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 Ventura County Behavioral Health]
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
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**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

Exact Dates / Times To Be Determined

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

Department of Health Care Services (DHCS)

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SAPT + Committee of CBHDA

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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

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