



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

Medi-Cal Managed Care Advisory Committee

March 28, 2016

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Waiver Authority

- ❑ The DMC-ODS Pilot Program is authorized and financed under the authority of the state's 1115 Bridge to Reform Waiver.
- ❑ The purpose of 1115 waivers is to demonstrate and evaluate policy approaches that improve care, increase efficiency, and reduce costs.
- ❑ Demonstrations must be “budget neutral,” which means that during the course of the project federal Medicaid expenditures will not be more than federal spending without the waiver.
- ❑ The DMC-ODS Pilot Program will be elective for 5 years.

DMC-ODS Waiver Implementation

5-Year State-Wide Demonstration Project

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

Steps for Waiver

1. County develop Implementation Plan
2. County develop Fiscal Plan
3. California Department of Health Care Service approve County rates

Critical Elements of the Waiver

- ❑ Continuum of care modeled after American Society of Addiction Medicine (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 involved population

Eligibility for Adults (no age restrictions)

- ❑ Enrolled in Medi-Cal
- ❑ Reside in participating County
- ❑ Meet Medical Necessity criteria:
 - ❖ One Diagnostic and Statistical Manual (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 for 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 Substance Use Disorder (SUD) treatment services include:
 - ❖ *Outpatient Drug-Free Treatment*
 - ❖ *Intensive Outpatient Treatment*
 - ❖ *Naltrexone (Vivitrol) Treatment with Treatment Authorization Request (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

- ❑ California'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)

Drug Medi-Cal Waiver Services & Requirements (Opt-in Model)

BOLD = new services
and requirements

Services
Early Intervention
Outpatient Services
Residential Treatment
Medication-Assisted Treatment (MAT)
Withdrawal Management
Additional Medication-Assisted Treatment (MAT)
Recovery Services
Case Management
Physician Consultation
Requirements
Coordination with Criminal Justice and Hospitals
Increased Quality Assurance

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 California Department of Health Care Services (DHCS) licensed & certified residential facilities that also have been designated by DHCS to meet ASAM treatment criteria
- ❑ 90 day max length of stay for adults; 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.
- ❖ May be accessed after completing course of treatment (if triggered, relapsed, or to prevent relapse)

❑ 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 clinical 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
- ❑ Innovation Accelerator Program
- ❑ ASAM Designation for Residential Facilities
- ❑ Provider Appeals Process
- ❑ Monitoring Plan
 - ❖ Annual External Quality Review Organization (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)
- ❑ Beneficiary Informing (upon first contact)
- ❑ 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 Medication-Assisted Treatment (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 county shall enter into a Memorandum of Understanding (MOU) with any health plan that enrolls beneficiaries served by DMC-ODS. MOU to include:
 - ❖ Comprehensive Screening
 - ❖ Beneficiary Engagement
 - ❖ Shared Plan Development/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 (boilerplate plan included in Special Terms and Conditions).
- ❑ Plan to be approved by both **DHCS** and **Centers for Medicare & Medicaid Services (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 MAT) 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 of access, quality, cost, and 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 ASAM: Basis of decision-making on all levels of care
- Need for youth residential treatment facility
- MOUs with hospitals and Criminal Justice