



**DMC-ODS Waiver
Planning and
Implementation**
06 September 2016

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Planning for the DMC-ODS Waiver in Fresno County



Overview of Planning Process

1. Stakeholder Engagement
2. Development of Implementation Plan
3. Development of Fiscal Plan
4. Plans are reviewed by DHCS and CMS
5. Implementation Plan approved.
6. New contract is executed by the Board of Supervisors.



Overview of Today's Session

1. **DMC-ODS Waiver Overview**
2. **Group Discussion on addressing specific Waiver implementation issues**
 - ASAM Criteria and Level of Care transitions.
 - Case Management and Recovery Services.
 - Medication Assisted Treatment.
 - Coordination with Mental Health and Primary Care.



What is the DMC-ODS Waiver?

The DMC-ODS is a pilot program to test a new model for the delivery of services for Medicaid eligible individuals with an SUD. The DMC-ODS will expand the range of services available to people with Medi-Cal, increase provider payment rates and expand access to care for low income people.

The DMC-ODS will also establish rules for organizing individual SUD treatment programs into a network structured according to American Society of Addiction Medicine principles and will promote greater integration of SUD services with primary care and mental health services.



The ACA is the Starting Point

- Acknowledgement of SUD Treatment as an essential health benefit and an integral part of health care.
- Medi-Cal eligibility expansion means most SUD clients will have coverage. The door is opened to change in the field's 40 year reliance on cost reimbursement, block grant funding.
- The relationship between SUD and poor health status and high health care costs becomes more broadly recognized.
- The importance of integrated care comes to the fore.



Key Elements of the DMC-ODS Waiver

1. New regulatory and administrative environment.
2. New fiscal/reimbursement processes.
3. New clinical practices and staffing.



Key Elements: Administrative

- County SUD systems become specialty managed care plans.
- Compliance with federal managed care regulations (42 CFR, Part 438).
- Quality assurance.
- Care management and coordination.
- Counties have rate-setting authority.



Key Elements: Administrative

A new set of operational rules

- DMC-ODS Special Terms & Conditions
- State-County contract
- 42 CFR, Part 438 managed care regulations
- DHCS Waiver FAQs
- EQRO



Key Elements: Financing

- No more monthly cost reimbursement contracts.
- Fee for service payment for entitlement services. Contract funding is up to you.
- Need to manage a more complex revenue cycle.
- Importance of productivity in outpatient services.
- Future of the Block Grant?
 - Recovery residences



Key Elements: Clinical

- Services must be medically necessary.
- ASAM-guided level of care transitions.
- Impact of case management and recovery support services.
- Broader use of addiction medications.
- Use of evidence based practices.
- Cultural competence.



Key Elements: Clinical

- **ASAM Criteria are a client focused approach to placing clients in the level of care best suited to their treatment needs.**
- **These needs change over time, ranging from withdrawal to recovery support.**
- **ASAM Assessment is the basis for initial placement and for transitions to other levels of care during the treatment episode.**



DMC Waiver Levels of Care

Modality or Service	Intensity/Setting	ASAM Level	Required
Withdrawal Management	Ambulatory	1-WM	Yes. At least one level.
	Social Model Residential	3.2-WM	
	Chemical Dependency Recovery Hospital	3.7-WM	No
	Inpatient Hospital	4-WM	
Outpatient	'Regular' < 9 Hrs. per Week	1	Yes
	Intensive 9-19 Hrs. per Week	2.1	Yes
	Partial Hospitalization >19 Hrs. per Week	2.5	Optional

DMC Waiver Levels of Care

Modality or Service	Intensity	ASAM Level	Required
Residential	Clinically managed low-intensity	3.1	At least one level in first year. All 3 within 3 years.
	Clinically managed population-specific high-intensity	3.3	
	Clinically managed high-intensity	3.5	
OTP	Outpatient	1-OTP	Yes
Other MAT	Outpatient	1	Optional



DMC Waiver Levels of Care

Modality or Service	Intensity	ASAM Level	Required
Physician Consultation	NA	NA	Yes
Case Management	NA	NA	Yes
Recovery Services	NA	NA	Yes
Other	NA	NA	No



Key Elements: Clinical

- Outpatient counseling with no limits on individual sessions. As needed, services can be provided in the community away from the clinic site (Rehab Option).
- Intensive outpatient services are the same as above but the client attends the clinic for 10-19 hours per week.
- Withdrawal management (detox) in outpatient and residential settings. Medications may be used as prescribed by the treatment program physician.
- Residential treatment for up to 90 days and up to 2 episodes per year.



Key Elements: Clinical

- Case management services to assist clients in accessing services in the community and in transferring to other levels of SUD treatment.
- Opioid treatment (methadone) will be available as it is currently. Other opioid treatment medications may also be provided in a methadone clinic setting.
- Other SUD treatment medications will also be available as prescribed by the treatment program physician.
- Recovery Support Services will be available to all clients to help them stay clean and sober after the treatment episode is completed.
- Expanded availability of services for youth.



Waiver Evaluation

Conducted by the UCLA Integrated Substance Abuse Programs, the DMC-ODS Waiver evaluation will focus on four domains:

1. Beneficiary access to treatment will increase in counties that opt in to the waiver compared to access in the same counties prior to waiver implementation and access in comparison counties that have not opted in.
2. Quality of care will improve in counties that have opted in to the waiver compared to quality in the same counties prior to waiver implementation, and quality in comparison counties that have not opted in.
3. Health care costs will be more appropriate pre/post waiver implementation among comparable patients; e.g., SUD treatment costs will be offset by reduced inpatient and emergency department use.
4. SUD treatment coordination with primary care, mental health, and recovery support services will improve.



Implementation Plan Elements

1. Collaborative Planning Process

- Describe the collaborative process used to plan DMC-ODS services.
- Describe how county entities, community parties, and others participated in the development of this plan and how ongoing involvement will occur.



Implementation Plan Elements

2. Client Flow

Describe how clients move through the different levels identified in the continuum of care (referral, assessment, placement, transitions to another level of care).

3. Beneficiary Access Line

All counties shall have a 24/7 toll free number for prospective beneficiaries to call to access DMC-ODS services. Oral interpretation services must be made available for beneficiaries, as needed.



Implementation Plan Elements

4. Treatment Services

- Describe the required and optional types of DMC-ODS services to be provided.
- What barriers, if any, does the county have with the required service levels?
- Determine how the county plans to provide state plan services to beneficiaries who do not reside in the county.



Implementation Plan Elements

4. Treatment Services *(Cont.)*

- Describe how the county plans to expand services to include all levels of the ASAM Criteria over the period of the Waiver.
- In the description, include the timeline for expansion.



Implementation Plan Elements

6. Coordination with Mental Health.

How will the county coordinate mental health services for beneficiaries with co-occurring disorders?

Are there minimum initial coordination requirements or goals specified for providers? How will these be monitored?



Implementation Plan Elements

7. Coordination with Physical Health.

How will counties coordinate physical health services within the waiver.

Are there minimum initial coordination requirements or goals specified for providers? How will these be monitored?



Implementation Plan Elements

8. Coordination Assistance

Do you anticipate substantial challenges and/or need for technical assistance with any of the following?

- Comprehensive substance use, physical, and mental health screening;
- Beneficiary engagement and participation in an integrated care program as needed;
- Shared development of care plans by the beneficiary, caregivers and all providers;
- Collaborative treatment planning with managed care;
- Care coordination and effective communication among providers;
- Navigation support for patients and caregivers; and
- Facilitation and tracking of referrals between systems.



Implementation Plan Elements

9. Access

Describe how the county will ensure access to all service modalities.

Describe the county's efforts to ensure network adequacy. Describe how the county will establish and maintain the network by addressing the following:

- a. The anticipated number of Medi-Cal clients.
- b. The expected utilization of services.
- c. The numbers and types of providers required to furnish the contracted Medi Cal services.
- d. Hours of operation of providers.
- e. Language capability for the county threshold languages.
- f. Timeliness of first face-to-face visit, timeliness of services for urgent conditions and access to afterhours care.
- g. The geographic location of providers and Medi-Cal beneficiaries, considering distance, travel time, transportation, and access for beneficiaries with disabilities.



Implementation Plan Elements

10. Training Provided.

What training will be offered to providers chosen to participate in the waiver?

11. Technical Assistance.

What technical assistance will the county need from DHCS?



Implementation Plan Elements

12. Quality Assurance

- Describe the quality assurance activities the county will conduct.
- Include the county monitoring process (frequency and scope), Quality Improvement plan and Quality Improvement committee activities.
- Please list the members are on the Quality Improvement committee.



Implementation Plan Elements

13. Evidence Based Practices.

- How will counties ensure that providers are implementing at least two of the identified evidence based practices?
- What action will the county take if the provider is found to be in non-compliance?



Implementation Plan Elements

14. Assessment

- Describe how and where counties will assess beneficiaries for medical necessity and ASAM Criteria placement.
- How will counties ensure beneficiaries receive the correct level of placement?



Implementation Plan Elements

15. Regional Model

- If the county is implementing a regional model, describe the components of the model. Include service modalities, participating counties, and identify any barriers and solutions for beneficiaries.



Implementation Plan Elements

16. Memorandum of Understanding.

- Submit a draft copy of each Memorandum of Understanding (MOU) between the county and the managed care plans.
- The MOU must outline the mechanism for sharing information and coordination of service delivery.
- Signed MOU's must be submitted to DHCS within three months of the waiver implementation date.



Implementation Plan Elements

17. Telehealth Services

- How will telehealth services be structured for providers and how will the county ensure confidentiality?
- Group counseling services cannot be conducted through telehealth.
- It should be noted that this question pertains only to counties planning to implement telemedicine services as part of the DMC-ODS program.



Implementation Plan Elements

18. Contracting

- Describe the county's selective provider contracting process.
- What length of time is the contract term?
- Describe the local appeal process for providers that do not receive a contract.
- If current DMC providers do not receive a DMC-ODS contract, how will the county ensure beneficiaries will continue receiving treatment services?



Implementation Plan Elements

18. Additional Medication Assisted Treatment (MAT)

If the county chooses to implement additional MAT beyond the requirement for NTP services, describe the MAT and delivery system.

19. Residential Authorization

Describe the county's authorization process for residential services.



Stakeholder Discussion

- **ASAM & Level of Care transitions**
 - Systems level – ensuring that all required levels of care are in place and available to beneficiaries.
 - Provider level – client enters treatment at appropriate level of care and transitions to another level when medically necessary. How best to ensure that a client makes the transition from Provider A to Provider B?



Stakeholder Discussion

- **Case Management & Recovery services**
 - What are goals/client outcomes for case management? How will this operate? Who gets how much?
 - What are goals/client outcomes for recovery support services? How long does this last? What services are provided? What happens when treatment might be needed again?



Stakeholder Discussion

- **Medication Assisted Treatment**
 - How to assess clients for need for MAT?
 - How will this fit into your program's services?
 - Who prescribes and monitor?



Stakeholder Discussion

- **Integration with mental health and primary care.**
 - How should clients be screened? Who screens? How is need for services determined?
 - What about clients referred in from these other systems?
 - Confidentiality and shared care planning and coordination.



Stakeholder Discussion

- **Provider Readiness – What are training & TA needs.**
 - What do you need to know in order to succeed in the DMC-ODS Waiver?
 - Where would more in-depth technical assistance be helpful?



Next Steps

- **Next Steps**

- Informational meetings for the community and organizational stakeholders
 - Already happening and will continue
- More in-depth planning meetings with smaller groups of stakeholder/partners, like today.



Questions?



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