Drug Medi-Cal Organized Delivery System (DMC-ODS)

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Five years ago in SLO

2011 Substance Use Disorder Treatment

- Evidence based practices (Matrix)
- Three days per week (groups)
- Women & Children POEG & 1 residential
- Criminal justice domination (Prop 36, ADC)
- MH & SUD integration just starting
- No medi-cal, lots of grants, self-pay

This past year Affordable Care Act (ACA) and DMC Certification

Behavioral Health in ACA
Mental Health and Substance Use

- Essential Health Benefits:
  - Required Services – behavioral health treatment is one of ten categories that must be included in all qualified health plans and alternative benefit plan
- Parity:
  - Mental Health and Substance Use Disorder (SUD) treatment must be provided at parity with physical health

Expanded Substance Use Disorder Benefits

- Intensive outpatient treatment (IOT) for all populations
- Residentially-based SUD services for all populations
- Medically necessary inpatient detoxification (hospital based)

SUD Implications of ACA

- Mix of payor sources
- Pre-ACA: 30% medi-cal
  40% self-pay
  10% private insurance
  20% grant sponsored

Post-ACA: 70% medi-cal
10% private insurance
20% self-pay/grant sponsored

SLO BHD Substance Use Disorder Services: Beneficiaries

- Significant changes:
  - Over 135 newly eligible for Medi-Cal
  - Over 300 currently open clients "converted" from unsponsored to Medi-Cal
  - Increased severity of substance use disorders, increased co-occurring disorders, increased opiate and alcohol disorders
  - Intensive Outpatient Treatment services implemented for all County SUD clinics
  - Increased medication services
  - Increased hours for clinic-based Withdrawal Management

SLO BHD Substance Use Disorder

- Drug and Alcohol Services is the primary SUD Medi-Cal provider in County currently
- 17 new Drug & Alcohol Services staff hired in FY2014-15
- Wait list has continued to decrease as staff have been hired
- Expect to continue seeing increase of requests for treatment, expect more severe addiction issues

SUD Wait List

Clinic	Days On 2014	Days On 2015	# Clients On 2014	# Clients On 2015
Atascadero	47	12	55	3
Grover Beach	31	25	24	24
SLO	22	12	8	7
Paso Robles	n/a	0	0	1

Expanded SUD Treatment

- Intensive Outpatient Treatment (IOT) implemented (4 tracks in 3 clinics)
- Outpatient Treatment expanded slightly
- Court screenings of COD individuals (grant and AB109 funding)
- In-custody COD treatment for inmates at the County Jail (AB109 funding)

Infrastructure Changes

- Added Drug Medi-Cal training continual basis
- Added HIT positions to scour charts, bring to compliance with medical records, and work with billing and finance
- Added ASO position to work with DHCS certification, outcomes, and data related to treatment services
- Added internal Quality Assurance Committee, peer review of charts

FY2014-15 End Results?

- Waiting list was eliminated
- Served 100+ clients in detoxification/MAT
- Served an expanding different client population (more COD, variety of referral sources)
- Levels of Care (ASAM) implemented
- More intensive treatment services
- Case Management available in some programs

$ 2.8 million

Fiscal year 2014-15

The Future: Drug Medi-cal Organized Delivery System

Future Organized Delivery System (DMC-ODS)

- San Luis Obispo is a Phase 2 County
- Technical assistance by DHCS
- In person meetings with So CA Counties
- TA phone calls
- Submitted County Budget Plan to opt-in
- Conduct stakeholder process – chance to provide feedback (NOW)
- Write the County's Implementation Plan (April 1, 2016) to Board of Supervisors
- Opt-in Decision

County is responsible for all DMC providers and services

- County intake and assessment coordinators in each regional clinic (gate keeper or authorization function for all SUD DMC services)
- Use of the American Society of Addiction Medicine (ASAM) Criteria for level of care placement determination
- Authorizations for residential treatment within 24 hours

ASAM Criteria

- Placement into the most appropriate, least restrictive level of care, providing safety and security for the patient
- Multi-dimensional assessment around six dimensions (acute intoxication/withdrawal, biomedical, emotional/behavioral, readiness to change, relapse/continued use, and recovery environment)
- Matches patient's severity of SUID illness with treatment levels

Levels of Care for Treatment

ASAM Level of Care	Service	Description
.50	Early Intervention	At risk individuals, do not meet SUD diagnosis
1	Outpatient	Less than 9 hours of service per week for adult, less than 6 hours for youth
2.1	Intensive Outpatient	9 or more hours per week for adults, more than 6 hours for youth
2.5	Partial Hospitalization (not required)	20 or more hours of service per week, not requiring residential care
3.1	Clinically managed, low-intensity residential	24-hour care with trained counselors to stabilize imminent danger, less intense milieu (sober living environment + treatment)
3.5, 3.7	Residential treatment services	24-hour care with trained staff providing treatment on-site
4	Medically managed inpatient	24-hour nursing care and daily physician care for severe unstable problems, counseling available to engage into treatment

Levels of Care for WM

ASAM Level of Care	Withdrawal Management	Description
1-WM	Ambulatory WM without extended on-site monitoring	Mild withdrawal with daily or less outpatient supervision
2-WM	Ambulatory WM with extended on-site monitoring	Moderate withdrawal with all day support and supervision
3.2-WM	Clinically managed residential WM	Moderate withdrawal but needs 24 hr support
3.7-WM	Medically monitored inpatient WM	Severe withdrawal, needs 24hr nursing visits
4-WM	Medically managed intensive inpatient WM	Severe, unstable, daily physician (hospital)

Required Elements of DMC-ODS

- Outpatient (Level 1)
- Intensive Outpatient Treatment (Level 2)
- At least one ASAM level of residential services
- All ASAM levels (3.1, 3.3, 3.5) within 3 years
- Coordination with ASAM levels 3.7 and 4.0
- Withdrawal management (at least one level)
- Recovery Services
- Case Management
- Physician Consultation

Eligibility & Medical Necessity

- Medicaid eligibility must be verified by County
- Reside in the participating County
- Must have one diagnosis from DSM for SUD OR be assessed to be at risk for developing SUD (youth under age 21)
- Must meet ASAM criteria and placement into treatment services

New and Minor Changes

- LPHA language for intake, diagnosis, treatment plans and 6-mo Justifications—LPHA can sign.
- SUD treatment Services can be provided “in any appropriate setting in the community”.
- Intake/Screening is covered benefit
- Individual therapy (without restrictions)
- Family therapy (different than collateral)
- Patient education
- Medication services required

Residential Treatment

- Short-term residential (1-90 days), up to six months for criminal justice clients and perinatal services
- Residential services provided in a DHCS licensed facility and ASAM level designation
- Authorization for placement into residential facilities is conducted by the County

Medication Assisted Treatment

- Buprenorphine or Suboxone for opiate users.
- Alcohol dependence: Naltrexone (Vivitrol), Disulfiram (Antabuse), and Acamprosate.
- Ambulatory detoxification services.
- Naloxone (Narcan) distribution program for DMC-ODS beneficiaries.

Additional Medical Services

- Components that will be covered: ordering, prescribing, administering, and monitoring of MAT

- Physician consultation – this is a service for clinical staff and other medical staff (not for the beneficiary)

Case Management

- Counties must coordinate the case management services for SUD clients
- Services provided by LPHA or certified counselor
- Recorded in 15 minute increments

Recovery Services

- Outpatient recovery counseling
- Recovery coaching
- Monitoring via telephone and internet
- Education and job skills
- Family support
- Support groups
- Ancillary services

DMC Organized Delivery System Waiver

- Quality Assurance Activities (Beneficiary Access Number, Beneficiary Handbook). Also Quality Improvement Plan and Committee
- Telehealth allowable
- Utilization Controls (EQRO, Tri-ennial audits)
- Selective Provider Contracting
- Evidence Based Practices—at least 2
- Continuum of Care
- Evaluation to be provided by UCLA

“No person eligible for DMC-ODS services will be placed on waiting lists for such services due to budget constraints”

DMC-ODS: In Summary

No Opt-In

- Must maintain current service types and levels
- Must maintain current DMC rate structure, fee for service set by State
- None of the new services to be added
- No selective contracting process
- County control over providers minimal
- Existing services at risk due to fiscal impacts
- Waiting lists for services

Opt-In

- County residents only
- New fee rates based upon the costs per service (set by each County)
- New services (residential, case management, recovery services, MAT)
- Selective contracting with providers
- No waiting lists, access time monitored
- Increased QA
- Integration with MH
- Evidence based practices

Next Steps DMC-ODS

- Stakeholder process to develop the local plan
- Determine fiscal modelling
- Determine impacts
- Write the County Implement Plan (April 1)
- Request permission to Opt In
- Submit the Plan and get approval from DHCS
- Submit the State-County contract to opt-in
- County budget hearings
- Commence new services (July – Oct 2016)
- Two year process anticipated

Looking Further Forward

- Integrated Health Care (think Emergency Rooms, CHC clinics, primary care physician screening for SUD)
- Care coordination across systems
- Health Information Exchanges (HIE)
- DMC Payment Reforms

Questions and Suggestions

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