



JENNIFER KENT
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

DATE: April 30, 2019

MHSUDS INFORMATION NOTICE NO.: 19-022

TO: COUNTY BEHAVIORAL HEALTH DIRECTORS
COUNTY DRUG & ALCOHOL ADMINISTRATORS
COUNTY BEHAVIORAL HEALTH DIRECTORS ASSOCIATION OF CALIFORNIA
CALIFORNIA COUNCIL OF COMMUNITY BEHAVIORAL HEALTH AGENCIES
COALITION OF ALCOHOL AND DRUG ASSOCIATIONS
CALIFORNIA ASSOCIATION OF ALCOHOL & DRUG PROGRAM EXECUTIVES, INC.
CALIFORNIA ALLIANCE OF CHILD AND FAMILY SERVICES
CALIFORNIA OPIOID MAINTENANCE PROVIDERS
CALIFORNIA STATE ASSOCIATION OF COUNTIES
CALIFORNIA CONSORTIUM OF ADDICTION PROGRAMS AND PROFESSIONALS

SUBJECT: CERTIFICATION OF DOCUMENT AND DATA SUBMISSIONS FOR DRUG MEDI-CAL ORGANIZED DELIVERY (DMC-ODS) SYSTEM PILOT COUNTIES

PURPOSE

The purpose of this Mental Health and Substance Use Disorder Services (MHSUDS) Information Notice (IN) is to inform counties participating in the DMC-ODS about requirements related to the certification of data, information, and documentation submitted to the Department of Health Care Services (DHCS).

The requirements outlined in this IN do not replace existing requirements related to certification of Certified Public Expenditures and/or Short-Doyle/ Medi-Cal claims and annual cost reports.

BACKGROUND

DMC-ODS services are provided through Prepaid Inpatient Health Plans (PIHPs) operated by the counties. As PIHPs, DMC-ODS counties must comply with all applicable federal managed care requirements. Title 42, Code of Federal Regulations, Sections 438.604 and 438.606 require DMC-ODS counties to certify specified data, documentation, and information submitted to DHCS.

POLICY

Consistent with Exhibit A, Attachment I of the Intergovernmental Agreement (IA), DMC-ODS counties must submit a completed and signed certification statement on county letterhead to ODSSubmissions@dhcs.ca.gov. The certification is required with each submission of the following data, documentation, and information:

- Enrollee encounter data¹;
- Documentation to demonstrate compliance with DHCS' requirements for availability and accessibility of services, including the adequacy of the provider network²;
- Information on ownership and control³;
- Annual report of overpayment recoveries⁴;
- Quarterly data submitted to DHCS on beneficiary grievance and appeals;
- Monthly American Society of Addiction Medicine Level of Care data⁵; and
- Other data, information, or documentation related to the performance of the county's obligations as required by DHCS or the Secretary of Health and Human Services, and in the DMC-ODS IA.

The certification statement must be on county letterhead and conform to the following requirements:

- Indicate the current month during which all data, information, and documentation submitted to DHCS, as described above, is certified;
- Reference, with specificity, all types of data, information, and documentation described in the bulleted list above; and
- State that the data, information, and documentation to which the certification statement applies is "accurate, complete, and truthful" to the declarant's "best information, knowledge, and belief."

The Chief Executive Officer (CEO), the Chief Financial Officer (CFO), or an individual who reports to the CEO or CFO with the delegated authority to sign for the CEO or CFO, so that the CEO or CFO is ultimately responsible for the certification, must sign the certification statement. The attached DMC-ODS County Certification template includes the requirements described above.

¹ 42 C.F.R. §§ 438.2 and 438.818

² 42 C.F.R. §§ 438.206 and 438.207(b)

³ 42 C.F.R. § 455.104

⁴ 42 C.F.R. §§ 438.604 and 438.608(d)(3)

⁵ Mental Health Substance Use Disorders Information Notice:18-046

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Failure to submit the certification statement may result in corrective action. DMC-ODS counties that submit inaccurate or incomplete data, documentation, and information may also be subject to corrective action, including, but not limited to, administrative and financial sanctions. All data, documentation, and information submitted and certified pursuant to this IN are subject to audit.

For questions regarding this IN, please contact the Substance Use Disorder Program, Policy, and Fiscal Division at DMCODSWaiver@dhcs.ca.gov.

Sincerely,

Original signed by

Brenda Grealish, Acting Deputy Director
Mental Health and Substance Use Disorder Services

Enclosure