



**Department of Health Care Services (DHCS)  
Bridge to Reform 1115 Waiver Amendment  
Notification on Implementation of the Drug Medi-Cal Organized Delivery System  
(DMC-ODS) Waiver**

**Questions and Responses**

1. Indian Health Services (IHS) requested a meeting with DHCS to discuss the DMC-ODS Waiver. Four IHS representatives attended the meeting on 10/7/14 and met with Karen Baylor and Marlies Perez from DHCS. IHS explained their current structure of Substance Use Disorder (SUD) services which includes prevention, outpatient (35 facilities) and residential (4 facilities) and commended DHCS for pursuing the waiver for SUD services. IHS requested to opt out of the waiver, but still receive payment for residential services using an all-inclusive rate similar to the current Memorandum of Agreement with DHCS and the Centers for Medicare and Medicaid Services. IHS stated it would be a burden for their four residential facilities to maintain contracts with each county that provides services for IHS beneficiaries.

**DHCS Response:** DHCS explained that the intention of the waiver is to provide an organized delivery system of all SUD services in counties which opt into the waiver, including residential. DHCS explained that after receiving waiver approval, DHCS would potentially submit a SPA for residential services for counties that do not opt in; however, these services would be limited to facilities with 16 beds or under. When submitting the SPA, DHCS committed to working with IHS to explore the opportunity to create an all-inclusive rate for residential services.

2. The California Consortium for Urban Indian Health (CCUIH) commends the Department's proposal to operate DMC as an organized delivery system, and specifically the intention to give the state and counties more authority to select providers, create greater access to services for beneficiaries, and increase program oversight and integrity at the county and state level. Further, CCUIH supports the Waiver Amendment's proposal to seek to improve the coordination of SUD treatment with county Mental Health, public safety systems and primary care.



CCUIH would like to inquire, however, about the Department's expectation for counties' consistent engagement with local Tribal and Urban Indian Health Programs regarding culturally appropriate DMC treatment services and providers. We feel it is important to highlight that this expectation and accountability was in effect when the Department of Alcohol and Drug Programs (ADP) was in existence under the leadership of Michael Cunningham. Specifically, ADP had a county monitoring system in place that tracked Indian Health Programs and provider engagement. With ADP's elimination and the realignment of DMC under DHCS, we request this process be maintained and further, be explicitly highlighted in the DMC-ODS Waiver.

**DHCS Response:** The DHCS County Monitoring Unit began tracking tribal information in 2011 when it became a requirement of the Substance Abuse Prevention and Treatment Block Grant under ADP. The waiver will not impact this requirement. DHCS will continue to include a Tribal Information section in the annual monitoring instrument that includes questions regarding culturally competent services, collaborative efforts, and barriers to accessing SUD services. Counties that opt into the waiver will have a revised county contract with specific waiver requirements. DHCS will include the tribal requirements in the waiver specific contract.