The Drug Medi-Cal Organized Delivery System - The Promise of Access to Treatment for Substance Use Disorders

Blue Shield Foundation of California
Advancing Behavioral Health Integration
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CIBHS DMC ODS Waiver Forum

Funded by Blue Shield Foundation of California

DMC-ODS Waiver Forum creates a collaborative learning environment to support county behavioral health and substance use disorder leaders and administrators in the planning and implementation of the DMC–ODS 1115 Waiver

- Adolescent Early Intervention and Treatment Summit 2017
- Six forums and three webinars
- Web site access to the white papers and other information at

  https://www.cibhs.org/dmc-ods-waiver-forum
- County Staff Resource Library

The SUD Service Landscape in 2014

- Institute of Medicine publishes *Crossing the Quality Chasm: A New Health System for the 21st Century in 2001* calling for fundamental changes in service delivery and focus on coordinated care.
- Most state public sector delivery systems have been inadequate for the safety net population funded only by the Substance Abuse Prevention and Treatment Block Grant and Discretionary Grant Awards
- Most state Medicaid addiction programs have minimal services, have insufficient provider networks, and few standards for this type of care.
- Mental health and SUD services are mandated as one of ten essential health benefits covered under the ACA in 2010.
- In 2015, California received approval for a Waiver Demonstration Project to provide a continuum of care for SUD services

California Medi-Cal 2020 Demonstration
DMC-ODS 1115 Waiver Amendment *(pages 89-122 Medi-Cal 2020)*

- A new design for the **organized delivery** of health care services for Medi-Cal eligible individuals with a substance use disorder
- A new SUD evidenced-based **benefit design** covering a full continuum of care, requiring providers to meet health industry and Medicaid standards
- Evaluate how organized substance use disorder services will increase the health outcomes and success of **Medi-Cal beneficiaries** while decreasing other system health care costs
- County calculates all funds, both federal and matching local funds, SAPT Block Grant, Realignment and DUI programs in the County Fiscal Plan

New Role for County AOD Administration as a Prepaid Inpatient Health Plan

- DHCS and CMS approve the county encounter **rates** paid through the submission of claims using CPT **codes** and meeting Medi-Cal **documentation** standards.
- Counties selectively contract with providers following **managed care methodology** and to create a **adequate provider network** based on Medicaid Final Rule Section 42 CFR 438.2
- Counties will phase in a **continuum of benefits** that will meet the need/demand for services and allow adequate and timely access – managed through a countywide **Beneficiary Access** system.
- Like Specialty Mental Health Services, Counties are required to **coordinate** SUD services between levels of care and with the Medi-Cal Managed Health Plans.
- DHCS retains **Drug Medi-Cal Provider Certification** authority through the Provider Enrollment Division – the process is lengthy and may take up to 12 months or longer.
- Counties retain **quality assurance and utilization management** through contracts with providers and prescribed CMS Quality Assurance & Utilization Review requirements including implementation and maintenance of fidelity using evidenced-based practices
- Providers must comply with **Culturally and Linguistically Appropriate Services** (CLAS) standards.

New Service Elements – The Design of the New Continuum of Care

- **Chronic Disease Model** using the **American Society of Addiction Medicine Criteria (ASAM)** for program structure, client placement, utilization management, and transition to the appropriate level of care based on a prescribed **Level of Care Assessment** & **Medical Necessity** ***(or At Risk for Youth)***
- Each SUD clinic shall have a **licensed physician** designated as the substance use disorder medical director.(*Title 22, § 51000.70)*
- Expansion of the role of **Licensed Practitioners of the Healing Arts** in assessment and other SUD treatment activities consistent with their scope of practice
- Integration of **Medication Assisted Treatment** into all levels of care
- Reimbursement for **Pre-Authorized SUD Residential Treatment** (with defined lengths of stay) and **Recovery Residences** (*Medi-Cal does not allow reimbursement for room and board paid using SAPTBG funds)*
- Reimbursement for **Recovery Support Services** (aftercare)
- Reimbursement for **Case Management Services**, including transportation
- Reimbursement for **Field Based Services**

The DMC-ODS Benefits – ASAM Levels of Care

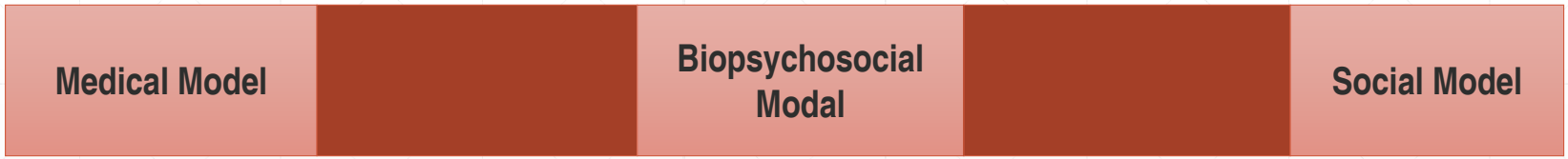
Service	Required	Optional
Early Intervention 0.5	Provided & funded by Managed Care Plans	
Outpatient Services Intensive Outpatient	Required level 1.0 Required level 2.1	Partial Hospitalization 2.5
Residential	At least one level in year 1 Level 3.1, 3.3, 3.5, 3.7 within 3 years 4.0 provided & funded through FFS or MCP	Additional ASAM Levels
Narcotics Treatment Program	Required County Contract	
Withdrawal Management	At least one level of four	Additional ASAM Levels
Recovery Services	Required	
Case Management	Required	
Physician Consultation	Required	

SUD Workforce Gap – Numbers and Competency

The Waiver diversifies the composition of disciplines within the specialty SUD system

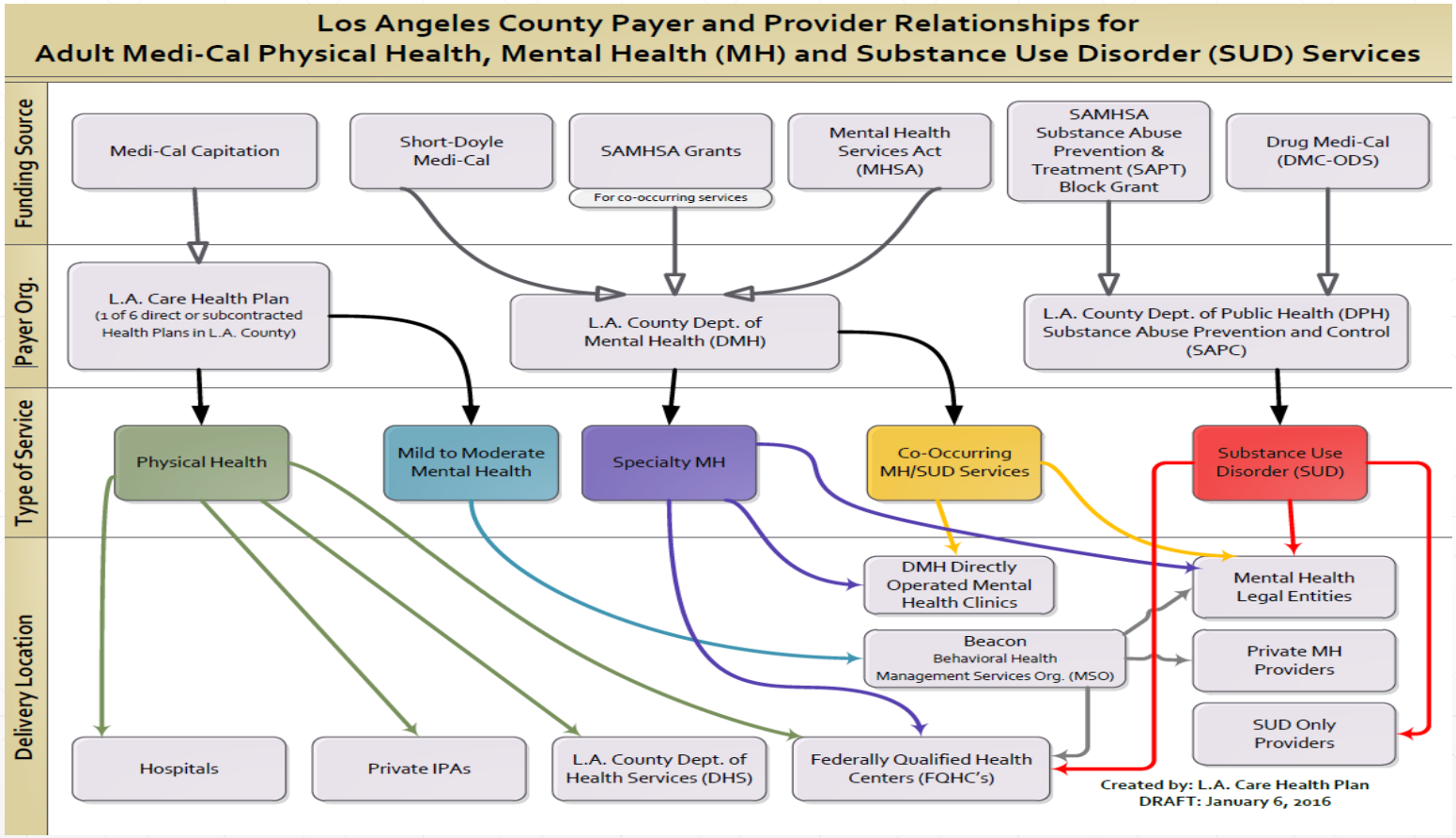
"Professionalizing" the SUD counselor workforce does NOT mean moving *to* the medical model, it means moving *toward* the medical model, with the final destination being a Multidisciplinary **Biopsychosocial Model** of **Whole Person Care**, including a defined role for peer counselors.

Spectrum of SUD Delivery Models



Embedding LPHAs in multidisciplinary teams in the service continuum requires training and clinical supervision in the screening, assessment and diagnosis of substance use disorders, treatment planning and interventions based on evidenced-based practices.

LA Care Health Plan



Note: Chart is for illustrative purposes only and may not include all relevant providers or funding streams serving this population. *Source: LA Care Health Plan, January 2016.*

Care Coordination – The Promise

- Care Coordination is the cornerstone of many healthcare redesign efforts, including primary and behavioral healthcare integration
- It involves bringing together various providers and information systems to coordinate health services, patient needs, and information to help better achieve the goals of treatment and care
- Research shows that care coordination increases efficiency and improves clinical outcomes and patient satisfaction with care.

SAMHSA – Center for Integrated Health Solutions

https://www.integration.samhsa.gov/

Care Coordination defined in the 1115 Waiver Special Terms & Conditions

- Counties must develop a structured approach to care coordination to ensure beneficiaries transition between levels of SUD care without disruptions
- Indicate which beneficiaries will receive care coordination and who will deliver these services
- Focus on access to recovery supports and services following discharge or upon completion of an acute stay
- The goal is long-term retention in SUD and behavioral health treatment
- County PIHP will enter into a MOU with any Medi-Cal managed care plan that enrolls beneficiaries served by DMC-ODS
- Can be met through an amendment to the Specialty Mental Health MOU

Challenges Based on Diversity of Needs

- Adolescents and Young Adults
- Pregnant and Parenting Women
- Immigrants – Those Not Eligible for Medi-Cal and Those Afraid to Seek Treatment
- Individuals with Co-Occurring Problems
- Formerly Incarcerated Persons
- Youth in the Foster Care System
- Bilingual & Cultural Differences
- ,,...individualized and responsive services….

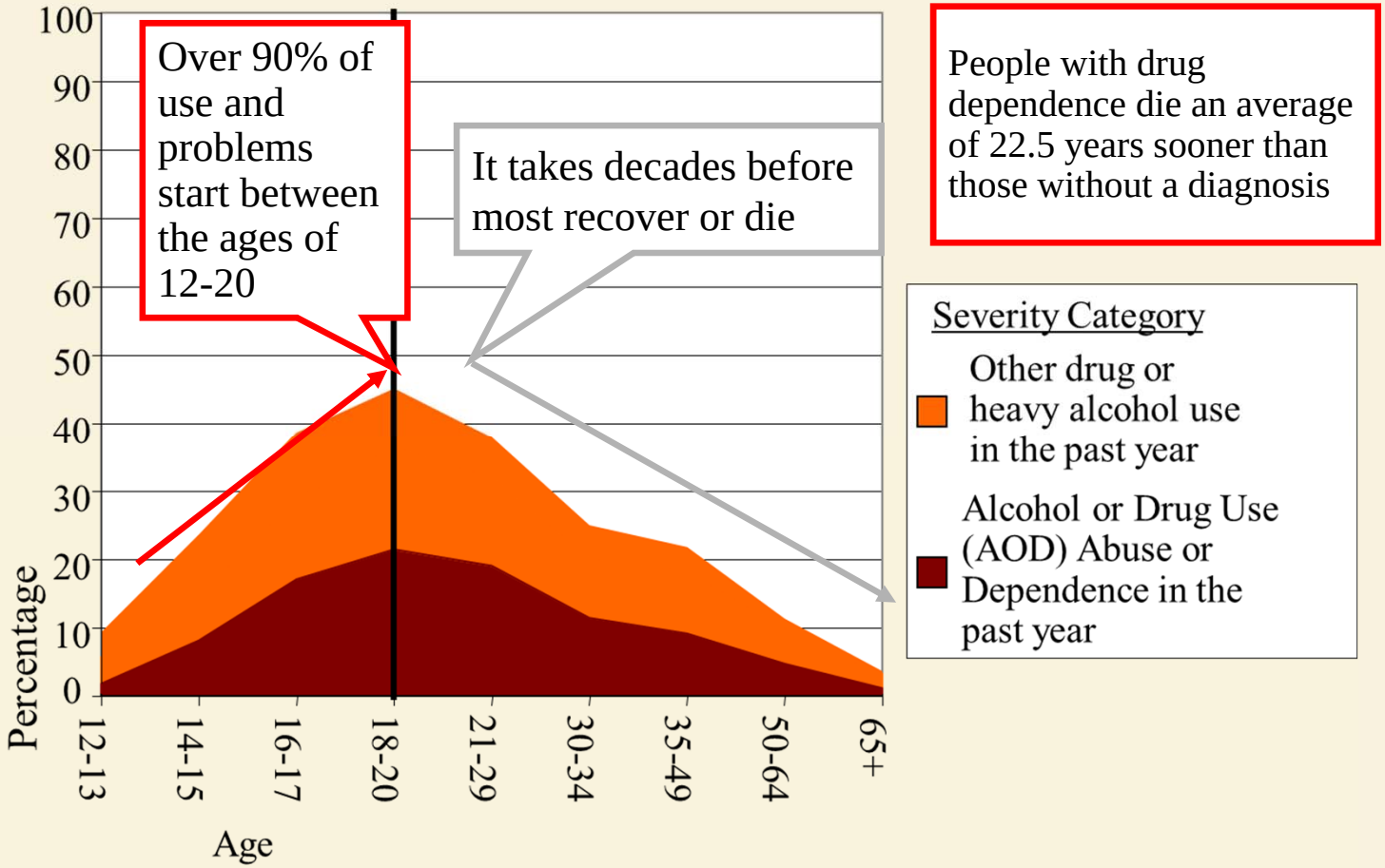
Statewide SUD Treatment Capacity

Residential Treatment

- Total Residential Treatment Facilities = 610
- SUD Residential Treatment Beds = 20,126 (over 50% are six bed facilities)
- **Self-Designated Dual Diagnosis Beds = 275**
- **Certified Youth Residential Beds = 193**
- **Out-Patient Treatment**
- Non-Residential Treatment Facilities = 874

Source: DHCS Licensing and Certification Status Report 2016139

Adolescents and Young Adults – Opportunity to Intervene Substance Use Largely On-sets During Adolescence



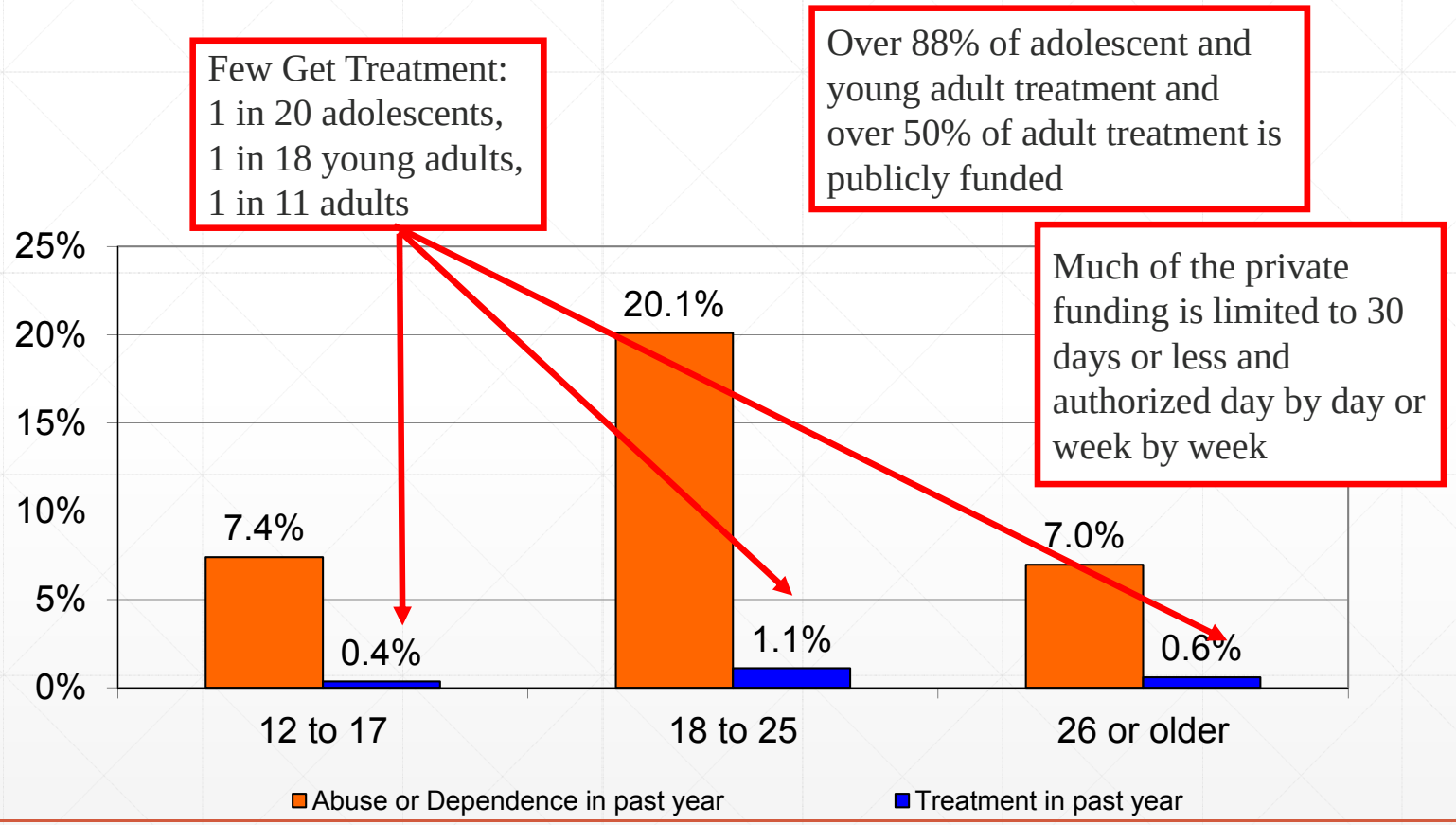
Source: 2002 NSDUH and Dennis & Scott, 2007, Neumark et al., 2000

Life Course Reasons to Focus on Adolescents

- People who start using under age 15 use 60% more years than those who start over age 18
- Entering treatment within the first 9 years of initial use leads to 57% fewer years of substance use than those who do not start treatment until after 20 years of use
- Relapse is common and it takes an average of 3 to 4 treatment admissions over 8 to 9 years before half reach recovery
- Of all people with abuse or dependence 2/3^{rds} do eventually reach a state of recovery
- Monitoring and early re-intervention with adults has been shown to cut the time from relapse to readmission by 65%, increasing abstinence and improving long term outcomes

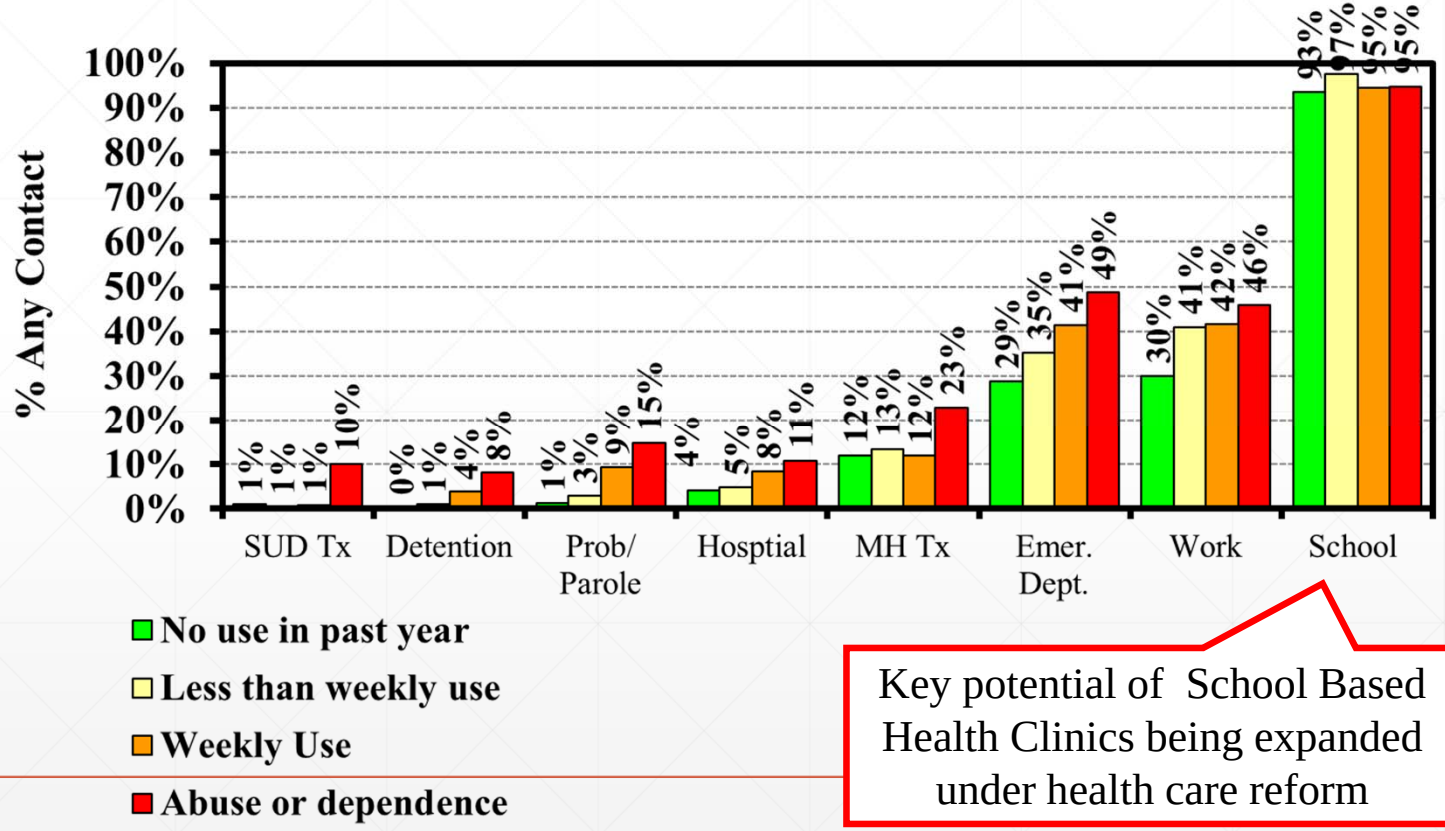
Source: Dennis et al., 2005, 2007, 2012; Scott & Dennis 2009

The Treatment Gap



Source: Substance Abuse and Mental Health Services Administration, Office of Applied Studies (2012). National Survey on Drug Use and Health, 2009. [Computer file] ICPSR29621-v2. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor], 2012-02-10. doi:10.3886/ICPSR29621.v2. Retrieved from http://www.icpsr.umich.edu/icpsrweb/SAMHDA/studies/29621/detail .

Potential AOD Screening & Intervention Sites for Adolescents (age 12-17)



Key potential of School Based Health Clinics being expanded under health care reform

Source: SAMHSA 2010. National Survey On Drug Use And Health, 2010 [Computer file]

What is the Impact of the DMC-ODS for Criminal Justice - Established Referral and Funding Pathways Have or Will Close

Early Stages of Promise - Know The New Rules and Find The On Ramps

- The Medi-Cal Benefits and Other Funding Sources for Opioid Addiction and Special Populations
- Beneficiary Handbook and Notifications
- Requirements for Linguistic and Cultural Access
- Beneficiary Grievance and Appeals Process
- Time and Distance Access Requirements
- 24/7 Beneficiary Access Line
- Annual External Quality Reviews

The Elephant in the Room – Program and Workforce Capacity – It is Going to Take Time

Most state Medicaid addiction programs have minimal services, have insufficient provider networks, and few standards for this type of care. Furthermore, the counties and providers have not had access to IT Systems that are critical to support coordination and population based management.

Helpful Resources

California Department of Health Care Services

http://www.dhcs.ca.gov/provgovpart/Pages/Drug-Medi-Cal-Organized-Delivery-System.aspx

SAMHSA

https://www.samhsa.gov/health-care-health-systems-integration

Los Angeles County Substance Abuse, Prevention and Control Division

http://publichealth.lacounty.gov/sapc/HealthCare/HealthCareReform.htm

California Institute for Behavioral Health Solutions

http://www.cibhs.org

Behavioral Health Concepts, Inc

http://www.caleqro.com