Drug Medi-Cal Organized Delivery System Waiver

New Responsibilities for Counties and Providers
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New Responsibilities for Counties and Providers Webinar

Friday, February 20, 2015 | 10:00 AM – 11:30 AM

Moderator:
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Presenters:
Victor Kogler, Vice President, California Institute for Behavioral Health Solutions (CIBHS)
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Required Services

- Withdrawal Management (minimum one level)
- Residential Services (minimum one level)
- Intensive Outpatient
- Outpatient
- Opioid (Narcotic) Treatment Programs
- Recovery Services
- Case Management
- Physician Consultation
Optional

- Additional Medication Assisted Treatment
- Recovery Residences (SAPT Funded)
- Other (specify)
Considerations for Counties to Ensure Access to All Required Services

- Timely certification of providers is essential to the success of the demonstration, which is largely dependent on the ability of counties to develop an adequate network of quality providers to ensure timely access to necessary care.

- The State and counties should take steps to assure that participating (opt in) counties have an effective process to certify network providers in a timely manner.
County Considerations (cont.)

• CBHDA Recommendations:

  1) Counties participating in the demonstration will be responsible for issuing DMC certifications for non-county providers. Counties with integrated behavioral health departments can leverage the already-established certification processes in place for MH providers.

  2) The State works with counties to develop an expedited certification process for providers in demonstration counties. As part of this process, DHCS agrees to meet certain timeliness standards.
Sources of New Requirements

1. Waiver Terms & Conditions

2. County Implementation Plan

3. State-County DMC/NNA Contract

4. Federal Regulations
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

• It is still unclear whether counties must adhere to specific planning guidelines (e.g. number of meetings, stakeholder representation, timeframes for local review and comment, etc.), or if local needs and structures will be the basis for local planning.
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).
Implementation Plan Elements

3. 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.

• CBHDA recommends including as part of this question a description of what the expectations are for serving out-of-county beneficiaries as they are outlined in the terms & conditions.
Implementation Plan Elements

4. Expansion of Services

• 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.

• This question appears to imply that all participating counties are expected to bring online all ASAM levels of service, including those established as “optional” under the terms and conditions. Such a requirement would have major fiscal implications for the state and counties.
Implementation Plan Elements

5. Integration with Mental Health.
How will the county integrate mental health services for beneficiaries with co-occurring disorders?

Describe how the counties will integrate physical health services within the waiver.
Implementation Plan Elements

7. 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.
CBHDA continues to stress the need for bidirectional accountability in this area – particularly related to the state’s responsibility for timely certification in order to assure that adequate provider networks can be established by counties under the Waiver.
# Linguistic Capacity

<table>
<thead>
<tr>
<th>Language</th>
<th>Number of Counties Where Primary Language Frequency Reaches Threshold Level</th>
<th>Number of Eligibles Speaking Threshold Language</th>
<th>Percent of Total Medi Cal Eligibles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spanish</td>
<td>49</td>
<td>3,057,209</td>
<td>34.5%</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>7</td>
<td>143,919</td>
<td>1.6%</td>
</tr>
<tr>
<td>Cantonese</td>
<td>5</td>
<td>94,104</td>
<td>1.1%</td>
</tr>
<tr>
<td>Armenian</td>
<td>1</td>
<td>60,909</td>
<td>0.7%</td>
</tr>
<tr>
<td>Russian</td>
<td>3</td>
<td>32,598</td>
<td>0.4%</td>
</tr>
<tr>
<td>Mandarin</td>
<td>4</td>
<td>38,485</td>
<td>0.4%</td>
</tr>
<tr>
<td>Tagalog</td>
<td>4</td>
<td>26,552</td>
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</tr>
<tr>
<td>Korean</td>
<td>2</td>
<td>30,788</td>
<td>0.3%</td>
</tr>
<tr>
<td>Arabic</td>
<td>2</td>
<td>20,080</td>
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<tr>
<td>Hmong</td>
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<td>19,578</td>
<td>0.2%</td>
</tr>
<tr>
<td>Farsi</td>
<td>2</td>
<td>16,667</td>
<td>0.2%</td>
</tr>
<tr>
<td>Cambodian</td>
<td>1</td>
<td>8,103</td>
<td>0.1%</td>
</tr>
<tr>
<td>Other Chinese</td>
<td>1</td>
<td>8,759</td>
<td>0.1%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>49</strong></td>
<td><strong>3,557,751</strong></td>
<td><strong>40.2%</strong></td>
</tr>
</tbody>
</table>
Implementation Plan Elements

8. Training Provided.
What training will be offered to providers chosen to participate in the waiver?

What technical assistance will the county need from DHCS?
10. 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 out who the members are on the Quality Improvement committee.
- CBHDA recommends that specific required activities be outlined, so that counties are clear about expectations.
11. 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

12. 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

13. 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.

• How will the county ensure access to services in a regional model?
14. Case Management

• Describe how the county will oversee case management services.
• How will case management services be integrated and coordinated with mental health and physical health?
• Case management is a required mode of service under the Waiver.
15. 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.
16. 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

17. 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.*

* CBHDA has recommended that this question be broadened to “authorization” more generally, in the event that counties plan to require authorization for services beyond residential.
County Rate Setting

- Counties are required to provide a rate range or a standard rate for all modalities.
- If a county is not providing a level of service for Withdrawal Management or Residential, please mark the rate as n/a.
- For residential services, rates cannot include room and board expenditures.
- Level 4-Withdrawal Management is paid for through the fee for service system.
Benefits of the DMC-ODS Waiver for Participating Counties and Beneficiaries

• The DMC-ODS demonstration will enable counties to leverage their resources and develop strategies for screening, referrals, and service delivery depending on local conditions, including network capacity, geography, and cultural or linguistic diversity.

• The demonstration also gives the state and counties authority to better select quality providers that meet treatment needs.

• The demonstration is the best way to strike an appropriate balance between expanding access to vital services and assuring that high quality SUD services are consistently provided.
Benefits of the Waiver for Participating Counties and Beneficiaries (cont.)

• The DMC-ODS demonstration will maximize services for beneficiaries through improved coordination of SUD treatment with county mental health programs, public safety systems, primary care, and other local human services providers.

• The program will support coordination and integration across systems with the goal of more appropriate use of health care – such as reduced emergency room and hospital inpatient visits – for beneficiaries.
State-County Contract

• Revisions to the state-county DMC/NNA contract will outline further details for implementation.

• Incorporates compliance with new set of federal regulations.
  – For example, beneficiary problem resolution process.
  – Cultural competence plan
  – Beneficiary brochure and provider list
Federal Regulations

• 42 CFR Part 438, titled “Managed Care”

• Includes sections on –
  – Enrollee Rights and Protections
  – Quality Assessment and Performance Improvement
    • Access Standards
    • Structure and Operations Standards
    • Measurement and Improvement Standards
  – External Quality Review
42 CFR Part 438 (cont.)

- Further Provisions –
  - Grievance System
  - Certifications and Program Integrity
  - Sanctions
  - Conditions for Federal Financial Participation.
Implementation

• Phase I will focus on Bay Area Counties.
  – 21% of state population.

• Planned start is April – July 2015.

• Phase II start TBD.
  – Includes LA, Orange Riverside & San Bernardino Counties – 61% of state population.
Questions?

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Thank you for participating on today’s Webinar!