

Drug Medi-Cal (DMC) Organized Delivery System (ODS)

Services starting July 1, 2018



What are DMC-ODS and ASAM Criteria?

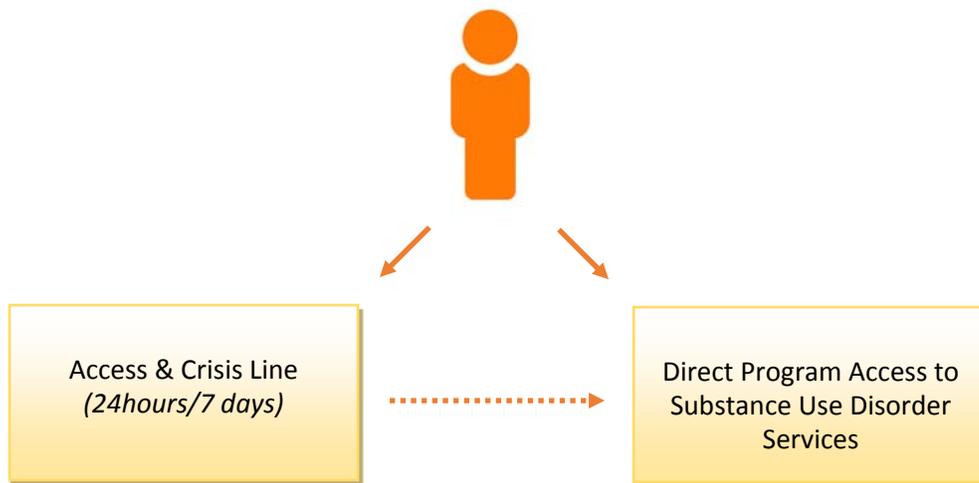
The Drug Medi-Cal Organized Delivery System

The DMC-ODS provides California counties the opportunity to expand access to high-quality care for Medi-Cal enrollees with substance use disorders (SUD). Counties participating in the DMC-ODS are required to provide access to a continuum of SUD benefits modeled after the American Society of Addiction Medicine (ASAM) Criteria. Through the DMC-ODS, eligible enrollees will have timely access to the care and services they need for a sustainable and successful recovery.

ASAM Criteria

The ASAM Criteria is a proven model in the SUD field, and is the most widely used and comprehensive set of guidelines for assessing patient needs and optimizing placement into SUD treatment. The ASAM Criteria provides a consensus based model of placement criteria and matches a patient's severity of SUD illness with treatment levels. Counties implementing the DMC-ODS are required to use the ASAM Criteria to ensure that eligible beneficiaries have access to the SUD services that best align with their treatment needs.

How do Clients Access Services?



Care Coordination

Case Managers at Substance Use Disorder Treatment Programs coordinate care to social, physical and mental health services to support whole person needs of the client.

Questions?

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Drug Medi-Cal (DMC) Organized Delivery System (ODS)



	Pre-ODS SUD System	Post-ODS SUD System
TOTAL # of Admissions	15,724 admissions *	Projected increase in admissions by 30% within the next 3 fiscal years (includes OTPs)
TOTAL # of Unique clients	11,307 clients *	Projected increase in number of unique clients served by 30% within the next 3 fiscal years (includes OTPs)
Residential Beds	965 beds (includes 85 Withdrawal Management)	Projected Increase of 10% annually for the next 3 fiscal years (~1250 total beds)
Medi-Cal Reimbursable Services	<p>If provider is DMC certified:</p> <ul style="list-style-type: none"> • Outpatient treatment: <ul style="list-style-type: none"> ◇ Individual (crisis only) ◇ Group sessions • Intensive Outpatient Treatment • Residential Treatment: <ul style="list-style-type: none"> ◇ Perinatal only 	<ul style="list-style-type: none"> • Outpatient treatment: <ul style="list-style-type: none"> ◇ Individual (no limits) ◇ Group sessions • Intensive Outpatient Treatment • Residential Treatment: <ul style="list-style-type: none"> ◇ Perinatal ◇ Youth ◇ Adult • Opioid Treatment Programs • Medication Assisted Treatment • Withdrawal Management (Detox) • Case Management • Recovery Support Services (After Care) • Physician Consultation
Key Components	<ul style="list-style-type: none"> • Delivery system inconsistent • Services provided if capacity available • DMC certification not required -- Limited federal revenue • Low provider rates • Limited quality oversight by counties • No placement authorization & monitoring • Opioid (Narcotic) Treatment Programs (NTP): direct state contract, inconsistent county oversight & coordination of services • Limited individualized services 	<ul style="list-style-type: none"> • Organized, integrated system of care • Entitlement; increased access & timely service • DMC certification required -- Increased federal revenue • Increased provider rates • Increased quality oversight & accountability • Centralized placement authorization & monitoring • Opioid (Narcotic) Treatment Programs (OTP): direct county contract, county oversight, additional services & care coordination • Increased individualized treatments to meet the needs of Justice involved clients

* Reference: BHS Databook Fiscal Year 16/17 (Excludes OTP contracts with the State)