Drug Medi-Cal Organized Delivery System [DMC-ODS]
Initial Reforms in Anticipation of CalAIM

BH Information Notice	CHANGES	CalAIM PRINCIPLES
21-019 Medical Necessity and Level of Care	• Applies to Non-Residential (Outpatient and MAT services) • Some services can be provided and are reimbursable without a diagnosis or prior to establishing medical necessity. Full assessment no longer required to start services. • DMC-ODS services reimbursable up to 30 days following the 1st visit prior to Diagnosis for SUD is medical necessity is established • Reimburses up to 60 days if homelessness is documented requiring additional time to complete the assessment. For clients under 21, the provider is permitted 60 days to complete assessment. • If client withdraws from Tx prior to establishing a Dx, and later returns, the time period starts over • Initial Assessment can be performed in person, via synchronous telehealth or by telephone/audio • Medical Necessity can be determined in-person, by synchronous video or by telephone/audio • 21 and older must have at least (1) SUD Dx from current DSM OR have had at least 1 SUD Dx from current DSM prior to being incarcerated as determined by SUD history • 21 and younger eligible to receive services without a diagnosis. Like mental health, under EPSDT treatment for “risky substance use” allows for early engagement/early intervention services. EPSDT requirements remain. **Medical Necessity** • Removes the ASAM Criteria as the second element to establish Medical Necessity • Allows the use of a brief screening to identify most appropriate services prior to assessment and diagnosis • No changes to LPHA’s responsibility to establish medical necessity **Levels of Care (LOC)** • Assessment shall be used to determine placement into appropriate LOC • 21 and older, assessment shall be completed within 30 days of client’s first visit with LPHA or counselor and for under 21, 60 days of client’s first visit with LPHA or counselor • Assessment does not need to be repeated unless the client’s condition changes • Assessment is required before authorization for residential treatment LOC	• Quicker access to treatment, immediate provision of services • “No Wrong Door” approach • Less restrictive, more flexibility • Recognizes needs of special populations: reentry, homeless, mental health and youth • Already used by Access Line and counselors at Touchpoint locations • We plan to use for the development of a treatment plan. We have conflicting regs, but working on it No Changes

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21-020 Recovery Services	• May receive Recovery Services based on self-assessment ***or*** provider assessment of relapse risk • Clients receiving MAT no longer excluded from Recovery Services • Can be delivered concurrently with other levels of care as clinically appropriate • May receive immediately after incarceration regardless of whether or not they received SUD treatment during incarceration • Remission Diagnosis no longer necessary, clients do not need to be abstinent from drugs for specific period of time	• Recognizes value of client's assessed needs • Rapid access to support after release from incarceration or following a relapse when clients are in crisis • Bolsters support
BH Information Notice	**CHANGES**	**CalAIM PRINCIPLES**
21-021 Residential Treatment Limitations	• Removes two (2) limit maximum for non-continuous residential stays within a one-year period • Proposes to establish a statewide average length of stay (LOS) of 30 days • Consistent with the spirit of ASAM • Retroactive to January 1, 2021	• Less restrictive, more flexibility • "No Wrong Door" approach • Recognizes needs of special populations: reentry, homeless, and mental health

ACTION STEPS
• Further review and streamline the Level of Care Placement Assessment (Started) • Engage providers and staff (Started) • Map Medical Necessity workflow with timelines, documentation milestones and parameters (What, When, How) • Revise contracts if needed • Develop new procedures and train providers • Ensure consistency with BH