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# Drug Medi-Cal Organized Delivery System Waiver



# DMC-ODS Waiver

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- DHCS received approval August 13, 2015
- Approval documents, FAQs, and additional DMC-ODS information is posted on the website
- DHCS hosting a STC webinar on Thursday, October 22nd from 1:00pm-2:30pm



# Implementation

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- Currently providing TA to Phase One-Bay Area counties
  - Meetings/Conference Calls
  - ASAM Designation for Residential Services
- Kicking off TA for Phase Two at the end of October
- Learning Collaboratives
- Other Training and TA Efforts



# County Implementation

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- Identifying Pilot Leads
- Stakeholder Engagement Efforts
- Resource Assessment
- Providing ASAM Training
- Preparing County Implementation Plans
- Developing Proposed Rates



# UCLA Baseline Survey

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- The majority of counties are still expected to opt-in to the DMC-ODS
- 49% rated residential services as the most challenging modality to expand
  - Reimbursement rates
  - Upfront investment
  - Facility certification
  - Space



# UCLA Baseline Survey

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- 75% of counties do not have formal procedures for client transfer and information exchange
- 81% reported no existing waiver-compliant MOUs for SUD with managed care plans
- 17% of counties have guidelines to partner with mental health providers and 14% for physical health services



# Fiscal Provisions

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- Counties will certify the total allowable expenditures incurred in providing DMC-ODS pilot services through county operated or contracted providers
- Counties will develop proposed county-specific rates for each covered service (except for NTP) subject to state approval



# Fiscal Provisions

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- 2011 Realignment requirements related to the Behavioral Health Subaccount will remain in place and the state will continue to assess and monitor county expenditures for the realigned programs



# Fiscal Provisions

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- The counties may also pilot alternative reimbursement structures
- Subject to annual state budget appropriation the state also intends to provide payments to participating counties for a state share of the costs for program implementation



