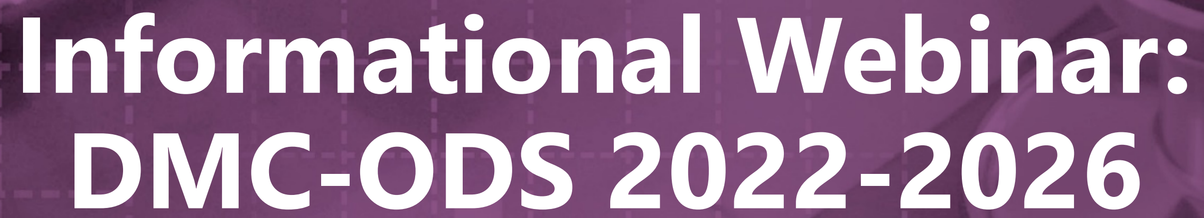


Informational Webinar: DMC-ODS 2022-2026

December 2, 2021

DHCS

DHCS

CalAIM Behavioral Health Initiatives Timeline Update

Policy	Go-Live Date
Criteria for Specialty Mental Health Services	January 2022
Drug Medi-Cal Organized Delivery System 2022-2026	January 2022
Drug Medi-Cal ASAM Level of Care Determination	January 2022
Updated Annual Review Protocol and Reasons for Recoupment FY 2021-2022	January 2022
Documentation Redesign for Substance Use Disorder & Specialty Mental Health Services	July 2022
Co-Occurring Treatment	July 2022
No Wrong Door	July 2022
Updated Annual Review Protocol and Reasons for Recoupment FY 2022-2023	October 2022
Standardized Screening & Transition Tools	January 2023
Behavioral Health CPT Coding Transition	July 2023
County Behavioral Health Plans Transition to Fee-for-Service and Intergovernmental Transfers	July 2023
Administrative Behavioral Health Integration	January 2027

DMC-ODS 2022-2026

Go-live: January 2022

- California will continue to provide all the DMC-ODS benefits currently authorized under the Medi-Cal 2020 1115 demonstration, but it will transition delivery system authority to a consolidated 1915(b) “managed care” waiver and coverage authority of current DMC-ODS benefits to the State Plan.

DMC-ODS 2022-2026

Sustains Recent Policy Clarifications

- Sustain recent policy clarifications: e.g., coverage during assessment period; remove annual residential treatment limits; require providers to offer or refer for medications for addiction treatment (MAT), clarify recovery services

Seeks Approval for New Services (not yet covered)

- New services pending Centers for Medicare & Medicaid Services (CMS) approval (e.g., contingency management pilot; peer support services, traditional healers and natural helpers).

Removing Residential Limitations & Clarifying Length of Stay

- DHCS is sustaining the removal of limitations on the number of treatment episodes that can be reimbursed in a one-year period, and on the maximum number of days in a residential stay, as originally described in BHIN 21-021
- CMS guidance directs states to to aim for a statewide average length of stay of 30 days
- Current DMC-ODS STCs indicate an average length of stay of 30 days
- *This is not a treatment limitation or "hard cap" on individual stays*
- *Lengths of stay in residential treatment shall be determined by individualized clinical need*

Clarifying Recovery Services

- DHCS is sustaining the clarification on recovery services, as originally described in BHIN 21-020
- Beneficiaries may receive recovery services based on self-assessment or provider assessment of relapse risk
- Beneficiaries do not need to be diagnosed as being in remission to receive recovery services
- Beneficiaries may receive recovery services while receiving MAT services, including NTP services
- Beneficiaries may receive recovery services immediately after incarceration with a prior diagnosis of SUD

Reimbursement during assessment

- DHCS is sustaining the policy for reimbursement for treatment services provided in non-residential settings during the assessment period, as described in BHIN 21-019
- Covered and clinically appropriate DMC-ODS services are reimbursable for up to 30 days following the first visit with an LPHA or counselor, regardless if an SUD diagnosis is made
  - 60 days if the beneficiary is under age 21 or experiencing homelessness
  - If a beneficiary withdraws from treatment prior to establishing a diagnosis, the 30-day period renews
- If the assessment of the beneficiary is completed by a counselor, an LPHA shall evaluate the assessment with the counselor and the LPHA shall make the initial diagnosis
- Per state telehealth policy, assessment by telephone is allowable through December 2022. DHCS is soliciting input from a stakeholder workgroup to guide subsequent telehealth policy.

Reimbursement after assessment

- DHCS is sustaining the policy for reimbursement for treatment services provided in non-residential settings after the assessment period, as described in BHIN 21-019
- After the assessment period, DMC-ODS services are available to individuals 21 and over if they meet one of the following criteria
  - Have an SUD diagnosis
  - Have an SUD diagnosis prior to incarceration as determined by substance use history
- After the assessment period, DMC-ODS services are available to individuals under age 21 pursuant to the Early and Periodic Screening, Diagnostic, and Testing (EPSDT) benefit
  - Consistent with federal guidance from CMS, services need not be curative or completely restorative to ameliorate a behavioral health condition, including substance misuse and SUDs.
  - Services that sustain, support, improve, or make more tolerable substance misuse or an SUD are considered to ameliorate the condition, are thus medically necessary, and are thus covered as EPSDT services

DMC-ODS Medical Necessity

- Medical necessity for DMC-ODS services is defined at WIC Section 14059.5:
  - (a) For individuals 21 years of age or older, a service is "medically necessary" or a "medical necessity" when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain.
  - (b) (1) For individuals under 21 years of age, a service is "medically necessary" or a "medical necessity" if the service meets the standards set forth in Section 1396d(r)(5) of Title 42 of the United States Code.

Expanded Access to MAT

- DHCS is sustaining and enhancing the MAT policy clarifications, as originally described in BHIN 21-024
- DMC-ODS counties shall require that all DMC-ODS providers, at all levels of care, either offer MAT directly or have effective referral mechanisms for MAT in place
- Effective MAT referral mechanisms are defined as facilitating access to clinically appropriate MAT off-site for beneficiaries while they are receiving treatment services
- DMC-certified providers shall offer, but not require, counseling or behavioral therapy to beneficiaries receiving MAT

DMC-ODS 2022 – 2026: CalAIM Policy Improvements

Policy Change/Clarification	Tentative Dates*
Clarifying clinician consultation (e-consult) (not limited to physicians)	January 1, 2022
Clarify ASAM Level 0.5 of care for beneficiaries under 21	January 1, 2022
Multiple technical fixes	January 1, 2022
Pilot coverage of Contingency Management	July 1, 2022
Cover services provided by Traditional Healers and Natural Helpers to meet the needs of American Indian and Alaska Native DMC-ODS beneficiaries	TBD

**Pending CMS negotiations & approval*

DMC-ODS 2022 – 2026: Updated Benefits
Required Benefits

- Early intervention for beneficiaries under 21) (*forthcoming BHIN*)
- Outpatient & Intensive Outpatient
- MAT
- Residential / Inpatient
  - At least one ASAM level of care upon implementation
  - ASAM Levels 3.5 available within two years
  - ASAM Levels 3.1-3.5 available within three years
  - Referral mechanisms and coordination with ASAM Levels 3.7 and 4.0 delivered through FFS/MCPs
- Withdrawal Management
  - At least one level
  - Referral mechanisms and coordination with ASAM Levels 3.7-WM and 4.0 delivered through FFS/MCPs
- Narcotic Treatment Program Services
- Recovery Services
- Care Coordination
- Clinician consultation (reimbursable activity, but not a direct service)

DMC-ODS 2022 – 2026: Updated Benefits
Optional Benefits

- Residential / Inpatient
  - ASAM Levels 3.7 and 4.0
- Withdrawal Management
  - Additional levels (ASAM Levels 1-WM, 2-WM, 3.2-WM, 4.7-WM, 4-WM)
- Partial Hospitalization
- MAT Delivered at Alternative Sites (drug product costs)
- Peer Support Services (effective 7/22)
- Contingency Management (pending CMS approval)

Care Coordination

- Care coordination was previously referred to in the DMC-ODS STCs as “case management.”
- Per CMS feedback, DHCS has retitled and re-described this benefit as “care coordination..

Pilot Coverage of Contingency Management

- Proposed optional pilot: July 2022 – March 2024
- Combining motivational incentives with counseling is the only proven treatment for stimulant use disorder.
- Funded as an optional pilot as part of the Home and Community-Based Services program, approved by CMS.
- Proposed to be included as a new Medicaid benefit in 1915(b)3 waiver; DHCS is currently in conversation with CMS.

Pilot Coverage of Contingency Management (cont.)

- Counties apply to participate
- Offered through enrolled DMC-ODS providers:
- State and federal funding (through HCBS Spending Plan) covers costs above and beyond current DMC-ODS services; state will hold contracts with app and incentive distribution company.
- $3M in BH QIP to help support counties with start-up costs
- Must have rigorous safeguards in place to prevent fraud and diversion
- SAMHSA's Technology and Training Center for provider training
- Stakeholder engagement opportunity is forthcoming

Traditional Healers and Natural Helpers

Background

- American Indian and Alaska Native beneficiaries who reside in DMC-ODS counties can receive DMC-ODS services through Indian Health Care Providers (IHCPs) per BHIN 20-065.

Clarification

- DHCS is requesting that IHCPs may also use Natural Helpers and Traditional Healers to provide DMC-ODS services.
- DHCS is engaging CMS and stakeholders on this proposal

Clarify Early Intervention Services (ASAM Level 0.5) for Beneficiaries under 21

- Early intervention services (ASAM Level of Care 0.5)-is available without the requirement of an SUD diagnosis in DMC-ODS and DMC for beneficiaries under age 21.
  - ASAM Level 0.5 includes screening, brief intervention, and referral to treatment (SBIRT) and early intervention services.
  - SBIRT is delivered through the Medi-Cal Managed Care Plan (MCP) and Fee-For-Service (FFS) delivery system
  - Early intervention services covered and delivered under DMC-ODS include individual counseling, group counseling, and education services.

Peer Support Specialist Services

- Peer Support Specialist services will be implemented as a county option and have an effective date of July 1, 2022.
- On July 22, 2021, DHCS issued Peer Support Specialist Certification requirements through Information Notice 21-041.
- Counties, or entities representing counties, will be able to certify peer support specialists starting in July 2022.
- DHCS has submitted federal authorities to CMS and aims to have federal approval by January 1, 2022 for a July 2022 implementation date.

Expanding Physician Consultation to Clinician Consultation

- DHCS will update the provider types of "physician consultation" to include DMC-ODS LPHAs consulting with addiction medicine physicians, addiction psychiatrists, licensed clinicians, or clinical pharmacists.
- Clinician Consultation consists of consultations between clinicians designed to assist DMC-ODS clinicians with seeking expert advice on treatment needs for specific DMC-ODS beneficiaries
- Clinician Consultation is designed to support DMC-ODS licensed clinicians with complex cases and may address medication selection, dosing, side effect management, adherence, drug-drug interactions, or level of care considerations.
- The DMC-ODS County will contract with addiction medicine physicians, addiction psychiatrists, licensed clinicians, or clinical pharmacists as consultants. Clinician consultation services can only be billed by and reimbursed to DMC-ODS providers.

Removing the DHCS Provider Appeals Process

Background

- Following a county's protest procedure, a provider may currently appeal to DHCS if it believes that the county erroneously rejected the provider's solicitation for a contract.

Clarification

- DHCS proposes removing this process as it has rarely been used and it is more appropriately addressed by the network adequacy requirements.

Forthcoming Policy Update: Prior Authorization for Residential

Background

- Prior authorization is required for residential treatment
- DHCS seeks to promote patient-centered care, improve access, optimize clinician resources, and continue to ensure that residential placements are clinically appropriate

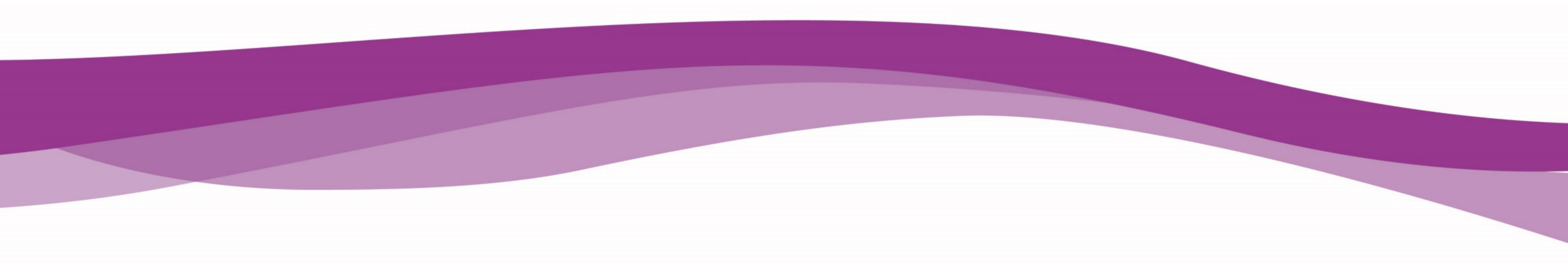
Clarification

- DHCS proposes to allow counties to use a brief screening tool to determine authorization for admission to residential treatment, with full ASAM assessment completed within x days to provide authorization for continued stay

Other CalAIM Initiatives Impacting DMC-ODS

- Behavioral Health Documentation Redesign: *July 2022*
  - Will simplify and streamline documentation requirements for SUD & Specialty Mental Health Services
- Behavioral Health Payment Reform: *July 2023*
  - Will transition counties from cost-based reimbursement to fee-for-service rates; and use inter-governmental transfers for local match. Includes transition to CPT codes.

Q&A



Questions?

- If you have questions, please e-mail DHCS at: CountySupport@dhcs.ca.gov
  - Subject Line “DMC-ODS Changes”