



# *Drug Medi-Cal Organized Delivery System (DMC-ODS) Opportunities, Resources & Readiness*

California Department of Health Care Services  
Substance Use Disorders Policy, Program & Fiscal Division

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# Presentation Outline

1. Background and Overview of DMC-ODS

2. Resources for Counties

3. Readiness Reviews

4. Opportunities for Success

5. DMC-ODS Monitoring Plan

6. Questions

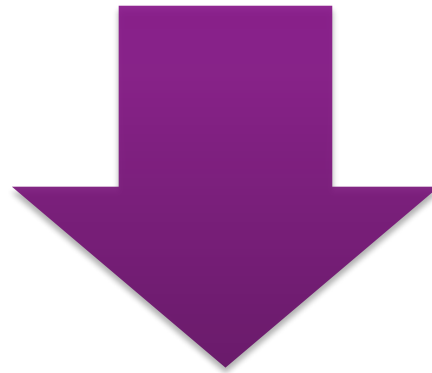


# DMC-ODS

## Background and Overview



# Background & Overview



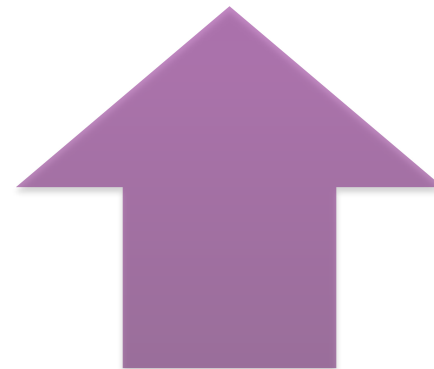
## State Plan DMC

- Limited Substance Use Disorder (SUD) treatment services



## DMC-ODS

- Continuum of care for medically necessary SUD treatment services





# Background

## State Plan DMC Services

- Outpatient Services
- Intensive Outpatient Services
- Inpatient Hospitalization Detoxification
- Narcotic Treatment Programs
- Perinatal Residential Treatment (with 16-bed limit)

## DMC-ODS Services

- Outpatient Services
- Intensive Outpatient Services
- Partial Hospitalization (optional)
- Withdrawal Management
- Narcotic Treatment Programs
- Recovery Services
- Additional Medication Assisted Treatment (optional)
- Residential Treatment (NO BED limit)
- Case Management
- Physician Consultation

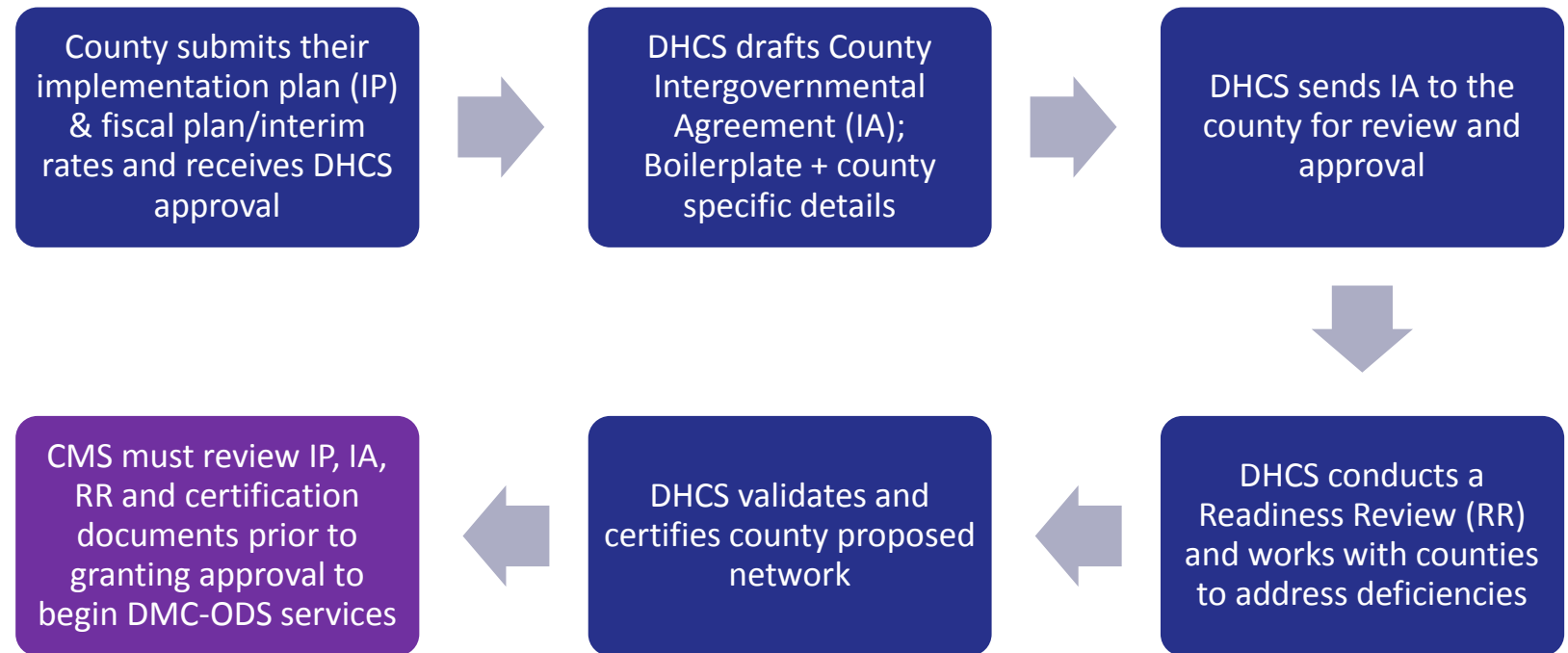


# Background

- **DMC-ODS Demonstration Waiver – Medi-Cal 2020**
  - Managed Care Plan – Prepaid Inpatient Hospital Plan (PIHP)
  - Optional County Participation
  - CMS/DHCS Approval of Implementation Plan
  - CMS/DHCS Approval of Fiscal Plan
  - CMS/DHCS Readiness Review (7/1/2017)
  - Pre-implementation Network Certification (7/1/2017)
  - FY 2016-17 – 6 counties
  - FY 2017-18 – 10 counties (est.)



# Process Overview





# Overview

- FY 2016-17 DMC-ODS Counties:
  - Riverside
  - Marin
  - San Mateo
  - Contra Costa
  - Santa Clara
  - San Francisco





# Overview

- **FY 2017-18 DMC-ODS Counties:**
  - Los Angeles
  - Napa
  - San Luis Obispo
  - Santa Cruz
  - San Bernardino
  
- **Scheduled:**
  - Monterey
  - Imperial
  - San Diego
  - Orange
  - Yolo



# Resources for Counties



# Resources for Counties

## DMC-ODS Webpage\*

County Plans & Contracts

Quality/EQRO

Evaluation (UCLA)

FAQs, Fact Sheets

MHSUDS Information Notices

Archived Webinars

Forms

## Webinars

DMC-ODS Monthly Webinars  
Parity Related Webinars

California Institute for  
Behavioral Health Solutions  
(CIBHS)

## DHCS Contacts

DMCODSWaiver  
@dhcs.ca.gov

Assigned Readiness Review  
Analyst or County  
Monitoring Analyst

\* DHCS Webpage Search: DMC-ODS Waiver



# DMC-ODS WEBPAGE

CA.GOV CALIFORNIA DEPARTMENT OF Health Care Services

HOME SERVICES INDIVIDUALS PROVIDERS & PARTNERS FORMS, LAWS & PUBLICATIONS DATA & STATISTICS

Home > Providers & Partners > **Drug Medi-Cal Organized Delivery System**

## ▶ Drug Medi-Cal Organized Delivery System

The Drug Medi-Cal Organized Delivery System (DMC-ODS) provides a continuum of care modeled after the American Society of Addiction Medicine Criteria for substance use disorder treatment services, enables more local control and accountability, provides greater administrative oversight, creates utilization controls to improve care and efficient use of resources, implements evidenced based practices in substance abuse treatment, and coordinates with other systems of care.

This approach provides the beneficiary with access to the care and system interaction needed in order to achieve sustainable recovery. DMC-ODS will demonstrate how organized substance use disorder care increases the success of DMC beneficiaries while decreasing other system health care costs.

- Quality/EQRO
- Evaluation
- County Plans & Contracts
- Phase 5: IHP / ODS
- ASAM Designation
- Resources

### RESOURCES

- About DHCS
- ACA Questions & Answers
- Affordable Care Act (ACA)
- All Programs & Services
- Calendar of Events
- DHCS A-Z Index
- Laws & Regulations
- Medi-Cal Waivers
- Privacy & HIPAA
- Stakeholder Engagement Initiative
- Steps to Medi-Cal

### RELATED LINKS

- California Health and Human Services Agency
- Denti-Cal Website
- Health Care Options Website
- Medi-Cal Provider Website
- Welltopia

\* DHCS Webpage Search: DMC-ODS Waiver



# RESOURCE DOCUMENTS

- Intergovernmental Agreement (IA) Boilerplate
- State/Federal regulations/statute cited by reference in IA, e.g. 42 CFR, Part 2
- MHSUDS Information Notices
- DMC Billing Manual
- County subcontracts with providers



# TECHNICAL ASSISTANCE

- DMC-ODS Documentation Training for Counties – Utilization Review Section ([janet.Rudnick@dhcs.ca.gov](mailto:janet.Rudnick@dhcs.ca.gov))
- DMC-ODS County Provider Monitoring – Quality Monitoring Section ([cynthia.hudgins@dhcs.ca.gov](mailto:cynthia.hudgins@dhcs.ca.gov))
- Assigned Readiness Review Analyst



# Readiness Reviews



# §438.66 State Monitoring

- The State must conduct readiness reviews of plans as follows:
  - **Before** - Prior to the State implementing a managed care program (desk and onsite review).
  - **New** - When a specific plan has not previously contracted with the State (desk and onsite review).
  - **Expanding** - When any plan currently contracting with the State will provide covered benefits to a new eligibility group (desk and optional onsite review).
- Onsite review must include interviews with leadership that manage key operational areas.





## §438.66(d)(4) Readiness Reviews

Assess the ability and capacity of the plan to satisfactorily perform in the following areas:

- Administrative staffing & Resources
- Delegation & oversight of plan
- Enrollee & provider communications
- Grievance & appeals
- Member services & outreach
- Provider network management
- Program Integrity/compliance
- Case management/care coordination
- Quality improvement
- Utilization review
- Financial reporting & monitoring
- Financial systems & claims management
- Encounter data & enrollment information



# Readiness Review Process

- Review assists counties with targeting their limited resources on requirements; every county has had deficiencies
- Assigned DHCS analyst contacts county to begin the process and schedule an onsite review
- Review questions and materials request checklist are available on DMC-ODS webpage
- Any deficiencies must be cleared 30 days prior to IA execution date
- CMS will review the completed review instrument, executed MOUs with Managed Care Plans within the county and other county documents submitted during the review



# Readiness Review Materials

	Requested Document	Provided (Y/N)
1	Please provide a copy of the job description for each of the new jobs created.	
2	Please provide a copy of the policy or procedure requiring provider staff training.	
3	Please provide a copy of the Plan's training schedule.	
4	Please provide a copy of the Plan's draft of the beneficiary handbook.	
5	Please provide the link to the Plan's webpage with the current Provider Directory or planned DMC-ODS Provider Directory.	
6	Please provide a copy of the Plan's Practice Guidelines.	
7	Please provide a copy of the procedure addressing selection and retention of network providers.	
8	Please provide a copy of the Plan's policy and procedure for credentialing and re-credentialing its providers.	
9	Please provide a copy of the single case agreement, in the event that a NTP beneficiary goes out-of-town on vacation and can continue receiving their dosing from an out-of-network provider.	
10	Please provide a copy of all executed Memorandums Of Understanding with the managed care plan(s) in the County.	
11	Please provide a copy care coordination procedures.	
12	Please provide a copy of the Plan's written grievance and appeals procedure.	
13	Please provide a copy of the Plan's Quality Management Work Plan.	
14	Please provide the Plan's process for detecting underutilization and overutilization of services.	
15	Please provide the Plan's process for assessing beneficiary/family satisfaction.	
16	Please provide the Plan's process for monitoring the safety and effectiveness of medication practices.	
17	Please provide the Plan's process for monitoring appropriate and timely intervention of occurrences that raise quality of care concerns.	
18	Please provide the Plan's Compliance Officer name and contact information.	
19	Please provide the procedure for prompt reporting of all overpayments identified or recovered, specifying the overpayments due to potential fraud.	
20	Please provide completed "Provider List for Network Adequacy Certification" Excel Sheet	



# Best Practices

- Utilize Readiness Review materials online to prepare including MHSUDS Information Notices.
- Write or modify policies and procedures for DMC-ODS and train staff and providers on them prior to starting.
- Submit materials on a flow-basis as you correct deficiencies.
- The more you have prepared and 438 compliant, the less you have to do.



# Opportunities for Success



# Pre-Implementation

## Stakeholder Engagement

- Providers – DMC & non-DMC
- Medi-Cal Managed Care Plans
- Criminal Justice Partners

## System Readiness

- Becoming a managed care plan
- Policies and procedures
- Network management, utilization review, quality improvement

## Assess Your Network

- Do you have all of the mandatory levels of care?
- Who can you contract with that you don't already?
- Embed SUD LPHAs or certified AOD counselors
- Telehealth or community based service for outliers



# Pre-Implementation

## Workforce

- Reorienting existing staff
- Hiring licensed staff
- Written guidance – Provider Manual

## Training & Retraining

- County training plan
- Re-occurring ASAM for county and provider staff
- Evidence Based Practices - 2 selected

## Beneficiaries

- Notifications to current and potential beneficiaries
- Access Lines
- Grievance and appeal



# Pre-Implementation

- Learn from counties that have already implemented.
- Anticipate more beneficiaries than you currently serve - Access Lines.
- Have a Plan A, B, C; adapt quickly; use a quality improvement approach.
- Ask DHCS during webinars or submit your questions to [DMCODSwaiver@dhcs.ca.gov](mailto:DMCODSwaiver@dhcs.ca.gov)





# Implementation Examples

- Los Angeles County comprehensive webpage: Provider Directory page, Network Provider page, Patient & Public page.
- Several counties have DMC-ODS Provider Manuals containing their waiver processes, documentation and authorization requirements.



# Implementation Examples

Browser address bar: <http://sapccis.ph.lacounty.gov/sbat/>

Navigation: HOME ABOUT BEGIN SEARCH CONTACT

- Intensive Outpatient, Level 2.1 (IOP)
- Residential Treatment, Levels 3.1 & 3.5 (RS)
  - RS (Levels 3.1 & 3.5) - Male
  - RS (Levels 3.1 & 3.5) - Female
- Residential Population-Specific Treatment, Level 3.3 (RS)
  - PSRS (Levels 3.3) - Male
  - PSRS (Levels 3.3) - Female
- Ambulatory - Withdrawal Management, Levels 1-WM & 2-WM (A-WM)
- Residential - Withdrawal Management, Level 3.2-WM (R-WM)
  - R-WM - Male
  - R-WM - Female
- Inpatient - Withdrawal Management, Levels 3.7-WM & 4-WM (I-WM)
  - I-WM - Male
  - I-WM - Female
- Opioid Treatment Program (OTP)
- Recovery Bridge Housing (RBH)
  - RBH - Male
  - RBH - Female
- Driving Under the Influence (DUI) Program

LANGUAGES SPOKEN:

- American Sign Language
- Arabic
- Armenian
- Cambodian

Agency	Available Beds	Intake Appointment	Specific Service Type	Languages Spoken
<b>1</b> 0.42miles <b>LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE</b> 470 East 3rd Street, Suites A & B Los Angeles, CA 90013 Business Hours: Sun: Closed; Mon - Thu: 7:30 am - 7:30 pm; Fri: 7:30 am - 4:30 am; Sat: 7:00 am - 3:30 am Phone number: (213) 626-6411		OP IOP	Adult, Co-Occurring Mental Health Capabilities, Court Diversion, Probation/ Parole, Re-entry, Criminal Justice, Homeless, LGBTQ, Older Adults, Parent/Guardian (Female) with Children, Sexually-Exploited, Veterans, Young Adults	English, Spanish
Last Updated: 2/26/2018 10:52:17 AM				
<b>2</b> 0.50miles <b>PRINCIPLES, INC.</b> 333 South Central Avenue, 1st and 2nd floors Los Angeles, CA 90013 Business Hours: Sun: Closed; Mon - Thu: 8:00 am - 7:00 pm; Fri: 8:00 am - 3:30 pm; Sat: 8:00 am - 12:00 pm Phone number: (213) 625-5009		OP IOP	Adult, Court Diversion, Probation/ Parole, Re-entry, Criminal Justice	English, Spanish
Last Updated: 12/9/2017 8:26:29 AM				

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# DHCS Monitoring Plan



# County Monitoring

## Pre DMC-ODS

- Substance Abuse Prevention & Treatment Block Grant (SABG)
- DMC-ODS Readiness Review

## DMC-ODS

- SABG
- DMC-ODS [§438.66 (a)(b),(c)]



# Current Monitoring Process

- DHCS monitors county compliance to the terms and conditions in the State Plan DMC contract and SABG.
- Prior to the review, counties are sent the monitoring instrument and have 30 days to submit documents and their completed monitoring instrument back to DHCS.
- Reports are issued and Corrective Action Plans (CAP) are required for deficiencies.
- Once approved, monitors follow-up every 90 days until remediated.
- All reports are posted on the DHCS website.



# DMC-ODS County Monitoring

## Counties prior to June 30, 2017

- Similar to Readiness Review
- Status of Performance Improvement Projects (PIP)
- EQRO review results
- Annual Treatment Perception Survey (TPS) results
- Other data as required by §438.66(c)

## Counties July 1, 2017

- New monitoring instrument
- Status of PIP
- EQRO review results
- Annual TPS results
- Other data as required by §438.66(c)



# DMC-ODS County Monitoring

- Current process will remain the same
- SABG will be combined with DMC-ODS
- Onsite review
- County website will be checked for: provider directory and beneficiary informing materials
- Timeliness of required submissions (NACT, quarterly grievance & appeal logs, etc.)
- Beneficiary Access lines will tested



# Additional Provider Monitoring

DHCS

DMC  
Monitoring

Postservice  
Postpayment  
Utilization  
Reviews

Auditors or  
Investigators





Questions?