

Drug Medi-Cal ODS Concept Design Informational Meeting

August 25, 2016



Welcome and Introductions



Background on Integration Plan



STC Requirements

- Required in Section 153 of STCs
 - Participate in CMS' Innovation Accelerator Program Targeted Learning Opportunity topics
 - Primary Care
 - SUD Integration



STC Requirements

- Specify an integration approach by April 1, 2016
 - Submitted Draft Integration Plan to CMS in March 2016
 - Received approval of Integration Plan in May 2016



STC Requirements

– Produce a concept design by
October 1, 2016

- Framework is established in the Integration Plan
- DHCS will outline the process to create the design
- CMS will review/approve the concept design

– Implement plan by April 1, 2017

- After approval from CMS, counties will begin implementation



DMC-ODS Implementation Update



Phases

Phase I – Bay Area (May 2015)

Phase II – Southern California (Nov 2015)

Phase III – Central Valley (March 2016)

Phase IV – Northern California

Phase V – Tribal Delivery System



Implementation Plans

DHCS Approved

San Francisco

San Mateo

Riverside

Santa Cruz

Santa Clara

Los Angeles

Marin

Contra Costa

Under Review

Napa

Monterey

Ventura

San Luis Obispo

Alameda

Solano



Interim Rates

DHCS Approved

San Mateo
Santa Cruz
Santa Clara

Under Review

Riverside
Los Angeles



Regional Models

- DHCS is flexible in the type of regional models proposed
- Current models in potential development
 - Coordinated with Managed Care Plans
 - Establishment of a JPA
 - County to County Collaboration



Tribal Phase

- CMS consultants supporting initial conceptualization of ODS for the Indian Health System
 - Reviewing general parameters
 - Introducing the ODS model
 - Identifying programmatic DMC-ODS requirements



Background



Integration Taskforce

- November 2014 Summit
- Identified short and long-term strategies for transforming CA's BH system
- Leaders were brought together from SUD, Mental and Physical Health systems
- Participants discussed barriers and solutions



Integration Taskforce

- Key Themes Emerged
 - Expanding the infrastructure
 - Workforce Capacity Building
 - Financing
 - Integration Measures
 - Exchange of Information



Integration Plan

SAMHSA MODEL

- Three Main Integration Categories
 - Coordinated
 - Co-located
 - Integrated Care



Integration Plan

Two Levels Within Each Category

- **Coordinated Care**
 - Minimal Collaboration
 - Basic Collaboration at a Distance
 - **Co-located Care**
 - Basic Collaboration Onsite
 - Close Collaboration with Some System Integration
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Integration Plan

- Integrated Care
 - Close Collaboration Approaching an Integrated Practice
 - Full Collaboration in a Transformed/Merged Practice



June 2016 Meeting

- Reviewed the SAMHSA-HRSA model for determining status of current integration
- Discussed themes for the Concept Design
- Identified health information exchange and payment reform as top priorities
- Discussed importance of the theme of health equity and disparities reduction



June 2016 Meeting

- Identified possible structure for implementation of the Concept Design
- Concerns were raised regarding the restrictions of 42CFR, Part 2
- DHCS committed to fleshing out the ideas presented and determining a structure for implementation



DRAFT CONCEPT DESIGN



Additional Integration Efforts

- Cal MediConnect
- Whole Person Care
- Health Homes
- Certified Community Behavioral Health Clinics (CCBHCs)
- Public Hospital Redesign and Incentives in MediCal (PRIME)



Additional Integration Efforts

- Important to recognize and understand other DHCS integration efforts
- How do they connect to the DMC-ODS?
- Bring forward lessons learned
- Information sharing
- Other coordination opportunities



Cal MediConnect

Created an integrated care system

- Transitions seniors and persons with disabilities into managed care
- Coordinates Medicare and MediCal benefits across settings
- Minimizes cost-shifting between Medicare and Medicaid



Whole Person Care Pilot

- Coordinates physical health, behavioral health and social services
- Integrates care for high users of multiple systems with poor health outcomes
- Improve member's health and well-being
- 18 lead entities submitted applications
- DHCS is currently reviewing the applications
- Final decisions will be made on 10/24/16



Health Homes

The Medicaid Health Home State Plan Option, authorized under ACA Section 2703 (Section 2703), allows states to create Medicaid health homes to provide supplemental services that coordinate the full range of physical health, behavioral health, and community-based long term services and supports needed by beneficiaries with chronic conditions. California Assembly Bill 361 (AB 361), enacted in 2013, authorized California to submit a Section 2703 application.



CCBHCs

Opportunity for states to improve the behavioral health of their citizens by:

- Providing community-based BH services
- Advancing integration of BH and PH
- Assimilating and utilizing evidence-based practices on a more consistent basis
- Promoting improved access to high quality care



CCBHCs

- DHCS is developing the application
 - 2-year/8 state demonstration
 - Populations to be served are adults with SMI, children with SED, and those with long term and serious SUDs
 - Emphasis on evidence-based practices and performance measurement / quality improvement
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PRIME

- Will build upon the foundational delivery system transformation work, expansion of coverage, and increased access to coordinated primary care
- Participating PRIME entities will change care delivery to maximize health care value and strengthen their ability to successfully perform under risk-based alternative payment models (APMs) in the long term, consistent with CMS and Medi-Cal 2020 goals.
- The PRIME program is intentionally designed to be ambitious in scope and time-limited.



PRIME

- Using evidence-based, quality improvement methods, the initial work will require the establishment of performance baselines followed by target setting and the implementation and ongoing evaluation of quality improvement interventions.
- Participating PRIME entities will consist of two types of entities: Designated Public Hospital (DPH) systems and the District/Municipal Public Hospitals (DMPH).



Integration Themes

- Tie into the other DHCS integration efforts
- Expanded to three themes
 - Health Information Exchange
 - Health Equity and Disparities Reduction
 - Payment Reform



Health Information Exchange

1. HIE State Guidance

- DHCS is required under the WPC pilot to release state guidance around the exchange of health information
- Data and information sharing guidelines
- Timely sharing of beneficiary data, assessment and treatment information



Health Information Exchange

- Must be consistent with state and federal privacy laws
- Set to be released in December 2016
- DHCS will provide technical assistance to ODS counties regarding the implementation of the state guidelines



Health Information Exchange

2. HITECH Medicaid Funding

- SML #16-003 (issued 2/16) expands use of funds to allow support for HIE onboarding and systems for SUD providers
- To allow for sharing of patient's information
- States apply for funding



Health Information Exchange

- Funds used to facilitate connections between eligible providers and other Medicaid providers
- Through HIE, other interoperable systems, or costs that promote the use of HIE or HER
- Funding is 90/10 match
- Cannot be used to provide EHRs



Health Information Exchange

- Limited to implementation costs
- Available through 2021
- Models specified by CMS include provider directories, secure messaging, encounter alerting, care plan exchange, health information service providers, query exchange and public health systems



Health Information Exchange

- DHCS will:
 - Develop a HITECH approach
 - Research other state projects involving SUD
 - Discuss options with CMS
 - Prepare the Implementation Advance Planning Document Update



Health Information Exchange

3. *Outcome Measurements*

- For counties and managed care plans that want to design patient centered performance measures, DHCS will provide technical assistance
- The county and managed care plan will agree on the data to be utilized, share the data and utilize the same HEDIS measures



Health Equity & Disparities Reduction

- Establishing an organizational commitment to health equity and disparities reduction will be important as SUD and physical health services are further integrated
- DHCS will coordinate efforts with the California Pan-Ethnic Health Network (CPEHN)



Health Equity & Disparities Reduction

- Potential areas for TA:
 - *Developing partnerships with community leaders*
 - *Providing resources for community leaders and members to engage*
 - *Translating information into non-English languages and at a low literacy level*



Health Equity & Disparities Reduction

- Potential TA Topics:
 - *Assessing community needs with community partners*
 - *Developing a community advisory board with shared decision-making*



Payment Reform

- In Section 158 of the STCs, DHCS received waiver authority to set “participation standards and a process to pilot an alternative reimbursement structure”
- The DMC-ODS offers counties the opportunity to propose alternative payment structures that test new models and support integration.



Payment Reform

- DHCS will provide technical assistance on lessons learned from other payment reform efforts occurring in the other integration efforts
- If DHCS approves the model, the State will move the model forward for CMS review and approval/denial



Payment Reform

- Alternative payments models proposed by the county may include:
 - Offer provider incentives to facilitate coordination
 - Create new reimbursement strategies for providers
 - Counties may choose work in collaboration with a Medi-Cal managed care plan



Timeline for Submission



Task	Completion Date
Submit Concept Design to CMS	October 1, 2016
CMS review and approve Concept Design	December 2016
Begin Concept Design Implementation	January 2016
Establish training on SUD health equity and disparities reduction	February 2016
Establish participation standards and Process to submit ODS payment models to DHCS	February 2016
Discuss with CMS DHCS' concepts regarding HITECH funding	February 2016
Provide TA on DHCS Information Exchange Guidance to ODS counties/providers	March 2016
Provide Training on the SAMHSA/HRSA integration model	March 2016

More Information

- DHCS website
 - FAQs and Fact Sheets
 - ASAM Designation
 - Approval Documents/Information Notices
 - <http://www.dhcs.ca.gov/provgovpart/Pages/Drug-Medi-Cal-Organized-Delivery-System.aspx>
 - Draft Implementation Plans
 - <http://www.dhcs.ca.gov/provgovpart/Pages/Drug-Medi-Cal-Organized-Delivery-System.aspx>
 - Inquiries: DMCODSWAIVER@dhcs.ca.gov
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