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

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Substance Use Disorders Policy, Program & Fiscal Division
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CalQIC Conference
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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
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

County submits their implementation plan (IP) & fiscal plan/interim rates and receives DHCS approval

DHCS drafts County Intergovernmental Agreement (IA); Boilerplate + county specific details

DHCS sends IA to the county for review and approval

DHCS validates and certifies county proposed network

DHCS conducts a Readiness Review (RR) and works with counties to address deficiencies

CMS must review IP, IA, RR and certification documents prior to granting approval to begin DMC-ODS services
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

* 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)
- DMC-ODS County Provider Monitoring – Quality Monitoring Section
  (cynthia.hudgins@dhcs.ca.gov)
- Assigned Readiness Review Analyst
Readiness Reviews
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
<table>
<thead>
<tr>
<th>Requested Document</th>
<th>Provided (Y/N)</th>
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<tr>
<td>1. Please provide a copy of the job description for each of the new jobs created.</td>
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<td>2. Please provide a copy of the policy or procedure requiring provider staff training.</td>
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<td>3. Please provide a copy of the Plan’s training schedule.</td>
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<td>4. Please provide a copy of the Plan’s draft of the beneficiary handbook.</td>
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<td>5. Please provide the link to the Plan’s webpage with the current Provider Directory or planned DMC-ODS Provider Directory.</td>
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<td>6. Please provide a copy of the Plan’s Practice Guidelines.</td>
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<td>7. Please provide a copy of the procedure addressing selection and retention of network providers.</td>
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<tr>
<td>8. Please provide a copy of the Plan’s policy and procedure for credentialing and re-credentialing its providers.</td>
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<tr>
<td>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.</td>
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<td>10. Please provide a copy of all executed Memorandums Of Understanding with the managed care plan(s) in the County.</td>
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<td>11. Please provide a copy of care coordination procedures.</td>
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<td>12. Please provide a copy of the Plan’s written grievance and appeals procedure.</td>
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<td>13. Please provide a copy of the Plan’s Quality Management Work Plan.</td>
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<td>14. Please provide the Plan’s process for detecting underutilization and overutilization of services.</td>
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<td>15. Please provide the Plan’s process for assessing beneficiary/family satisfaction.</td>
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<td>16. Please provide the Plan’s process for monitoring the safety and effectiveness of medication practices.</td>
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<td>17. Please provide the Plan’s process for monitoring appropriate and timely intervention of occurrences that raise quality of care concerns.</td>
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<td>18. Please provide the Plan’s Compliance Officer name and contact information.</td>
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<tr>
<td>19. Please provide the procedure for prompt reporting of all overpayments identified or recovered, specifying the overpayments due to potential fraud.</td>
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<tr>
<td>20. Please provide completed “Provider List for Network Adequacy Certification” Excel Sheet</td>
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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
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

## LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE

1. **Agency**: LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE  
2. **Available Beds**: 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  
3. **Intake Appointment**: OP IOP  
4. **Specific Service Type**: 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  
5. **Languages Spoken**: English, Spanish  

## PRINCIPLES, INC.

2. **Agency**: PRINCIPLES, INC.  
3. **Available Beds**: 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) 628-5009  
4. **Intake Appointment**: OP IOP  
5. **Specific Service Type**: Adult, Court Diversion, Probation/Parole, Re-entry, Criminal Justice  
6. **Languages Spoken**: English, Spanish
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 be tested
# Additional Provider Monitoring

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<tr>
<th>DMC Monitoring</th>
<th>Postservice Postpayment Utilization Reviews</th>
<th>Auditors or Investigators</th>
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DHCS
Questions?