



# **Drug Medi-Cal Organized Delivery System Waiver**

Department of Health Services

June 11, 2018

---

Lori Miller, LCSW

Health Program Manager

Division of Behavioral Health Services

Alcohol and Drug Services

# Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver Goals

---

- Improve Substance Use Disorder Services through an organized service delivery system
- Full continuum of multiple levels of funded evidence-based services
- Increase program oversight, compliance and quality assurance
- Improve coordination with other service systems

# DMC-ODS Waiver Implementation

---

## \*5-Year State-Wide Demonstration Project 2015-2020

### 53 Counties Expressed Interest

- Phase I Bay Area (in progress)
- Phase II Southern California
- **Phase III Central Valley (Sacramento County)**
- Phase IV Northern California
- Phase V Tribal Delivery System

# Elements of the Waiver

---

□ Critical Elements of the DMC-ODS Pilot Program include:

- ❖ Continuum of care modeled after ASAM
- ❖ Increased local control and accountability
- ❖ Greater administrative oversight
- ❖ Utilization tools to improve care and manage resources
- ❖ Evidence-based practices
- ❖ Coordination with other systems of care
- ❖ Special considerations for the criminal justice population

# 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 based on ASAM criteria

# 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)

# Benefits of 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

# Current Standard Benefits

---

Existing Statewide Medi-Cal SUD Treatment Services Include:

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

These benefits will remain available to all Medi-Cal beneficiaries, including those in non-pilot counties



# Residential Services – Today

---

- CA's state plan **currently limits** residential SUD services to perinatal beneficiaries
- Federal matching funds are only available for services provided in facilities not considered IMDs (i.e. 16 bed max)
- No coverage of residential SUD services for non-perinatal beneficiaries (by Drug Medi-Cal)

# Services Comparison: Standard DMC Plan and DMC-ODS Plan

Standard Drug Medi-Cal Benefits	DMC-ODS Benefits
Outpatient Services	Outpatient Services
Intensive Outpatient Services	Intensive Outpatient Services
Perinatal Residential Treatment (Perinatal only with 16 bed limitation)	Residential Treatment (Multiple levels of care for all enrollees with no bed limitation)
Narcotic Treatment Program (NTP)	Withdrawal Management
	Narcotic Treatment Program (NTP) Services (methadone)
	Recovery Services
	Case Management
	Additional Medication Assisted Treatment (optional)
	Partial Hospitalization (optional)

# Residential Services – New Benefit with Waiver

---

- Services are provided to non-perinatal and perinatal beneficiaries
- No bed capacity limit (i.e. 16 bed IMD exclusion does not apply)
- Provided in DHCS licensed & certified residential facilities that also have been designated by DHCS to meet ASAM treatment criteria
- 90 day max length of stay for adult; 30 days for adolescents (with one time 30 day extension)
- Criminal justice and perinatal populations eligible for longer stays
- Counties must provide authorization for residential services within 24 hours of submission of the request

# Additional New Benefits

---

## ❑ Recovery Services

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

## ❑ Case Management

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

## ❑ Physician Consultation

- ❖ DMC physicians consulting with addiction medicine physicians, addiction psychiatrists, or clinic pharmacists to offer support with complex cases (i.e. medication selection, dosing, side effect management, adherence, drug-drug interactions, or level of care considerations)

# Access to Care

---

- 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 existing benefits must remain at the current level or expand upon implementation of the Pilot

# State Responsibilities

---

- Integration Plan
- ASAM Designation for Residential Facilities
- Provider Appeals Process
- Monitoring Plan
  - ❖ Annual EQRO Review
  - ❖ Timely Access
  - ❖ Program Integrity
- Reporting of Activity
- Triennial Report

# County Responsibilities

---

- Selective Provider Contracting
- Authorization for Residential
- Beneficiary Access Number (24/7 toll free)
- Care Coordination
- Quality Improvement / Utilization Management
- County Implementation Plan / Contract

# 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

---

- ❑ Pilot counties must describe care coordination plan for achieving seamless transitions of care
  
- ❑ Pilot counties shall enter into a MOU with any health plan that enrolls beneficiaries served by DMC-ODS. MOU to include:
  - ❖ Comprehensive Screening
  - ❖ Beneficiary Engagement
  - ❖ Treatment Planning
  - ❖ Case Management Activities
  - ❖ Dispute Resolution
  - ❖ Care Coordination / Referral Tracking
  - ❖ Navigation Support

# Implementation Plan

---

- ❑ Counties must submit to the state a **plan for implementation** of the DMC-ODS pilot
- ❑ 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
- ❑ Upon approval of the plan and executed contract, counties will be able to **bill prospectively** for services through this pilot

# Fiscal Provisions

---

- ❑ 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 Subaccount** will remain in place and the state will continue to assess and monitor county expenditures for the realigned programs
- ❑ 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

# Quality Improvement

---

- ❑ Each pilot county must have a **Quality Improvement (QI) Plan**
  
- ❑ County shall have a **QI Committee**
  - ❖ Shall review data quarterly
  
- ❑ County shall have a **Utilization Management Program**
  - ❖ Must have a system for collecting, maintaining, and evaluating accessibility of care and waiting list information

# Evaluation

---

- ❑ University of California Los Angeles (UCLA) Integrated Substance Abuse Programs will conduct the evaluation
  
- ❑ Four key areas:
  - ❖ Access
  - ❖ Quality
  - ❖ Cost
  - ❖ Integration and Coordination of Care

# Waiver Implementation Challenges

---

- Provider readiness
- Increased compliance, oversight, audits, monitoring, and quality assurance
- Managing Behavioral Health Realignment match to make the Waiver viable
- Rate structure development
- Training on American Society of Addiction Medicine criteria (ASAM): Basis of decision-making on all levels of care
- Need for youth residential treatment facility
- MOU's with hospitals and Criminal Justice

# Participants in DMC-ODS

ALAMEDA	SACRAMENTO
CONTRA COSTA	SAN BENITO
EL DORADO	SAN BERNARDINO
FRESNO	SAN DIEGO
HUMBOLT (PHP)	SAN FRANCISCO
IMPERIAL	SAN JOAQUIN
KERN	SAN LUIS OBISPO
KINGS	SAN MATEO
LASSEN (PHP)	SANTA BARBARA
LOS ANGELES	SANTA CLARA
MARIN	SANTA CRUZ
MENDOCINO (PHP)	SHASTA (PHP)
MERCED	SISKIYOU (PHP)
MODOC (PHP)	SOLANO (PHP)
MONTEREY	SONOMA
NAPA	STANISLAUS
NEVADA	TRINITY (PHP)
ORANGE	TULARE
PLACER	VENTURA
RIVERSIDE	YOLO

- ❑ **Implementation Plans Submitted:  
40 Counties**
- ❑ **Implementation Plans Approved by DHCS:  
27 Counties**
- ❑ **Executed DMC-ODS Contracts:  
10 Counties**
  - Contra Costa
  - Los Angeles
  - Marin
  - Napa
  - Riverside
  - San Francisco
  - San Luis Obispo
  - San Mateo
  - Santa Clara
  - Santa Cruz

# DMC-ODS Waiver

What is the Annualized Cost for Sacramento County:

Combined Funding	Total	FFP	Realignment / NCC
ODS Plan Services covered under DMC-ODS Waiver	\$10,991,692	\$5,495,846	\$5,495,846
BHS Admin Staff	\$462,906	\$231,453	\$231,453
Total	\$11,800,000	\$5,900,000	\$5,900,000
FY 2018-19 Projected costs (January-June 2019)	\$5,900,000	\$2,950,000	\$2,950,000



# DMC-ODS Waiver

---

## Next Steps (Post BOS Approval):

- DHCS conducts a readiness and network adequacy review (Jul/Aug 2018)
- DHCS/CMS implementation plan approval (Jul 2018)
- DHCS fiscal plan approval (Jul/Aug 2018)
- Develop and execute State/County contract (Sep/Oct 2018)
- Provider contract execution/training (Oct/Dec 2018)
- Residential/Detoxification providers become certified as DMC facilities (Prior to Jan 2019)
- All ADS staff and DMC providers trained in ASAM Criteria (Prior to Jan 2019)
- Target Go-Live subject to above approvals (Jan 2019)



## **Alcohol and Drug Services Overview**

Questions, Comments,  
Suggestions?

**Lori Miller, LCSW**  
**Alcohol and Drug Services Health Program Manager**  
**916-875-2046**  
**MillerLori@SacCounty.net**