

Standard Terms and Conditions  
Changes from April 2015 to August 2015

- The county implementation plan must demonstrate ASAM levels of Residential Treatment Services (Levels 3.1-3.5) within three years of CMS approval of the county implementation plan and state-county intergovernmental agreement (managed care contract per federal definition). (Section 2)
- Language was added stating the average length of stay for residential services is 30 days. (Section 2)
- Physician Consultation Services is clarified. Physician consultation services are designed to assist DMC physicians with seeking expert advice on designing treatment plans for specific DMC-ODS beneficiaries. (Section 2.b.viii)
- Counties may contract with providers in another state where out-of-state care or treatment is rendered on an emergency basis or is otherwise in the best interests of the person under the circumstances. (Section 4.a.iii)
- Counties may contract individually with licensed LPHAs to provide services in the network. (Section 4.a.iii)
- Provisional Option: For counties that are unable to comply fully with the mandatory requirements upon implementation of this Pilot there exists the option for a one-year provisional period. A one-year provisional option will provide counties the opportunity to participate in the DMC-ODS Pilot while taking the necessary steps to build system capacity, provide training, ensure appropriate care coordination, and implement a full network of providers as described in the Pilot. In order to apply for the one-year provisional option, a county must include with their implementation plan a strategy for coming into full compliance with the terms of this Pilot. (Section 4.d)
- If upon submission of an implementation plan, the managed care plan(s) has not signed the Memorandum of Understanding (MOU), the county may explain to the State the efforts undertaken to have the MOU(s) signed and the expected timeline for receipt of the signed MOU(s). (Section 4.i)
- Additional evaluation requirements were included in the final STCs. Specifically, the data collection, reporting and analysis strategy for this waiver program will be designed to assess 1) the impact of providing intensive outpatient SUD services in the community; 2) the effectiveness of drug based SUD treatments; 3) the impact of providing residential SUD services; 4) whether the length of stay of residential SUD services affects the impact of such services; and 5) whether the residential treatment methods affect the impact of such services. These impacts will be assessed in terms of beneficiary access, health care costs, outcomes and

service utilization, and will utilize a comparison between comparable populations in opt-in counties and other counties. The measurement strategy will track readmission rates to the same level of SUD care or higher emergency department utilization and inpatient hospital utilization. The measurement strategy will also evaluate successful care transitions to outpatient care, including hand-offs between levels of care within the SUD continuum as well as linkages with primary care upon discharge. (Section 8)

- The Department of Health Care Services is currently in the process of implementing changes as required by the Centers for Medicare and Medicaid Services (CMS) to the cost report forms as required with the approval of State Plan Amendment #09-022. Upon approval of the DMC-ODS waiver, further changes, if applicable will be made to the cost report forms for the certification of public expenditures. (Attachment AA)
- Additional clarifying language pertaining to tribal participation throughout the STCs.