



VENTURA COUNTY
BEHAVIORAL HEALTH
A Department of Ventura County Healthcare Agency

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DRUG MEDI-CAL WAIVER STAKEHOLDER FORUM

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Objectives for Today

- Learn About the Drug Medi-Cal Organized Delivery System waiver
- Gain Understanding of the Waiver Goals & Components
- New services for Medi-Cal beneficiaries with substance use disorders
- Next steps for Ventura County

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

Waiver Authority

- The DMC-ODS pilot is authorized and financed under the authority of the state's 1115 Bridge to Reform Waiver
- The purpose of a waiver is to demonstrate and evaluate policy approaches that improve care, increase efficiency, and reduce costs
- The demonstration must be “budget neutral,”
i.e. Federal Medicaid expenditures will not be more than fed spending without the waiver
- California's DMC-ODS Waiver is for 5 years

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

Other Elements of the Waiver

- Counties can decide to participate (or not) in the waiver
- DMC-ODS waiver participating counties will administer, or arrange for substance use disorder (SUD) treatment for Medi-Cal beneficiaries
- The DMC-ODS waiver will be effective for five years
- DHCS will implement the DMC-ODS through a regional approach with five phases

Drug Medi-Cal Organized Delivery System DMC-ODS Waiver

Five Phase Implementation Plan

- Phase One: Bay Area Counties (21.3%)
- Phase Two: Southern California (60.8%)
- Phase Three: Central Valley (13.8%)
- Phase Four: Northern California (2.7%)
- Phase Five: Tribal Partners

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

Standard Terms and Conditions

- Eligibility
- Benefits
- County Responsibilities
- State Oversight, Monitoring & Reporting

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

Benefits – Standard vs. Pilot

- **Standard:** DMC services presently approved through the state plan benefit will be available to all beneficiaries in all counties
- **Pilot:** Beneficiaries that reside in a pilot waiver county receive will receive DMC-ODS benefits in addition to other state plan services
- County eligibility is based on the MEDs file

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

DMC-ODS Pilot Benefits - Required

Physician Consultation

- DMC physicians consulting with addiction medicine physicians, addiction psychiatrists, or clinical pharmacists (NOT with clients)
- Can only be billed and reimbursed to DMC providers

DMC-ODS Pilot Benefits - Optional

- **Partial Hospitalization**
 - 20 hrs+/wk of clinically intensive programming
 - Programs typically have access to psychiatric, medical, and lab services for beneficiaries who need daily monitoring but can be appropriately treated in outpatient
- **Additional Residential**
 - More than one ASAM level in years 1 and 2
- **Additional Withdrawal Management**
 - More than one ASAM level
- **Additional Medication Assisted Treatment**
 - Includes ordering, prescribing, administering, and monitoring of MAT
 - The reimbursement mechanisms for MAT will remain the same
 - Example: Mobile units to extend NTP programs to remote locations

Provider Specifications / Workforce

- Professional staff must be licensed, registered, certified, or recognized under CA scope of practice statutes
- LPHA includes:
 - Physician Nurse Practitioner Physician Assistant RNs
 - Registered Pharmacists LCSW LPCC LMFT
 - License-eligible practitioners working under the supervision of licensed clinicians
- Alcohol & other Drug Counselors: Must be registered and certified alcohol and adhere to all requirements found in the CCR, Title 9, Chapter 8
- Non-professional staff must be supervised and receive on-site training

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

Selective Provider Contracting – Access Cont.

In establishing and monitoring the network, the county should consider:

- Process to require its providers to meet standards for timely access to care
- Anticipated number of Medi-Cal eligible clients
- Expected utilization of services
- Expected number and types of providers in terms of training & experience needed
- Providers accepting new Medi-Cal clients
- Geographic location of providers

Selective Provider Contracting – Selection Criteria

- County should have written policy and procedures for selection and retention of providers that are applied equally
- Select only providers that have:
 - A license and/or certification in good standing
 - Enrolled / revalidated enrollment with DHCS as a DMC provider and have been screened as a “high” categorical risk
 - A medical director who has enrolled with DHCS, has been screened as a “limited” categorical risk within a year prior, and has a signed Medicaid provider agreement with DHCS
- Counties must enter into contracts with selected providers
- Counties may also contract individually with LPHAs

Provider Requirements

- Pilot counties will include the following requirements in their provider contracts:
 - Provide culturally competent services, including translation services, as needed
 - Procedures for coordination of care for enrollees receiving MAT services
 - Implement at least two (2) of the following Evidence Based Practices:
 - Motivational Interviewing
 - Cognitive-Behavioral Therapy
 - Relapse Prevention
 - Trauma-Informed Treatment
 - Psycho-Education

Care Coordination

- Seamless Transition of Care: county implementation plan shall ensure care coordination
- Health Plan: county shall enter into a MOU with any health plan that enrolls beneficiaries served by DMC-ODS
 - *Requirement may be met through an amendment to the existing MOU between the MHP and MCP*
 - *Required elements are outlined in the STCs*
 - *MOU should be included as part of county implementation plan*

Authorization

- Residential: Counties must provide authorization within 24 hours of submission of the request

Counties should ensure that there is consistent application of review criteria for authorization decisions

- Non-residential services:
Authorization not required

Quality Improvement Utilization Management

- Each pilot county must have:

- **Quality Improvement (QI) Plan**

*For counties with an integrated MH/SUD department,
may be combined with the MHP QI plan*

- **QI Committee**

*Can also be integrated with MHP QIC
Shall review data quarterly*

- **Utilization Management Program**

- *Must have a system for collecting, maintaining, and evaluating
accessibility of care and waiting list information*

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

State Oversight, Monitoring, and Reporting

- Monitoring Plan
 - Annual EQRO Review
 - Timely Access
 - Program Integrity
- Reporting of Activity
- Triennial Review

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

Triennial Review

- This review provides state with information as to whether or not the pilot county is **complying** with their **responsibility** to monitor their service delivery capacity
- State will review the **QI plan** and county **monitoring activities**
- County will receive a **final report** summarizing the findings of the review
- If out of compliance, the county must submit a **plan of correction (POC)** within 60 days
- The state will follow-up with the POC to ensure compliance

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

<u>County Liaison:</u>	Identified
<u>ADP Project work Group:</u>	Meeting for last 3 months
<u>Web Page:</u>	Links, presentations, documents and solicit participation
<u>Joined:</u>	Phase II collaborative led by LA County
<u>Technical Assistance:</u>	Financial modeling CIBHS
<u>Community / Stakeholder Involvement:</u>	

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

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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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Stakeholder Forum Dates

Upcoming Meetings:

- Subcommittee meetings: Dates TBD

Please sign 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: Dates TBD

“In God we trust, all others bring data.”

–William Deming

“All models are wrong, some are useful.”

–George Box

**“We are drowning in information and
starving for knowledge.”**

–Rutherford Roger

