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>
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<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>
<td>--</td>
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<tr>
<td>Recovery Svcs</td>
<td>Required</td>
<td>---</td>
</tr>
<tr>
<td>Case Mgt</td>
<td>Required</td>
<td>--</td>
</tr>
<tr>
<td>Physician Consult</td>
<td>----</td>
<td>Optional</td>
</tr>
</tbody>
</table>
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
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. . . .
Counties are required to have:

- A **Quality Improvement Plan** that 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!