



Drug Medi-Cal Organized Delivery System Waiver



Outline

- Understand the background/context of the SUD services and the changes under the ACA that led to need for a SUDS organized delivery system
- Review the terminology, components, goals and outcomes of an 1115 SUDS Organized Delivery system
- Present the continuum of services under the waiver and the waiver flexibilities



Outline

- Understand how the ODS is partnering with various entities and the role of foundations
- Present how the ODS will impact the nationwide opioid epidemic
- Learn about current implementation efforts
- Describe work completed on tribal ODS system
- Outline steps which need to occur for approval



Presenters

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Components of an 1115

- Standard Terms and Conditions
- Budget Neutrality
- Expenditure Authority
- Federal 438 Requirements
- External Quality Reviews
- Evaluation



Drug Medi-Cal Benefits Prior to ACA

- Modalities
 - Outpatient Drug Free (ODF) - all populations
 - Narcotic Treatment Programs (NTP) - all populations
 - Residential (perinatal only in non-IMDs)
 - Intensive Outpatient Therapy (IOT) - perinatal only
- NTP 34 percent of beneficiaries served
- ODF 58 percent of beneficiaries served



Physical/Behavioral Health Integration

- Merging of community mental health and substance use disorder services into the Department of Health Care services in 2012/13 and 2013/14
- Implementation of Screening Brief Intervention and Referral Treatment in Managed Care (SBIRT)
- Expansion of Mild to Moderate mental health services in managed care



ACA Expansion

- Increased Eligible Beneficiaries (Expanded Population)
- California chose to expand modalities
 - Intensive Outpatient Treatment (for Mandatory and Expanded Populations)
 - Residential (for Mandatory and Expanded Populations)



Residential Restrictions

- Residential needed in the continuum of care
- Restricted due to the Institute for Mental Disease (IMD) exclusion
- Ninety percent of California's residential bed capacity is considered an IMD
- Clients in IMD's restricted from all Medi-Cal services
- Without the DMC-ODS Waiver Pilot, California cannot provide residential services



CMS Demographics

- 12% of adult Medicaid beneficiaries have an Substance Use Disorder
- 15% of uninsured individuals who may be newly eligible in the new adult group have an SUD
- Two of the top reasons for Medicaid 30-day hospital readmissions are SUD-related
- Drug overdose is now the leading cause of injury death, causing more deaths than traffic crashes



CMS SMD #15-003

- CMS issued a guidance letter July 27, 2015 to inform states of opportunities to design and test innovative policy and delivery approaches for individuals with SUD
- California is the first state to receive approval under this guidance
- California is excited to have the tribal system within the ODS



ODS Waiver Goals

- The goal is to improve SUD services for California beneficiaries
- Authority to select quality providers
- Consumer-focused; use evidence based practices to improve program quality outcomes
- Support coordination and integration across systems



ODS Waiver Goals

- Reduce emergency rooms and hospital inpatient visits
- Ensure access to SUD services
- Increase program oversight and integrity
- Place client in the least restrictive level of care utilizing The ASAM Criteria



Standard Terms and Conditions

- Pilot provides a framework that allows for innovative efforts
- Tremendous system changes at all levels
- Partnership at the county, tribal, state and federal levels of government to make the pilot successful



Standard Terms and Conditions

- Guiding Principles:
 - Everyone receives assessed services
 - Expand medication assisted treatment
 - Build bridges for care coordination to move to whole person care
 - Implementation will not be perfect; we'll act, correct and improve!



Standard Terms and Conditions

- DMC-ODS part of MediCal 2020
- Five-year pilot
- Tribal System:
 - Delivery system needs to be developed; must meet general requirements outlined in the DMC-ODS
 - DHCS will review tribal proposal
- County System:
 - Counties choose to opt-in
 - Beneficiaries must reside in opt-in county



Standard Terms and Conditions

- Comprehensive evidence-based benefit design:
Continuum of Care
 - Required services: Outpatient, Intensive Outpatient, Residential, Narcotic Treatment Program, Withdrawal Management, Recovery Services, Case Management, Physician Consultation
 - Optional services: Partial Hospitalization, Additional Medication Assisted Treatment



Standard Terms and Conditions

- Appropriate Standards of Care: Utilization of The ASAM Criteria
 - Providers must be trained in ASAM
 - Residential providers must receive DHCS issued ASAM Designation for Levels 3.1, 3.3 and/or 3.5
 - Beneficiaries must meet ASAM Criteria definition of medical necessity



Standard Terms and Conditions

- Care Coordination
 - MOUs with Managed Care Plans and counties
 - Coordination of case management responsibilities
 - Comprehensive substance use, physical and mental health screening
 - Process for dispute resolution
 - Provide care transitions including aftercare and recovery support services
 - Collaboration with Physical and Mental Health services



Standard Terms and Conditions

- Integration of Physical Health and SUD
 - Specify an integration approach: April 2016
 - Integration concept design: Oct 2016
 - Implementation goal: April 2017
 - Utilizing Substance Abuse and Mental Health Administration (SAMHSA) guidelines



Standard Terms and Conditions

- Program Integrity Safeguards
 - State monitoring efforts
 - High risk screening
- Strong Network Development for Access
 - Developing access standards with Mental Health
 - Requiring Narcotic Treatment Programs
 - Expanding workforce with LPHAs



Standard Terms and Conditions

- Benefit Management-Utilization Reviews
 - Prior authorization for residential services
 - Triennial Reviews
 - External Quality Review Organizations
- Reporting of Quality Measures
 - Counties will report data to DHCS
 - Quality Improvement Plan required for counties
 - UCLA evaluation of DMC-ODS



Standard Terms and Conditions

- Strategies to Address Opioid Use Disorder
 - Meets two of the US Department HHS Secretary's three priority issues:
 1. Expanded use and distribution of naloxone and
 2. Expansion of Medication Assisted Treatment (MAT)
 - Expanding MAT in various settings
 - Removing barriers to MAT expansion



Intersection with Other Efforts

- SBIRT: Screening, Brief Intervention and Referral to Treatment efforts
- Behavioral Health Homes
- Whole Person Care Pilot: MediCal 2020
- Specialty Mental Health 1915b waiver
- Criminal Justice System
- Foster Care



ASAM Designation

- Only required for residential services providing levels 3.1, 3.3 and/or 3.5
- Designating by Phases
- Working with Phase I, II and III providers
- Designations posted on DHCS' DMC-ODS web page
- Provisional prior to licensing renewal



External Quality Review

- EQRO contractor secured in January 2016
- Rolling out EQR's in phases
- EQR requirements must be phased in within 12 months of approved county plan
- Connecting and collaborating with UCLA and Mental Health EQRO efforts



UCLA Evaluation

- Multiple baseline design
- Utilizing quantitative and qualitative data
- Use existing data where possible
- Supplement with new data collection while attempting to minimize the burden on stakeholders



UCLA Evaluation

Evaluate the Organized Delivery System

- Access to care
- Quality of care
- Coordination of care
 - Within SUD continuum of care
 - With recovery support services
 - With mental and physical health services
- Costs



Current Implementation

- Reviewing 7 County Implementation Plans
- Finalizing with CMS:
 - State/County Contract Boilerplate
 - CPE Protocol
 - UCLA Evaluation
- Releasing State Policy Information Notices
- Providing Regional County TA to Phase 1 and 2



Tribal Implementation

- Phase Five for Implementation
- Stakeholder Engagement
 - Various meetings with tribal partners
 - Conducted visit to Friendship House
 - Indian Health Services 2016 Annual Tribal Consultation
- Working with CMS
 - Innovation Accelerator Program Consultants Assistance
 - Assisting with design of a proposal to DHCS



Tribal Implementation

- Amendments Needed for STCs
 - Need to be consistent with the Indian Health Care Improvement Act
 - Will be outlined in Attachment BB
 - Need to describe how the delivery system will incorporate the required modalities in the continuum of care
 - Financing of the system
 - STC proposal will need to be submitted to DHCS for review and approval
 - DHCS will then submit an amendment to CMS for review and approval



Tribal Implementation

- Upcoming Work

- Estimate volume of beneficiaries
- How beneficiary protections will be implemented
- Application of federal 438 requirements
- Review current network and how access of required services will be met
- Entity responsible for administrative functions required under the ODS
- Which system will tribal beneficiaries use? County or Tribal?
- Providers DMC certified
- Residential providers ASAM designated



Tribal Implementation

- Fiscal Impacts

- No start-up funds for the 1115 waiver
- How will non-federal share be covered?
- How will funding flow?
- What would the process for reimbursement be?
- What will the fiscal system look like for urbans versus 638s?



Tribal Implementation

- Prior to Services Beginning
 - Approval of tribal system amendments from DHCS and CMS
 - Approved Tribal Implementation Plan
 - Financing System Approved
 - ASAM Training Complete



More Information

- DHCS website
 - FAQs and Fact Sheets
 - ASAM Designation
 - Approval Documents
- <http://www.dhcs.ca.gov/provgovpart/Pages/Drug-Medi-Cal-Organized-Delivery-System.aspx>

