


M E M O R A N D U M

Date: August 2, 2019
To: DMC-ODS Alcohol and Drug Providers
From: Santa Barbara County Behavioral Wellness 
Subject: Admissions & Services Reporting of clients with pending DMC eligibility
CC: ADP, Fiscal, QCM, ACCESS

This memo is an addendum to the memo dated 11/28/18 with subject "Admissions & Services Reporting of Self-pay and Private Insurance Clients".

As a reminder, reimbursement for DMC-ODS services rendered is ONLY guaranteed for services provided to current Drug Medi-Cal (DMC) beneficiaries with a DHCS Eligibility Response that identifies the "Subscriber County" as: 42 – Santa Barbara. For all "Out-of-County" clients, please refer to the memo dated 8/2/19 with subject "Out-of-County Beneficiaries as of 12/1/18- Revised". Effective 12/1/18, all services provided to clients with Medi-Cal coverage outside of Santa Barbara County will be denied.

We understand that some clients who reside in Santa Barbara may not have any current Medi-Cal coverage but may be **eligible** for DMC or have applied for Medi-Cal and have **pending** DMC coverage. The following guidance applies to clients who are eligible to become new DMC beneficiaries in Santa Barbara County or who have lapsed DMC coverage in Santa Barbara County.

Please note that utilizing the steps below does **not** guarantee beneficiary eligibility and reimbursement. Additionally, these steps may **only** be used for Outpatient Services (OS Level 1.0) or Intensive Outpatient Services (IOS Level 2.1).

- Check DMC eligibility using the Automated Eligibility Verification System (AEVS)
- For clients who do not have current Medi-Cal coverage showing in AEVS, you shall take steps to reactivate or establish eligibility where none exists

- You may utilize the Department of Social Services (DSS) guidelines to determine whether clients **may be** Medi-Cal *eligible* in Santa Barbara County:
<https://www.mybenefitscalwin.org/> .

MyBenefits CalWIN

Sign In | Help | FAQs | Contact | Language

Announcements This institution is an equal opportunity provider. [Read about Nondiscrimination statement](#)

Get medical, food and cash assistance now.

MyBenefits CalWIN is the fast, easy way for California residents to get the help they need.

Create An Account

Welcome Back! Sign In

I would like to...

- See if I Am Eligible**
Check to see what you qualify for in minutes.
- Apply for Benefits**
Start a new application or continue an existing one.
- Report Changes**
Complete reports online.
- Renew Benefits**
Complete your renewals online.

- For clients whom you have screened and are determined **may be eligible** for Medi-Cal benefits in Santa Barbara County, provide linkage to DSS in order to reactivate or establish eligibility.
- For clients who have already applied for DMC coverage with DSS and have **pending** eligibility, continue to provide linkage and support in order to reactivate or establish eligibility.

For clients whom you have screened for eligibility, have completed the initial application process with DSS, and are now considered **pending** for Medi-Cal benefits in Santa Barbara County, please take the following next steps in order to provide DMC eligible OS or IOS services while DMC eligibility is *pending*:

- Admit client to the “ODS” facility program in the corresponding level of care (ie ODS Outpatient Services- Level 1.0, ODS Intensive Outpatient Services- Level 2.1). Please do **NOT** use the “Self-pay/ Private Insurance” program.

- Leave the “Payor Plan” blank in the Consumer Profile in ShareCare while DMC eligibility is pending.

- Document services provided in ADP-CG according to DMC-ODS Documentation Standards.
- Continue to check on the status of DMC eligibility, provide case management as needed to assist with reactivating or establishing eligibility, confirm that DMC is active.
- Once DMC eligibility is verified through AEVS, please print Eligibility Verification Confirmation and include in the beneficiary record.
- Enter “Medi-Cal ADP” as the Payor Plan in the beneficiary profile in ShareCare with a start date based on the AEVS Eligibility Verification Confirmation.
- Contact the County fiscal department at adpfinance@co.santa-barbara.ca.us and let them know that eligibility was confirmed for a pending beneficiary. Provide the consumer ID and eligibility start date so that fiscal can submit previously documented services for claiming/ reimbursement by DMC-ODS.
- Any client fees collected during the timeframe the client was a DMC beneficiary must be reimbursed to the client and record of reimbursement documented in the beneficiary record.

Please note that utilizing DSS guidelines to determine whether clients **may be** DMC *eligible*, does **not** guarantee eligibility/ reimbursement. Please also note that the start date of eligibility varies based on whether retroactive benefits are requested, the application date, and other unique factors. Therefore, providers shall exercise extreme caution when providing services to pending DMC beneficiaries and shall work collaboratively with clients and DSS in order to establish DMC eligibility **as soon as possible** following client admission to DMC-ODS services.

Residential Treatment services are **NOT** an available benefit for clients with pending eligibility. **Only current DMC beneficiaries as confirmed with a DHCS Eligibility Response that identifies the “Subscriber County” as: 42 – Santa Barbara are eligible for Residential Treatment services.**