

# QUALITY MANAGEMENT MEMO

## COUNTY OF SAN DIEGO BEHAVIORAL HEALTH SERVICES

**To:** Substance Use Disorders Residential Service Providers

**Date:** February 2, 2018

**From:** Tim Tormey, Behavioral Health Program Coordinator

**Re:** **Preparing Residential Clients for DMC-ODS Implementation**

Dear Residential SUD Providers:

With the implementation of the County of San Diego Drug Medi-Cal Organized Delivery System (DMC-ODS) on July 1, 2018, residential programs will need to obtain authorization for residential services based on medical necessity requirements. These requirements include at least one DSM-5 SUD diagnosis (except Tobacco or process addictions, like gambling) and meeting specific risk rating criteria on the six dimensions of the ASAM Criteria. Because of this, residential services are moving from “time based,” (i.e. a “six month program” from which a client “graduates”) to services based on need, which is re-determined through regular, ongoing assessment.

In order to make the transition into the DMC-ODS more successful for residential clients, it is strongly recommended that programs consider the following:

- Use of ASAM criteria for current clients. New intake/screening forms with ASAM criteria were provided to programs in January, and new Treatment Plans with ASAM criteria information will be provided to programs in February. Programs should begin implementation of these forms as released in order to develop both the skills necessary for assessment with these criteria in mind and a sense of how clients will move up or down in the continuum of care.
- Develop program processes for discussing changes with clients. How will you be informing clients of the opportunities and changes associated with the DMC-ODS? With DMC-ODS, residential services are covered for Medi-Cal beneficiaries without the restrictions of the current Drug Medi-Cal benefit (currently, only services in perinatal residential facilities with 16 beds or less can be billed to Drug Medi-Cal. Under the DMC-ODS, there are multiple levels of residential care for all beneficiaries and no bed limitation). Are you informing clients so they can enroll for Drug Medi-Cal if not currently enrolled? Additionally, the benefit has utilization timelines (example: for most adults, it's two non-consecutive 90-day authorizations every 365 days, with an additional 30 day extension available after the initial authorization for clients meeting medical necessity for that extension. For adolescents, residential services may be authorized for up to 30 days in one continuous period, limited to two non-continuous 30-day episodes every 365 days, with a 30 day extension available, as with adults). How will you inform clients of the utilization parameters of this benefit?

For a more seamless transition into the DMC-ODS, staff should be informed immediately (and upon hire for new staff) of the changes to come. Clients should have information on how to enroll in Medi-Cal if not already, should receive intake/treatment planning in conjunction with ASAM criteria, and be informed of the utilization parameters of the DMC-ODS benefit for residential services (this is especially important for clients entering residential treatment in April through June of 2018). Staff should be refining their intake/assessment skills while using ASAM criteria, as well as case management/care coordination skills as the shift from “time based” residential programming to “needs based” assessment/reassessment requires these skills to help clients navigate up and down the continuum of care as their needs dictate.

Training opportunities for residential authorization and documentation will begin in March to assist you as we get closer to implementation. In the meantime, if you have questions and/or comments, please direct them to the QI Matters Email: [QIMatters.HHSA@sdcounty.ca.gov](mailto:QIMatters.HHSA@sdcounty.ca.gov)



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