

## February 1st DMC-ODS System "Go Live" vs Provider "Go Live"

Please take a look at some helpful items to consider as we talk about "Going Live"

### **As of 2/1, as a System, we are:**

- The BHRS Call Center Access Team will be utilizing the ASAM Screening Tool for all callers inquiring about AOD/SUDS Services.
- All contracted providers shall utilize the ASAM Screening tools developed by BHRS AOD.
- All OP and IOP provider with a positive screen for residential evaluation shall CALL/email/fax AOD RTX team to request an evaluation for residential services.
- Drop-in Appointments are available from the hours of 9-11am and 1-3pm Monday-Friday at 310 Harbor Blvd. Bldg E in Belmont.
- Residential Providers - all new admissions at OCG require a BHRS RTX Evaluation and Residential Authorization.
- All Other Residential Providers - complete ASAM Screening and bring in clients following "business as usual" including the MCE Authorization process until you have a "go live" date.
- All Outpatient services will be reported differently in AVATAR. Face-to-Face, Per Minute, and Other (non-Billable) minutes are to be reported;
- All Residential Providers are to begin using the Daily census in Google Docs

### **Providers with an approved "GO LIVE" date:**

- Will begin utilizing the AVATAR Registration form and process;
- Will begin utilizing the BHRS Residential Authorization process and workflow; the provider will be required to use the BHRS RTX Evaluation and Residential Authorization to bring in new residential clients.
- Initial Authorization requests will be approved up to 60 days. Re-Auths will be needed for continued stay past the original 60 day request with a 90 day maximum.
- Any request for a treatment extension, must be provided in writing to the RTX team 14 days prior to expiration of Initial Authorization.
- Residential providers, with In-Custody clients approved for release can contact RTX team 5 business days prior to the agency "Go Live" date.
- Will begin tracking and reporting services in AVATAR with new Service Codes that will be provided; Location Codes will no longer be by funding source, it will track the actual service location.
- Implement ODS requirements and services in compliance with the Standard Terms and Conditions and Title 22.
- Please do not enter any services into AVATAR until BHRS gives the green light.
- The invoice process will remain the same until "go live date". At that time, new invoices will be provided, after BOS contract approval.
- Just a reminder-
- The Standards Terms & Conditions(STC's)  
<http://www.dhcs.ca.gov/provgovpart/Documents/Medi-Cal2020STCs12-8-16.pdf>  
and

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DHCS Facts and FAQ's

[http://www.dhcs.ca.gov/provgovpart/Pages/FAQs\\_Fact\\_Sheets.aspx](http://www.dhcs.ca.gov/provgovpart/Pages/FAQs_Fact_Sheets.aspx)

- The initial medical necessity determination for the DMC-ODS benefit must be performed through a face-to-face review or telehealth by a Medical Director, licensed physician, or Licensed Practitioner of the Healing Arts (LPHA) as defined. After establishing a diagnosis, the ASAM Criteria will be applied to determine placement into the level of assessed services.