

APPENDIX F – FUNDING HIERARCHY MATRIX



Department of Health Care Services Funding Hierarchy Matrix September 1, 2018

PROGRAM	FUNDING OF FIRST RESORT ¹	FUNDING OF SECOND RESORT	FUNDING OF THIRD RESORT
DMC (Regular and Perinatal)	DMC ^{5, 10}	BHS ¹¹	NA
DMC-ODS	DMC ^{5, 12}	BHS ¹¹	NA
Non Categorical Regular Substance Use Disorder Services	Client Fees and Private Insurance	BHS or SABG Discretionary ⁸	
Perinatal Services	DMC ⁵	BHS Women's & Children's Residential Treatment Fund & SABG Perinatal Set-Aside ^{2,6}	BHS or SABG Discretionary
Adolescent and Youth Treatment	DMC ⁵	SABG Adolescent and Youth Treatment Funds	BHS or SABG Discretionary
Early Periodic Screening, Diagnosis and Treatment ⁹	DMC ^{5, 9}	NA	NA
Prevention Services	SABG Prevention Set-Aside ³	BHS or SABG Discretionary	NA
Substance Abuse and Crime Prevention Act (SACPA)	DMC ⁵	BHS or Women's & Children's Residential Treatment Fund	SABG Discretionary or SABG Perinatal Set-Aside ⁴
Drug Courts	Drug Court Partnership Act (If Available)	BHS (Drug Court Operations and Treatment)	SABG Discretionary ⁴

ACRONYMS

DMC: State Plan Drug Medi-Cal;
DMC ODS: Drug Medi-Cal Organized Delivery System;
SABG: Substance Abuse Treatment & Prevention Block Grant;
BHS: Behavioral Health Sub Account

- [1] If the appropriate services are available in the DMC program and the client is DMC eligible, DMC is always the funding of first resort.
- [2] For Perinatal services the expenditure of both BHS Women's & Children's Residential Treatment Fund and SABG Perinatal funds is necessary to meet the Perinatal Services Set-Aside (aka Maintenance of Effort (MOE)) requirement. Perinatal funds can only be used for treatment services designed for pregnant women and women with dependent children [Title 42, U.S.C. Section 30x-22(b), and the other requirements contained in Title 45, CFR, Sections 124(c), 124(d), and 124(e)].
- [3] The SABG Prevention Set-Aside funds are expended first to meet the Primary Prevention Set-Aside requirement.
- [4] SABG funds may be used for SACPA, and Drug Courts (Treatment Only) provided that ALL funding allocated for these programs has been depleted and there are no other funds available to supplement the funding of these programs (BHS). Please note that SABG funds may not be used to cover criminal justice costs associated with these programs - Only treatment costs. Per Title 42, U.S.C. Section 300x-21(b), SABG funds may only be used for purpose of planning, carrying out, and evaluating activities to prevent and treat substance abuse.
- [5] DMC funds may be used if the client is DMC eligible and the clinic is DMC certified.
- [6] SABG Perinatal set-aside funds may be used only for those individuals who would qualify for these services. SABG funds are the funding source of last resort for these services; see [7], below.
- [7] SABG funds that may be spent is governed by Title 45 CFR Part 96, Section 96.137. Section 96.137 requires that the SABG will be the payment of last resort. Entities that receive funding under the Block Grant and provide services pursuant to sections 96.124(c) and (e), 96.127 and 96.128* shall make every reasonable effort, including the establishment of systems for eligibility determination, billing and collection.
- [8] SABG eligible beneficiaries at an SABG funded provider.
- [9] Must be eligible for full-scope Medicaid and under the age of 21.
- [10] SABG Discretionary may be used to cover the costs of room and board for Transitional Housing, and Recovery Support Services.
- [11] May be used to cover costs that exceed the DMC maximum allowances or Narcotic Treatment Program rates.
- [12] SABG Discretionary may be used to cover the costs of room and board for expanded Residential Treatment and Recovery Residences and Recovery Support Services.

* Sections 96.124(c) and (e) pertain to women's services. Section 96.124(c) establishes SABG MOE requirement for services designed for pregnant women and women with dependent children. Section 96.124(e) requires that services to pregnant women and women with dependent children pursuant to Section 96.124(c) be provided to individuals who have no other financial means of obtaining such services as provided in Section 96.137. Section 96.124(e) also goes on to require treatment programs receiving funding for such services also provide or arrange for other services, which must be developed in consultation with the State Medical Director for Substance Abuse Services. Sections 96.127 and 96.128 pertain to Tuberculosis services.

APPENDIX G – BENEFITS AND AUTHORIZED SERVICES MATRIX



BENEFITS AND AUTHORIZED SERVICES MATRIX State Plan Drug Medi-Cal (DMC), DMC Organized Delivery System Waiver (DMC-ODS), and Substance Abuse Prevention and Treatment Block Grant (SABG)

STATE PLAN DMC BENEFITS	DMC-ODS BENEFITS	SABG AUTHORIZED SERVICES
Outpatient Services ¹	Outpatient Services ¹	Outpatient Services ¹
Intensive Outpatient Services	Intensive Outpatient Services	Intensive Outpatient Services
Residential Treatment Services ²	Residential Treatment Services ³	Residential Treatment Services ⁴
Inpatient Hospital Detoxification	Withdrawal Management ⁵	Free-Standing Residential Detoxification
Narcotic Treatment Services ⁶	Narcotic Treatment Services ⁶	Narcotic Treatment Services ⁶
Recovery Support Services ⁷	Recovery Support Services ⁸	Recovery Support Services ⁹
NA	Case Management	Case Management
NA	Physician Consultation	NA
NA	Additional Medication Assisted Treatment ¹⁰	Additional Medication Assisted Treatment ¹¹
NA	Partial Hospitalization ¹²	NA
NA	NA	Ancillary Services ¹³
NA	NA	Support Services ¹⁴
NA	NA	Primary Prevention ¹⁵
NA	NA	Secondary Prevention ¹⁶

¹ Rehabilitative/Ambulatory Intensive Outpatient (Day Care Rehabilitative); Rehabilitative/Ambulatory Outpatient or Outpatient Drug Free (ODF) – Group; Rehabilitative Outpatient or Outpatient Drug Free (ODF) – Individual

² Perinatal Only with 16 bed limitation

³ Multiple levels of care for all enrollees with no bed limitation

⁴ Residential Detoxification; Residential/Recovery Long Term (over 30 days); Residential/Recovery Short Term (up to 30 days); Perinatal Residential Treatment

⁵ Continuum

⁶ Outpatient Methadone Detoxification (OMD); Inpatient Methadone Detoxification (IMD); Naltrexone Treatment; Rehabilitative Ambulatory Detoxification (Other than Methadone); Narcotic Replacement Therapy (Dosing and Counseling Services including Methadone, Group Counseling, and Individual Counseling)

⁷ Transitional Housing (TH) only

⁸ Recovery Residences (RR) only

⁹ Room and Board TH/RR; infrastructure; linkages to permanent housing

¹⁰ Optional

¹¹ Payer of last resort

¹² Optional

¹³ Perinatal Outreach; Tuberculosis (TB) Services; Interim Services (within 48 hours); Case Management; Intravenous Drug User (IDU or IVDU); Referrals, Screening, and Intake; Primary Medical Care (Perinatal Only); Pediatric Medical Care (Perinatal Only); Transportation (Perinatal and Youth Only)

¹⁴ County Support; Quality Assurance; Training – Post Employment; Program Development; Research and Evaluation; Planning, Coordination, and Needs Assessment

¹⁵ Six Strategies: Information Dissemination; Education; Alternatives; Problem Identification and Referral; Community-Based Process; and Environmental

¹⁶ Early Intervention; Outreach and Intervention