult-At-Risk language to focus on clients who do not meet SUD treatment criteria but may benefit from intervention based on high-risk behaviors
 - Clarified voluntary participation and referral workflows
 - Streamlined CalWORKs/CENS responsibilities and GAIN Focus 360 program descriptions

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- Adult Justice Involved Population.....145-146
 - Expanded guidance to emphasize medical necessity and clinician-driven LOC determinations
 - Added direction for assessing substance use based on the 30 days prior to incarceration
- Community-Supervision Programs - Probation & Parole.....147
 - Updated community-supervision guidance and funding eligibility
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 - Clarified START-Community authorization and operational requirements
 - Refining supervision and reporting procedures
- General Population Camps.....152-153
 - New section
- Secure Youth Treatment Facilities.....153-154
 - Updated to align with SB 823 implementation by revising the age range
 - Updated active SYTF sites from three to two
 - Clarified referral pathways and co-located service delivery processes
 - Refined service descriptions by separating Early Intervention and OP treatment services

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- Services for PEH.....156-160
 - Updated linkage and placement requirements by incorporating RBH/RH pathways
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 - New section

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- Young Adult and Transitional Age Youth Population.....169-170
 - Added Transitional Age Youth population and age range

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- Treatment Requirements and Care Coordination.....170-171
 - Clarified DPSS notification requirements related to client status changes, treatment hour changes, and coordination with dedicated GR CENS staff for CalSAWS updates
 - Removed outdated language regarding treatment extension and reauthorization processes

Removed “Reentry Intensive Case Management Services” sub-section under Justice-Involved Population

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 - Updated guidelines and requirements

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 - Updated guidelines and requirements

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 - Expanded expectations for provider agencies to make intentional investments
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 - Added requirement for provider agencies to submit a narrative with each fiscal report describing how funds were utilized and invested

SECTION 7: APPENDICES

Appendix A. Glossary.....252-259

- Updated definitions and included new terms

Appendix B. Acronyms Glossary.....260-267

- Updated acronyms referenced in the manual

Removed "CalWORKs Program Forms" and "DCFS – RSC Client Referral Form" – instead embedded links within the Provider Manual