Attachment BB

The Indian Health Program-Organized Delivery System (IHP-ODS) will adhere to all of the DMC-ODS requirements which are contained in the Special Terms and Conditions (STCs) except those identified in this attachment.

Definitions

a. Delivery System: The IHP-ODS is a Medi-Cal benefit provided in Tribal and Urban Indian Health Programs that opt in and implement the Pilot program consistent with how Indian Health Services (IHS) services are established. The Administrative Entity will oversee the Urban and Tribal Indian Health providers that provide services in the IHP-ODS. When necessary to provide required IHP-ODS services that are not available within a Tribal and Urban Indian Health Program, Administrative Entity may contract with non-Indian programs to provide those services. The IHP-ODS Administrative Entity shall submit an implementation plan to the State for approval by the Department of Health Care Services (DHCS) and Centers for Medicare and Medicaid Services (CMS) pursuant to Attachment Z. Upon approval of the implementation plan, the State will enter into a contract with the Administrative Entity to arrange for the provision of IHP-ODS services through a Prepaid Inpatient Hospital Plan (PIHP) as defined in 42 CFR 438.2. The IHP-ODS will serve all Medi-Cal eligible individuals that are eligible for IHS services. IHP beneficiaries will be automatically enrolled in the IHP-ODS.
b. Short-Term Resident: This definition remains the same.
c. Tribal and Urban Indian Health Programs: IHS contracted facilities are eligible to participate in the IHP-ODS. IHS contractor facilities are Indian Health Providers operated by the Indian Health Service (IHS); an Indian Tribe, Tribal Organization authorized under PL 93-638; or Urban Indian Organization authorized under PL 94-437.
d. Medical Criteria: Beneficiaries must have one diagnosis from the Diagnostic and Statistical Manual of Mental Disorder (DSM) for Substance-Related and Addictive Disorders with the exception of Tobacco-Related Disorders and Non-Substance-Related Disorders; or be assessed to be at risk for developing a substance use disorder (for youth under 21). Beneficiaries must also meet the American Society of Addiction Medicine (ASAM) Criteria level of care determination for services based on the ASAM Criteria.
e. Determination of Medicaid Eligibility: Determination of who may receive the IHP-ODS benefit will be performed as follows:
    i. Medicaid eligibility must be verified by the Administrative Entity or IHS contractor for the IHP-ODS. When the IHP-ODS contractor conducts the initial eligibility verification, it will be reviewed and approved by the Administrative Entity prior to payment for services.
    ii. IHS eligibility must also be established by the IHP-ODS contractor. If beneficiaries are not deemed to be IHS eligible by the IHP-ODS contractor, the beneficiary may appeal this decision to the Administrative Entity.
    iii. The initial medical necessity determination for the IHP-ODS benefit must be performed through a face-to-face review or telehealth by a Medical Director,

licensed physician, or Licensed Practitioner of the Healing Arts (LPHA) as defined in STC Section 142(a).

iv. Medical necessity determination for ongoing receipt of IHP-ODS is determined at least every six months through the reauthorization process for individuals determined by the Medical Director, licensed physician or LPHA to be clinically appropriate.

DMC-IHP Benefit and Individual Treatment Plan (ITP)

The IHP-ODS system must provide access to all of the following levels of care:

ASAM Level of	Title	Description	Provider
1	Outpatient Services	Less than 9 hours of service/week (adults); less than 6 hours/week (adolescents) for recovery or motivational enhancement therapies/strategies	Indian Health Services Contractor with DMC certification
2.1	Intensive Outpatient Services	9 or more hours of service/week (adults); 6 or more hours/week (adolescents) to treat multidimensional instability	Indian Health Services Contractor with DMC certification
3.1	Clinically Managed Low-Intensity Residential Services	24-hour structure with available trained personnel; at least 5 hours of clinical service/week and prepare for outpatient treatment.	Indian Health Services Contractor; ASAM Designated Residential Facility with DMC Certification
3.5	Clinically Managed High-Intensity Residential Services	24-hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment. Able to tolerate and use full milieu or therapeutic community.	Indian Health Services Contractor; ASAM Designated Residential Facility with DMC Certification
3.2 WM	Clinically Managed Residential Withdrawal Management	Moderate withdrawal, but needs 24-hour support to complete withdrawal management and increase likelihood of continuing treatment or recovery.	Indian Health Services Contractor; ASAM Designated Residential Facility with DMC Certification

OTP	Opioid Treatment Program	Daily or several times weekly opioid agonist medication and counseling available to maintain multidimensional stability for those with severe opioid use disorder.	SAMHSA Data 2000 Waivered Licensed Prescriber

Service	Required
Outpatient Services	• Outpatient • Intensive Outpatient
Residential	• ASAM levels (3.1 and 3.5)
MAT	• Buprenorphine and naloxone
Withdrawal Management	• Residential Level 3.2-WM
Recovery Services	• Required
Case Management	• Required

Early Intervention Services

Screening, brief intervention and referral to treatment (SBIRT) services are provided to beneficiaries at risk of developing a substance use disorder. SBIRT services are not paid for under the IHP-ODS system. SBIRT attempts to intervene early with non- addicted people, and to identify those who do have a substance use disorder and need linking to formal treatment.

The components of Early Intervention are:

A. Screening: Primary Care physicians screen adults ages 18 years or older for alcohol misuse.
B. Counseling: Persons engaged in risky or hazardous drinking receive brief behavioral counseling interventions to reduce alcohol misuse and/or referral to mental health and/or alcohol use disorder services, as medically necessary.
C. Referral: IHS providers will make referrals from SBIRT to the IHP-ODS system.

Outpatient Services (ASAM Level 1).

These services will be required and follow the same provisions as outlined in the STCs.

Intensive Outpatient Services (ASAM Level 2.1)

These services will be required and follow the same provisions as outlined in the STCs.

Partial Hospitalization (ASAM Level 2.5)

These services will not be required.

Residential Services (ASAM Levels 3.1 and 3.5)

The American Society of Addiction Medicine (ASAM) 3.1 and 3.5 levels of care will be required. All residential levels of care will receive expenditure authority even in facilities defined as Institutes of Mental Disease. Residential facilities providing ASAM levels of care 3.1 and 3.5 must receive the ASAM designation from DHCS prior to providing services. Services will be provided in an ASAM Designated Residential Facility operated by a Tribal or Urban Indian Health Program or by a non-Indian health program which has contracted with the Administrative Entity. The lengths of service restrictions for adults and youth follow the same provisions as outlined in the STCs.

Withdrawal Management (ASAM Level 3.2): The ASAM Level 3.2WM of care will be required. Services will be provided in an Indian Health Services Contractor ASAM Designated Residential Facility or referred out. These services will follow the same provisions as outlined in the STCs.

Opioid (Narcotic) Treatment Program

These services will not be required. If an IHP-ODS beneficiary requires NTP services and there are services geographically located near the beneficiary, a referral to the NTP should be made.

Additional Medication Assisted Treatment (ASAM OTP Level 1)

Access to buprenorphine services provided by a SAMHSA Data 2000 waivered prescriber, by the end of year one of the IHP-ODS implementation, will be required at all IHP-ODS providers via face-to-face or telehealth. Counseling services must also be provided to the IHP-ODS beneficiary. Naloxone must be provided to all beneficiaries receiving MAT. Training on how to use naloxone must be made available to beneficiaries and family members.

Recovery Services

These services will be required and follow the same provisions as outlined in the STCs.

Case Management Services

IHP-ODS contractors will coordinate case management services. These services will be required and follow the same provisions as outlined in the STCs.

Physician Consultation Services

These services will not be required.

Intersection with the Criminal Justice System

These services will not be required.

IHP-ODS Provider Specifications

a. All IHP-ODS contractors must be a Tribal or Urban Indian Health Program in good standing with IHS. When non-Indian providers have been contracted by the

Administrative Entity to provide required services, those providers must be in good standing with the Drug Medi-Cal (DMC) Program. Tribal and Urban Indian Health Program IHP-ODS contractors must serve all IHS beneficiaries; non-Indian providers must serve IHS beneficiaries identified by the Administrative Entity. All IHP-ODS contractors and subcontractors must obtain and retain DMC certification.

b. SUD counselors may be utilized and reimbursed for all levels of the continuum of care.
c. Natural Helpers and Traditional Healers: Natural Helpers and Traditional Healers may be utilized and reimbursed for the following levels of care provided in a Tribal or Urban Indian health program.
    i. Natural Helpers are health advisors that serve as paid employees of an IHP-ODS contractor and seek to deliver social support, such as navigational support and psycho-social education, to individuals that restore the health of those beneficiaries in the IHP-ODS. Natural Helpers can only be utilized and reimbursed for Recovery Services.
    ii. A Traditional Healer is a person with knowledge, skills and practices based on the theories, beliefs, and experience of a Tribal culture used in the restoration of health. Traditional Healers must be identified and vetted by the IHP-ODS contractor, as a healer, by their established internal policies, in order to deliver services in the IHP-ODS. Additional state counseling certification is not required. Traditional Healers may apply an array of specialties to their delivery of care, including: individual and group counseling, music therapy (such as traditional music and songs, dancing, drumming), spirituality (such as ceremonies, rituals, herbal remedies) and other integrative approaches. Traditional Healers can be utilized and reimbursed for Outpatient, Intensive Outpatient, and Residential services.
d. Cultural and Community Defined Practices: The IHP-ODS will allow the utilization of cultural practices for SUD treatment services. The Administrative Entity will maintain a listing of cultural practices. Each IHP-ODS contractor may utilize one or more of these cultural practices when providing SUD care under the IHP-ODS.
e. Evidence Based Practices: Providers will implement at least two of the following evidenced based treatment practices (EBP's). The EBPs include: Motivational interviewing, Cognitive-Behavioral Therapy, Relapse Prevention, Trauma-Informed Treatment and Psycho-education.
f. All other provisions in this section of the STCs apply to the IHP-ODS.

Responsibility of the IHP-ODS Administrative Entity

a. Provider Contracting: All Indian Health Services Contractors that can perform the required IHP-ODS services may receive a contract with the Administrative Entity if the provider is in good standing with IHS. The Administrative Entity may contract with other providers in order to maintain access in the IHP-ODS. IHP-ODS contractors may also sub-contract for required modalities of services. Sub-contractors must be approved by the Administrative Entity. The Administrative Entity will maintain and provide DHCS with an updated list of all IHP-ODS contractors and sub-contractors.

b. Access: The IHP-ODS Administrative Entity must ensure that all the required services covered under the IHP-ODS are available and accessible to enrollees of the IHP-ODS. The Administrative Entity shall maintain and monitor a network of appropriate providers that is supported by contracts with subcontractors and that is sufficient to provide adequate access to all services covered under the IHP-ODS.
c. IHP-ODS Advisory Group: The Administrative Entity will establish and convene three or four advisory group meetings annually. The IHP-ODS Advisory Group will consist of the following member representatives: IHS eligible consumer in long-term recovery, tribal representation, Tribal and Urban Provider Associations, Indian Health Services, IHP-ODS Outpatient Program, IHP-ODS Residential Program, University of California of Los Angeles, and DHCS.

Contract Denial

This section does not apply to the IHP-ODS.

Residential Authorization

The Administrative Entity, or designee, will provide authorization for residential services within 24 hours, except on weekends and holidays, of the prior authorization request being submitted by the provider. The Administrative Entity will review the DSM and ASAM Criteria to ensure that the beneficiary meets the requirements for the service. The Administrative Entity shall have written procedures for processing requests for authorization of residential services. The Administrative Entity is required to track the number, percentage of denied and timeliness of requests for residential authorization.

Provisional Option

This section does not apply to the IHP-ODS.

State-Administrative Entity Intergovernmental Agreement

IHP-ODS funds will be provided by DHCS to the Administrative Entity.

Beneficiary Access Number

The Administrative Entity shall have a 24/7 toll-free number for prospective beneficiaries to call to access IHP-ODS services. Oral interpretation services must be made available for beneficiaries, as needed.

Beneficiary Informing

Upon first contact with a beneficiary or referral, the Administrative Entity shall inform beneficiaries about the amount, duration and scope of services under the IHP-ODS in sufficient detail to ensure that the beneficiaries understand the benefits to which they are entitled.

Care Coordination

Care coordination is a strength of the IHP-ODS system. Outpatient SUD services are conducted in clinics that also provide physical and mental health services. IHP-ODS residential services are also linked to physical and mental health services.

DHCS Integration Plan

This section does not apply to the IHP-ODS.

ASAM Designation for Residential Providers

The IHP-ODS will utilize the ASAM designation process, for residential services only, developed by DHCS.

Services for Adolescents and Youth

All IHP-ODS outpatient contractors will provide services to children and youth. The IHP-ODS contractors will utilize the ASAM Criteria for adolescent treatment. Youth ages 13-18 assessed to need residential services will utilize the Youth Residential Treatment Center in Hemet and Davis (after facility completion). If both YRTCs have reached capacity, IHP-ODS beneficiaries will be referred to another facility that is contracted with the Administrative Entity.

ODS State Oversight, Monitoring and Reporting

DHCS will provide oversight and monitoring of the Administrative Entity through an annual review. All state oversight of counties outlined in the STCs will pertain to the Administrative Entity.

ODS Administrative Entity Oversight, Monitoring and Reporting

a. The Administrative Entity shall have a Quality Improvement Committee to review the quality of substance use disorders services provided to the beneficiary.
b. The QI committee shall recommend policy decisions; review and evaluate the results of QI activities; institute needed QI actions, ensure follow-up of QI process and document QI committee minutes regarding decisions and actions taken. The monitoring of accessibility of services outlined in the Quality Improvement Plan will at a minimum include:
    - Timeliness of first initial contact to face-to-face appointment
    - Responsiveness of the beneficiary access line
    - Strategies to reduce avoidable hospitalizations
    - Coordination of physical and mental health services with waiver services at the provider level
    - Assessment of the beneficiaries' experiences
    - Telephone access line and services in the prevalent non-English languages.
c. The Administrative Entity will have a Utilization Management (UM) Program assuring that beneficiaries have appropriate access to substance use disorder services; medical necessity has been established and the beneficiary is at the appropriate ASAM level of care and that the interventions are appropriate for the diagnosis and level of care.
d. The Administrative Entity will provide the necessary data and information

required in order to comply with the evaluation required by the DMC-ODS.

e. Compliance: The Administrative Entity will provide IHP-ODS contractors and beneficiaries with access to file complaints and grievances. Administrative Entity will implement and maintain a process designed to detect and prevent fraud, waste, and abuse.

IHP-ODS Financing

Under negotiation with DHCS and CMS.

IHP-ODS Evaluation

This section will follow the same provisions as outlined in the STCs.

Federal 42 CFR 438 and Other Managed Care Requirements

The IHP-ODS will act under the federal requirements of the PIHP except for the following 438 requirements which will be waived:

- Waived provisions under DHCS review