Indian Health Program Organized Delivery System Tribal Consultation

September 12, 2017

1115 Waiver Elements

- **Component of Larger 1115 Waiver.** The DMC-ODS Pilot Program is authorized and financed under the authority of the state's Medi-Cal 2020 Waiver.
- **Elective for Indian Health Programs.** The Pilot Program will be elective until 2020.
- **Standard Terms & Conditions.** Outline of requirements for eligibility, benefits, Indian Health Program responsibilities, state oversight, and reimbursement.

1115 Waiver Elements

- **Benefits.** Continuum of care modeled after nationally-recognized standard of care (ASAM)
- **Accountability.** Increased local control and accountability
- **Beneficiary Protections.** Strong provisions for program integrity and beneficiary protections
- **Oversight.** Utilization tools to improve care and manage resources
- **Quality.** Evidence-based practices
- **Integration.** Coordination with other systems of care

Implementation Phases

Phase 1:
- Bay Area

Phase 2:
- Southern California

Phase 3:
- Central California

Phase 4:
- Northern California

Phase 5:
- Tribal and Urban Indian Health Programs

IHP-ODS 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:

- **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.

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- **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 Services
- **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).

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  - Beneficiaries must also meet the American Society of Addiction Medicine (ASAM) Criteria level of care determination for services based on the ASAM Criteria.
- **Determination of Medicaid Eligibility (who may receive the IHP-ODS benefits:**
  - Medicaid eligibility must be verified by the Administrative Entity or IHS contractor
  - IHS eligibility must also be established by the IHP-ODS contractor.

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- 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).
- 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.

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DMC-IHP Benefits available in accordance with an Individual Treatment Plan (ITP):

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.

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Outpatient Services (ASAM Level 1):

- Counseling services are provided to beneficiaries (up to 9 hours a week for adults, and less than 6 hours a week for adolescents) when determined by a Medical Director or LPHA to be medically necessary.
- Services can be provided by a licensed professional or a certified counselor in any appropriate setting in the community, including in-person, by telephone or by telehealth.

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Intensive Outpatient Services (ASAM Level 2.1):

- Structured programming services are provided to beneficiaries (a minimum of nine hours with a maximum of 19 hours a week for adults, and a minimum of six hours with a maximum of 19 hours a week for adolescents) when determined by a Medical Director or LPHA to be medically necessary.
- Services can be provided by a licensed professional or a certified counselor in any appropriate setting in the community, including in-person, by telephone or by telehealth.

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Residential Services (ASAM Levels 3.1 and 3.5):

- The 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.

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- 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 for adults and youth follow the same provisions as outlined in the STCs.
- The length of residential services range from 1 to 90 days with a 90-day maximum for adults and 30-day maximum for adolescents; unless medical necessity authorizes a one-time extension of up to 30 days on an annual basis. Only two non-continuous 90-day regimens will be authorized in a one-year period.

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- Peri-natal clients may receive a longer length of stay based on medical necessity.

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.
- Each beneficiary shall reside at the facility if receiving a residential service and will be monitored during the detoxification process.

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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.

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Recovery Services:

- These services will be required and follow the same provisions as outlined in the STCs.
- During the transfer/transition planning process, beneficiaries will be linked to applicable recovery services. The treatment community becomes a therapeutic agent through which patients are empowered and prepared to manage their health and health care. The treatment must emphasize the patient's central role in managing their health, use effective self-management support strategies, and organize internal and community resources to provide ongoing self-management support to patients.

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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.
- Services may be provided by a Licensed Practitioner of the Healing Arts or certified counselor.
- Case management services are defined as a service that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services.

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IHP-ODS Provider Specifications:

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

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- All IHP-ODS contractors and subcontractors must obtain and retain DMC certification.
- SUD counselors may be utilized and reimbursed for all levels of the continuum of care.
- 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.
  - 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.

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- Natural Helpers can only be utilized and reimbursed for Recovery Services.
- 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.
- 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, spirituality ceremonies, rituals, and herbal remedies.

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  - Traditional Healers can be reimbursed for Outpatient, Intensive Outpatient, and Residential services.
- 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.

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- **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.

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Responsibility of the IHP-ODS Administrative Entity:

- 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.

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- IHP-ODS contractors may also sub-contract for required modalities of services after Administrative Entity approval.
- The Administrative Entity will provide DHCS with an updated list of all IHP-ODS contractors and sub-contractors.

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- Access
  - The 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.

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- 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.

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Residential Authorization:

- The Administrative Entity is require to:
  - Provide authorization for residential services within 24 hours, except on weekends and holidays, of the prior authorization request being submitted by the provider.
  - Review the DSM and ASAM Criteria to ensure that the beneficiary meets the requirements for the service.
  - Have written procedures for processing requests for authorization of residential services.
  - To track the number, percentage of denied, and timeliness of requests for residential authorization.

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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.

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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.

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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.

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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.

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- Youth ages 13-18 assessed to need residential services will utilize the Youth Residential Treatment Centers 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.

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ODS Administrative Entity Oversight, Monitoring and Reporting

- The Administrative Entity shall have a Quality Improvement (QI) Committee to review the quality of substance use disorders services provided to the beneficiary.
  - 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.

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- 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.

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- Assessment of the beneficiaries' experiences.
- Telephone access line and services in the prevalent non-English languages.

- 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.

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- The Administrative Entity will provide the necessary data and information required in order to comply with the evaluation required by the DMC-ODS.
- 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.

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IHP-ODS Financing

- Currently under negotiation with DHCS and CMS.

IHP-ODS Evaluation

- This section will follow the same provisions as outlined in the STCs.
- The design of the DMC-ODS evaluation will focus on the four key areas of access, quality, cost, and integration and coordination of care.

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Federal 42 CFR 438 and Other Managed Care Requirements

- The IHP-ODS will act under the federal requirements of the Prepaid Inpatient Health Plan (PIHP) except for the following 438 requirements which will be waived:
  - Waived provisions under DHCS review

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Elements of the DMC-ODS STC's that will not be required in the IHP-ODS

- Partial Hospitalization
- Opioid (Narcotic) Treatment Program (but referrals should be made if services are geographically located near the beneficiary)
- Physician Consultation Services
- Intersection with the Criminal Justice System

IHP-ODS Consultants

- Assistance was received from Blue Shield Foundation and California Health Care Foundation
- Consultants will assist DHCS and IHP-ODS stakeholders with the Administrative Entity and fiscal development

Engagement Efforts

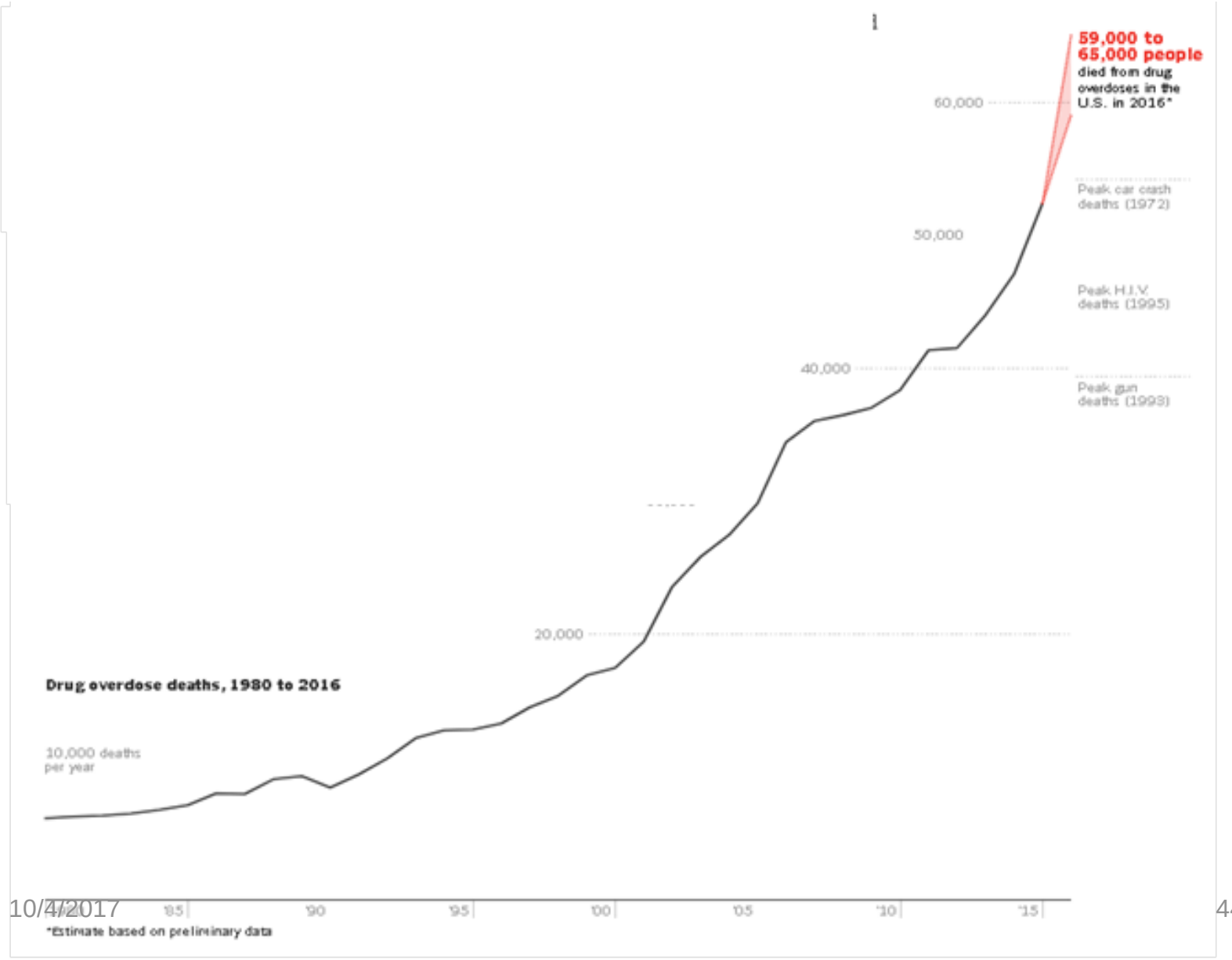
- DHCS will continue meetings with IHS, CCUIH and CRIHB
- DHCS will continue to distribute Draft updates to the Tribal and Urban Indian Health Program stakeholders
- DHCS will continue to present at any stakeholder meetings to gather input on the IHP-ODS
- Other opportunities for input and communication strategies will also be established

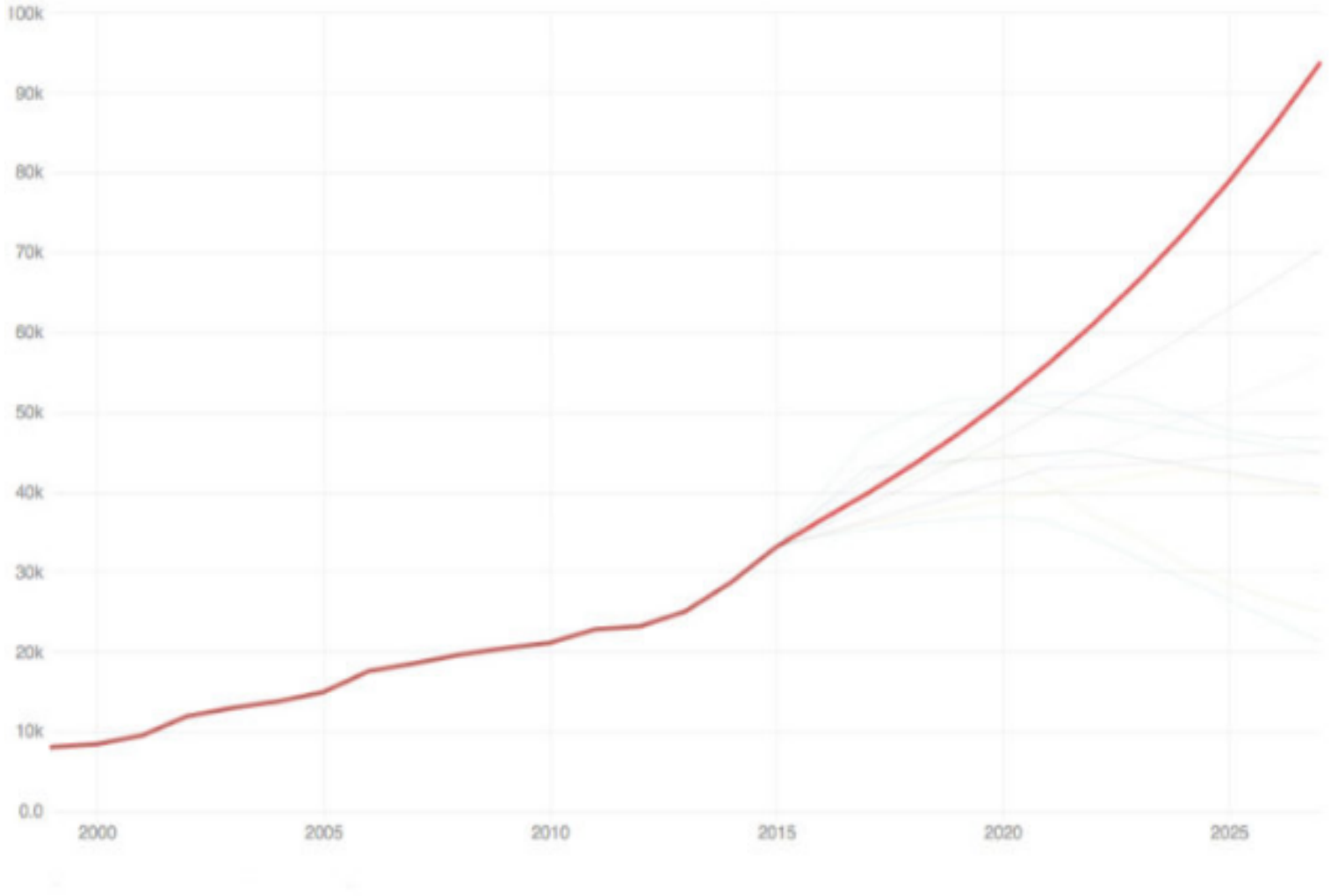
IHP-ODS Next Steps

- Design fiscal structure
- Submit fiscal structure for approval to CMS
- Formally submit IHP-ODS Attachment BB to CMS for approval (current version of Attachment BB is in draft form and not approved by CMS)
- Establish an Administrative Entity
  - Functions of the administrative entity may include:
    - Identifying /developing a network of providers who can provide the full array of SUD treatment services that meet the ASAM criteria;

Substance Abuse and Mental Health Services Administration (SAMHSA) Opioid STR Grant

Drug overdose deaths in 2016 most likely exceeded 59,000, the largest annual jump ever recorded in the United States, according to preliminary data compiled by The New York Times.





Scenario 1: The opioid deaths forecast for 2027 is 93,613. The forecasted change is 183% since 2015 when it was 33,091. This curve assumes total drug overdoses climb at the same rate they have for decades. It's also based on the assumption opioid deaths keep making up roughly the same percentage of all drug deaths.

NATALIA BRONSHTEIN/STAT

IHP-MAT Project

California will strategically focus on three populations to improve MAT services:

1. Counties without a NTP in the geographic area.
2. Increase the availability and utilization of buprenorphine statewide.
3. **Improve MAT access for CA's American Indian and Native Alaskan tribal communities through the IHP-MAT Project.**

Tribal MAT Project

- $3.17M annually; project total of $6.34M
- UCLA will create the data reporting structure and collect IHP-MAT data elements
- UCLA will conduct an IHP-MAT evaluation
- DHCS intentionally did not submit a design of this project to SAMHSA
- Emphasized to SAMHSA the need to collaborate with Indian Health Services Program partners

Tribal MAT Project

- The project will include traditional practices and philosophies for the AI/NA population

Focuses of the project:

- Supplementing efforts for the IHP-ODS such as initial funding for the Administrative Entity
- Suicide Prevention
  - Hire suicide prevention coordinator
  - Interface with schools, law enforcement, and other community entities

Tribal MAT Project

- Develop community suicide response plan for family and those affected during the grieving process
- Add additional staffing, both professional and non-professional at the community level
- Create community suicide forum for members to coordinate ideas

Tribal MAT Project

- Project ECHO
  - (Extension for Community Healthcare Outcomes) The project does not actually “provide” care to patients. Instead, it dramatically increases access to specialty treatment in rural and underserved areas by providing front-line clinicians with the knowledge and support they need to manage patients with complex conditions such as: hepatitis C, behavioral health disorders, and many others.

Tribal MAT Project

- Create and implement Project ECHO through UCLA to increase training and expansion of Buprenorphine waivered physicians.
- Case conferencing, mentoring, and training culturally specific activities.

Tribal MAT Project

- Naloxone Distribution
  - Purchase Naloxone kits to distribute to entities in the community most likely to encounter an overdose situation (law enforcement, ambulances, public libraries, etc.)
  - Provide training and education on how to administer and next steps.
  - Explore outreach options on how to inform the community these kits are available to those affected.

Tribal MAT Project

- MAT Expansion
  - Access and Needs Assessment
  - Integration of MAT into clinics
  - Education on service delivery and access expansion
  - Expansion of effective culturally specific MAT programs

Contacts

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For More Information:

http://www.dhcs.ca.gov/provgovpart/Pages/SUDS-Compliance.aspx