



# DRUG MEDI-CAL PRESENTATION

January 2009



---

## WHAT IS DRUG MEDI-CAL?

- Drug Medi-Cal (DMC) provides medically necessary substance abuse treatment services to Medi-Cal eligible beneficiaries.
- DMC services are prescribed (authorized) by a physician and provided by or under the direction of a physician.



---

## WHAT IS DRUG MEDI-CAL?

- **DMC services are part of the Short-Doyle Medi-Cal program, Medi-Cal's mental health and substance abuse treatment.**
- **DMC (like all Medi-Cal Services) are Medicaid Services...paid for with State General Fund and federal funds (split 50% federal, 50% State).**
- **DMC includes a state-only funded program for youth, "DMC Minor Consent."**



---

## **WHO IS ELIGIBLE?**

**Adults and their children**

**(adults income eligible; youth ages 12-20).**

**Enhanced services available for two populations:**

**Perinatal – pregnant and postpartum women (60 days postpartum)**

**Children age 12-20 of income qualified families**

**- Eligible for Early Periodic Screening Diagnosis and Testing “EPSDT”**



---

## WHO IS ELIGIBLE? (con't.)

### Minor Consent:

- Youth ages 12-20
- Family income not considered
- Confidential AOD services
- Limited services
- Eligibility required each month



---

## DMC TREATMENT MODALITIES

1. **Narcotic Treatment Program (NTP) maintenance (methadone or LAAM)-**
  - individual and group counseling
  - dosing and lab; core services
2. **Outpatient Drug Free (ODF)**
  - individual (50-minute)
  - group counseling (90 minutes); minimum and maximum group size
3. **Naltrexone medication: limited to opioid addicts (not indicated for pregnant women)**



---

## **DMC TREATMENT MODALITIES (Con't.)**

### ***Enhanced Services and populations***

- 4. Residential- perinatal clients only-  
individual and group counseling in a 24 hour  
setting. Facilities limited to 16 beds.**
  
- 5. Day Care Rehabilitative (DCR)- limited to  
EPDST and Perinatal-  
minimum of 3 hours per day, 3 days a week**



---

## WHERE ARE SERVICES PROVIDED?

- **This is a statewide program; beneficiaries may receive DMC services across the state (not limited to their county of residence)**
- **“Clinic option” model -services only at certified clinic sites**
- **DMC certified services in 41 counties (urban areas)**



---

## HOW ARE DMC SERVICES PROVIDED?

Services must be provided at a certified location:

- Providers are certified by ADP based on DMC certification standards for Substance Abuse Clinics and the State of California Standards for Drug Treatment Programs.
- Services must be provided in accordance with the applicable sections of Title 22 and Title 9, California Code of Regulations.
- Providers must also follow all applicable California and federal law (Americans with Disabilities Act, Unruh Civil Rights Act, etc.) and regulations.



---

## WHEN ARE SERVICES PROVIDED?

- **Medical Necessity – based on physician’s determination**
- **Services are limited to specific modalities.**
- **Periodic review by the program medical director - for continuing treatment services (medical necessity).**



---

## HOW ARE SERVICES FUNDED?

- **Department of Health Care Services is the Single State Agency for Medicaid services**
- **ADP contracts with counties and direct service providers for the provision of DMC services under an Inter-Agency Agreement (IA) with DHCS**
- **Individual counties provide services or contract with providers for these services**



---

## HOW ARE SERVICES FUNDED? (con't.)

- **Any DMC certified provider choosing to provide DMC services can contract with the local county**
  - **If the county declines to contract for services, the DMC provider can contract with State ADP**
- **DMC rates set annually**
- **Claims reimbursed at the lowest of: provider's actual cost, provider's usual and customary charge to the public for the service, or the maximum statewide allowance (the DMC rate).**



- 
- **DMC services are reviewed through a postservice postpayment utilization onsite review process—verifies that services were provided and documented as required.**
  - **The client services provided and the associated fiscal information are subject to periodic fiscal and programmatic audits by ADP.**



- 
- **ADDITIONAL REQUIREMENTS...**
  - **Contract – County or State ADP**
  - **Collect and report client data on all AOD clients**
    - **CalOMS Treatment data system, electronic**
    - **Data sharing agreement**
  - **HIPAA Electronic Claims**
  - **42 CFR Part II, Federal Confidentiality**
  - **Programmatic Monitoring**
    - **Post Service, Post Payment - Disallowances**
  - **Fiscal Monitoring**
    - **Audits**
-



---

## **ADP Contacts**

### **Licensing and Certification Division**

#### **DMC Certification Application**

**(916) 322-2911**

### **Program Services Division**

#### **Contracting – Fiscal Management Branch**

**(916) 323- 2043**



---

- ADP Website

- CalOMS Treatment

- <http://www.adp.ca.gov/CalOMS/CalOMSmmain.shtml>

- DMC Claims – HIPAA

- <http://www.adp.ca.gov/dmc/dmc.shtml>