
Drug Medi-Cal ODS Integration Plan Informational Meeting

June 3, 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



Training

- Technical Assistance Contractor: CIBHS
 - Released statewide training plan
 - Training conducted in early, middle and late implementation phases with training hubs
 - Focused training on ASAM, Networks, Integration, Selective Contracting, Quality Improvement, MAT, Continuum of Care
- SUD Annual Conference August 23-25



County Technical Assistance

- County Specific Webinars
- County Lead Conference Calls
- Phase Implementation Meetings
- Foundation Support
 - Implementation Efforts
 - Learning Collaboratives



Implementation Plans

- Reviewing County Implementation Plans
 - San Francisco
 - San Mateo: **DHCS APPROVED**
 - Riverside
 - Los Angeles
 - Santa Cruz
 - Santa Clara
 - Marin
 - Contra Costa
 - Napa
 - Monterey



Implementation Plans

- What do they look like?
 - All unique since there are different gaps in different counties
 - Must meet the minimum access requirements
 - Innovative
 - Testing new models, systems and payment
 - Meet 438 requirements



County Innovations

Co-locating:

- SUD counselors at MH clinics, primary care settings and/or ER
- Medication assisted treatment at all treatment programs
- Residential with Intensive Outpatient services
- MH and SUD facilities



County Innovations

- Accelerating county MH and SUD integration plan roll-out
- Partnering SUD counselors with probation; working discharges from jail right into treatment
- No cost in-custody jail phone lines for brief ASAM screen and treatment assessment



County Innovations

- Receiving a list of ER high-utilizers from managed care plans to target interventions such as intensive case management
- Same day referrals to treatment
- Utilizing one coordinated EHRs with SUD, Physical Health and Mental Health



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 assisting with designing an Indian Health Program ODS
 - Reviewing general parameters
 - Identifying entity to perform administrative functions
- Prepare STCs for tribal requirements



CMS Approval Updates

- State/County Contract Boilerplate
- CPE Protocol
- UCLA Evaluation



Interim Rates

- Counties developing interim rates in accordance with fiscal plan guidance provided
- Received proposed interim rates from four counties
- Provided TA to all counties via series of fiscal webinars



National Efforts

- Participating in CMS Affinity Program
- Meeting with other states:
 - Massachusetts
 - Kentucky
 - Virginia



Draft Integration Plan



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



Priority Areas of Focus

- Chose areas of focus based on themes from Integration Taskforce
- Pilot within the ODS pilot
- Counties choose to participate
- Opportunity to waive federal provisions
- Test new models of delivery or payment



Priority Areas of Focus

- DHCS has selected two priority areas of focus:
 - Health Information Exchange
 - Payment Reforms
- DHCS will define the parameters for each



Health Information Exchange

- Identify and test strategies to effectively share information to coordinate care
- Expand functionality and content of electronic health records
- Leverage and support provider collaboration and partnership
- Design patient-centered performance measures



Payment Reform

- Partnerships with health plan
- Provider incentives
- Alternative reimbursement strategies for providers, such as performance-based payments



Stakeholder Feedback

- Are these the right areas of focus for California?
- What strategies might be tested within these areas?



Planning Process



Approach

- DHCS will take feedback from today's meeting to guide the development of concept design / pilot parameters
- DHCS will develop further guidance for stakeholder feedback
- DHCS will integrate the themes within the framework of the SAMHSA model



Approach

- DHCS will assess if an additional waiver of Medicaid or other federal authorities are necessary
- Counties will be able to test the proposed strategies in portions of the county; the model will not need to be county-wide



Development of Criteria

- DHCS will determine if only a select number of counties can participate or if all DMC-ODS contracted counties can apply
- The concept design will include an evaluation element
- Reminder: CMS will need to approve the concept design



Request for Proposals

- DHCS will outline the Request for Proposal process for counties
- DHCS will recommend that the county proposals are reviewed and approved by DHCS only



Timeline for Submission



Timeline

- Write draft concept design: July 2016
- Reconvene stakeholders for input on concept design: August 2016
- Finalize concept design: Sept 2016
- Submit final concept design to CMS: October 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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