



MEETING MINUTES
Substance Use Disorder Drug Medi-Cal
Waiver Advisory Group
California State Association of Counties Conference Center
1020 11th Street, Sacramento
April 15, 2014

Waiver Advisory Group Members in attendance:

Karen Baylor, DHCS
Marlies Perez, DHCS
Susan Blacksher, CAARR
Molly Brassil, CMHDA
Kelly Brooks, CSAC
Sherry Daley, CAADAC
Veronica Kelley, San Bernardino County
Jason Kletter, COMP

Judith Martin, CSAM, (SFDPH)
Steve Maulhardt, COMP
Helyne Meshar, CAADPE
Dr. David Pating, CSAM
Tom Renfree, CADPAAC
Al Senella, CAADPE
Darren Urada, UCLA

Overview

The Department of Health Care Services (DHCS) is seeking an 1115 Demonstration Waiver for the Substance Use Disorder Drug Medi-Cal (DMC) Program. The overall purpose of the Waiver is to create a model that will provide an Organized Delivery System of Substance Use Disorder (SUD) services.

Organized Delivery System Discussion

Telehealth

Stakeholders stated that telehealth would not only be important for rural geographic areas due to travel barriers, but also for special populations and beneficiaries in general. There were concerns about how to manage confidentiality. Workforce shortages support the usefulness of telehealth; however, stakeholders stated that caution needs to be used when considering outsourcing to out of state physicians. The suggestion was made to establish a statewide position on using telehealth instead of leaving the decision to individual counties. University-based models, California Tele-health Network, and the New Mexico model were suggested as good resources to consider.

Rehab Option Approach

The stakeholders were supportive of the rehab option being an essential component in the Waiver since it allows for telehealth, the provision of services outside of the clinic model, case management and the reimbursement of unbundled services. A suggestion was made to take applicable portions from the Rehab Option Mental Health State Plan Amendment and include those in the Waiver.

Coordinated Services/Case Management

Stakeholders provided feedback on how to move the beneficiary through the continuum of care in a coordinated fashion and reiterated that case management is an integral component to ensure effective transitions. While Health Homes have not been implemented in California yet, this was brought up as a possible model. Intergration with HMO's, coordinating with doctors in the private sector, and beneficiaries transitioning out of jail and prison were all areas identified which need case management services.

Information sharing was of concern due to the federal SUD confidentiality requirements outlined in 42 CFR. Recommendations were made that the Waiver requires solid Memorandums of Understanding (MOUs) with information sharing protocols and an interdisciplinary plan. Los Angeles County has recently implemented a model. The Substance Abuse and Mental Health Services Administration (SAMHSA) may also be able to provide technical assistance.

Expanding Medication Assisted Treatment Benefits

The stakeholders recommended that all FDA drugs approved for alcohol and other drug treatment covered under the formulary of the pharmacy benefit should also be reimbursable under DMC. Current regulations should be reviewed to ensure that any barriers to the use of medications are removed. Discussion occurred on how to ensure the treatment portion occurs along with the medication in primary care and other service locations. Suggestions were made to ensure that medical personnel that conduct the evaluating/prescribing are not restricted by which disorder receives which medication, but instead be allowed to prescribe the medication which is appropriate. Consultation services with doctors specializing in addiction could also be available in order to assist physicians with limited experience with these medications.

Ideas to expand medication assisted treatment to unserved areas included the options of mobile units, Office Based Narcotic Treatment Programs and the utilization of clinical pharmacists to expand the workforce.

Service Delivery for all Modalities

Stakeholders discussed how to address the current gaps in various service modalities and regional deficiencies. The issue of how to expand service availability in rural areas brought forward the concept of multi-purpose providers which could provide regional services for smaller counties. A suggestion was made for all counties to conduct an inventory of all services available in each category of the American Society of Addiction Medicine criteria.

Discussion ensued regarding how to remove the road blocks created by the California Health and Safety Code due to outdated laws. Stakeholders want to ensure that parity is available for all SUD services. Several service gaps need to be addressed including the removal of limitations on individual counseling, the Institutes for Mental Disease limitations, expanding the allowable providers of detoxification services, enhancing family counseling and requiring evidence based practices. Stakeholders recommended that parts of the Kaiser Small Group Plan should be incorporated into the Waiver.

Quality Assurance Activities

Stakeholders provided suggestions for quality assurance were as follows:

- County vs. State utilization review requirements;
- Compliance/Integrity through routine monitoring with identifiable triggers that require immediate or more frequent reviews;
- Key Indicators of Success;
 - Network adequacy;
 - Access/timeliness to access;
 - Retention in Treatment/Completion rates; and
 - Disposition/Completion (life improvements: work/school, out of jail, stable housing, etc.).
- Regulations on staff qualifications;
- Quality assurance plan requirement for all providers reviewed by the counties; and
- Establish a separate committee to review the data contained in CalOMS.

High Risk/Target Populations

The high-risk/target populations identified were pregnancy/opiate abuse, needle related illnesses, homeless, vulnerable elders, co-morbidity/COD, criminal Justice/AB109, transition age youth (18-26), chronic pain/Rx meds abuse, intellectually disabled, and children of addicts. Stakeholders brought forward various suggestions on how to address the needs of these populations. Stakeholders also discussed the issue that beneficiaries have identifiable moments of risk during their treatment where recovery support services need to be increased.

Addressing the issues with high-risk/target populations is further complicated by the various systems beneficiaries cross. Financing across systems is a viable solution to the barriers created by siloed funding. There is also concern regarding state restrictions that limit billing for only one Medi-Cal service per day.

Cross Jurisdictional Issues

Stakeholders provided feedback on how counties that opt-in could work in an integrated fashion with the counties that opt-out of the Waiver. Provisions would be needed to ensure that no beneficiary is denied services. A suggestion was made to move to the county of residence model and evaluate the effectiveness in the Waiver. Stakeholders also suggested that the State be the determiner of county eligibility.

Interface with Primary Care, Health Plans, and the Mental Health System

Interfacing with the other systems a DMC beneficiary interacts with is challenging yet essential for effective care coordination. Several counties have done initial work in this area and could be models including Los Angeles, San Mateo, Kern and dual plan counties. A standardized release of information and information sharing protocols should be included in the Waiver. Concerns were raised surrounding the interface between the carved in and carved out services.

Stakeholders also discussed the option of developing disease registries to track beneficiaries across systems. The stakeholders emphasized that care coordination services need to be included as a reimbursable expense.

Evaluation and Evidence Based Practices

Darren Urada, from the University of California at Los Angeles, provided a presentation titled 'Best Practices & Effectiveness of Residential, Outpatient and Sober Living'.

Next Steps

The next meeting on April 30, 2014, will focus on rates and financing. The meeting will be held at the California Association of Counties Conference Center located at 1020 11th Street in Sacramento. Interested parties can attend in person or call into the conference call at 1-888-769-9728 passcode 6585523. Agendas and handouts are available at:

<http://www.dhcs.ca.gov/provgovpart/Pages/MH-SUD-UpcomingMeetings.aspx>

All stakeholders were encouraged to submit comments to:

MHSUDStakeholderInput@dhcs.ca.gov