



COUNTY OF YOLO
HEALTH AND HUMAN SERVICES AGENCY

POLICIES AND PROCEDURES

SECTION 6, CHAPTER 1, POLICY 001

DRUG MEDICAL- ORGANIZED DELIVERY SYSTEM (DMC-ODS)

GENERAL REQUIREMENTS

POLICY NUMBER:	6-1-001
SYSTEM OF CARE:	SUBSTANCE USE
FINALIZED DATE:	01/18/2024
EFFECTIVE:	01/01/2024
SUPERSEDES # :	Supersedes Policy #'s: N/A

A. PURPOSE: To provide Drug Medi-Cal- Organized Delivery System (DMC-ODS) program requirements effective January 2022 through December 2026, which replaces the Section 1115 Special Terms and Conditions used to describe the DMC-ODS program for the years 2015-2021. In accordance with W&I Code Section 14184.102(d), until contract amendments are executed, Yolo County and network providers shall adhere to the terms in the Behavioral Health Information Notice, BHIN 24-001, where current contracts are silent or in conflict with the terms of BHIN 24-001.

B. DEFINITIONS:

1. **Adolescent:** Refers to members under age 21.
2. **Assessment:** Consists of activities to evaluate or monitor the status of a member’s behavioral health and determine the appropriate level of care and course of treatment for that member. Assessments shall be conducted in accordance with applicable State and Federal laws, and regulations, and standards. Assessment may be initial and periodic and may include contact with family members or other collaterals if the purpose of the collateral’s participation is to focus on the treatment needs of the member. Assessment services may include one or more of the following components:

- a. Collection of information for assessment used in the evaluation and analysis of the cause or nature of the substance use disorder.
 - b. Diagnosis of substance use disorders utilizing the current DSM and assessment of treatment needs for medically necessary treatment services. This may include a physical examination and laboratory testing (e.g., body specimen screening) necessary for treatment and evaluation conducted by staff lawfully authorized to provide such services and/or order laboratory testing (laboratory testing is covered under the “Other laboratory and X-ray services” benefit of the California Medicaid State Plan).
 - c. Treatment planning, a service activity that consists of development and updates to documentation needed to plan and address the member’s needs, planned interventions and to address and monitor a member’s progress and restoration of a member to their best possible functional level.
3. **Care Coordination:** Previously referred to as “case management” during the years 2015-2021. This service provides coordination of SUD care, mental health care, and medical care, and to support the member with linkages to services and supports designed to restore the member to their best possible functional level.
 4. **Clinician Consultation:** Previously referred to as “physician consultation” during the years 2015-2021, clinician consultation is designed to support DMC-ODS licensed clinicians with complex cases and may address medication selection, dosing, side effect management, adherence, drug-drug interactions, or level of care considerations.
 5. **Contingency Management (CM):** An evidence-based, cost-effective behavioral treatment for SUD that provides motivational incentives to treat individuals and reinforces positive behavior change for an individual to reduce the use of stimulants. CM is the only treatment that has demonstrated robust outcomes for individuals with stimulant use disorder, including reduction or cessation of drug use and longer retention in treatment.
 6. **Family Therapy:** A rehabilitative service that includes family members in the treatment process, providing education about factors that are important to the member’s recovery as well as the holistic recovery of the family system. Family members can provide social support to the member and help motivate their loved one to remain in treatment. There may be times when, based on clinical judgment, the member is not present during the delivery of this service, but the service is for the direct benefit of the member.
 7. **Group Counseling:** Consists of contacts with multiple members at the same time. Group Counseling focuses on the needs of the participants. Group counseling shall be provided to a group that includes 2-12 individuals.

8. **Individual Counseling:** Consists of contacts with a member. Individual counseling can include contact with family members or other collaterals if the purpose of the collateral's participation is to focus on the treatment needs of the member by supporting the achievement of the member's treatment goals.
9. **Medical Necessity:**
 - a. **21 years old and older:** a service is "medically necessary" or a "medical necessity" when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain.
 - b. **Under 21 years of age:** a service is "medically necessary" or a "medical necessity" if the service is necessary to correct or ameliorate screened health conditions. Services need not be curative or completely restorative to ameliorate a health condition, including substance misuse and SUDs. Services that sustain, support, improve, or make more tolerable substance misuse or an SUD are considered to ameliorate the condition and are thus covered as EPSDT services.
 - c. **Narcotic Treatment Programs (NTPs)** shall conduct a history and physical exam by a LPHA pursuant to state and federal regulations. This history and physical exam done at admission to a NTP qualifies for the purpose of determining medical necessity under the DMC-ODS.
10. **Medical Psychotherapy:** A counseling service to treat SUD other than OUD conducted by the medical director of a Narcotic Treatment Program on a one-to-one basis with the member.
11. **Medication Services:** Includes prescription or administration of medication related to substance use disorder services, or the assessment of the side effects or results of the medication. Medication Services does not include MAT for Opioid Use Disorders (OUD) or MAT for Alcohol Use Disorders (AUD) and other Non-Opioid Substance Use Disorders. Medication Services includes prescribing, administering, and monitoring medications used in the treatment or management of SUD and/or WM not included in the definitions of MAT for OUD or MAT for AUD services.
12. **MAT for OUD:** Includes all medications approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262) to treat opioid use disorders.
 - a. MAT for OUD may be provided in clinical or non-clinical settings and can be delivered as a standalone service or as a service delivered as part of a level of care listed below in the "Levels of Care" section.
 - i. "Patient Education", which is education for the member on addiction, treatment, recovery and associated health risks.

- ii. Prescribing and monitoring for MAT for OUD, which is prescribing, administering, dispensing, ordering, monitoring, and/or managing the medications used for MAT for OUD.

13. **MAT for AUD and Non-Opioid Substance Use Disorders:** Includes all FDA-approved drugs and services to treat AUD and other non-opioid SUDs involving FDA-approved medications to treat AUD and non-opioid SUDs.

- a. MAT for AUD and Non-Opioid Substance Use Disorders may be provided in clinical or non-clinical settings and can be delivered as a standalone service or as a service delivered as part of a level of care listed below in the “Levels of Care” section.

- i. Prescribing and monitoring for MAT for AUD and non-opioid SUDs, which is prescribing, administering, dispensing, ordering, monitoring, and/or managing the medications used for MAT for AUD and non-opioid SUDs.

14. **Mobile Crisis Services:** A community-based intervention designed to provide de-escalation and relief to individuals experiencing a behavioral health or substance use related crisis wherever they are, including at home, work, school or in the community.

15. **Network Providers:** Any provider, group of providers, or entity that has a network provider agreement with Yolo County HHSA Behavioral Health (BH) and receives Medicaid funding directly or indirectly to order, refer or render covered services as a result of the contract (Title 42 Code of Federal Regulations [42 CFR] § 438.2).

16. **Peer Support Services:** Culturally competent individual and group services that promote recovery, resiliency, engagement, socialization, self-sufficiency, self-advocacy, development of natural supports, and identification of strengths through structured activities such as group and individual coaching to set recovery goals and identify steps to reach the goals. Services aim to prevent relapse, empower members through strength-based coaching, support linkages to community resources, and to educate members and their families about their conditions and the process of recovery. Peer Support Services consist of Educational Skill Building Groups, Engagement and Therapeutic Activity services.

17. **Recovery Services:** Designed to support recovery and prevent relapse with the objective of restoring the member to their best possible functional level with emphasis on the member as the central role in managing their health, use effective self-management support strategies, and organize internal and community resources to provide ongoing self-management.

18. **SUD Crisis Intervention Services:** Consists of contacts with a member in crisis. A crisis means an actual relapse or an unforeseen event or circumstance which presents to the member an imminent threat of relapse. SUD Crisis Intervention Services shall focus on alleviating the crisis problem, be limited to the stabilization of the member's immediate situation and be provided in the least intensive level of care that is medically necessary to treat their condition.
19. **Withdrawal Management (WM) Services:** Provided to members when medically necessary for maximum reduction of the SUD symptoms and restoration of the member to their best possible functional level.
- a. Observation, which is the process of monitoring the member's course of withdrawal, is conducted at the frequency required by applicable state and federal laws, regulations, and standards. This may include but is not limited to observation of the member's health status.

C. RELATED DOCUMENTS: N/A

D. POLICY:

1. To receive services through the DMC-ODS, a member shall be enrolled in Medi-Cal, reside in a participating county, and meet the criteria for DMC-ODS services.
2. Yolo County and network providers shall ensure that all required services covered under the DMC-ODS are available and accessible to members of the DMC-ODS in accordance with the applicable state and federal time and distance for network providers.
 - a. Access to medically necessary services, including all Food and Drug Administration (FDA)-approved medications for Opioid Use Disorder, cannot be denied for members meeting criteria for DMC-ODS services and members shall not be placed on wait lists.
 - b. DMC-ODS services shall be provided with reasonable promptness in accordance with federal Medicaid requirements and as specified in the State/DMC-ODS County Intergovernmental Agreement.
 - c. If the DMC-ODS network is unable to provide medically necessary covered services, the Yolo County shall adequately and in a timely manner cover these services out-of-network for as long as the Yolo County's network is unable to provide them.
3. Medications for Addiction Treatment/Medication Assisted Treatment (MAT): Yolo County and network providers shall demonstrate they either directly offer or have an effective referral process to MAT services for members with SUD diagnoses treatable with MAT. An effective referral process shall include an established relationship with a MAT provider and transportation to appointments for MAT. Additionally, under the "alternative sites" option, Yolo County may cover drug

products costs for MAT when the medications are purchased and administered or dispensed in a non-clinical setting.

- a. All medications and biological products utilized to treat SUDs, including long-acting injectables, continue to be available through the medical pharmacy benefit without prior authorization, and can be delivered to provider offices by pharmacies.
 - b. Members needing or utilizing MAT shall be served and cannot be denied treatment services or be required to decrease dosage or be tapered off medications as a condition of entering or remaining in a program.
 - c. Yolo County network providers offering MAT shall not deny access to medication or administratively discharge a member who declines counseling services.
 - d. If the Yolo County network provider is not capable of continuing to treat the member, the provider shall assist the member in choosing another MAT provider, ensure continuity of care, and facilitate a warm handoff to support ongoing engagement.
4. DMC-ODS for members in the criminal justice system
- a. Yolo County should recognize and educate staff and collaborate with Parole and Probation partners.
 - b. Carceral, parole, or probation status shall not be a barrier to receipt of SUD services.
 - c. Members may receive recovery services immediately after incarceration regardless of whether they received SUD treatment during incarceration. Providers will be required, within 14 days prior to release (if known), and in coordination with the pre-release care manager, to ensure processes are in place for a BH Link between the correctional behavioral health provider, a DMC-ODS provider, and the member.
 - d. Providers are required to implement all components of BH Links, including ability to receive referrals from correctional facilities in all counties, by October 1, 2024.
5. Covered DMC-ODS Services
- a. DMC-ODS services are provided by Drug Medi-Cal (DMC)-certified providers and are based on medical necessity.
 - b. DMC-ODS services shall be recommended by Licensed Practitioners of the Healing Arts (LPHAs), within the scope of their practice.
 - c. DMC-ODS services include the following comprehensive continuum of outpatient, residential, and inpatient evidence-based SUD services. For specific information about what is available in Yolo County, providers are directed to the Access Line and current provider directory.
 - i. Early Intervention Services (ASAM Level 0.5)
 - ii. Outpatient Treatment Services (ASAM Level 1)

- iii. Intensive Outpatient Treatment Services (ASAM Level 2.1)
- iv. Partial Hospitalization Services (ASAM Level 2.5)
- v. Residential Treatment and Inpatient Services (ASAM Levels 3.1, 3.3, 3.5, 3.7, and 4.0)
- vi. Narcotic Treatment Programs
- vii. Withdrawal Management Services (ASAM Levels 1-WM, 2-WM, 3.2-WM, 3.7-WM, and 4-WM)
- viii. Medication for Addition Treatment (also known as Medication Assisted Treatment – MAT)
- ix. Medi-Cal Peer Support Services (effective July 2022)
- x. Contingency Management
- xi. Recovery Services
- xii. Care Coordination
- xiii. Clinician Consultation (not a direct service to the member)
- xiv. Mobile Crisis Services

6. Indian Health Care Providers

- a. American Indian and Alaska Native individuals who are eligible for Medicaid and reside in counties that have opted into the DMC-ODS, including Yolo County, can also receive DMC-ODS services through Indian Health Care Providers (IHCPs). Please refer to BHIN 22-053 for additional guidance. IHCPs include:
 - i. Indian Health Service (IHS) facilities – Facilities and/or health care programs administered and staffed by the federal Indian Health Service.
 - ii. Tribal 638 Providers – Federally recognized Tribes or Tribal organizations that contract or compact with IHS to plan, conduct and administer one or more individual programs, functions, services or activities under Public Law 93-638.
 - a. Tribal 638 providers enrolled in Medi-Cal as an Indian Health Services Memorandum of Agreement (IHS-MOA) provider shall appear on the “List of American Indian Health Program Providers” set forth in APL 17-020, Attachment 1 in order to qualify for reimbursement as a Tribal 638 Provider under this BHIN.
 - b. Tribal 638 providers enrolled in Medi-Cal as a Tribal Federally Qualified Health Center (FQHC) provider, shall do so consistent with the Tribal FQHC criteria established in the California State Plan, the Tribal FQHC section of the Medi-Cal provider manual,

and APL 21-008.9 Tribal 638 providers enrolled in Medi-Cal as a Tribal FQHC shall appear on the "List of Tribal FQHCs"

- iii. Urban Indian Organizations (UIO) – A Nonprofit corporate body situated in an urban center, governed by an urban Indian controlled board of directors, and providing for the maximum participation of all interested Indian groups and individuals, which body is capable of legally cooperating with other public and private entities for the purpose of performing the activities described in section 1653(a) of U.S. Code: Title 25, Chapter 18.
- b. All American Indian and Alaska Native (AI/AN) Medi-Cal members whose county of responsibility is Yolo County may choose to receive DMC-ODS services at any DMC-certified IHCP, whether or not the IHCP has a current contract with Yolo County and whether or not the IHCP is located in Yolo County. Yolo County shall reimburse DMC-certified IHCPs for the provision of these services to AI/AN Medi-Cal members, even if Yolo County does not have a contract with the IHCP. Yolo County is not obligated to pay for services provided to non-AI/AN members by IHCPs that are not contracted with Yolo County.
- c. In order to receive reimbursement from a county or the state for the provision of DMC-ODS services (whether or not the IHCP is contracted with Yolo County), an IHCP shall be enrolled as a DMC provider and certified by DHCS to provide those services. As required by 42 CFR 438.14, Yolo County shall demonstrate that there are sufficient IHCPs participating in the provider network to ensure timely access to DMC-ODS services. Yolo County shall adhere to all 42 CFR 438.14 requirements.

7. Practice Requirements

- a. Yolo County shall ensure that providers implement at least two of the following evidenced-based treatment practices (EBPs). The two EBPs are per provider, per service modality. Yolo County shall ensure contracted providers have implemented these EBPs and are delivering the practices to fidelity.
 - i. Motivational Interviewing – A member-centered, empathic, but directive counseling strategy designed to explore and reduce a person's ambivalence toward treatment. This approach frequently includes other problem-solving or solution-focused strategies that build on members' past successes.
 - ii. Cognitive-Behavioral Therapy – Based on the theory that most emotional and behavioral reactions are learned and that new ways of reacting and behaving can be learned.

- iii. Relapse Prevention– A behavioral self-control program that teaches individuals with SUD how to anticipate and cope with the potential for relapse. Relapse prevention can be used as a stand-alone substance use treatment program or as a recovery services program to sustain gains achieved during initial SUD treatment.
 - iv. Trauma-Informed Treatment – Services must take into account an understanding of trauma, and place priority on trauma survivors’ safety, choice, and control.
 - v. Psycho-Education – Psychoeducation is designed to educate members about substance abuse and related behaviors and consequences. Psychoeducation provides information designed to have a direct application to members’ lives; to instill self-awareness, suggest options for growth and change, identify community resources that can assist members in recovery, develop an understanding of the process of recovery, and prompt people using substances to take action on their own behalf. Psychoeducation can be provided to individuals and groups.
8. All facilities delivering Residential Treatment services under DMC-ODS shall also be designated as capable of delivering care consistent with the ASAM Criteria
9. Department of Health Care Services Level of Care Designation or ASAM Level of Care Certification
- a. All Residential Treatment facilities under DMC-ODS require a DHCS Level of Care (LOC) designation and/or at least one residential ASAM Certification.
 - a. DHCS Level 3.1 – Clinically Managed Low-Intensity Residential Services
 - b. DHCS Level 3.2 – Clinically Managed Residential WM
 - c. DHCS Level 3.3 – Clinically Managed Population-Specific High-Intensity Residential Services
 - d. DHCS Level 3.5 – Clinically Managed High-Intensity Residential Services
10. DMC-ODS Provider Qualifications
- a. Yolo County shall ensure that all covered services are provided by Drug Medi-Cal (DMC) certified providers and based on medical necessity.
 - b. Yolo County shall ensure that DMC-certified providers meet the following requirements:
 - i. Be licensed, registered, enrolled, and/or approved in accordance with all applicable state and federal laws and regulations.
 - ii. Abide by the definitions, rules, and requirements for stabilization and rehabilitation services established by the Department of Health Care Services.

- iii. Providers shall sign an agreement with the DMC-ODS county or counties prior to rendering DMC-ODS services.

11. Early Periodic Screening, Diagnosis, and Treatment (EPSDT)

- a. In accordance with the Early Periodic Screening, Diagnostic and Treatment (EPSDT) mandate under Section 1905(r) of the Social Security Act, Yolo County and contracted providers shall ensure that all members under age 21 receive all applicable SUD services needed to correct or ameliorate health conditions that are coverable under Section 1905(a) of the Social Security Act. Nothing in the DMC-ODS limits or modifies the scope of the EPSDT mandate. DMC-ODS Counties are responsible for the provision of SUD services pursuant to the EPSDT mandate. Please note that the access criteria for members under 21 is different and more flexible than the access criteria for adults accessing DMC-ODS services, to meet the EPSDT mandate and the intent for prevention and early intervention of SUD conditions.

E. PROCEDURE:

- 1. Covered services: Services are based on recommendations by an LPHA, within their scope of practice. Services shall be provided by DMC-certified practitioners. Services shall be “medically necessary”. The following levels of care are currently included in the Yolo County continuum of care. For additional information on other levels of care provided through DMC-ODS, please refer to DHCS BHIN 24-001.

- a. **ASAM Level 0.5 Early Intervention Services**

- i. Services shall be provided under the outpatient treatment modality and must be available as needed based on individual clinical need, even if the member under age 21 is not participating in the full array of outpatient treatment services.
- ii. Services may be delivered in a wide variety of settings, and can be provided in person, by telehealth, or by telephone.
- iii. Coordination with Screening, Brief Intervention, Referral to Treatment:
 - a. Alcohol and Drug Screening, Assessment, Brief Intervention and Referral to Treatment (SABIRT), commonly known as Brief Intervention, and Referral and Treatment (SBIRT) is not a DMC-ODS benefit. This is a benefit in the managed care delivery system for members aged 11 years and older. Coordination with SABIRT delivered through Fee-For-Services/Managed Care Plans is required.

- b. **ASAM Level 1 Outpatient & ASAM Level 2.1 Intensive Outpatient Treatment Services** (Outpatient is often referred to as Outpatient Drug Free or ODF)

- i. Outpatient & Intensive Outpatient treatment services include the following:
 - a. Assessment
 - b. Care Coordination
 - c. Counseling (individual and group)
 - d. Family Therapy
 - e. Medication Services
 - f. MAT for Opioid Use Disorder (OUD)
 - g. MAT for Alcohol Use Disorder (AUD) and other non-opioid SUDs
 - h. Patient Education
 - i. Recovery Services
 - j. SUD Crisis Intervention Services
 - ii. Providers shall either offer medications for addiction treatment directly or have effective referral mechanisms in place for the most clinically appropriate MAT services.
 - iii. Service hours:
 - a. Members aged 21 years and older
 - i. Outpatient: Up to 9 hours a week
 - ii. Intensive Outpatient: 9 to 19 hours a week
 - b. Member under the age of 21
 - i. Outpatient: Up to 6 hours a week
 - ii. Intensive Outpatient: 6 to 19 hours a week
 - c. Services may exceed the maximum based on individual medical necessity.
 - iv. Services may be provided in person, by telehealth, or by telephone.
- c. **ASAM Level 2.5 - Partial Hospitalization Services**
 - i. Clinically intensive programming designed to address the treatment needs of members with severe SUD requiring more intensive treatment services than can be provided at lower levels of care.
- d. **ASAM Levels 3.1, 3.3, & 3.5 - Residential Treatment**
 - i. Residential Treatment Services are provided in a short-term residential program through one of the following levels:
 - a. Level 3.1 - Clinically Managed Low-Intensity Residential Services
 - b. Level 3.3 - Clinically Managed Population-Specific High Intensity Residential Services
 - c. Level 3.5 - Clinically Managed High Intensity Residential Services
 - ii. Service components:

- a. Assessment
 - b. Care Coordination
 - c. Counseling (individual and group)
 - d. Family Therapy
 - e. Medication Services
 - f. MAT for OUD
 - g. MAT for AUD and other non-opioid SUDs
 - h. Patient Education
 - i. Recovery Services
 - j. SUD Crisis Intervention Services
- iii. Services shall address functional deficits documented in the ASAM Criteria
- a. Services aimed to restore, maintain, and apply interpersonal and independent living skills and access community support systems.
 - b. A member shall live on the premises and be considered a “short-term resident” of the residential facility where the member receives services under this DMC-ODS level of care.
 - c. Services may be provided in facilities of any size.
 - d. Services are driven by the member’s care needs and shall be transitioned to other levels of care when clinically appropriate and served in the least restrictive setting.
 - e. Residential treatment services for adults under these levels are provided by DMC-certified providers who shall be licensed and enrolled in accordance with all applicable state and federal laws and regulations. This includes residential facilities licensed by DHCS, residential facilities licensed by the Department of Social Services, Chemical Dependency Recovery Hospitals (CDRHs) licensed by the Department of Public Health or freestanding Acute Psychiatric Hospitals (FAPHs) licensed by Department of Public Health (DPH).
 - f. Residential providers licensed by a state agency other than DHCS shall be DMC-Certified.
 - g. DHCS Level of Care designation and/or ASAM Level of Care Certification:
 - i. All facilities delivering Residential Treatment services under DMC-ODS shall also be designated as capable of delivering care consistent with the ASAM Criteria.

- ii. Designation is required for facilities offering ASAM levels 3.1, 3.3, 3.5.
 - iii. All counties with residential facilities offering levels 3.1., 3.3, and 3.5, licensed by a state agency other than DHCS, shall have an ASAM Level of Care Certification for each of the levels of care provided at the facility under the DMCS-ODS program by January 1, 2024.
 - h. Services may be provided in person, by telehealth, or by telephone
 - i. Most services shall be in person.
 - ii. Telehealth and telephone services shall be used to supplement, not replace, the in-person services and in-person treatment milieu.
 - i. Length of Stay
 - i. The average statewide length of stay goal is 30 days; however, this is not a quantitative treatment limitation and there is no hard “cap” on individual length of stays. Lengths of stay shall be determined by individualized clinical need. Members shall be transitioned to appropriate levels of care as medically necessary.
 - ii. Yolo County shall adhere to length of stay monitoring requirements established by DHCS and the external quality review organization.
- e. **ASAM Levels 3.7 Medically Monitored Inpatient Services & 4.0 Medically Managed Intensive Inpatient Services**
- i. Services shall be delivered to members when medically necessary in a short-term inpatient program corresponding to at least one of these levels.
 - ii. Providers shall either offer medications for addiction treatment directly or have effective referral mechanisms in place for the most clinically appropriate MAT services.

f. **Narcotic Treatment Program**

- i. Narcotic Treatment Program (NTP), also described in the ASAM Criteria as an Opioid Treatment Program (OTP), is an outpatient program that provides Food and Drug Administration (FDA)-approved medications and biological products to treat SUDs when ordered by a physician as medically necessary. NTPs shall comply with all federal and state NTP licensing requirements. If the NTP cannot comply with all federal and state NTP requirements, then

the NTP shall assist the member in choosing another medication for opioid use disorder (MOUD) and/or MAT provider, ensure continuity of care, and facilitate a warm hand-off to ensure engagement. NTP services are provided in DHCS-licensed NTP facilities pursuant to the California Code of Regulations, title 9, Chapter 4, and Title 42 of the Code of Federal Regulations (CFR).

- ii. NTPs are required to administer, dispense, or prescribe medications to members covered under the DMC-ODS formulary including:
 - a. Methadone
 - b. Buprenorphine (transmucosal and long-acting injectable)
 - c. Naltrexone (oral and long-acting injectable)
 - d. Disulfiram
 - e. Naloxone
 - f. If the NTP is unable to directly administer or dispense medically necessary medications covered under the DMC-ODS formulary, the NTP shall prescribe the medication for dispensing at a pharmacy or refer the member to a provider capable of dispensing the medication.
- iii. Service components:
 - a. Assessment
 - b. Care Coordination
 - c. Counseling (individual and group)
 - i. The NTP shall offer the member a minimum of fifty (50) minutes of counseling services per calendar month
 - ii. Counseling services may be provided in-person, by telehealth, or by telephone
 - d. Family Therapy
 - e. Medical Psychotherapy
 - f. Medication Services
 - g. MAT for OUD
 - h. MAT for AUD and other non-opioid SUDs
 - i. Patient Education
 - j. Recovery Services
 - k. SUD Crisis Intervention Services
 - l. Medical evaluation for methadone treatment
 - i. Medical history
 - ii. Laboratory tests
 - iii. Physical exam
 - iv. Medical evaluation shall be conducted in-person

g. Withdrawal Management (WM) Services

- i. WM services are provided as a part of a continuum of care to members experiencing withdrawal in the following outpatient, residential, and inpatient settings. Member shall be monitored during the detoxification process. Services are urgent and provided on a short-term basis.
- ii. A full Yolo County assessment based on ASAM Criteria shall not be required as a condition of admission to a facility providing WM. Service activities focus on the stabilization and management of psychological and physiological symptoms associated with withdrawal, engagement in care and effective transitions to a level of care where member can receive comprehensive treatment services.
 - a. Level 1-WM: Ambulatory withdrawal management without extended on-site monitoring (Not currently part of Yolo County's continuum of care)
 - b. Level 2-WM: Ambulatory withdrawal management with extended on-site monitoring (Not currently part of Yolo County's continuum of care)
 - c. Level 3.2-WM: Clinically managed residential withdrawal management (24- hour support for moderate withdrawal symptoms that are not manageable in outpatient setting).
 - i. This is considered a residential level of care and therefore requires the facility to be designated as capable of delivering care consistent with ASAM Criteria.
 - ii. A DHCS level of care designation and/or an ASAM Level of Care Certification is required.
 - iii. Each member shall reside at the facility
 - d. Level 3.7-WM: Medically managed inpatient withdrawal management
 - e. Level 4-WM: Medically managed intensive inpatient withdrawal management
- iii. Service components:
 - a. Assessment
 - b. Care Coordination
 - c. Medication Services
 - d. MAT for OUD
 - e. MAT for AUD and other non-opioid SUDs
 - f. Observation

- g. Recovery Services
- iv. Providers shall either offer medications for addiction treatment directly or have effective referral mechanisms in place for the most clinically appropriate MAT services.
- v. Care transitions to facilitate additional services or transition to a comprehensive treatment program.
 - a. WM services are urgent and provided on a short-term basis.
 - b. Practitioner shall conduct a Yolo County SUD Assessment Tool (based on ASAM criteria), brief screening, or other tools to support referral to additional services as appropriate.
 - c. If a full Yolo County assessment based on ASAM criteria was not completed as part of the withdrawal management service episode, this assessment shall be completed following the member's first visit with an LPHA or registered/certified counselor for non-withdrawal management services.
- h. **Medications for Addiction Treatment** (also known as Medication-Assisted Treatment or MAT)
 - i. MAT services include all medications and biological products Food and Drug Administration (FDA) approved to treat Alcohol Use Disorder (AUD), Opioid Use Disorder (OUD), and any SUD.
 - a. Methadone
 - b. Buprenorphine (transmucosal and long-acting injectable)
 - c. Naltrexone (oral and long-acting injectable)
 - d. Disulfiram
 - e. Naloxone
 - ii. Service components:
 - a. Assessment
 - b. Care Coordination
 - c. Counseling (individual and group)
 - d. Family Therapy
 - e. Medication Services
 - f. Patient Education
 - g. Recovery Services
 - h. SUD Crisis Intervention Services
 - i. Withdrawal Management Services
 - iii. MAT may be provided in clinical or non-clinical settings.
 - iv. MAT may be delivered as a standalone service.
 - v. Additional clarification on MAT

- a. Yolo County shall ensure all DMC-ODS providers, at all levels of care, demonstrate that they either directly offer or have an effective referral mechanism to the most clinically appropriate MAT service, and transportation to appointments for MAT, for the member with SUD diagnoses that are treatable with medication or biological products.
 - i. Effective referral mechanism is defined as facilitating access to MAT off-site for members while they are receiving services in another level of care if not provide on-site
 - ii. Providing a member, the contact information for a treatment program is not considered sufficient.
 - iii. An appropriate facilitated referral to any Medi-Cal provider rendering MAT to the member shall be made whether or not the provider seeks reimbursement through DMC-ODS.
 - iv. Yolo County shall monitor the referral process or provision of MAT services.
- b. The required MAT medications were expanded to include all medications and biological products Food and Drug Administration (FDA)-approved to treat opioid use disorders (OUD) and Alcohol Use Disorders (AUD).
- c. DMC-ODS counties have the option to cover drug product costs for MAT when the medications are purchased and administered or dispensed outside of the pharmacy or NTP benefit. Yolo County does not currently exercise this option.
- d. Yolo County shall cover the drug product costs for MAT services even when provided by DMC-ODS providers in non-clinical settings and when provided as a stand-alone service.
- e. All medications and biological produces utilized to treat SUDs, including long-acting injectables, continue to be available through the Medi-Cal pharmacy benefit *without* prior authorization and can be delivered to provider offices by pharmacies.
- f. Members needing or using MAT shall be served and cannot be denied treatment services or be required to decrease dosage or be tapered off medications as a condition of entering or remaining in the program.

- g. Yolo County network providers offering MAT shall not deny access to medication or administratively discharge a member who declines counseling services.
 - h. For members with a lack of connection to psychosocial services, more rigorous attempts at engagement in care may be indicated, such as using different evidence-based practices, different modalities (e.g., telehealth), different staff, and/or different services (e.g., peer support services).
 - i. If the Yolo County network provider is not capable of continuing to treat the member, the provider shall assist the member in choosing another MAT provider, support continuity of care and facilitate a warm hand-off to ensure engagement.
- i. **Medi-Cal Peer Support Services** (*Implemented in Yolo County Effective July 1, 2022*)
- i. Services are provided by Certified Peer Support Specialists
 - a. A Peer Support Specialist is an individual in recovery with a current State-approved Medi-Cal Peer Support Specialist Certification Program certification.
 - b. A Peer Support Specialist shall meet all other applicable California state requirements, including ongoing education requirements.
 - c. Peer Support Specialists shall provide services under the direction of a Behavioral Health Professional. "Under the direction of" means that the individual directing service is acting as a clinical team leader, providing direct or functional supervision of service delivery, or review, approval and signing of client plans. An individual directing a service is not required to be physically present at the service site to exercise direction. The licensed professional directing a service assumes ultimate responsibility for the service provided. Services are provided under the direction of a physician; a licensed or waived psychologist; a licensed, waived or registered social worker; a licensed, waived or registered marriage and family therapist; a licensed, waived or registered professional clinical counselor, or a registered nurse (including a certified nurse specialist, or a nurse practitioner).

- i. Behavioral Health Professionals shall be licensed, waived, or registered in accordance with applicable State of California licensure requirements and listed in the California Medicaid State Plan as a qualified provider of DMC-ODS or Specialty Mental Health Services.
 - ii. Peer Support Specialists may be supervised by a Peer Support Specialist Supervisor who shall meet applicable California state requirements.
 - d. Peer Support Services are culturally competent individual and group services that promote recovery, resiliency, engagement, socialization, self-sufficiency, self-advocacy, development of natural supports, and identification of strengths through structured activities such as group and individual coaching to set recovery goals and identify steps to reach the goals.
 - ii. Services aim to prevent relapse, empower members through strength-based coaching, support linkages to community resources, and to educate members and their families about their conditions and the process of recovery. Members may concurrently receive Peer Support Services and services from other levels of care.
 - iii. Peer Support Services are based on a plan of care that includes specific individualized goals. The plan of care must be approved by a Behavioral Health Professional or a Peer Support Specialist Supervisor. Services may be provided with the member or in collaboration with significant support person(s).
 - a. Services may include contact with family members or other people supporting the member if the purpose of the significant support person's participation is to focus on the treatment needs of the member by supporting the achievement of the member's treatment goals.
 - iv. Service components
 - a. Educational Skill Building Groups - providing a supportive environment in which members and their families learn coping mechanisms and problem-solving skills in order to help the member achieve desired outcomes. These groups promote skill building for the members in the areas of socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, and maintenance of skills learned in other support services.

- b. Engagement services - activities and coaching led by Peer Support Specialists to encourage and support members to participate in behavioral health treatment. Engagement may include supporting members in their transitions between levels of care and supporting members in developing their own recovery goals and processes.
- c. Therapeutic Activity - a structured non-clinical activity provided by Peer Support Specialists to promote recovery, wellness, self-advocacy, relationship enhancement, development of natural supports, self-awareness and values, and the maintenance of community living skills to support the member's treatment to attain and maintain recovery within their communities. These activities may include, but are not limited to, advocacy on behalf of the member; promotion of self-advocacy; resource navigation; and collaboration with the members and others providing care or support to the member, family members, or significant support persons.
- v. Peer Support Services are delivered and claimed as a standalone service. In addition, Peer Support Services may be provided in conjunction with other services or levels of care described in this "Covered DMC-ODS Services" section, including inpatient and residential services, but shall be billed separately. There may be times when, based on clinical judgment, the member is not present during the delivery of the service, but remains the focus of the service.
- vi. Services may be provided in a clinical or non-clinical setting.

j. Contingency Management (CM)

- i. CM expands access to evidence-based treatment for stimulant use disorder, DHCS is piloting Medi-Cal coverage of CM in select DMC-ODS counties starting Q1 2023. The Department will implement its CM pilot, the Recovery Incentives program, using an incentive manager vendor.
- ii. Yolo County has opted into this optional Recovery Incentives program. As part of the pilot, eligible Medi-Cal members will participate in a structured 24-week outpatient CM program, followed by six or more months of additional recovery support services. Individuals will be able to earn motivational incentives in the form of low-denomination gift cards, with a total retail value determined per treatment episode.

k. Recovery Services

- i. Service components include one or more of the following:
 - a. Assessment
 - b. Care Coordination
 - c. Counseling (individual and group)
 - d. Family Therapy
 - e. Recovery Monitoring, which includes recovery coaching and monitoring designed for the maximum reduction of the member's SUD
 - f. Relapse Prevention, which includes interventions designed to teach members with SUD how to anticipate and cope with the potential for relapse for the maximum reduction of the member's SUD
- ii. Services may be provided based on the member's self-assessment or provider assessment of relapse risk.
- iii. Diagnosis of "remission" is not required to receive Recovery Services.
- iv. Services may be provided concurrently with MAT services, including NTP services.
- v. Services may be provided immediately after incarceration with a prior diagnosis of SUD.
- vi. Services may be provided in person, by telehealth, or by telephone
- vii. Recovery Services can be delivered and claimed as a standalone service, concurrently with the other levels of care described.
- viii. Effective January 1, 2022, services delivered by peers can no longer be claimed as a component of Recovery Services.

l. Care Coordination

- i. Care coordination shall be provided in conjunction with all levels of treatment.
- ii. Service components include one or more of the following:
 - a. Coordinating with medical and mental health care providers to monitor and support comorbid health conditions.
 - b. Discharge planning, including coordinating with SUD treatment providers to support transitions between levels of care and to recovery resources, referrals to mental health providers, and referrals to primary or specialty medical providers.
 - c. Coordinating with ancillary services, including individualized connection, referral, and linkages to community-based

services and supports, including but not limited to educational, social, prevocational, vocational, housing, nutritional, criminal justice, transportation, childcare, child development, family/marriage education, cultural sources, and mutual aid support groups.

- iii. Care Coordination may also be delivered and claimed as a standalone service in Yolo County.
- iv. Services can be provided in clinical or non-clinical settings, including the community.
- v. Services may be provided in-person, by telehealth, or by telephone.
- vi. Care coordination services shall be provided with other SUD, physical, and/or mental health services in order to ensure a client-centered and whole-person approach to wellness.

m. Clinician Consultation

- i. Clinician consultation replaces and expands the previous “physician consultation” service referred to during the years 2015-2021.
- ii. Clinician consultation is *not* a direct service provided to a member.
 - a. Includes consultations between clinicians designed to assist DMC clinicians with seeking expert advice on treatment needs for specific members.
 - b. Consists of DMC-ODS LPHAs consulting with other LPHAs, such as addiction medicine physicians, addiction psychiatrists, licensed clinicians, or clinical pharmacists, to support the provision of care.
- iii. Yolo County may contract with one or more physicians, clinicians, or pharmacists specializing in addiction in order to provide consultation services.
- iv. Clinical consultations can occur in person, by telehealth, by telephone, or by asynchronous telecommunication systems.

n. Mobile Crisis Services

- i. Mobile Crisis Services provide rapid response, individual assessment, and community-based stabilization to Medi-Cal members who are experiencing a behavioral health crisis. Please refer to Yolo County's Mobile Crisis Services policies for more information.

2. DMC-ODS Quality Improvement

- a. Yolo County shall have a Quality Improvement (QI) Plan that describes Yolo County's approach to monitor the capacity of service delivery as evidenced by a description of the current number, types, and geographic distribution of SUD treatment services.

3. DMC-ODS Financing

- a. January 1, 2022 through June 30, 2023
 - i. For claiming federal financial participation (FFP), Yolo County will certify the total allowable expenditure incurred in providing the DMC-ODS waiver services provided through county-operated providers (based on actual cost, consistent with cost allocation methodology if warranted), contractor fee-for-service providers, or contracted managed care plans (based on actual expenditures).
- b. July 1, 2023, and ongoing
 - i. DHCS will use intergovernmental transfers from all participating counties to finance the non-federal share of all DMC-ODS payments. Yolo County will receive a monthly allocation from the local revenue fund 2011 (2011 Realignment) that is restricted to providing Medi-Cal Specialty Mental Health Services, Drug Medi-Cal services, and other non-Medi-Cal SUD services. Yolo County shall first meet the needs of Medi-Cal members before spending these restricted funds on non-Medi-Cal services. Yolo County shall make monthly transfers to DHCS from these and any other funds eligible under federal law or federal Medicaid reimbursement to finance the non-federal share of all DMC-ODS payments.

4. External Quality Review

- a. Yolo County implementation plan shall include a strategy and timeline for meeting external quality review requirements.

5. Responsibilities of Yolo County for DMC-ODS Benefits

- a. The responsibilities of Yolo County for the DMC-ODS benefit shall be included in Yolo County's intergovernmental agreement with DHCS and shall require Yolo County to comply with the items in this section.
- b. Selective Provider Contracting Requirements for Yolo County (This section of the information notice supersedes MHSUDS IN 19-018)
 - i. Yolo County selects the DMC-certified providers with whom they contract to establish their DMC-ODS provider networks, with the exception of Indian Health Care Providers (IHCPs) as described above in the "Indian Health Care Providers" section.

- ii. DMC-certified providers that do not receive a Yolo County contract cannot receive a direct contract with the State to provide services to residents of Yolo County.
- c. Contract Denial and Appeal Process
 - i. Yolo County shall serve providers that apply to be a contract provider but are not selected a written decision including the basis for the denial.
 - ii. Any solicitation document utilized by Yolo County for the selection of DMC providers shall include a protest provision. Yolo County shall have a protest procedure for providers that are not awarded a contract. The protest procedure shall include requirements outlined in the State/County contract. Providers that submit a bid to be a contract provider, but are not selected, shall exhaust Yolo County's protest procedure if a provider wishes to challenge the denial to DHCS. If Yolo County does not render a decision within 30 calendar days after the protest was filed with the county, the protest shall be deemed denied and the provider may appeal the failure to DHCS. A provider may appeal to DHCS as outlined below.
 - a. Following Yolo County's contract protest procedure, a provider may appeal to DHCS if it believes that the county erroneously rejected the provider's solicitation for a contract.
 - b. A provider may appeal to DHCS, following an unsuccessful contract protest, if the provider meets all objective qualifications and it has reason to believe the county has an inadequate network of providers to meet member need and the provider can demonstrate it is capable of providing high quality services under current rates, and: A. It can demonstrate arbitrary or inappropriate county fiscal limitations; or B. It can demonstrate that the contract was denied for reasons unrelated to the quality of the provider or network adequacy.
 - c. DHCS does not have the authority to enforce State or Federal equal employment opportunity laws through this appeal process. If a provider believes that Yolo County's decision not to contract violated Federal or State equal employment opportunity laws, that provider should file a complaint with the appropriate government agency.
 - d. A provider shall have 30 calendar days from the conclusion of the Yolo County protest period to submit an appeal to the DHCS. Untimely appeals will not be considered. The

provider shall serve a copy of its appeal documentation on the county. The appeal documentation, together with a proof of service, may be served by certified mail, facsimile, or personal delivery.

- e. The provider shall include the following documentation to DHCS for consideration of an appeal: A. Yolo County's solicitation document; B. Yolo County's response to the county's solicitation document; C. Yolo County's written decision not to contract D. Documentation submitted for purposes of the county protest; E. Decision from Yolo county protest; and F. Evidence supporting the basis of appeal.
- f. Yolo County shall have 10 working days from the date set forth on the provider's proof of service to submit its written response with supporting documentation to DHCS. In its response, Yolo County shall include the following documentation:
 - 1. the qualification and selection procedures set forth in its solicitation documents;
 - 2. the most current data pertaining to the number of providers within Yolo County, the capacity of those providers, and the number of members served in the county, including any anticipated change in need and the rationale for the change; and the basis for asserting that the appealing Provider should not have been awarded a contract based upon the Yolo County's solicitation procedures. Yolo County shall serve a copy of its response, together with a proof of service, to the provider by certified mail, facsimile, or personal delivery.

d. Residential and Inpatient Treatment Provider

- i. Yolo County shall be responsible for ensuring and verifying that DMC-ODS residential treatment providers licensed by a state agency other than DHCS obtain an ASAM LOC Certification effective January 1, 2024. By January 1, 2024, all providers delivering Residential Treatment services Levels 3.1, 3.3, or 3.5 billed to DMC-ODS shall have either a DHCS LOC Designation and/or an ASAM LOC Certification.

e. Access

- i. Yolo County shall ensure that all required services covered under the DMC-ODS are available and accessible to enrollees of the

- DMC-ODS in accordance with the applicable state and federal time and distance standards for network providers developed by the DHCS, including those set forth in 42 CFR 438.68, and W&I Section 14197 and any Information Notices issued pursuant to those requirements.
- ii. Access to medically necessary services, including all FDA-approved medications for OUD, cannot be denied for members meeting criteria for DMC-ODS services nor shall members be put on wait lists. DMC-ODS members shall receive services from DMC-certified providers. All DMC-ODS services shall be furnished with reasonable promptness in accordance with federal Medicaid requirements and as specified in the State/DMC-ODS County Intergovernmental Agreement.
 - iii. If the DMC-ODS network is unable to provide medically necessary covered services, the Yolo County shall adequately and timely cover these services out-of-network for as long as Yolo County's network is unable to provide them.
- f. Authorization Policy for Residential/Inpatient Levels of Care
 - i. Yolo County shall provide prior authorization for residential and inpatient services (excluding withdrawal management services) within 24 hours of the prior authorization request being submitted by the provider. Yolo County shall review the DSM and ASAM Criteria to ensure that the member meets the requirements for the service.
 - g. Authorization Policy for Non-Residential/Inpatient Levels of Care
 - i. Yolo County shall not impose prior authorization or centralized DMC-ODS County-administered ASAM full assessments prior to provision of non-residential or non-inpatient assessment and treatment services, including withdrawal management services. Brief ASAM-based screening tools may be used when members call Yolo County's member access number to determine the appropriate location for treatment.
 - h. Member Access Number
 - i. Yolo County shall have a 24/7 toll free number for both prospective and current members to call to access DMC-ODS services. Oral interpretation services and Text Telephone Relay or Telecommunications Relay Service (TTY/TRS) services shall be made available for members, as needed.
 - i. DMC-ODS County of Responsibility
 - i. Yolo County is responsible for ensuring that its residents with SUD receive appropriate covered treatment services. If a member is able to access all needed covered services, then Yolo County is not obligated to subcontract with additional providers to provide more choices for that individual member. However, in

accordance with 42 CFR §438.206(b)(4), if Yolo County's provider network is unable to provide needed services to a particular member, Yolo County shall adequately and timely cover these services out-of-network for as long as the DMC-ODS County's network is unable to provide them.

- ii. 42 CFR 438.62(b) requires that DHCS' transition of care policy ensures continued access to services during a transition from State Plan DMC to DMC-ODS or transition from one DMC-ODS county to another DMC-ODS county when a member, in the absence of continued services, would suffer serious detriment to their health or be at risk of hospitalization or institutionalization. As outlined in MHSUDS 18-051, Yolo County shall allow the member to continue receiving covered DMC-ODS service(s) with an out-of-network provider when their assessment determines that, in the absence of continued services, the member would suffer serious detriment to their health or be at risk of hospitalization or institutionalization.
- iii. Accordingly, Yolo County shall ensure that members receiving Narcotic Treatment Program (NTP) services and working in or travelling to another county (including a county that does not opt into the DMC-ODS program) do not experience a disruption of NTP services. In accordance with 42 CFR 438.206, if Yolo County's provider network is unable to provide necessary services to a particular member (e.g., when a member travels out of county and requires daily NTP dosing), Yolo County shall adequately and timely cover these services out-of-network for the member, for as long as Yolo County's provider network is unable to provide them. In these cases, Yolo County shall coordinate and cover the out-of-network NTP services for the member. If a member working in or travelling to another county is not able to receive medically necessary DMC-ODS services, including NTP services, without paying "out of pocket", Yolo County has failed to comply with the requirements contained in 42 CFR 438.206.
- iv. If a member moves to a new county and initiates an inter-county transfer, the new county is immediately responsible for DMC-ODS treatment services and can claim reimbursement from DHCS through the Short Doyle Medi-Cal System, as of the date of the inter-county transfer initiation. Please see BHIN 21-032 for policy clarifications on DMC-ODS County of Responsibility.

F. REFERENCES:

1. DHCS Information Notice 24-001: Drug Medi-Cal Organized Delivery System (DMC-ODS) Requirements for the Period of 2022 – 2026

2. DHCS Information Notice 20-065: Obligations Related to Indian Health Care Providers in Drug Medi-Cal Organized Delivery System (DMC-ODS) Counties
3. DHCS Information Notice 21-001: Level of Care Designations/Certifications for AOD Treatment Facilities
4. DHCS Information Notice 21-041: Medi-Cal Peer Support Specialist Certification Program Implementation
5. 42 CFR 438.68; 438.206(b)(4); 1396d(r)
6. W&I Code Section 14197; 14059.5(a); 14184.402(e & f)
7. California Health and Safety Code Section 11834.015
8. Social Security Act §1905
9. DHCS All-Plan Letter 1801
10. Supplement 3 to Attachment 3.1-A of the California State Plan

Approved by:



Julie Freitas, LMFT, Alcohol & Drug Administrator
Yolo County Health and Human Services Agency

1/18/2024
Date

Karleen Jakowski, LMFT, Mental Health Director
Yolo County Health and Human Services Agency

Date