

Annual DMC-ODS Training FY 2024-25:

Questions & Answers



Q1. Does the peer support specialist supervisor have to be a peer support specialist?

A.1 Per DHCS BHIN 22-018 [DHCS BHIN-22-018](#) Peer Support Specialist Supervisor qualifications include non-peer behavioral health professionals (including registered & certified SUD counselors) who have worked in the behavioral health system for a minimum of two years, and have completed a DHCS approved peer support supervisory training.

Q2. When performing care coordination services, we cannot perform them while they are already in a different level of care (i.e.: RTP to outpatient)

A.2 Please see the attached Before Admit/After Discharge communication. Providers may conduct care coordination services while participants are enrolled in another program. [Before Admit - After Discharge 2022-06-23-BHS](#)

Q3. How often does the TEA assessment need to be updated when a participant is in Recovery Services?

A3. The TEA should be updated as clinically appropriate. Please refer to SUDPOH section B.13 for detailed information on Recovery Services.

Q4. Clients can be receiving Recovery Services concurrently, however, can they be receiving Recovery services from 2 different levels of service at the same time?

A4. Recovery Services can be billed concurrently with other levels of care, meaning beneficiaries can be in one program receiving treatment (i.e. Outpatient) while receiving Recovery Services at another level of care (i.e. Residential). Please keep in mind that there is a screening required and other requirements as outlined in SUDPOH B.12. In addition, the service needs to be clinically appropriate.

Q5. Regarding the enhanced emphasis on housing for the chronically mentally ill, is increasing the number of board and care facilities being looked at?

A5. BHS is making substantial investments to enhance the behavioral health housing continuum. This involves the Behavioral Health Bridge Housing (BHBH) Program, which provides funding support for infrastructure expansion and the development of new housing settings. These initiatives also cover Board and Care.

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Q6. Will the ASAM assessment within SmartCare meet the requirement going into effect Jan1 ,2025?

A6. SmartCare is responsible for system updates; they are committed to ensuring the system meets regulatory requirements.

Q7. Do the required WM trainings apply to outpatient (ambulatory) WM or just to residential WM (3.2)?

A7. There is no set withdrawal management or ambulatory withdrawal management training. Please refer to the linked website for more details. [DMC-ODS Required Trainings](#)

Q8. Does the Peer Support need to sit with the client to create a client/care plan prior to rendering services?

A8. The Peer Support Plan should either be provided by the clinician at the time of the assessment or would need to be completed with the client at the initial peer service (or before first service). If the plan is completed by the Peer Support Specialist, it requires a co-signature by a licensed/waivered/registered provider.

Q9. Do Peer Support Group notes need to reflect the Client/Care Plan?

A9. All notes for a beneficiary participating in peer support services should be connected to their plan of care.

Q10. If a Peer Support Specialist is engaging in a peer support service with the client and discovers the client needs support with case management task, can they provide and bill care coordination as Peer Support Specialist?

A10. Peer Support Specialist are permitted to provide and bill for care coordination services. Please refer to the billing [DMC-ODS billing crosswalk 5-20-24](#) crosswalk that is also available on Optum.