

**Department of Health Care Services
Preparation, Submission, and Review of the
Drug Medi-Cal Organized Delivery System
County Implementation Plan**

This document is a guide and a tool for preparing and assessing the readiness of the county to implement the Drug Medi-Cal Organized Delivery System (DMC-ODS) waiver. This document will be used by DHCS to help assess the county's readiness to implement the waiver and for the counties determine capacity, access and network adequacy. The tool draws upon the Special Terms and Conditions and the appropriate CFR 438 requirements.

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This part is a series of questions about the county's DMC-ODS program.
- Part II Plan Description: Narrative Description of Outline of County's Implementation Plan**
In this part, the county describes its DMC-ODS program based on guidelines provided by the Department of Health Care Services.
- Part III Projected Expenditures, Capacity Projections, and Client Projections**
Under this heading, the county enters data showing its projected expenditures, capacity, and client counts. There are three sections:
- **Modality Plan (Expenditures by Modality)**
 - **Capacity Projections**
 - **Client Projections**
- Part IV Proposed Rates**
In this part, the county submits documentation showing proposed rates for each modality.

Part I

Plan Questions

This part is a series of questions that summarize the county's DMC-ODS plan.

1. Check the county agencies and other entities involved in developing the county plan. (Check all that apply)

- County Behavioral Health agency
- County substance use disorder agency
- Providers of drug treatment services in the community
- Representatives of drug treatment associations in the community
- Physical Health Care Providers
- Federally Qualified Health Centers (FQHCs)
- Clients/Client Advocate Groups
- County Executive Office
- County Public Health
- County Social Services
- Law Enforcement
- Court
- Probation Department
- Education
- Other (specify) _____

Review Note: Input from stakeholders in the development of the county implementation plan is required; however, all stakeholders listed are not required to participate.

2. How was community input collected?

- Community meetings
- County advisory groups
- Focus groups
- Other method(s) (explain briefly)

Review Note: One or more of the types of community input must be checked.

3. Specify how often entities and impacted community parties will meet during the implementation of this plan to continue ongoing coordination of services and activities.

- Monthly
- Bi-monthly
- Quarterly
- Other: _____

Review Note: One box must be checked.

4. What services will be available to DMC-ODS clients under this county plan?

REQUIRED

- Withdrawal Management (minimum one level)
- Residential Services (minimum one level)
- Intensive Outpatient
- Outpatient
- Opioid (Narcotic) Treatment Programs
- Recovery Services
- Case Management
- Physician Consultation

OPTIONAL

- Additional Medication Assisted Treatment
- Recovery Residences
- Other (specify) _____

Review Note: All required services must be provided.

5. Identify the entity(ies) responsible for determining a DMC-ODS client's level of need for, and placement in, drug treatment.

- County substance use disorder entity
- Drug treatment provider(s)
- Other (specify) _____

Review Note: The county must check at least one response.

6. Has the county established a toll free number for prospective clients to call to access DMC-ODS services?

- Yes (required)
- No. Plan to establish by: _____.

Review Note: If the county is establishing a number, please note the date it will be established and operational.

7. The county will participate in providing data and information to the University of California, Los Angeles (UCLA) Integrated Substance Abuse Programs for the DMC-ODS evaluation.

- Yes (required)
- No

PART II PLAN DESCRIPTION (Narrative)

In this part of the plan, the county must describe certain DMC-ODS implementation policies, procedures, and activities.

General Review Notes:

- Number responses to each item to correspond with the outline.
- Keep an electronic copy of your implementation plan description. After DHCS reviews your plan description, you may need to make revisions.
- Counties must submit a revised plan to DHCS whenever the county requests to add a new level of service.

Narrative Description Outline

1. Collaborative Process. Describe the collaborative process used to plan DMC-ODS services. Describe how county entities, community parties, and others participated in the development of this plan and how ongoing involvement will occur.

Review Note: Stakeholder engagement is required in development of the implementation plan.

2. Client Flow. Describe how clients move through the different levels identified in the continuum of care (referral, assessment, placement, transitions to another level of care).

Review Note: A flow chart may be included.

3. Treatment Services. Describe the required types of DMC-ODS services (withdrawal management, residential, intensive outpatient, outpatient, narcotic treatment programs, recovery services, case management, physician consultation) and optional (additional medication assisted treatment, recovery residences) to be provided. What barriers, if any, does the county have with the required service levels? Determine how the county plans to provide state plan services to beneficiaries who do not reside in the county.

Review Note: Include in each description the corresponding American Society of Addiction Medicine (ASAM) level. Names and descriptions of individual providers are not required in this section; however, a list of all contracted providers will be required within 30 days of the waiver implementation date.

4. Expansion of Services. Describe how the county plans to expand services to include all levels of the ASAM Criteria over the period of the Waiver. In the description, include the timeline for expansion.

Review Note: Include services identified in the implementation plan and also the projected timeline for the county to add additional level of services.

5. Integration with Mental Health. How will the county integrate mental health services for beneficiaries with co-occurring disorders?

6. Integration with Physical Health. Describe how the counties will integrate physical health services within the waiver.

7. Access. Describe how the county will ensure access to all service modalities. Describe the county's efforts to ensure network adequacy. Describe how the county will establish and maintain the network by addressing the following:

- a. The anticipated number of Medi-Cal clients
- b. The expected utilization of services
- c. The numbers and types of providers required to furnish the contracted Medi-Cal services
- d. Hours of operation of providers
- e. Language capability for the county threshold languages
- f. Timeliness of first face-to-face visit, timeliness of services for urgent conditions and access afterhours care
- g. The geographic location of providers and Medi-Cal beneficiaries, considering distance, travel time, transportation, and access for beneficiaries with disabilities.

8. Training Provided. What training will be offered to providers chosen to participate in the waiver?

Review Note: Include the frequency of training and whether it is required or optional.

9. Technical Assistance. What technical assistance will the county need from DHCS?

10. Quality Assurance. Describe the quality assurance activities the county will conduct. Include the county monitoring process (frequency and scope), Quality Improvement plan and Quality Improvement committee activities. Please list out who the members are on the Quality Improvement committee.

11. Evidence Based Practices. How will the counties ensure that providers are implementing at least two of the identified evidence based practices? What action will the county take if the provider is found to be in non-compliance?

12. Assessment. Describe how and where counties will assess beneficiaries for medical necessity and ASAM Criteria placement. How will counties ensure beneficiaries receive the correct level of placement?

13. Regional Model. If the county is implementing a regional model, describe the components of the model. Include service modalities, participating counties, and identify any barriers and solutions for beneficiaries. How will the county ensure access to services in a regional model (refer to question 7)?

14. Case Management. Describe how the county will oversee case management services? How will case management services be integrated and coordinated with mental health and physical health?

15. Memorandum of Understanding. Submit a draft copy of each Memorandum of Understanding (MOU) between the county and the managed care plans. The MOU must outline the mechanism for sharing information and coordination of service delivery. Signed MOU's must be submitted to DHCS within three months of the waiver implementation date.

16. Telehealth Services. How will telehealth services be structured for providers and how will the county ensure confidentiality? (Please note: group counseling services cannot be conducted through telehealth).

17. Contracting. Describe the county's selective provider contracting process. What length of time is the contract term? Describe the local appeal process for providers that do not receive a contract. If current DMC providers do not receive a DMC-ODS contract, how will the county ensure beneficiaries will continue receiving treatment services?

Review Note: A list of all contracted providers (modality, provider, address) must be submitted to DHCS within 30 days of the waiver implementation date and as new providers are awarded contracts. DHCS will provide the format for the listing of providers.

18. Additional Medication Assisted Treatment (MAT). If the county chooses to implement additional MAT beyond the requirement for NTP services, describe the MAT and delivery system.

19. Residential Authorization. Describe the county's authorization process for residential services.

Review Note: Prior authorization is not required; however, the county needs to provide a standard timeline for completion of the authorization.

DMC-ODS Projected Expenditure Modality Plan

County: _____ Implementation Date: _____

Include two years of projected expenditures and projected clients. Base years on proposed implementation date.

Services Provided By Modality (funded by DMC)	FY _____ Projected Expenditures*	FY _____ Projected Expenditures*	FY _____ Projected Clients	FY _____ Projected Clients
Withdrawal Management				
Level 1-WM				
Level 2-WM				
Level 3-WM				
Level 4-WM				
Residential				
Level 3.1				
Level 3.3				
Level 3.5				
Level 3.7				
Level 4				
Intensive Outpatient				
Outpatient				
Opioid (Narcotic) Treatment Programs				
Recovery Services				
Case Management				
Physician Consultation				
Total				

*Includes the FMAP, State and County Costs.

Services Provided by Modality	FY _____ Projected Expenditures	FY _____ Projected Expenditures	FY _____ Projected Clients	FY _____ Projected Clients
Recovery Residences				
Additional MAT				
Total				

Proposed Rates

County: _____

Counties must provide proposed rates for each modality identified in the DMC-ODS. Please note the following when proposing rates:

- Counties are required to provide a rate range or a standard rate for all modalities.
- If a county is not providing a level of service for Withdrawal Management or Residential, please mark the rate as n/a.
- For residential services, rates cannot include room and board expenditures.
- Level 4-Withdrawal Management is paid for through the fee for service system.

Services Provided By Modality (funded by DMC)	Proposed Rate Range	Service Length (day, hour)
Withdrawal Management (WM)		
Level 1-WM		
Level 2-WM		
Level 3-WM		
Level 4-WM		
Residential		
Level 3.1		
Level 3.3		
Level 3.5		
Level 3.7		
Level 4		
Intensive Outpatient		
Outpatient		
Opioid (Narcotic) Treatment Programs		
Recovery Services		
Case Management		
Physician Consultation		

Rates Narrative

1. Describe the process used to develop the proposed rates above. Include data utilized and brief justifications for each proposed rate.

2. If rates for Intensive Outpatient, Outpatient or Opioid (Narcotic) Treatment Programs fall below the current state plan rate, please explain why the rate is lower.
3. If a rate range is utilized for a modality(ies), how will the county determine which providers will receive the lower or higher rate identified in a range.

County Authorization

The County Behavioral Health Director (for Los Angeles and Napa AOD Program Director) must review and approve the Implementation Plan. The signature below verifies this approval.

County Behavioral Health Director* (*for Los Angeles and Napa AOD Program Director)	County	Date
Print Name	Title	Phone Number

Please mail the completed Implementation Plan to:
 Department of Health Care Services
 SUD Compliance Division
 Attn: Marlies Perez
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