Los Angeles County
Substance Abuse Prevention and Control

DMC-ODS

Drug Medi-Cal Organized Delivery System

JUNE 2026
Version 11.0

QUICK REFERENCE GUIDE:

Changes Made to Version 11.0 of the Substance Use Disorder Treatment Services Provider Manual

County of Los Angeles Public Health

Changes are listed in order under their respective **subsection headings** (the large, bold, blue headings in the Provider Manual). Page numbers are provided for convenience. **Please review each section in full (not just the specified page) to ensure a complete understanding**.

ENTIRE DOCUMENT

- Removed mentions of "Community Engagement Team" (CET); formerly known as "Connecting to Opportunities for Recovery and Engagement Centers" (CORE Centers)

SECTION 2: CLIENT SERVICE STANDARDS

Substance Use Disorder Benefit Package

- Covered Members and Eligible Individuals….13
  - Updated State and County programs
  - Removed note on Medi-Cal expansion
- Medi-Cal Eligibility and Enrollment Changes Under H.R.1…….....14
  - New section
- Provider Agency Considerations……..14
  - New section
- Communication and Outreach……...14
  - New section
- Opioid Treatment Programs Courtesy Dosing……..15-16
  - Expanded who can authorize courtesy dosing orders
  - Clarified submission details
- Establishing and Transferring Benefits……19
  - Added guidance to use BenefitsCal for Medi-Cal applications and account management
- Figure 1: Key Inter-County Transfer Steps…..20
  - Updated guidelines
- Applying for Medi-Cal……21-22
  - Clarified reimbursement conditions
  - Updated guidance on retroactive coverage limits
- Table 3: Financial Eligibility Form Process for Medi-Cal Eligible……..22
  - Updated authorization guidance to allow continuation under existing authorization when Medi-Cal is approved
  - Clarified reauthorization and payer documentation requirements
- Medi-Cal Managed Care……23
  - Added guidance for verifying Medi-Cal plan enrollment
  - Clarified provider responsibility to notify health plans of referrals
- Medi-Cal and Medicare: "Medi-Medi"…….23-24
  - Added Medicare coordination of benefits guidance

Access to Care

- Service Connection Portals.....….26
  - Added clearer expectations for screening callers and offering intake appointments
  - Formalized the centralized Help Line structure and provider response expectations
- Table 4: Service Connection Process……..…27
  - Changed guidelines to table format
- Provider Agency Responsibilities for Service Connection Portals and Direct Referrals…28-29
  - Added new operational requirements
- CENS: Regional Network Meetings……..30
  - New section
- Referral Connection and Appointment Disposition Requirements……..35
  - New section
- Service & Bed Availability Tool and Provider Directory……36
  - Expanded SBAT requirements to include updates for both new and modified listings, mandated daily updates of intake slots and bed availability, and updated portal references
- Holiday Closure Pre-Approval……..41
  - Removed requirement to submit closure requests annually by December 31 and clarified that updates are only needed at the start of each FY if changes occur
- Notifications and Provider NACT Coordinator……...42
  - Clarified ongoing monthly NACT updates alongside required annual DHCS certifications
  - Added requirement to use coordinator credentials for portal access
  - Added expectations for provider participation in quarterly meetings

Intake and Enrollment

Service Benefit and Levels of Care

Treatment Service Components

Service Delivery Options

SECTION 3: CLIENT SERVICE STANDARDS: SPECIAL POPULATIONS

Pregnant and Parenting Women Population

Removed "CalWORKs Program Forms" and "DCFS – RSC Client Referral Form" – instead embedded links within the Provider Manual