

Drug Medi-Cal Organized Delivery System (DMC-ODS) Licensing & Certification for Outpatient Providers

Category	Sub-Category	Description	Provider Type	Drug Medi-Cal (DMC) Licensing Requirements	DMC Certification Requirements
Outpatient	Outpatient Services (American Society of Addiction Medicine [ASAM] LEVEL 1)	Less than 9 hours of service / week (adults); less than 6 hours / week (adolescents) for recovery or motivational enhancement therapies / strategies.	Department of Health Care Services (DHCS) Certified Outpatient Facility ¹	Licensure is not required for these service modalities because they are associated with non-residential facilities.	DMC certification requires submission of a complete application package and additional supporting documents. All forms can be found on the DMC Certification website: http://www.dhcs.ca.gov/provgovpart/Pages/DMC-Forms.aspx
Outpatient	Intensive Outpatient Services (ASAM LEVEL 2.1)	9 or more hours of service / week (adults); 6 or more hours / week (adolescents) to treat multidimensional instability.	DHCS Certified Intensive Outpatient Facilities ¹		
Outpatient	Partial Hospitalization Services (ASAM LEVEL 2.5)	20 or more hours of service / week for multidimensional instability not requiring 24-hour care.	DHCS Certified Intensive Outpatient Facilities ¹		

¹ This requirement is variable by county.



DMC-ODS Licensing & Certification for Residential & Inpatient Providers

Category	Sub-Category	Description	Provider Type	DMC Licensing Requirements	DMC Certification Requirements
Residential	Clinically Managed Low- Intensity Residential Services (ASAM LEVEL 3.1)	24-hour structure with available trained personnel; at least 5 hours of clinical service / week.	DHCS Licensed and DHCS / ASAM Designated Residential Providers	Requirements for Residential License: 1) Complete Initial Treatment Provider Application (Form DHCS 6002) and return it to DHCS: http://www.dhcs.ca.gov/provgovpar t/Documents/6002 Initial Provider App 9.13.pdf 2) Pay applicable fees: http://www.dhcs.ca.gov/formsandp ubs/Documents/MHSUDS Informati on Notice 14-022.pdf 3) Applicants must pass a facility on- site inspection conducted by DHCS. ASAM Designation: 4) Once licensed, the provider can complete the questionnaire for ASAM designation: http://www.dhcs.ca.gov/provgovpar t/Documents/ASAM Designation Q uestionnaire 8-19-15.pdf	DMC certification requires submission of a complete application package and additional supporting documents. All forms can be found on the DMC Certification website: http://www.dhcs.ca.gov/provgovpart/Pages/DMC-Forms.aspx Note: Applicants for residential services must first obtain a residential license issued by DHCS, or another governmental agency, prior to application submission for DMC residential services.
Residential	Clinically Managed Population- Specific High- Intensity Residential Services	24-hour care with trained counselors to stabilize multidimensional imminent danger. Less intense milieu and group treatment	DHCS Licensed and DHCS / ASAM Designated Residential Providers	Requirements for Residential License: 1) Complete Initial Treatment Provider Application (Form DHCS 6002) and return it to DHCS: http://www.dhcs.ca.gov/provgovpar	DMC certification requires submission of a complete application package and additional supporting documents. All forms can be found on the DMC Certification website:



Category	Sub-Category	Description	Provider Type	DMC Licensing Requirements	DMC Certification Requirements
Residential	Clinically Managed High- Intensity Residential Services (ASAM LEVEL 3.5)	for those with cognitive or other impairments unable to use the full active milieu or therapeutic community (Note: this level is not designated for adolescents). 24-hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment. Able to tolerate and use full milieu or therapeutic community.		t/Documents/6002 Initial Provider App 9.13.pdf 2) Pay applicable fees: http://www.dhcs.ca.gov/formsandp ubs/Documents/MHSUDS Informati on Notice 14-022.pdf 3) Applicants must pass a facility on- site inspection conducted by DHCS. ASAM Designation: 4) Once licensed, the provider can complete the questionnaire for ASAM designation: http://www.dhcs.ca.gov/provgovpar t/Documents/ASAM Designation Q uestionnaire 8-19-15.pdf	http://www.dhcs.ca.gov/provgov part/Pages/DMC-Forms.aspx Note: Applicants for residential services must obtain a residential license issued by DHCS or another governmental agency, prior to application submission for DMC residential services.
Inpatient	Medically Monitored Intensive Inpatient Services (ASAM LEVEL 3.7)	24-hour nursing care with physician availability for significant problems in ASAM Dimensions 1, 2, or 3; 16 hour / day counselor availability.	Chemical Dependency Recovery Hospitals; Hospital; Free Standing Psychiatric Hospitals	Complete Application for Psychiatric Health Facility & Program Licensure (Form DHCS 1814): http://www.dhcs.ca.gov/formsandpubs/forms/Forms/Mental_Health/DHCS_1814_(rev_1-22-2014).pdf	DMC certification requires submission of a complete application package and additional supporting documents. All forms can be found on the DMC Certification website:



Category	Sub-Category	Description	Provider Type	DMC Licensing Requirements	DMC Certification Requirements
Inpatient	Medically	24-hour nursing care	Chemical	Complete Application for Psychiatric	http://www.dhcs.ca.gov/provgov
	Managed	and daily physician	Dependency	Health Facility & Program Licensure	part/Pages/DMC-Forms.aspx
	Intensive	care for severe,	Recovery Hospitals,	(Form DHCS 1814):	
	Inpatient Services	unstable problems in	Hospital; Free	http://www.dhcs.ca.gov/formsandp	Note: Applicants for residential
	(ASAM LEVEL 4)	ASAM Dimensions 1,	Standing Psychiatric	ubs/forms/Forms/Mental_Health/D	services must first obtain a
		2, or 3. Counseling	Hospitals	HCS_1814_(rev_1-22-2014).pdf	residential license issued by
		available to engage			DHCS, or another governmental
		patient in treatment.			agency, prior to application
					submission for DMC residential
					services.



DMC-ODS Licensing & Certification for Withdrawal Management Providers

Category	Sub-Category	Description	Provider Type	DMC Licensing Requirements	DMC Certification Requirements
Withdrawal	Ambulatory	Mild withdrawal with	DHCS Certified	Licensure is not required for those	DMC certification requires
Management	Withdrawal	daily, or less than	Outpatient Facility	service modalities because they are	submission of a complete
	Management	daily, outpatient	with Detox	associated with nonresidential	application package and
	Without Extended	supervision; likely to	Certification;	facilities.	additional supporting
	On-Site	"complete detox"	Physician, licensed		documents. All forms can be
	Monitoring	and continue	prescriber; Opioid		found on the DMC Certification
	(ASAM LEVEL 1-	treatment or	Treatment Program		website:
	WM)	recovery.	(OTP) for opioids		http://www.dhcs.ca.gov/provgov
Withdrawal	Ambulatory	Madarata	DUCS Cortified		part/Pages/DMC-Forms.aspx
Withdrawal Management	Ambulatory Withdrawal Management With Extended On-Site Monitoring (ASAM LEVEL 2-WM)	Moderate withdrawal with all day withdrawal management, support and supervision; at night, has supportive family or living situation; likely to "complete detox."	DHCS Certified Outpatient Facility with Detox Certification; licensed prescriber; OTP		Note: Both DMC certification and Alcohol and Other Drug (AOD) non-residential detox certification are necessary to provide ASAM Levels 1-WM & 2-WM. All forms can be found on the Facility Certification website: http://www.dhcs.ca.gov/provgovpart/Pages/Facility Certification.aspx



Category	Sub-Category	Description	Provider Type	DMC Licensing Requirements	DMC Certification Requirements
Withdrawal Management	Clinically Managed Residential Withdrawal Management (ASAM LEVEL 3.2- WM)	Moderate withdrawal, but needs 24-hour support to "complete detox" and increase likelihood of continuing treatment or recovery.	DHCS Licensed Residential Facility with Detox Certification; Physician, licensed prescriber; ability to promptly receive step-downs from acute level 4	For Residential License: 1) Initial Application (DHCS 6002) Complete Tab 1-4 and 7-21; Section D Residential License: http://www.dhcs.ca.gov/provgovpar t/Documents/6002 Initial Provider App 9.13.pdf 2) Pay applicable fees: http://www.dhcs.ca.gov/formsandp ubs/Documents/MHSUDS Informati on_Notice_14-022.pdf 3) Must pass a facility on-site inspection conducted by DHCS.	DMC certification requires submission of a complete application package and additional supporting documents. All forms can be found on the DMC Certification website: http://www.dhcs.ca.gov/provgovpart/Pages/DMC-Forms.aspx
Withdrawal	Medically Monitored Inpatient Withdrawal Management (ASAM LEVEL 3.7-WM)	Severe withdrawal, and needs 24-hour nursing care and physician visits as necessary; unlikely to "complete detox" without medical / nursing monitoring.	Hospital; Chemical Dependency Recovery Hospitals; Free Standing Psychiatric Hospitals; ability to promptly receive step-down from acute level 4	Complete Application for Psychiatric Health Facility & Program Licensure (Form DHCS 1814): http://www.dhcs.ca.gov/formsandpubs/forms/Forms/Mental Health/DHCS_1814_(rev_1-22-2014).pdf	DMC certification requires submission of a complete application package and additional supporting documents. All forms can be found on the DMC Certification website: http://www.dhcs.ca.gov/provgovpart/Pages/DMC-Forms.aspx Note: Applicants for residential services must first obtain a residential license issued by DHCS, or another governmental agency, prior to application submission for DMC residential services.



Category	Sub-Category	Description	Provider Type	DMC Licensing Requirements	DMC Certification Requirements
Withdrawal	Medically	Severe, unstable	Hospital, sometimes	Complete Application for Psychiatric	DMC certification requires
Management	Managed	withdrawal and	ICU; Chemical	Health Facility & Program Licensure	submission of a complete
	Intensive	needs 24-hour	Dependency	(Form DHCS 1814):	application package and
	Inpatient	nursing care and	Recovery Hospitals;	http://www.dhcs.ca.gov/formsandp	additional supporting
	Withdrawal	daily physician visits	Free Standing	ubs/forms/Forms/Mental_Health/D	documents. All forms can be
	Management	to modify withdrawal	Psychiatric Hospitals	HCS_1814_(rev_1-22-2014).pdf	found on the DMC Certification
	(ASAM LEVEL 4-	management			website:
	WM)	regimen and manage			http://www.dhcs.ca.gov/provgov
		medical instability.			part/Pages/DMC-Forms.aspx
					Note: Applicants for residential services must first obtain a residential license issued by the DHCS, or another governmental agency, prior to application submission for DMC residential services.



DMC-ODS Licensing & Certification for Narcotic Treatment Providers

Category	Sub-Category	Description	Provider Type	DMC Licensing Requirements	DMC Certification Requirements
Narcotic	Opioid	Daily or several	DHCS Licensed OTP	Note: In addition to obtaining	DMC certification requires submission
Treatment	Treatment	times weekly opioid	Maintenance	licensure approval from DHCS,	of a complete application package and
Provider	Program	agonist medication	Providers	approval must also be received from	additional supporting documents. All
	(ASAM OTP	and counseling		the U.S. Drug Enforcement	forms can be found on the DMC
	LEVEL 1)	available to		Administration (DEA) <u>and</u> the	Certification website:
		maintain		Substance Abuse and Mental Health	http://www.dhcs.ca.gov/provgovpart/
		multidimensional		Service Administration (SAMHSA)	Pages/DMC-Forms.aspx
		stability for those		before program operations can	
		with severe opioid		commence. Applicants are advised to	
		use disorder.		apply to the DEA and SAMHSA at the	
				same time as DHCS. A list of DEA and	
				SAMHSA contacts is available as part	
				of the NTP application instructions:	
				http://www.dhcs.ca.gov/individuals/	
				Documents/App Package Instruction	
				<u>s_11-3-15.pdf</u>	
				In order to begin review of your	
				application, the following four items	
				must be received by DHCS:	
				1 Application (DUCS FO14).	
				1. Application (DHCS 5014): http://www.dhcs.ca.gov/individuals/	
				Documents/DHCS 5014 InitialNTPAp	
				plication.pdf	
				pheadompai	
				2. Current Fiscal Year Fees:	
				http://www.dhcs.ca.gov/individuals/	
				Documents/App Package Instruction	
				s 11-3-15.pdf	



		3. Protocol that describes the program's operational procedures, organizational structure, and treatment concepts	
		4. Signed County Recommendation (DHCS 5027): http://www.dhcs.ca.gov/individuals/ Documents/DHCS_5027_CountyRecommendation.pdf	