DRUG MEDI-CAL
Provider Credentialing and Re-Credentialing
Under the 1115 Waiver (DMC-ODS Benefit)

Goals of the DMC-ODS
A primary goal of the “Drug Medi-Cal Organized Delivery System (DMC-ODS)” is to provide a continuum of care model of substance use disorder treatment services which (among other things):

- Enables more local control and accountability;
- Provides greater administrative oversight; and,
- Creates utilization controls to improve care and efficient use of resources

To accomplish this there will be new roles and responsibilities for the Counties . . . . especially in the area of selecting and credentialing Providers
1. Counties Select Providers

Counties Choose the DMC providers to participate in the DMC-Organized Deliver System

To do this the County MUST:

Have **written “selection” policies and procedures**

that do not discriminate in the:

- Selection (type of entity or risk level of clients they sever)
- Reimbursement, or
- Indemnification of any provider acting within the scope of their certification

Counties **MUST** also INCLUDE the following in their requirements for Providers.

**Providers Must:**

- Provide services consistent with the six quality aims of the Institute of Medicine (IOM)
- Maintain a safe facility
- Maintain client records in conformity with state and federal standards
- Be trained in (and use) ASAM Criteria
- Meet County QA standards
- Provide appropriate supervision of staff

And, Providers must be DMC Certified.
Waiver Counties are required to provide (at a minimum) the following services

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>REQUIRED</th>
<th>OPTIONAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Services</td>
<td>-Outpatient</td>
<td>Partial Hospitalization</td>
</tr>
<tr>
<td></td>
<td>-Intensive Outpatient</td>
<td></td>
</tr>
<tr>
<td>Residential</td>
<td>At least 1 level of care</td>
<td>Added Levels</td>
</tr>
<tr>
<td>Withdrawal Management</td>
<td>At least 1 Level of care</td>
<td>Added Levels</td>
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<tr>
<td>Med Assisted Tx</td>
<td>Required</td>
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<tr>
<td>Recovery Svcs</td>
<td>Required</td>
<td>---</td>
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<tr>
<td>Case Mgt</td>
<td>Required</td>
<td>--</td>
</tr>
<tr>
<td>Physician Consult</td>
<td>----</td>
<td>Optional</td>
</tr>
</tbody>
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2. Counties have a role in CREDENTIALING and RE-CREDENTIALING PROGRAMS

Consistent with federal/state requirements, counties will be responsible for issuing DMC certifications for non-county program... 

a) **Application Forms** - [No Change (yet) but there are new draft forms] forms remain under DHCS for development and ultimate interpretation

b) **Application (Credentialing/Re-Credentialing) Process** -
[Change from PED centralized application processing to County/PED collaborative processing] Counties use DHCS forms but have their own procedures for selection, credentialing, and re-credentialing of providers—
COUNTY PROCESS TO Certify Programs

It is the COUNTY’S responsibility to:

- Process Applications, Review, and Accept or Reject them

It is also the COUNTY’S responsibility to:

- Conduct the initial on-site facility review

- Review Agency Policies and Procedures-
  - Compliance with Standards and Regulations
    - Administrative/General Management
    - Program Management

- Conduct a “Facilities” review
  - Cleanliness
  - Safety
  - Accessibility
COUNTY will: Make a certification recommendation to DHCS and issue a “provisional” certification for those recommended programs

DHCS will:

- Review the County recommendations
- Review and approve the DMC Disclosure Statement(s)
- Provide Certification for any County operated DMC programs

Final Certification decisions still rest with PED.

Important Notes on DMC Certification:

While the County may (within limits) design its provider selection policies and procedures, the county must maintain fidelity with:

- Title 22
- DMC and AOD Standards
- Use the DHCS-DMC application (All “required” forms as if the application were going directly to PED)

COUNTIES WILL NOT USE THEIR OWN OR ADDITIONAL STANDARDS TO CERTIFY PROGRAMS
What if a Program is not Selected-Denials and Appeals

Counties have an incentive to find a strong, adequate provider base. . .

“Each county must ensure that all required services covered under the DMC-ODS program are available and accessible”. . .

However programs can be denied a contract or certification. The county must provide an appeals process which includes moving the appeal to DHCS for hearing. . . .

Other County Responsibilities

Counties are required to have:

- A **Quality Improvement Plan** the describes the county’s plan to monitor service delivery
- A **QI Committee** that reviews and evaluates QI results, taking action as necessary
- A **Utilization Management Program** assuring beneficiaries have appropriate access to services
Questions

Thank you for participating on today’s Webinar!

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