



JENNIFER KENT
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

DATE: February 5, 2016

MHSUDS INFORMATION NOTICE NO: 16-006

TO: COUNTY BEHAVIORAL HEALTH PROGRAM DIRECTORS
COUNTY DRUG AND ALCOHOL ADMINISTRATORS
COUNTY BEHAVIORAL HEALTH DIRECTORS ASSOCIATION
COALITION OF ALCOHOL AND DRUG ASSOCIATIONS

SUBJECT: DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM WAIVER COUNTY
IMPLEMENTATION FISCAL PLAN GUIDE

SUPERCEDES: [MHSUDS Information Notice 15-054](#)

The Department of Health Care Services (DHCS) received approval on August 13, 2015, from the Centers for Medicare & Medicaid Services to implement the Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver. This letter transmits the instructions and template for submitting county fiscal plans.

Upon review of the first county fiscal plan, DHCS identified a need to revise the information required on the fiscal plan template. DHCS has also provided additional guidance to assist counties in the development of the proposed interim rates.

If you have any questions regarding the submission of your county DMC-ODS Waiver Fiscal Plan, contact Marlies Perez at Marlies.Perez@dhcs.ca.gov.

Sincerely,

Original signed by

Karen Baylor, Ph.D., LMFT, Deputy Director
Mental Health & Substance Use Disorder Services

Attachment

DMC-ODS Annual County Fiscal Plan

County: _____ Fiscal Year: _____

Counties are required to submit an Annual County Fiscal Plan for the continuum of care identified in the DMC-ODS. DHCS will review and approve the Annual Fiscal Plan as a part of the overall approval to participate in the DMC-ODS.

Part 1: Required Services

When completing the projections and proposed interim rates chart, please note the following:

- The projected expenditure must be calculated as full funds expenditures, including both federal and matching local funds. The total projected expenditures should be calculated consistent with federal Medicaid requirements related to administration, indirect and direct service costs, and federal certified public expenditure rules about interim payment and cost settlement requirements.¹
- The fiscal year for the proposed Fiscal Plan should be clearly identified.
- Projected units of service should include the total covered service utilization estimate for each modality for the fiscal year indicated. The service units claimed must conform to the service descriptions outlined in the terms and conditions of the Waiver and the Short Doyle 2 claiming instructions provided by DHCS.
- Projected Medi-Cal beneficiaries include all beneficiaries who will be served for each modality of service. This count will not be a unique client count. For example, if one beneficiary is projected to receive residential and Opioid (Narcotic) Treatment services, the beneficiary will be included in both modalities on the chart.
- Levels 3.7 and 4.0 for Residential and Levels 3.7 and 4 for Withdrawal Management are paid for through the Fee-for-Service System. Counties will not fund these services through the DMC-ODS system. However, DHCS would like projected client counts for these modalities.
- Proposed rates must be developed for each required and (if indicated) optional service modality. The proposed rates must be developed consistent with the terms and conditions of the Waiver, written guidance provided by DHCS and federal certified public expenditure (CPE) requirements related to interim payments, and are subject to annual reconciliation and settlement. Space is provided to outline the proposed interim rate-setting methodology used for each modality, including the sources of information utilized, such as previous years' filed cost reports, approved medical inflation factors and any other sources used consistent with guidance related to federal health care programs.

¹ [DHCS MHSUD Information Notice 15-034](#)

- In the column titled, 'Certified Cost Report', identify the most recent cost report data which the county has certified and is using for the purposes of interim rate estimation. Costs for the FY identified do not need to be settled; costs must only be certified by the county as public expenditure. For modalities that are new, provide other sources of data, as available.
- The proposed county interim rates should be based on the most recently calculated or estimated total county cost and the selected inflation factor. The proposed interim rate should be calculated for each service including both county directly delivered (if appropriate), and subcontracted fee for service provider costs. Please do not include rate ranges in the modalities. County payments to contracted fee for service are considered to be actual expenditures according to the terms and conditions of the waiver. If the county elects to reimburse providers at different rates due to geography or other reasons, this rate would be specified in each contract entered into between the county and the individual provider.
- Proposed interim rates for recovery services and case management should be calculated to reflect the level of staffing required to meet the service requirements outlined in the terms and conditions of the waiver. It is anticipated that these proposed interim rates would be similar or lower than the rate for outpatient and intensive outpatient services.
- The residential interim rate should only include treatment costs and not room and board expenses. Further guidance on what constitutes room and board expenditures is outlined on the DMC-ODS webpage.
- The outpatient and intensive outpatient proposed interim rates are all inclusive and should include all staff and other related costs for the covered services including individual, group, and assessment services.

Estimated Utilization and Proposed Interim Rates

Service or Modality (funded by DMC)	Billing/ Unit of Service (minutes, day, hour)	Most Recent Certified Cost Report	Proposed Interim Rate per Unit of Service	Projected Total Units of Service to be Delivered	Projected FY ___ODS Waiver Clients	FY ___ Projected Total Funds Expenditures
Encounter Rates						
Outpatient	15 minute increments					
Recovery Services	15 minute increments					
Case Management	15 minute increments					
Physician Consultation	15 minute increments					
Daily Rates						
Intensive Outpatient	Per Day					
Level 1-WM	Per Day					
Level 2-WM	Per Day					
Level 3.2-WM	Per Day					
Level 3.1-residential	Per Day					
Level 3.3-residential	Per Day					
Level 3.5-residential	Per Day					

Interim Rates Methodology Narrative: Please describe how the rates were developed above for each modality and level of service.

Part 2: Optional Services

Counties are not required to provide the optional services listed below. If the county plans on providing these services in their continuum of care, DHCS would like counties to provide information for the selected optional service to be covered. For additional Medication Assisted Treatment, outside of the Narcotic Treatment Program setting, counties will need to provide rate information for each of the different medications that counties will provide within their continuum of care.

Service Modality (funded by DMC)	Billing/ Unit of Service (minutes, day, hour)	Most Recent Certified Cost Report	Proposed Interim Rate per Unit of Service	Projected Total Units of Service to be Delivered	Projected FY ____ ODS Waiver Clients	FY ____ Projected Total Funds Expenditures
Additional Medication Assisted Treatment						
Partial Hospitalization						

Interim Rates Methodology Narrative: Please describe how each interim rate was calculated:

Please mail or email the completed Fiscal Plan to:
 Department of Health Care Services
 SUD Compliance Division
 Attn: Marlies Perez
 P.O. Box 997413, MS 2600
 Sacramento, CA 95899-7413
Marlies.Perez@dhcs.ca.gov