

**- MEMORANDUM -**

DATE: April 19, 2022  
TO: ACBH DMC-ODS Residential Providers - ASAM Levels of care 3.1, 3.3 or 3.5  
FROM: Juliene Schrick, LCSW, Division Director of Utilization Management  
SUBJECT: **DHCS Updates to Residential Length of Stay and ACBH Authorizations**

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*Juliene Schrick*  
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This memorandum is to inform Alameda County Behavioral Health Care Services (ACBH) contracted Drug Medi-Cal Organized Delivery System (DMC-ODS) residential treatment providers, delivering ASAM levels of care 3.1, 3.3, and 3.5, of State changes to length of stay requirements. In response, effective **September 1, 2022**, ACBH Utilization Management (UM) will be transitioning back to a 30-day review and authorization cycle.

At the beginning of the COVID-19 public health emergency, the ACBH UM and Substance Use Disorder (SUD) Operations team agreed to allow authorization flexibilities to decrease the administrative workload for providers. The situation with COVID-19 is evolving and there is a need to come into alignment with Department of Health Care Services (DHCS) guidance. On December 17, 2021, DHCS published [BHIN 21-075](#) on the subject of DMC-ODS Requirements for the Period of 2022 – 2026. Page 12 of this document states:

“The statewide goal for the average length of stay for residential treatment services provided by participating counties is 30 days. The goal for a statewide average length of stay for residential services of 30 days is not a quantitative treatment limitation or hard “cap” on individual stays; lengths of stay in residential treatment settings shall be determined by individualized clinical need. Counties shall ensure that beneficiaries receiving residential treatment are transitioned to another level of care when clinically appropriate based on treatment progress.”

There will no longer be a cap on the number of days a beneficiary can receive residential treatment services. It is therefore critical that the clinical documentation meet medical necessity requirements for initial and continued stay at the requested level of care. ACBH Utilization Management (UM) Program will continue to preauthorize 3.1, 3.3, and 3.5 residential treatment services within 24 hours of receipt of the authorization request. UM clinicians will continue to review clinical documentation to determine if medical necessity is met for residential level of care (e.g. ASAM 3.1, 3.3, or 3.5).

We value the hard work you and your team do and want to make these transitions as smooth as possible. Additional communication and trainings will be provided prior to the implementation of this change. The UM team is committed to working collaboratively with providers to make the authorization process as efficient as possible for all involved. If you have any questions and/or questions, please contact [UM@acgov.org](mailto:UM@acgov.org).

Thank you!

