



VENTURA COUNTY
BEHAVIORAL HEALTH
A Department of Ventura County Healthcare Agency

February 2016

DRUG MEDICAL WAIVER STAKEHOLDER FORUM 2

Patrick Zarate
Division Manager, Alcohol & Drug Programs

Objectives for Today

- Brief Review of the Drug Medi-Cal Organized Delivery System waiver
- Waiver Goals & Components
- New services for Medi-Cal beneficiaries with substance use disorders
- Facilitated Discussion / input

Stakeholder Forums

- Subcommittee meetings
- Individuals signed up for one subcommittee
 - ✓ Adult Substance Use Disorder Services
 - ✓ Children's Substance Use Disorder Services
 - ✓ Residential Substance Use Disorder Services
 - ✓ Fiscal / Technology Substance Use Disorder Services
- Stakeholder Meetings: Nov/Dec 2015

County VCBH ADP Work Group

Has continued to...

- Attend State DHCS, CIBHS technical assistance meetings
- Joined Phase 2 counties in regional assistance meetings
- Hosted Stakeholder forums
- Met with individual agency groups; collected data
- Utilized all the above & STC's to start initial DRAFT

- DRAFT set for review in March (on schedule)
- Plan to DHCS April 2016
- Initiate ODS in FY 16/17

Drug Medi-Cal Organized Delivery System DMC-ODS Waiver

Approval Notification, August 2015

The Centers for Medicare and Medicaid Services (CMS) approves California's Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver amendment

Goal

To test a new paradigm for the organized delivery of health care services for Medi-Cal enrollees with a substance use disorder (SUD)

Will demonstrate how organized SUD care increases success of Drug Medi-Cal beneficiaries while decreasing other system health care costs

Drug Medi-Cal Organized Delivery System DMC-ODS Waiver

Critical Elements:

- Defines a coordinated system of care modeled after ASAM
- Enables more local control and accountability
- Provides greater administrative oversight
- Creates utilization controls to improve care and manage resources
- Insures use of evidence based practices

Drug Medi-Cal Organized Delivery System DMC-ODS Waiver

Phase 1 Status ...

Phase 2 Defined

Kern and Southern California

Los Angeles	Kern	San Luis Obispo
Ventura	Imperial	Riverside
Orange	San Diego	San Bernardino
	Santa Barbara	

Drug Medi-Cal Organized Delivery System DMC-ODS Waiver

The Model

The DMC ODS waiver program's continuum of care is modeled on the ASAM Placement Criteria

aka the American Society of Addiction Medicine (ASAM) criteria for substance use disorder treatment services

American Society of Addiction Medicine

WHY ASAM ?

Clinical Rationale

ASAM provides a single, common standard for assessing patient needs, optimizing placement and determining “medical necessity”

Science-based efficacy is well documented

Administrative Rationale

Adoption will provide a single standard tool for documenting the appropriateness of reimbursement

Eligibility

No age restrictions

Adults:

- Enrolled in Medi-Cal
- Reside in Participating County
- Meet Medical Necessity Criteria:
One DSM Diagnosis for substance-related and addictive disorders (with the exception of tobacco)

Meet ASAM criteria definition of medical necessity for services.

Eligibility

Youth:

- Enrolled in Medi-Cal
- Reside in Participating County
- Meet Medical Necessity Criteria:
 - Be assessed to be at risk for developing a substance use disorder*
 - Meet the ASAM adolescent treatment criteria (if applicable)*

Worth Noting:

Beneficiaries under 21 are eligible to receive Medicaid / Medi-Cal services pursuant to the EPSDT mandate.

Nothing in the DMC-ODS pilot overrides any EPDST requirements.

Eligibility Determination

- **Medi-Cal eligibility must be verified by the county** or county-contracted provider (who must seek review & approval by county prior to payment)
- **Initial medical necessity determination** to be performed by Medical Director, licensed physician, or LPHA
- **Medical necessity for ongoing receipt** of services to be determined every 6 months

SUD Benefits under the ODS Waiver

The continuum of care for SUD services is modeled after levels identified in the ASAM criteria

- Counties are responsible for most levels; however, a few of them are overseen / funded by other sources
- Counties may implement a regional model with other counties
- Counties may contract with providers in other counties in order to provide the required services

Standard State Plan Benefits

Existing Statewide Medi-Cal SUD Treatment Services include:

- Outpatient Drug Free Treatment
- Intensive Outpatient Treatment
- Naltrexone Treatment (with TAR)
- Narcotic Treatment Program (aka Methadone)
- Perinatal Residential SUD Services (limited by IMD exclusion)
- Detoxification in a Hospital (with TAR)

DMC-ODS Pilot Benefits

DMC-ODS Pilot Counties are required to provide:

- Early Intervention (coordination with FFS / MCPs)
- Outpatient Services (includes IOT and naltrexone)
- Residential (not limited to perinatal or restricted by IMD exclusion)
- Narcotic Treatment Program
- Withdrawal Management (at least one level)
- Recovery Services
- Case Management
- Physician Consultation

The following levels of service are optional for pilot counties:

- Partial Hospitalization (optional)
- Additional Medication Assisted Treatment (optional)

DMC-ODS Pilot Benefits In Place in Ventura County

- Early Intervention
- Outpatient Services
 - Intensive Outpatient Treatment*
 - Naltrexone*
- Residential
- Narcotic Treatment Program
 - Methadone*
 - Vivitrol **
- Withdrawal Management (at least one level)
 - Social Model*
 - Medically Assisted*
- Recovery Services
- Case Management
- Physician Consultation

DMC-ODS Pilot Benefits - Required

- **Early Intervention**
 - SBIRT
 - NOT paid for under DMC-ODS Pilot (FFS / MCP benefit)
- **Outpatient Services**
 - Provided by licensed professional or certified counselor in any appropriate setting in the community (as designated by county)
 - Can be in-person, by telephone or telehealth
- **Outpatient**
 - Counseling services & oral naltrexone
 - Up to 9 hrs/wk for adults, 6 hrs/wk for adolescents

DMC-ODS Pilot Benefits - Required

- **Outpatient Services (cont)**
 - **Intensive Outpatient**
 - Structured programming
 - 9-19 hrs/wk for adults, 6-19 hrs/wk for adolescents
- **Residential**
 - At least one ASAM level, 3 levels within 3 years; Most intensive levels (3.7 and 4) covered by FFS / MCP
 - Provided in DHCS licensed & certified residential facilities that also have been designated by DHCS to meet ASAM treatment criteria
 - No bed capacity limit

DMC-ODS Pilot Benefits - Required

- **Residential (cont)**
 - 90 day max length of stay for adults
 - 30 days for adolescents
 - One time 30 days extension
 - Two non-continuous 90 day regimens / year
 - Criminal justice and perinatal eligible for longer stays

DMC-ODS Pilot Benefits - Required

- **Narcotic Treatment Program**
 - Methadone, Buprenorphine, Naloxone, Disulfiram
 - Services are provided in NTP licensed facilities
 - Services provided by a licensed physician or licensed prescriber
 - Patients must receive 50-200min/month counseling
- **Withdrawal Management (at least one level)**
 - There are 5 ASAM levels of withdrawal care
 - Facility type depends on level of care (i.e. certified outpatient facility with detox cert; licensed residential facility with detox cert.; CDRH; hospital)
 - Inpatient detox in a general hospital (non-IMD) is covered by FFS / MCP

DMC-ODS Pilot Benefits - Required

Recovery Services

Focus on building beneficiary's self-management skills and linking to community resources

- Access is after completing course of treatment (if triggered, relapsed, or to prevent relapse)
- Provided via face-to-face, by telephone, or by telehealth; may be provided anywhere in the community (as designated by county)

Case Management

To assist a beneficiary to access necessary medical, educational, social, prevocational, vocational, rehabilitative, or other community services

- Services may be face-to-face, by telephone, or by telehealth and anywhere in the community (as designated by county)
- Services may be provided by an LPHA or certified counselor

County Responsibilities

- Selective Provider Contracting
 - Access
 - Selection Criteria
 - Contract Denial / Appeal Process
 - Provider Requirements
- Authorization for Residential
- Beneficiary Access Number (24/7 toll free)
- Beneficiary Informing (upon first contact)
- Care Coordination
- Quality Improvement / Utilization Management
- County Implementation Plan / Contract

County Responsibilities

Selective Provider Contracting

- Administered locally

DMC-ODS pilot programs are administered locally by the county

- County provides, or arranges for, SUD Tx for Medi-Cal enrollees
- Counties choose the DMC providers to participate in the DMC-ODS
- DMC providers that do not receive a county contract **cannot** receive a direct contract with the state in counties which opt into the pilot

Selective Provider Contracting - Access

- Each county must ensure that all required services covered under the pilot are available and accessible to enrollees
- If the county is unable to provide services, the county must cover out-of-network
- Access to state plan services (existing benefits) must remain at the current level or expand upon implementation of the Pilot
- The county shall maintain and monitor a network of appropriate providers that is supported by contracts with subcontractors and sufficient to provide adequate access

Implementation Plan / Contract

- Counties must submit to the state a **plan for implementation** of the DMC-ODS pilot (boilerplate plan included in STCs)
- Plan to be approved by both DHCS and CMS County must also have an executed state/county **contract** (intergovernmental agreement) subject to county **Board of Supervisors** and CMS approval
- At least 60 days prior to CMS contract approval, state shall submit applicable **network adequacy** requirements for each opt-in county
- Upon approval of the plan and executed contract, counties will be able to **bill prospectively** for services through this pilot
- Counties unable to fully comply with the requirements of the pilot upon approval may be eligible for an optional one-year **provisional** period

Monitoring Plan

- **Annual EQRO**
 - Must be phased in within 12 months of an approved plan
 - Significant deficiencies / evidence of noncompliance will first result in DHCS technical assistance
 - If county remains non-compliant, must submit a Corrective Action Plan (CAP). Ultimately, could result in dismissal
- **Timely Access**
 - Access standards and timeliness requirements are to be specified in the implementation plan
- **Program Integrity**
 - State shall conduct a site monitoring review of every site through which the provider furnishes services
 - State to review residential facilities to provide ASAM designation prior to providing pilot services

Fiscal Provisions

- Counties will **certify** the **total allowable expenditures** incurred in providing DMC-ODS pilot services through county operated or contracted providers
- Counties will develop proposed **county-specific rates** for each covered service (except for NTP) subject to state approval
- The county will have an opportunity to **adjust** the proposed rates and resubmit to the state
- 2011 Realignment requirements related to the **Behavioral Health Sub-account** will remain in place and the state will continue to assess and monitor county expenditures for the realigned programs

Fiscal Provisions Cont.

- The CMS-approved **CPE protocol**, based on actual allowable costs, is still in development and must be finalized before FFP will be made available to the state and counties
- The counties may also pilot **alternative reimbursement structures** subject to standards to be established by the state
- Subject to annual state budget **appropriation** the state also intends to provide payments to participating counties for a **state share** of the costs for program implementation

Implementation Planning

Participation

Expression of interest to “opt in”

53 counties expressed interest in participating in the waiver

Implementation

Opt in counties are required to submit a county implementation plan

Plans will be reviewed and approved by the state in Phase 1-4

DHCS will establish a county liaison for each participating county

State / County contracts will be executed by local BOS

Next Steps / Planning / Considerations

- Stakeholder Engagement
- Local Needs / Resources Assessment
 - Medi-Cal enrollees (number, aid code)
 - Utilization Trends / Expenditures
 - Existing Provider Network Capacity
- ASAM Considerations (staffing, training, etc.)
- Provider Enrollment / ASAM Designation
- Develop proposed rates
- Develop and submit implementation plan

Ventura County ODS planning

County Liaison:

Identified

ADP Project work Group:

Meeting for last 3 months

Web Page:

Links, presentations, documents and solicit participation

Joined:

Phase II collaborative led by LA County

Technical Assistance:

Financial modeling
CIBHS

Community / Stakeholder Involvement:

Counties

- County TA Webinars
- Regional Collaboration / Phased Implementation
- Written Guidance as Appropriate / Necessary
- Regular and Ongoing Communication with County Pilot Leads
 - i.e. Monthly TA calls
- Process for Questions
- Statewide SUD Conference October 26-27

Upcoming Webinars for Counties

- **Implementation Planning** - November, 2015
- **Fiscal Provisions** - January / February, 2016

Exact Dates / Times To Be Determined

- **Broader Stakeholder Webinar on Pilot Goals & Objectives**
October 22, 2015

ACKNOWLEDGEMENTS

Department of Health Care Services (DHCS)

California Behavioral Health Directors Association (CBHDA)

SAPT + Committee of CBHDA

Harbage Consulting

California Institute of Behavioral Health Solutions (CIBHS)

For More Information

California Department of Health Care Services
[Drug Medi-Cal Organized Delivery System](#)

Local County DMC-ODS Waiver Documents
[VenturaCountyLimits.org](#)

Patrick Zarate,
Division Manager, Alcohol & Drug Programs
Patrick.Zarate@ventura.org