

Drug Medi-Cal (DMC) Organized Delivery System (ODS) Waiver Implementation Planning Stakeholder Meetings Frequently Asked Questions

The residential stay will be up to 90 days, and up to twice a year. What if a client comes and goes twice within in a few weeks? How are they going to count the episodes?

This question has been discussed at the state level, and it's often a topic of conversation within DBH. It's one of the discussion items that is ongoing, and that the County is working on. The state's position is to uphold the limit of two residential stays a year. They recognize it is a very significant problem, because we know that clients might relapse, but at this time they are holding firm on their decision. The state's position is to revisit this problem if Waiver results suggest that this is not the most effective way to offer services. All the information, questions and feedback will eventually help us inform how we write our implementation plan to the state. More information will be provided as we go through the implementation planning process.

Drug Medi-Cal will pay for 90 days of residential treatment?

Yes, up to 90 days twice a year in case of a relapse. If the client is in residential treatment and leaves after 5 days, DMC counts this as one treatment episode.

What is the timeline to implement the DMC Waiver? How long will this take?

Maybe a year, but will have a better idea as we progress.

What is the timeline for Waiver implementation?

We are hoping to get approval from Sacramento in Spring 2017 and from CMS by July 2017. A new contract with the state must be approved before new services can be provided. We will then begin soliciting providers through the RFP process. With all of the work involved, the program might be available by July 2018.

When will Fresno County submit their implementation plan?

We hope to submit by March 2017.

DMC, as it is now, technically doesn't allow billing for aftercare. Will there be some more written clarification on what will be considered aftercare / continuing care? Will the parameters be changed for that?

We can only imagine that there will be far more detail made available by the State as the new system develops. If DMC will be reimbursing for these services, they certainly will have a specific description of what is expected as well as billable. There might be some flexibility from county to county in how they implement aftercare, but ultimately aftercare will be defined by the state and they will tell us what is billable.

What are recovery support services?

Recovery Services are aftercare. The programs can still provide services to clients who meet medical necessity. We are looking into using telehealth as a way to follow up as well as phone calls and text message, etc. Recovery services are used to keep the thread attached after the client leaves treatment. Clients may use Recovery Services to prevent relapse.

Where does the information, to determine the threshold language, come from?

It comes from census data.

Why does the presentation talk only about language of beneficiaries, and not culture?

The Waiver goes into full detail about language and Cultural Linguistic Appropriate Services (CLAS). These requirements are already in place but the Waiver will require more services and availability for all individuals.

Question on the offsite services - What will happen to the certification process?

The site certification will continue to be required. The idea is to meet the client where they are. The Waiver allows counselors to go to the client but be based out of a DMC certified location.

Do the providers have to be state certified?

Yes, however with the Waiver we will be able to select our providers based on competency, performance, etc.

If you have a certified site, you can do offsite services?

Yes, for clients at that treatment facility. This includes telehealth as well.

You talked about the increased integration of the Mental Health and Primary Health Care; will that be built into the rate? Is there actual money for the Mental Health Treatment in the Drug Medi-Cal Waiver?

No there's not, but the Waiver allows for Care Coordination. Providers will be expected to case manage clients to additional medical care that they need. This is not discussed in detail in the Waiver. We project that these services will be reimbursed through Medi-Cal.

How do we plan to integrate?

Eventually we will merge with primary care as well as mental health care. It is getting to be a known issue that SUD clients have health care issues outside of the SUD spectrum. (Ex. Hepatitis C and Cirrhosis) There is a stigma with SUD clients. We need to get away from the moral choice stigma in primary care.

Is the focus of the Waiver only on SUD, where is the benefit to SMI?

The benefit comes from the integration of services between Mental Health and SUD. This part of the waiver is for DMC.

What is the process to get approved for Drug Medi-Cal?

DMC is Medi-Cal; if you qualify for Medi-Cal you are already qualified and enrolled in Drug Medi-Cal.

How do you apply for Medi-Cal?

It can be applied for on-line. It is based on income.

Does the County provide adolescent treatment programs?

At this time there are not enough available, especially not for residential. We plan to expand our treatment for adolescents with the implementation of the Waiver.

Are you partnering with schools?

We have built a lot of partnerships with schools; currently we have Mental Health and SUD in schools. School based care will be discussed when writing the implementation plan for the Waiver.

What is the age range for adolescent services?

The adolescent age range is 12-17 years old.

How can a student get connected for services?

They can either call the access line to get screened or they can contact the program directly.

Does the Waiver require/reimburse Early Intervention?

The Waiver does not require or reimburse for Early Intervention. Early Intervention is not treatment, its purpose is to intervene before treatment is required. The County plans to continue to fund Early Intervention but it is not reimbursable through DMC and the Waiver.

Does the Waiver provide additional funds for prevention?

Prevention is not included as part of the waiver

What are the levels of care from the perspective of the individual?

The level of care will be determined based on ASAM criteria and individuals will be placed in treatment based on an assessment based on ASAM principles.

The County does not provide services. Is Turning Point the contact point with the County?

The County provides most SUD services through contract and Turning Point is one contracted provider. We will soon start the bidding process (RFP), and hopefully, with the implementation of the Waiver, we will have more SUD programs in the area.

How will the County provide access to services?

We are thinking of having the screening run by the county. We are also considering the 24/7 line to use live operators, instead of answering machine. Similar to the system in Mental Health.

In regards to transportation?

The Access Line or SUD Central will provide a brief screening to determine the needs of clients. We are unsure about transportation at the moment. County provided transportation might work in Coalinga or other rural areas.

Transportation is a big issue in rural areas. Who will provide this service?

Hopefully we will build our footprint with contractors in the rural areas. The Waiver also allows telehealth. We hope to be able to offer clients this option.

Transportation has to be addressed if the level of care is not provided locally (e.g. methadone).

Is the proposal approved by the state or federal?

It will be approved by both.

Are we going to service only Fresno?

Fresno County is opting in to the Waiver. This will benefit all Fresno County residents. We can serve everyone if capacity is available. Clients from a different County will get Waiver services if their county opted in. If they are from an opt-out county they will receive the standard services that are in place now.

Does DBH have a partnership with Fresno State?

We currently do not, but Spirit of Woman has nurse students from CSUF come to their program.

What is EQRO?

External Quality Review Organization that have experience in behavioral health quality. They do administration and program reviews.

Will medicated assistance with detox be covered?

Yes

Who will do case management?

Case management has to be tied to the provider. Fresno County plans to leave that part to be carried out by the providers with DBH support if needed.

Would case management extend to relatives?

Case management is tied to the case. The only way it can benefit someone is if it helps the individual and is part of the treatment plan. It will not be used to directly benefit the family.

Are there enough treatment providers? Will we still have wait lists?

Under the waiver, we are not allowed to have waitlists. We are required to have a sufficient network of providers. The County plans to build our treatment network through the bidding process once the Waiver is implemented.

How can providers offer better services? They can only provide what they get paid for.

With the Waiver we can build costs that are appropriate so that counties do not lose providers and will use it as an incentive for providers to offer service in this area.

Is there any movement on the billing rollout? Right now you can't bill Mental Health Medi-Cal on the same day that we bill other services.

That is also something that's being addressed at the state level.

Is the County planning to build out Avatar as the Electronic Health Records for Drug Medi-Cal?

DBH is planning to implement Avatar as the EHR for the County and it will be recommended for use by providers. We are unsure at this time if it will be required or recommended once the Waiver is implemented. DBH will take into account all of the pros and cons when making this decision. Provider input is also encouraged.

Excited to hear that you're considering alternative treatment modalities specific to substance abuse. Most of the traditional treatment programs are not doing that, they're very much AA, NA based. So, what happens to that?

These treatment programs are the foundation of care. The Waiver will require evidence based practices when providing treatment. Nothing needs to happen to AA and NA. They can be utilized as the provider and client see fit. It's a requirement that medication services are available for anybody who needs it. It is the determination of the provider if and how to offer these treatment options.

One of the confusing passages in the 1115 waiver documents has to do with who can do assessment diagnosis? There is certain implication that it has to be a licensed practitioner doing the upfront assessment. Most substance abuse programs don't have licensed people doing the assessment.

Staff doing assessments are registered or certified. A doctor has to review the assessment and sign it off.

What are the agencies that provide services to the Mono Tribe?

Central Valley Indian Health and Sierra Inter-Tribal Consortium (Turtle Lodge)

What services are available to tribal members?

Big Sandy Rancheria provides NA and AA. When a member needs help, Westcare has provided transportation in the past to pick up clients and transport them to treatment.

What are some barriers for treatment?

DSS comment: Elderly alcoholics need transportation. They have no motivation to stop drinking. These individuals are at a high risk for neglect and financial abuse.

Education for family members and care providers to help clients deal with alcoholism.

What populations would be benefited by telehealth?

Telehealth would be a great benefit to rural and elderly populations.