



State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

DATE: March 27, 2018

MHSUDS INFORMATION NOTICE NO.: 18-005 SUPERSEDED BY: [BHIN 21-075](#)

TO: COUNTY BEHAVIORAL HEALTH DIRECTORS
COUNTY DRUG & ALCOHOL ADMINISTRATORS
COUNTY BEHAVIORAL HEALTH DIRECTORS ASSOCIATION OF CALIFORNIA
CALIFORNIA COUNCIL OF COMMUNITY BEHAVIORAL HEALTH AGENCIES
COALITION OF ALCOHOL AND DRUG ASSOCIATIONS
CALIFORNIA ASSOCIATION OF ALCOHOL & DRUG PROGRAM EXECUTIVES, INC.
CALIFORNIA ALLIANCE OF CHILD AND FAMILY SERVICES
CALIFORNIA OPIOID MAINTENANCE PROVIDERS

SUBJECT: DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM CASE
MANAGEMENT FOR CARE COORDINATION CLAIMING

PURPOSE:

This MHSUDS Information Notice establishes the guidelines for claiming case management (CM) services in the context of care coordination specific to the Drug Medi-Cal Organized Delivery System (DMC-ODS).

BACKGROUND:

DMC-ODS counties have a responsibility under the Code of Federal Regulations Title 42 Part 438 Section 208 for coordination and continuity of care. Exhibit A, Attachment 1 of the Intergovernmental Agreement for the DMC-ODS, Section 3(iii)(a) establishes that the county shall ensure that each beneficiary has an ongoing source of care appropriate to his or her needs and a person or entity formally designated as primarily responsible for coordinating the services accessed by the beneficiary. The beneficiary shall be provided information on how to contact their designated person or entity.

Care coordination, as a subset of CM, is as any activity performed to facilitate the entry of a beneficiary into services at the appropriate American Society of Addiction Medicine

(ASAM) level of care. This includes the transition of a beneficiary from one ASAM level of care to another, the coordination of services for a very complex case, and the discharge of a beneficiary from treatment to recovery services. Counties have the option to delegate care coordination and case management to contracted providers.

DISCUSSION:

The current DMC-ODS same day billing rules that are programmed onto the Short Doyle Medi-Cal II (SDMC) claims processing system will not allow a CM claim for more than one ASAM level of care to be paid on the same day. This has created a conflict when SDMC receives a county care coordination (case management) claim on the same day as a provider case management claim, when the ASAM levels of care are different.

The DMC-ODS model encourages the use of county care coordination and provider case management, even when the level of care is not the same. The same day billing rule needs revision to allow the payment of these types of claims on the same day. Counties can resubmit the same day billing rule denied care coordination claims for reimbursement.

The effective date for this change will be February 1, 2017, to allow counties reimbursement for services provided from the first date of DMC-ODS implementation.

DMC-ODS counties can replace claims that were denied for the previous same day billing rule once the rule has been updated in the SDMC II system. We will inform DMC-ODS counties of the change through the California Behavioral Health Directors Association Information Technology Executive Committee. Additionally, DMC-ODS counties may request a delay reason code for original claims not submitted due to the same day billing rule.

QUESTIONS:

Questions regarding the updates to the CM same day billing rule can be directed to your assigned Fiscal Management and Accountability Section Program Analyst.

Sincerely,

Original signed by

Brenda Grealish, Acting Deputy Director
Mental Health & Substance Use Disorder Services