



EDC Residential Perinatal Services

In a DMC-ODS World

Perinatal Services Overview

- I.A. States that Perinatal Beneficiaries shall receive a length of stay for the duration of their pregnancy, plus 60 days postpartum.
- This allows us some flexibility in authorizing services for this population.

Let's Get them In ASAP

- To mitigate roadblocks to treatment El Dorado County SUDS has elected to give DMC Perinatal Facilities the option of allowing Pregnant woman, or those within the 60 days postpartum, the option of entering residential treatment without first being assessed by an EDC Practitioner.

This is the Facility's Option!



Because Murphy's Law

- So what happens when a Female who gave birth 50 days ago shows up and now wants to enter treatment.
- This female is considered perinatal for the remainder of their postpartum. If she still meets medical necessity for Residential services her status is transferred to a non-perinatal client, thus meeting mandates for non-perinatal documentation.

About That Postpartum

- State Plan Postpartum allowed for services to end on the last day of the month the 60th day occurs.
- Has this changed?
 - Nope!

I.A Defines Postpartum

- Postpartum” as defined for DMC purposes, means the 60-day period beginning on the last day of pregnancy, regardless of whether other conditions of eligibility are met. **Eligibility for perinatal services shall end on the last day of the calendar month in which the 60th day occurs.**

Please Remember

- El Dorado County is still responsible for Authorizing these services so we will need the facility to submit securely the following documentation to ODSAccess@edcgov.us

Needed Documentation

- Verification of El Dorado County Medi-Cal.
- Verification of pregnancy and/or Proof of. Birth
- Current ROI's.
- Completed Assessment.
- Medical Necessity determination completed by LPHA.
- Narrative basis for diagnosis written by LPHA.
- EDC ODS Disclosures Receipt Form.

Checklist we provide describes every thing requested

Substance Use Disorder Services DMC-ODS Authorization Request Packet-Contracted Provider to El Dorado Co.

Please attach the following and complete the bottom portion of this form in order to initiate DMC-ODS initial or continuing authorization.

Send packet securely to: ODSAccess@edcgov.us

Date of Request: _____

| | |
|--|--|
| | Verification of El Dorado County Medi-Cal |
| | Verification of Pregnancy/ Proof of Birth (Perinatal Only) |
| | Treatment Authorization Request Form |
| | Current Release of Information |
| | Narrative basis for diagnosis written by LPHA (initial authorization only) |
| | Medical Necessity determination completed by LPHA (initial authorization only) |
| | EDC_ODS_Disclosures_Receipt_Form (initial authorization only) |

Beneficiary Name: _____

Beneficiary's most severe impairments

- 1.
- 2.
- 3.

Requesting Staff Name and Signature: _____

Requesting Facility Name and Phone #: _____

What Does The Authorization Look Like?



EL DORADO COUNTY
HEALTH AND HUMAN SERVICES AGENCY
Behavioral Health

Exhibit A

Substance Use Disorder Services Treatment Authorization Form

Client Name: Pregnant Betty Avatar #: 123456

Provider:

Progress House, Inc. Community Recovery Resources

Authorized Dates: 6/1/2019 to 6/30/2019

Funding Stream: DMC (Peri-Residential) and Peri-SABG (Room and Board)

Outpatient
*by # of units

Residential Treatment w/
Room and Board 30 Days

Individual Counseling* #: _____ Days

Group Counseling* #: _____ Days

Family Counseling* #: _____ Days

Intensive Outpatient
of days: _____

Withdrawal Management _____ Days

Recovery Residences _____ Days

Substance Abuse Testing*: Type: _____ # _____

Comments:

Assigned Case Manager: _____

Authorization By:

Signature
Shaun O'Malley Supervising Health Education Coordinator
Name Title

6/1/2019
Date

Substance Use Disorder Services
Phone: (530) 621-6146 / Fax: (530) 295-2596
Email: sudqualityassurance@edcgov.us

Office Use Only

Continuing Services

- No matter how the Perinatal Beneficiary accesses services (being assessed by County or going straight to program) the following **Continuing Services Criteria** **MUST** be met.

Authorization of Services

- El Dorado County Will Authorize Services (as long as all documentation is received and beneficiary is eligible for perinatal services) for up to 6 months.
- If the Perinatal Beneficiary is staying longer than 6 months the provider must submit Continuing Services Justification documentation for continued authorized Services.

Continuing Services Justification

- For each beneficiary, no sooner than five months and no later than six months after the beneficiary's admission to treatment date or the date of completion of the most recent justification for continuing services, the LPHA or counselor shall review the beneficiary's progress and eligibility to continue to receive treatment services, and recommend whether the beneficiary should or should not continue to receive treatment services at the same level of care.

What this means

- For Perinatal Clients we need the full packet completed within the Continuing Services timelines.

This One Again

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Beneficiary Name: _____

Beneficiary's most severe impairments

- 1.
- 2.
- 3.

Requesting Staff Name and Signature: _____

Requesting Facility Name and Phone #: _____

Reminder

- It is the facilities responsibly to verify Medi-Cal no less frequently than once monthly.
- Some facilities' policy mandates checking 2x/monthly.
 - This is recommended as there have been times when someone's Medi-Cal was verified in the beginning of the month but by the end of the same month their Medi-Cal services were discontinued.