Case Management Under the Drug Medi-Cal Organized Delivery System
Frequently Asked Questions
January 2016

The following answers to frequently asked questions intend to provide stakeholders with a better understanding about case management services under the Drug Medi-Cal Organized Delivery System (DMC-ODS).

This document will be updated as necessary.

For Additional Information Regarding the DMC-ODS
- Visit http://www.dhcs.ca.gov/provgovpart/Pages/Drug-Medi-Cal-Organized-Delivery- System.aspx
- Contact us at DMCODSWAIVER@dhcs.ca.gov

What are case management services?

Case management is defined in the Standard Terms and Conditions (STCs) as a service to assist beneficiaries in accessing needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services.

What are the components of case management?

As outlined in the STCs, case management services include:
- Comprehensive assessment and periodic reassessment of individual needs to determine the need for the continuation of services;
- Transition to a higher or lower level of substance use disorder (SUD) care;
- Development and periodic revision of a client plan that includes service activities;
- Communication, coordination, referral, and related activities;
- Monitoring service delivery to ensure beneficiary access to service and the service delivery system;
- Monitoring the beneficiary's progress;
- Patient advocacy, linkages to physical and mental health care, transportation, and retention in primary care services; and,
- Case management shall be consistent with an shall not violate confidentiality of alcohol or drug patients as set forth in 42 CFR Part 2, and California law.

Is case management a required service in counties that opt-in to the DMC-ODS?

Yes. Counties are responsible for coordinating case management services for beneficiaries, once medical necessity has been established. Counties may be responsible for providing additional coordination with the physical and mental health systems depending on where the beneficiary is accessing services.

Who can provide case management services?

A Licensed Practitioner of the Healing Arts (LPHA) or an AOD counselor may provide case management services. The individual providing case management services must be linked, at a minimum, to a DMC certified site/facility.

Where can case management services be provided?

Case management services can be provided in the following settings as long as the services are affiliated with a DMC certified location:

- DMC provider sites;
- County locations;
- Regional centers; or,
- In alternative settings as outlined and approved in county implementation plans (the county is responsible for determining which entity monitors the case management activities).

Can a site/facility be certified to provide case management services only?

No. Currently there is no mechanism to certify a site/facility for only case management.

How can case management services be delivered to a beneficiary?

Case management can be delivered to a beneficiary in the following ways:

- Face-to-face
- By telephone
- By telehealth
- In the community – However, if case management services are provided in the community, the provider delivering the service must be linked with a physical site/facility.

What needs to be in place before a provider (county or contracted provider) can bill for case management services?

Case management services are not billable unless the services are delivered to a DMC beneficiary that has been determined to meet medical necessity, and approved to receive, at a minimum, ASAM Level 1 services. For counties participating in the DMC-ODS, a Licensed Practitioner of the Healing Arts (LPHA), licensed physician, or a Medical Director can determine medical necessity. The individual providing case management services must be a qualified provider, and must be linked, at a minimum, to an DMC certified site/facility.