



# County of El Dorado

## Chief Administrative Office

*Procurement & Contracts Division*  
330 Fair Lane, Placerville, CA 95667  
Phone (530)621-5830 Fax (530)295-2537

August 6, 2018

To: All Interested Individuals and Firms

Re: RFP 19-918-004 – Response Design Guidelines for Drug Medi-Cal Organized Delivery System (DMC-ODS)

The following questions regarding the subject RFP were received by the stated deadline of July 26, 2018 by 5:00 p.m. Below are the questions and answers that the County has deemed appropriate and relevant with respect to the scope of services.

1. **Question:** In Attachment C and in Attachment E, there are questions determining whether an agency has current policies and procedures in place for the following (questions from Attachment C, page 2):
  5. Procedure to identify whether a client is appropriate for MAT assessment
  6. Process to link clients to MAT
  8. Have a process to link uninsured clients to resources for obtaining health insurance
  10. Have screening tools to identify whether a client is appropriate for mental health assessment
  11. Have screening tools to identify whether a client is appropriate for physical health assessment
  15. Have a process for, or a designated staff person responsible for, coordinating care with identified mental health/primary care provider
  16. Have a process for, or a designated staff person responsible for, assisting the client with identified mental health/primary care provider

Are "yes" answers to these questions a requirement for providers? The processes and procedures outlined by these questions have never been a requirement for providers and it is our understanding that they are "county" level requirements. So, can you please provide clarity as to the necessity of these?

**Answer:** The provider should answer Yes or No based upon whether they have these policies and procedures in place.

These services are new responsibilities under the DMC-ODS program and are included in the DMC-ODS Contract Boilerplate.

Per: MHSUDS Information Notice No: 18-005 (Attachment "A" to this Question/Answer document): Counties have the option to delegate care coordination and case management to contracted providers.

Please see attached: MHSUDS Notice No.: 18-005 (Attachment "A" to this Question/Answer document).

Case management services may be reimbursed under the new DMC-ODS system.

Please see attached: Case Management Under the Drug Medi-Cal Organized Delivery System – Frequently Asked Questions (Attachment "B" to this Question/Answer document).

2. **Question:** According to Page 2, (c) Performance Standard - "There is documentation of physical health and mental health screenings in 100% of beneficiary records." Is the "mental health" screening a requirement of all providers? And if so, under what regulation or standard is that a requirement?

"At least 80% of beneficiaries engaged for at least 30 days will have an assigned Primary Care Provider." Again, is this a requirement? And if so, what regulation or standard does that fall under.

**Answer:** Documentation of physical and mental health screening is required as part of the documentation standards which will be monitored for compliance and billing of case management services. The 100% documentation of screenings is the performance standard for El Dorado Co. DMC-ODS Providers. The 80% standard for clients having a primary care provider is a performance standard for El Dorado Co. DMC-ODS Providers. Both measures will help provide evidence of an increase in access to care as well as successful care integration with SUDS, MH and Primary Care services.

3. **Question:** On Pages 24-25 it is listed that "Contractors providing Women and Children's Residential Treatment Services shall comply with the program requirements of the SAMHSA Grant Program for Residential Treatment for Pregnant and Postpartum Women. Does this compliance supersede the DHCS Perinatal Services Network Guidelines? Does funding for El Dorado County Perinatal programs come from this SAMHSA grant?"

**Answer:** Reference to the requirement to comply with the program requirements of the SAMHSA Grant Program for Residential Treatment for Pregnant and Postpartum Women is an error in the RFQ. Providers will not be required to comply with this requirement.

DMC-ODS is funded under a grant from Center for Medicare & Medicaid Services and compliance will be monitored in accordance with DMC-ODS State-County Contract, DMC-ODS County-Provider Contracts and Perinatal Services Network Guidelines FY 2016-2017 (most recent version).

4. **Question:** On Page 29, Section 4) Program Licensure, Certification and Standards it is stated that the Contractor shall agree to comply with El Dorado County Guidelines for Transitional Housing Programs. Where can those guidelines be found?

**Answer:** Please see RFQ Scope of Services pages 26 to top of page 30 for Transitional Housing. The language reflected in the scope serve as the guidelines. A document will be created El Dorado County Guidelines for Recovery Residences (Transitional Housing) based upon this language.

Please see attached MHSUDS Information Notice No: 16-059 (Attachment "C" to this Question/Answer document) for additional information.

5. **Question:** Page 6, b) Recovery Services, recovery services are defined as "medically necessary" It is our understanding that these services occur after a beneficiaries course of treatment has completed and that when providing these services there will be no method for determining "medical necessity." If this is a requirement of providing this service can you site the regulation?

**Answer:** Please see attached MHSUDS Information Notice No: 17-034 (Attachment "D" to this Question/Answer document).

Thank you for your participation.

A handwritten signature in black ink, appearing to read 'AS', with a long horizontal flourish extending to the right.

Alex Strudley  
Procurement & Contracts Manager

State of California—Health and Human Services Agency  
Department of Health Care Services



JENNIFER KENT  
DIRECTOR



EDMUND G. BROWN JR.  
GOVERNOR

DATE: March 27, 2018

MHSUDS INFORMATION NOTICE NO.: 18-005

TO: COUNTY BEHAVIORAL HEALTH DIRECTORS  
COUNTY DRUG & ALCOHOL ADMINISTRATORS  
COUNTY BEHAVIORAL HEALTH DIRECTORS ASSOCIATION OF CALIFORNIA  
CALIFORNIA COUNCIL OF COMMUNITY BEHAVIORAL HEALTH AGENCIES  
COALITION OF ALCOHOL AND DRUG ASSOCIATIONS  
CALIFORNIA ASSOCIATION OF ALCOHOL & DRUG PROGRAM EXECUTIVES, INC.  
CALIFORNIA ALLIANCE OF CHILD AND FAMILY SERVICES  
CALIFORNIA OPIOID MAINTENANCE PROVIDERS

**SUBJECT:** DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM CASE  
MANAGEMENT FOR CARE COORDINATION CLAIMING

**PURPOSE:**

This MHSUDS Information Notice establishes the guidelines for claiming case management (CM) services in the context of care coordination specific to the Drug Medi-Cal Organized Delivery System (DMC-ODS).

**BACKGROUND:**

DMC-ODS counties have a responsibility under the Code of Federal Regulations Title 42 Part 438 Section 208 for coordination and continuity of care. Exhibit A, Attachment 1 of the Intergovernmental Agreement for the DMC-ODS, Section 3(iii)(a) establishes that the county shall ensure that each beneficiary has an ongoing source of care appropriate to his or her needs and a person or entity formally designated as primarily responsible for coordinating the services accessed by the beneficiary. The beneficiary shall be provided information on how to contact their designated person or entity.

Care coordination, as a subset of CM, is as any activity performed to facilitate the entry of a beneficiary into services at the appropriate American Society of Addiction Medicine

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(ASAM) level of care. This includes the transition of a beneficiary from one ASAM level of care to another, the coordination of services for a very complex case, and the discharge of a beneficiary from treatment to recovery services. Counties have the option to delegate care coordination and case management to contracted providers.

**DISCUSSION:**

The current DMC-ODS same day billing rules that are programmed onto the Short Doyle Medi-Cal II (SDMC) claims processing system will not allow a CM claim for more than one ASAM level of care to be paid on the same day. This has created a conflict when SDMC receives a county care coordination (case management) claim on the same day as a provider case management claim, when the ASAM levels of care are different.

The DMC-ODS model encourages the use of county care coordination and provider case management, even when the level of care is not the same. The same day billing rule needs revision to allow the payment of these types of claims on the same day. Counties can resubmit the same day billing rule denied care coordination claims for reimbursement.

The effective date for this change will be February 1, 2017, to allow counties reimbursement for services provided from the first date of DMC-ODS implementation.

DMC-ODS counties can replace claims that were denied for the previous same day billing rule once the rule has been updated in the SDMC II system. We will inform DMC-ODS counties of the change through the California Behavioral Health Directors Association Information Technology Executive Committee. Additionally, DMC-ODS counties may request a delay reason code for original claims not submitted due to the same day billing rule.

**QUESTIONS:**

Questions regarding the updates to the CM same day billing rule can be directed to your assigned Fiscal Management and Accountability Section Program Analyst.

Sincerely,

Original signed by

Brenda Grealish, Acting Deputy Director  
Mental Health & Substance Use Disorder Services



**Case Management Under the Drug Medi-Cal Organized Delivery System**  
*Frequently Asked Questions*  
*February 2016*

The following answers to frequently asked questions intend to provide stakeholders with a better understanding about case management services under the Drug Medi-Cal Organized Delivery System (DMC-ODS).

This document will be updated as necessary.

For additional information regarding the DMC-ODS Pilot Program:

- Visit: <http://www.dhcs.ca.gov/provgovpart/Pages/Drug-Medi-Cal-Organized-Delivery-System.aspx>
- Contact us at [DMCODSWAIVER@dhcs.ca.gov](mailto:DMCODSWAIVER@dhcs.ca.gov)

**1. What are case management services?**

Case management is defined in the Standard Terms and Conditions (STCs) as a service to assist beneficiaries in accessing needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services.

**2. What are the components of case management?**

As outlined in the STCs, case management services include:

- Comprehensive assessment and periodic reassessment of individual needs to determine the need for the continuation of case management services;
- Transition to a higher or lower level of substance use disorder (SUD) care;
- Development and periodic revision of a client plan that includes service activities;
- Communication, coordination, referral, and related activities;
- Monitoring service delivery to ensure beneficiary access to service and the service delivery system;
- Monitoring the beneficiary's progress;
- Patient advocacy, linkages to physical and mental health care, transportation, and retention in primary care services; and,
- Case management shall be consistent with and shall not violate confidentiality of alcohol or drug patients as set forth in 42 CFR Part 2, and

California law.

**3. Is case management a required service in counties that opt-in to the DMC-ODS?**

Yes. Counties are responsible for coordinating case management services for beneficiaries, once medical necessity has been established. Counties may be responsible for providing additional coordination with the physical and mental health systems depending on where the beneficiary is accessing services.

**4. Who can provide case management services?**

A Licensed Practitioner of the Healing Arts (LPHA) or an AOD counselor may provide case management services. The individual providing case management services must be linked, at a minimum, to a DMC certified site/facility.

**5. Where can case management services be provided?**

Case management services can be provided in the following settings as long as the services are affiliated with a DMC certified location:

- DMC provider sites;
- County locations;
- Regional centers; or,
- In alternative settings as outlined and approved in county implementation plans (the county is responsible for determining which entity monitors the case management activities).

**6. How can case management services be delivered to a beneficiary?**

Case management can be delivered to a beneficiary in the following ways:

- Face-to-face;
- By telephone;
- By telehealth; or,
- Anywhere in the community – However, if case management services are provided in the community, the provider delivering the service must be linked to a certified site / facility.

**7. What are the certification requirements to offer case management services?**

A site / facility offering case management services must be a certified DMC provider. However, this does not mean that services must be provided at the certified site / facility. Alternatively, services may be provided in the community.

**8. What requirements must be met for case management services to be eligible for reimbursement?**

- The beneficiary is Medi-Cal eligible.
- The beneficiary resides in the pilot county.
- The beneficiary meets established medical necessity criteria. The initial medical necessity determination must be performed by a medical director, licensed physician, or Licensed Practitioner of the Healing Arts (LPHA).
- Services are delivered by a qualified provider and linked to a DMC-certified site / facility.

State of California—Health and Human Services Agency  
Department of Health Care Services



JENNIFER KENT  
DIRECTOR



EDMUND G. BROWN JR.  
GOVERNOR

DATE: November 15, 2016

MHSUDS INFORMATION NOTICE NO.: 16-059

TO: COUNTY BEHAVIORAL HEALTH PROGRAM DIRECTORS  
COUNTY DRUG & ALCOHOL ADMINISTRATORS  
COUNTY BEHAVIORAL HEALTH DIRECTOR'S ASSOCIATION  
CA COUNCIL OF COMMUNITY BEHAVIORAL HEALTH AGENCIES  
COALITION OF ALCOHOL AND DRUG ASSOCIATIONS

SUBJECT: SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT  
FUNDED ROOM AND BOARD FOR TRANSITIONAL HOUSING,  
RECOVERY RESIDENCES AND RESIDENTIAL TREATMENT  
SERVICES

### PURPOSE

This notice provides clarification regarding the use of Substance Abuse Prevention and Treatment Block Grant (SABG) discretionary funds to cover the cost of room and board for the following services:

1. Transitional Housing (TH) in counties that contract to provide State Plan substance use disorder (SUD) prevention, treatment and recovery services.
2. Recovery Residences (RRs) in counties that enter into a state-county intergovernmental agreement to participate in the Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver.
3. Residential SUD treatment services in counties that enter into a state-county intergovernmental agreement to participate in the DMC-ODS Waiver.

### BACKGROUND

For several years the Department of Health Care Services (DHCS), in consultation with the County Behavioral Health Directors Association of California (CBHDA), has sought approval and guidance from the Substance Abuse and Mental Health Services

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November 15, 2016  
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Administration (SAMHSA) for the inclusion of county administered, SABG-funded TH as an essential recovery support service in California's SUD continuum of care.

SAMHSA has recently provided guidance that:

- Encourages states to use SABG funding for the provision of short term (up to 24 months) support service linkages to temporary housing, including payment of room and board for beneficiaries in TH and RRs.
- Confirms that SABG funds can be used for payment of the room and board component of residential treatment services under the DMC-ODS Waiver.

## POLICY

### State Plan - Transitional Housing (TH)

Counties contracting to provide State Plan SUD services may offer TH as an essential support service in their SUD continuum of care in adherence with the following guidance:

- TH does not provide SUD services or require licensure by DHCS.
- All TH residents must be actively engaged in SUD treatment services to be provided off-site.
- Each county should develop guidelines for contracted TH providers and provide monitoring and oversight.

### DMC-ODS Waiver - Recovery Residences (RRs)

Counties entering into a state-county intergovernmental agreement to participate in the DMC-ODS Waiver may offer RR services as an ancillary component of the DMC-ODS Waiver in adherence with the following guidance:

- RRs do not provide SUD services or require licensure by DHCS.
- All RR residents must be actively engaged in medically necessary recovery support services to be provided off-site.
- Each county should develop guidelines for contracted RR providers and provide monitoring and oversight.

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### DMC-ODS Waiver - Residential Treatment

Counties entering into a state-county intergovernmental agreement to participate in the DMC-ODS Waiver are required to provide at least one American Society of Addiction Medicine (ASAM) level of residential treatment for approval of a county implementation plan in the first year. The county implementation plan must demonstrate ASAM levels of Residential Treatment Services 3.1, 3.3, and 3.5 within three years of Centers for Medicare and Medicaid (CMS) approval of the county implementation plan and state-county intergovernmental agreement. The county must describe coordination for ASAM levels 3.7 and 4.0.

Under the DMC-ODS Waiver:

- Residential treatment is a non-institutional, 24-hour, non-medical, short-term residential program providing rehabilitation services to beneficiaries with a SUD diagnosis.
- A Medical Director or Licensed Practitioner of the Healing Arts must determine that the residential treatment is medically necessary and in accordance with the beneficiary's individualized treatment plan.
- For additional information regarding residential treatment services under the DMC-ODS Waiver, please select the link below:

Residential Treatment Services Frequently Asked Questions

[http://www.dhcs.ca.gov/provgovpart/Documents/DMC\\_ODS\\_Residential%20\\_09\\_16.pdf](http://www.dhcs.ca.gov/provgovpart/Documents/DMC_ODS_Residential%20_09_16.pdf)

### QUESTIONS

Questions regarding this Information Notice should be directed to Allen Scott at [Allen.Scott@dhcs.ca.gov](mailto:Allen.Scott@dhcs.ca.gov).

Sincerely,

Original signed by

Karen Baylor, Ph.D., LMFT, Deputy Director  
Mental Health & Substance Use Disorder Services

State of California—Health and Human Services Agency  
Department of Health Care Services



JENNIFER KENT  
DIRECTOR



EDMUND G. BROWN JR.  
GOVERNOR

DATE: July 27, 2017

MHSUDS INFORMATION NOTICE NO.: 17-034

TO: COUNTY BEHAVIORAL HEALTH DIRECTORS  
COUNTY DRUG & ALCOHOL ADMINISTRATORS  
COUNTY BEHAVIORAL HEALTH DIRECTORS ASSOCIATION OF CALIFORNIA  
CALIFORNIA COUNCIL OF COMMUNITY BEHAVIORAL HEALTH AGENCIES  
COALITION OF ALCOHOL AND DRUG ASSOCIATIONS  
CALIFORNIA ASSOCIATION OF ALCOHOL & DRUG PROGRAM EXECUTIVES, INC.  
CALIFORNIA ALLIANCE OF CHILD AND FAMILY SERVICES  
CALIFORNIA OPIOID MAINTENANCE PROVIDERS

SUBJECT: International Classification of Diseases, Tenth Revision (ICD-10)  
Substance Use Disorder (SUD) Remission Codes for the Drug Medi-Cal  
Organized Delivery System (DMC ODS)

PURPOSE: To provide a valid ICD-10 diagnosis code for remission to enable claiming for recovery services.

#### DISCUSSION

When a DMC ODS beneficiary accesses recovery services, they will need to have a Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnosis and the claim will need to use an ICD-10 code. A beneficiary receiving recovery services will be in a state of “remission” due to the chronic nature of substance use disorders. Currently, the ICD-10 only includes a remission code for prior diagnoses of “dependence” disorders.

Beneficiaries who did not have an ICD-10 dependence diagnosis recorded in their medical history will still need a SUD remission diagnosis for billing Short Doyle Medi-Cal. The available ICD-10 remission codes are not sufficient to record these beneficiaries’ remission diagnosis. The ICD-10 code – Z87898 describes a “personal history of other specified conditions” and this code will satisfy the requirement for a remission diagnosis for the beneficiaries that did not have a dependence diagnosis in the past. Providers will need to use this Z code for any beneficiary with a prior ICD-10 diagnosis for substance abuse for claiming recovery services.

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The following table displays the current and proposed ICD-10 remission codes for recovery services on the DMC ODS claims:

ICD-10 Code	ICD-10 Code Descriptions
F1021	Alcohol dependence, in remission
F1121	Opioid dependence, in remission
F1221	Cannabis dependence, in remission
F1321	Sedative, hypnotic or anxiolytic dependence, in remission
F1421	Cocaine dependence, in remission
F1521	Other stimulant dependence, in remission
F1621	Hallucinogen dependence, in remission
F1821	Inhalant dependence, in remission
F1921	Other psychoactive substance dependence, in remission
Z87898	Personal history of other specified conditions

The effective date for using the Z87898 ICD-10 code will be July 1, 2017.

Questions regarding this Informational Notice should be addressed to Eleazer Munoz, AGPA, at [eleazer.munoz@dhcs.ca.gov](mailto:eleazer.munoz@dhcs.ca.gov).

Sincerely,

Original signed by

Karen Baylor, Ph.D., LMFT, Deputy Director  
 Mental Health & Substance Use Disorder Services