Drug Medi-Cal Organized Delivery System

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CMS Approval of DMC-ODS Waiver under ACA
August 13, 2015 – Pathway to Parity

2010 President Obama Signs the Affordable Care Act (ACA) to Achieve the “Triple Aim”
1. Improving the Individual Experience of Care
2. Improving the Health of Populations
3. Reducing the Per Capita Costs of Care for Populations

2014 Medi-Cal Eligibility Expansion in California
New beneficiaries include single adults without children, with income up to 138% Federal Poverty Level

2014 DHCS Submits DMC-ODS Waiver Amendment to CMS
Expands available levels of care, adopts ASAM criteria, supports quality assurance/utilization management

What is this about . . . Transformation

- Expanding availability of SUD treatment for low income residents of California by expanding the network of service providers
- Creating a defined continuum of SUD services and care
- Improved outcomes in the management of clients towards recovery and maintenance of the gains achieved in treatment
- Adoption of standards of practice for the new systems of care with improved consistency and quality of services
- Implementation of Managed Care methodology to meet Patient Centered Affordable Care Act Triple AIM Goals
- Development of a sustainable and viable financing structure
Key Administrative Elements

▪ Use of the American Society of Addiction Medicine Criteria (ASAM) for client placement, utilization management, and transition to the appropriate level of care
▪ Counties have the authority to select providers, create a provider network, and manage the ODS using a Managed Care Model
▪ Counties must establish a continuum of care that will meet the need/demand for services and allow adequate access.
▪ Like Specialty Mental Health Services, Counties must coordinate SUD services with the Medi-Cal Managed Health Plans
▪ DHCS retains Drug Medi-Cal Provider Certification authority through the Provider Enrollment Division.
▪ Counties retain quality assurance and utilization management through contracts with the providers and prescribed Quality Assurance & Utilization Review process.

Key Service Elements

▪ Expansion of the role of Licensed Practitioners of the Healing Arts in assessment and other activities consistent with their scope of practice
▪ Reimbursement for SUD treatment in residential programs. Medi-Cal does not allow reimbursement for room and board.
▪ The integration of medication-assisted treatment into all levels of care
▪ Allows for recovery residences and recovery management services
▪ Reimbursement for Case Management Services
▪ Requirement for use of established SUD evidence-based practices
▪ Allows for recovery residences and recovery management services
▪ Reimbursement for Case Management Services

Key Financial Elements

▪ Per User Per Month reimbursement to counties based on Projected Beneficiaries
  ▪ Projections for each service modality
  ▪ Projections for each level of service
  ▪ Provider Rates are submitted for approval to DHCS and CMS as a component of the implementation
  ▪ County flexibility in provider rate setting based on Projected Beneficiaries
  ▪ Volume-based fee for services rate setting v. case rate
▪ Counties can re-negotiate the financial plan (proposal annually)
▪ DHCS's Organized Delivery system concept is broader than just DMC-financed services defined in the waiver
  ▪ Calculated as full funds expenditures both federal and matching local funds. Includes DUI programs and Block Grant funding
Whole Person Care and Carve Out Funding

- Policies and procedures for the selection, retention, credentialing, and re-credentialing of provider agencies
- Pre-Authorization of Residential Services
- Beneficiary Access Number and Defined Service Referral process
- Coordination – MOU – with Managed Care Plans
- State-County contract with detailed requirements for access, monitoring, appeals, etc.
- County Implementation Plan
- Culturally Competent Services
- Fidelity to Evidence-Based Programs
- Billing Systems that meet managed care standards
- Annual Review by External Quality Review Organization (EQRO)

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<tr>
<th>County</th>
<th>Responsibilities</th>
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Benefits Included in the DMC-ODS

<table>
<thead>
<tr>
<th>Service</th>
<th>Required</th>
<th>Optional</th>
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<tbody>
<tr>
<td>Early Intervention</td>
<td>Provided &amp; funded by MCP</td>
<td></td>
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<tr>
<td>Outpatient Services</td>
<td>Outpatient Intensive Outpatient</td>
<td>Partial Hospitalization</td>
</tr>
<tr>
<td>Residential</td>
<td>At least one level in year 1:</td>
<td>Additional ASAM Levels</td>
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<tr>
<td></td>
<td>Level 3.1, 3.3, 3.5 within 3 years</td>
<td>Levels 3.7 and 4.0 provided &amp; funded through MCP</td>
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<tr>
<td>NTP</td>
<td>Required</td>
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<tr>
<td>Withdrawal Management</td>
<td>At least one level of service</td>
<td>Additional ASAM Levels</td>
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<tr>
<td>Recovery Services</td>
<td>Required</td>
<td></td>
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<tr>
<td>Case Management</td>
<td>Required</td>
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<tr>
<td>Physician Consultation</td>
<td>Required</td>
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What Defines the Level of Care

The Clients
• As defined by ASAM Criteria six assessment dimensions
• As diagnosed under DSM IV or DSM 5

The Treatment Setting
• Outpatient – Residential – Hospital

The Staffing and Services Offered
• Scope, Duration & Intensity
• Counseling vs. Therapy
• Medical Interventions

ASAM Assessment Criteria
Defined by the extent and severity of problems in six multi-dimensional assessment areas
1. Acute intoxication and/or withdrawal potential
2. Biomedical conditions and complications
3. Emotional, behavioral or cognitive conditions and complications
4. Readiness to change
5. Relapse, continued use or continued problem potential
6. Recovery/living environment

Continuum of Care for Adolescents
0.5 Early Intervention
1 Outpatient Services
2.1 Intensive Outpatient
2.5 Partial Hospitalization
3.1 Clinically Managed Low Intensity Residential Tx
3.3 Clinically Managed Population Specific High Intensity Residential Tx
3.7 Medically Managed Intensive Inpatient Services
4 Medically Managed Intensive Inpatient Services Opioid Treatment Program
Definitions

Clinically Managed
Services directed by non-physician addiction specialist rather than medical personnel.
- Appropriate for individuals whose primary problems involve emotional, behavioral, cognitive, readiness to change, relapse or recovery environment concerns.

Medically Monitored
Services provided by interdisciplinary staff of nurses, counselors, social workers, addiction specialist and other health care personnel under the direction of a licensed physician.
- Medical monitoring provided through a mix of direct patient contact, review of records, team meetings, and 24-hour availability of a physician.

Medically Managed
Services that involve daily medical care, diagnostic and treatment services are directly provided and/or managed by trained and licensed physician.
- Frequently provided in a licensed Acute Care Facility but also under the DMC-ODS Waiver, CDRHs and Free-Standing Psychiatric Hospitals.

Licensed Practitioner of the Healing Arts (LPHA) and SUD Treatment Professional

LPHA includes physicians, nurse practitioners (NP), physician assistants (PA), registered nurses (RN), registered pharmacists (RP), licensed clinical psychologists (LCP), licensed clinical social workers (LCSW), licensed marriage and family therapists (LMFT), and licensed-eligible practitioners working under the supervision of licensed clinicians.
- Provides medically necessary, clinical services prescribed for beneficiaries admitted, registered, or accepted for care by the substance use disorder clinic.
- LPHA must enroll in MediCal Program using DHCS 6010 form

SUD Treatment Professional includes an intern registered with BBS or with Board of Psychology and/or an alcohol and other drug (ADD) counselor that is registered or certified pursuant to Title 9

Medical Director

Each SUD clinic shall have a licensed physician designated as the substance use disorder medical director. Duties include:
- Oversees the development and implementation of policies of the clinic.
- Determines Medical Necessity for treatment based on a primary medical diagnosis of substance use disorder (using DSM 5 and ICD 10 CPT codes).
- The physician may determine the diagnosis through a review of a health questionnaire and intake documents provided by the program OR conducting a physical exam and interview. Diagnostic tests may also be ordered by the physician (such as UA or serology).
- The physician reviews and signs treatment documents initially and signs treatment plans, initial, at 30 days and at 90 days.

Certified Outpatient and Intensive Outpatient Facility

Certification status is granted by the DHCS to provider agencies that have exceeded the minimum levels of service quality and are in compliance with the AOD Certification Standards. In addition to AOD Certification, providers must demonstrate that they meet the ASAM designation for Level 1.0 Outpatient Level of Care and Level 2.1 Intensive Outpatient Level of Care respectively.

The OP benefit at a minimum includes:
- < 9 hours per week for adults
- < 6 hours per week for youth
- Family Therapy, Patient Education Services and Medication Services

The IOP benefit at a minimum includes:
- 9 – 19 hours per week for adults
- 6 – 19 hours per week for youth

SUD Treatment In Residential Setting

Organized treatment services that feature a planned and structured regime of care and activities in a 24-hour residential setting. All level 3 programs serve individuals who, because of specific functional limitations, need safe and stable living environments and 24-hour care and supervision. The IMD exclusion has been waived for counties opting into the DMC-ODS.

All residential programs must meet the ASAM requirements for 3.1-3.5 Level of Care and must receive a designating the program is capable of delivering care consistent with ASAM Criteria Guidelines. The ASAM designation is now specified on the Facility License.

The County Pre-Authorized Residential Benefit includes:
- 60 day length of stay for adults (two allowable residential admissions a year)
- 30 day length of stay for youth (two allowable residential admissions a year)
- One 30 day extension for each allowable admission

Withdrawal Management

Interventions to address intoxication and/or withdrawal by physiological and psychological based on Dimension 1: Acute Intoxication and/or Withdrawal Potential
- Previously called “detoxification services” – the liver detoxifies, clinicians manage withdrawal
- Includes: Intake – Observation – Medication Services – Discharge Services
- Level 1: WM Ambulatory Withdrawal Management without on-site monitoring
- Level 2: WM Ambulatory Withdrawal Management with extended on-site monitoring
- Level 3.2: WM Clinically Managed Residential Withdrawal Management
- Level 3.7: WM Medically Monitored Inpatient Withdrawal Management
- Level 4: WM Medically Monitored Intensive Inpatient Withdrawal Management
Medication Assisted Treatment (MAT)

The use of medications, in combination with counseling and behavioral therapies, to comprehensively treat substance use disorders and provide a whole-patient approach to treatment that includes addressing the biomedical aspects of addiction.

Current Drug Medi-Cal authorized medications include Methadone, Buprenorphine, and Disulfiram.

Pharmacy Benefit in Regular Medi-Cal include Naltrexone Tablets, Naltrexone Injection, Vivitrol for criminal justice population, Acamprosate, and Naloxone.

Providers must have established partners for linkage/integration for beneficiaries requiring medication assisted treatment. Provider staff will regularly communicate with practitioners of clients who are prescribed these medications unless the client refuses to sign release of information.

Recovery Support Services

Non-clinical, post-treatment services that foster health and resilience in individuals and families by helping them to navigate systems of care, and reduce barriers to employment, housing, education, and other life goals.

Incorporate a broad range of support and social services that facilitate recovery, wellness, and linkage to and coordination among service providers.

Similar to how patients see the primary care provider for periodic health checkups even when healthy, RSS can be viewed as aftercare or continuity of care in SUD treatment.

Services may include:
- Recovery monitoring
- Substance abuse assistance and support groups
- Ancillary Services

Case Management

A collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and family’s comprehensive health needs through communication and available resources to promote quality and cost-effective outcomes.

- Services can be provided at DMC provider sites, county locations, regional centers, or as outlined in the county Implementation Plan.
- Assistance in accessing medical, educational, vocational, social and other services
- Services may include:
  - Client service plan development
  - Case advisory
  - Linkages to physical and mental health care.
Physician Consultation Services
Optional Service based on County Implementation Plan which includes consultation with ASAM or other addiction medicine specialists.
Counties required to connect health providers with experts in SUD field
Services may include consultation on MAT, medication issues generally, and level of care recommendations
Guidelines are needed for diagnostic testing, laboratory and pharmacy benefits that include how these services will be accessed and billed.

Evidenced Based Practices (EBP)
A clinical approach that applies to the best available research results to inform health care decisions. Health care professionals who perform evidence-based practice use research evidence along with clinical expertise and patient preferences. Staff must attend DHCS/County approved trainings and agencies must maintain records of compliance with these requirements.
The provider agency will be required to implement a minimum the two EBPs:
• Motivational Interviewing (MI) and Cognitive Behavioral Therapy (CBT).
• Other EBPs include Relapse Prevention, Trauma Informed Treatment, and Psycho-Education.
Staff conducting assessments are required to complete two ASAM e-Training modules related to Assessment & Service Planning.
The Provider Challenge – 6 to 12 months of complexity

- DHCS Certification
- Use/business/permit
- Fire clearance
- Program Statement
- Hours of operation
- Staffing plan
- Provider Enrollment Division
- Entity Disclosures
- Clearances
- LPHA Disclosures
- 6-8 month process

Chronic Disease Model

- Recovery & Support System
- Maintenance
- Intensive Interventions
- Treatment

QUESTIONS

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