DMC-ODS WAIVER:
County Updates

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Objectives

• Recognize what is involved in the ASAM transition.
• Identify what is required to set up the call center.
• Discuss how the Electronic Health Record (EHR), coordination of care and confidentiality are impacted by the set up of the call center and how to prepare for and address these potential impacts.
• Review the State Regulations related to the DMC-ODS Waiver and how to prepare for reviews.
County Approaches

• Riverside

• Santa Clara

• Nevada

• Santa Cruz
Santa Clara County: Ramping up for Go-Live June 2017

- Project managers assigned for all vital areas of the boilerplate (18 mos. Prior): e.g. Waiver Implementation Plan in Phases, QI Work Plan, Website, Beneficiary Materials, Communications with DHCS, P & P, etc.
- Collaborative meetings and trainings with all County and Contract Providers – Innovative Partnership Meeting, Quality Assurance and Performance Measurement Meeting
- Participation in CBHDA, collaboration with BHC, development of FAQs
Santa Cruz County: Ramp up for January 1st Implementation

- Weekly provider meetings with collaboratively generated agendas
- Workflow design
- Community engagement about impact
- Readiness Review
Santa Cruz County: Structural and Cultural Changes Training

• Created 2 hour training
• Structural focus included lengths of stay, use of the network, collaborative transitions between providers across care continuum, communication strategies
• Cultural focus included “graduations,” abstinence as a part of the Harm Reduction Continuum, non-judgmental approaches to client-centered care
• Conducted 4 duplicate sessions
• Attended by appx 160 people
• Additional sessions requested
• Transition
• Training
• Implementation
ASAM Criteria System Overhaul/Transition

- Creation of Adolescent and Adult Screening, Transition, and Update Tool
  - Provider Input and Partnership
  - Training On Tool Itself
  - Time and Thoroughness of Screening
  - New Beta Update in Progress

- Cultural Change: Consumer Oriented vs Program Oriented
  - County Programs and Contracted Providers
  - Community Partners, Judicial and Other

- Transition to ASAM Dimensional Treatment Planning
  - Termination of ASI Requirements
  - Align Intake Assessment with T22 and AOD requirements
ASAM Transition and Overhaul

• Development of a standardized tool containing ASAM dimensions and domains that could:
  a) Be used as a framework for assessment, interval review, and transition document between levels of care
  b) Be used for purposes of authorization
  c) Be used to collect various data points (e.g. severity scales)

• ALOC- the “Swiss army knife”
• ALOC’s impact on provider workflows
ASAM Training

- ASAM E-module
- SCC had been utilizing ASAM for 20 years; successfully trained all provider staff on E-modules
- ASAM Criteria Trainings
  - CIBHS Trainings
  - Granted Permission for Riverside to Deliver
  - 88 Hours x 6 Months x 18 Months for Clinical Staff
  - Ongoing Struggle for Many
ASAM Training: Small County Approach

- ASAM training through CIBHS and the Change Companies eTraining
ASAM Implementation

- Built on existing knowledge of ASAM in SUD community, but acknowledged significant gaps in application
- Trainings for ASAM A, B, C, Brief over a Two Year Period
- Strived to create a common language amongst providers, partners, stakeholders, etc. in both technical understanding and threshold of delivery
ASAM Implementation

• Multilevel assessment approach
• Brief ASAM implemented for initial screening and placement
• ALOC implemented at program admission
• Weekly LOC Review Woven into EHR notes for weekly attention (much more frequent than ASAM text recommends)
Call Center

County Approaches:
Processes and Procedures are Living Documents
ACCESS CALL Center: Small County Approach

• Access Call Center
  - 8:00am – 5:00pm M – F through Behavioral Health LPHA staff
  - After business hours contract provider trained in ASAM; SUD issues; Linkage for persons needing higher levels of residential care
ACCESS CALL Center: Medium County Approach

- Business Hours Utilize Gates to Disseminate Information
- Create choice for beneficiary as much as possible
- After Business Hours Utilize Central Contracted System
ACCESS CALL Center: Medium County Approach

Provider Incoming Call Data Sample

- November
- December
- January
- February

Week 1  Week 2  Week 3  Week 4
# Riverside County: Access Centers and Care Coordination

## SU CARES
Substance Use Community Access, Referral, Evaluation, and Support Line

- Provide substance abuse prevention and treatment services information for individuals, families, and community partners
- Screening and placement services
- Direct referrals for consumers of Riverside County communities
- Authorization of all Residential and Detoxification levels of service
- Holds bed availability of all inpatient level services, authorization authority, and referral authority

## Regional CCT
Riverside and Desert SAPT Care Coordination Teams

- Intensive case management for consumers entering residential treatment.
- Transitional support to outpatient services, physical health, and mental health needs.
- Personal and private screening in the community, institutions, hospitals, and physical health care providers.
- Crisis stabilization linkage and consumer and family support and education.
Riverside County Access Center: Go Live to Current

- Full team Monday through Friday 8:00am-5:30pm
- Staffed 24/7/365 after hours
- Beta test 3 years with IEHP and Molina average staffed by one AOD Counselor and calls answered at SAPT Administration
- Initial Approved Staffing for Go Live 5 AOD Counselors and two Clerical (Only 2+1 for 2 months)
- Current: 7 AOD Counselors, 1 Clinical Therapist, 4.5 Clerical, .5 Peer
- Line opened for all community February 1, 2017
- February 1st also mandated all residential and detoxification requests go through SU CARES
- Unanticipated jump in community informational calls and requests for screening and placement
- ASAM Screening Challenges and Treatment Requests
- Intensive training and retraining congruent to ASAM and LOC’s available
SU CARES Volume by Month Beta Test: Riverside County

SU CARES Referrals Monthly Totals

![Bar Chart showing SU CARES Referrals for 2014, 2015, and 2016 by month, with data points for each month from January to December. The chart includes months with referral counts such as January (43), February (39), March (23), April (18), May (19), June (33), July (40), August (37), September (41), October (36), November (32), and December (46).]
SU CARES Volume Go Live to Current: Riverside County

Completed
Incomplete
### RUHS BH SAPT System Time to Service

<table>
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<th></th>
<th>All Services</th>
<th>Adult Services</th>
<th>Adolescent Services</th>
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<tr>
<td>Average length of time from</td>
<td>5.57 days</td>
<td>5.46 days</td>
<td>6.90 days</td>
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<tr>
<td>first request for service to</td>
<td>(mean)</td>
<td>(mean)</td>
<td>(mean)</td>
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<tr>
<td>first clinical assessment</td>
<td>3.0 days</td>
<td>2.00 days</td>
<td>3.0 days</td>
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<tr>
<td></td>
<td>(median)</td>
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<td>(median)</td>
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<tr>
<td></td>
<td>7.93 Std. Dev.</td>
<td>7.86 Std. Dev.</td>
<td>8.86 Std. Dev.</td>
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<td>DMC-ODS standard or goal</td>
<td>10 days</td>
<td>10 days</td>
<td>10 days</td>
</tr>
<tr>
<td>Percent of appointments that</td>
<td>81.8 %</td>
<td>82.3 %</td>
<td>73.9 %</td>
</tr>
<tr>
<td>meet this standard</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Range</td>
<td>0-121 days</td>
<td>0-121 days</td>
<td>0-34 days</td>
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</table>
Interval between Screen Date & Referral Date & Referral date & Admission Date - OP Admissions
Jul - Dec 2017 (n=2329)

First Screening Date and Referral Date (n=1243)

Referral Date and Admission Date (n=1273)

AVG 6.8 Business Days

n=973; 76%
n=300; 24%

AVG =8 Business Days

*Weekends and County Holidays are excluded. If Referral Date is missing, the screening day is used as the referral day. Interval of less than 0 days are excluded. DMC-ODS requirement for timeliness is 10 business days.
76% of admissions occurred within 10 business days of the Gateway call. Average time to placement was 8 business days.
Timeliness: Gateway Screen Date to Referral Date & Referral Date to Residential Admission (n=685) Jul – Dec 2017

Weekends and County Holidays are excluded. If Referral Date is missing, the Screening Day is used as the Referral Day. Data intervals of less than 0 days are excluded. DMC-ODS requirement is placement within 10 Business days.
Timeliness of Gateway Calls: Residential Admissions (n=685) Jul - Dec 2017

77% of Residential Admissions occur within 10 business days of the Gateway call. The average is 7 business days.
Potential Impacts

- Electronic Health Record
- Coordination of Care
- Confidentiality
Impact: EHR

- EHR – contract providers have different EHR models; the county is to Go-Live in May of 2018, but a pipeline between EHR systems has been a challenge
Impact: Coordination of Care

- Decrease in days from request to placement
- Increase in connection to lower level of care
- Consumers feeling a human to human connection and cared for
- Control over LOC and waiting lists
- Linkages to greater array of needed community service
Impact:
Service Coordination and Entry Through Gates System

County BH Access Team

Community Providers

County SUD Service Coordinators
Impact:
Service Coordination and Entry
Through Gates System

SlotTrack

• Web-based platform
• Columns organized by level of care
• Rows organized by Provider
• Indicates a number for slots available, 0 if full, - if service not offered
• Updated at COB daily by each provider
• Gives name and number of contact person for each provider for direct, streamlined access.
Impact: Service Coordination and Entry Through Gates System

SlotTrack

<table>
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<tr>
<th>Organization</th>
<th>AdultOP</th>
<th>Adult IOT Women</th>
<th>Adult IOT CoEd</th>
<th>Wdrl Mgmt Women</th>
<th>Wdrl Mgmt CoEd</th>
<th>NTP Prog.</th>
<th>MAT Prog.</th>
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<td>3</td>
<td>-</td>
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<td>-</td>
<td>-</td>
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<td>Janus-Watsonville</td>
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<td>0</td>
<td>0</td>
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<td>0</td>
<td>3</td>
<td>0</td>
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<tr>
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<td>8</td>
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<td>-</td>
<td>-</td>
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<tr>
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<td>8</td>
<td>0</td>
<td>0</td>
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<td>0</td>
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Opportunities for Improved Quality of Care in a Managed Care Plan Model

Expand Existing Managed Care Plan Policies in MH to Include Substance Use Disorders (SUD)

- Timeliness in Access to Care
  - SUD Response and Linkage; Call Log
  - 24/7 Capacity
  - Linkage to higher levels of SUD residential care
  - Network Providers – In and Out of County Contracts

- Provider Credentialing
  - Certifications and Licenses
  - Ongoing Monitoring

- Grievance and Appeals
  - Call Center Training
  - Notice of Adverse Benefit Determination
Opportunities for Improved Quality of Care in an Integrated BH Managed Care Plan Model

Established Procedures and Protocols can be expanded.

- Training and Certification
- Training Log
- Frequency
- ASAM

- Medi-Cal Documentation
- Evidence-based practices
- Training delivered prior to service delivery
Opportunities for Improved Quality of Care in an Integrated BH Managed Care Plan Model

Established Procedures and Protocols can be expanded.

- Quality Management Plan
- Chart Reviews
- Utilization Reviews
- Safety and Effectiveness of Medication Practices

- Quality of Care – Critical Incidents
- Compliance
- Program Integrity
- Performance Improvement Projects
- Member Handbooks
Challenges for Improved Quality of Care in a Managed Care Plan Model

• Building the Infrastructure for QA, QI, UR and Compliance in the DMC-ODS without additional funding prior to going live in the new managed care model
• Identifying qualified staff with substance use treatment knowledge/expertise to partner with MH QA/QI staff
• Streamlining processes between MH & SU to maximize efficiencies of processes
  ○ Provider Directory – Posting and Updating
  ○ Grievance & Appeals Brochure
  ○ Guide to Behavioral Health Services
Impact: Confidentiality

• Although Federal law with revision to 42 CFR has sought to expand and encourage more fluidity and collaboration amongst primary and behavioral health care, varying interpretations with regard to confidentiality and exchange of information and the releases to address these exchanges have seriously impacted provider workflows.
Impact: Confidentiality
Santa Cruz County

Case Example: In Custody

County Jail Staff Case

Benefits Rep

County Jail Staff

Assessing Provider

Placement Provider
Successes and Challenges
Successes and Challenges

• **Utilization management and capacity:** to meet Network Adequacy and Timely Access standards, needed to do an overhaul with all providers of their workflows, staff and resource allocation, and conduct analyses of over and under utilization amongst various providers to capture system gaps

• 180 Scan
Successes and Challenges

- Created a DMC-ODS compliant training schedule
- Presented ODS training to the MCP and all Providers
- Revised Beneficiary Problem Resolution Process consistent with Final Rule
Successes and Challenges

- Completed a QI Work Plan – in process of paring down QI Work plan in order to become more doable (lessons learned)
- Disseminated DMC-ODS regulatory and compliance standards to all County and Contract Providers
- Created a Beneficiary member phone line
- Created and standardized an authorization form “ALOC” and protocol (e.g. residential care)
- Parsed out meetings with modalities, OP and Res, and created discussion forums for trouble shooting
Successes and Challenges

- Provider Collaboration
- CJ System Shifting with Us
- Generating New Community Dialogues
- Perspective of a Process, Not an Event
State Regulations and Reviews

• Related ODS Waiver Regulations
• How to Prepare for State Reviews
State Regulations

• Residential and Withdrawal management programs have struggled with learning all the regulatory statutes and documentation standards to be DMC compliant and claim.

• Implementation of the waiver and SCC BHSD integration occurring at the same time: resource allocation, differing IG requirements, differing protocols for authorization and transfers of care, etc. Revision of P & P to support waiver implementation essentially halted to determine who fell under what with regard to Title 9, Title 22, and the Final Rule.
Review Preparation

• Policies and Procedures for Mental Health, Substance Use and Administration
• Learn from another County
• Coordinate with providers
• Readiness Review Test Run
Nevada County: Lessons Learned from Readiness Review

- DHCS Readiness Review February 20 – 22, 2018
- Notified 1/11/18
- DMC-ODS Waiver Readiness Review Document Checklist
- DMC-ODS Waiver Readiness Review Questions
Santa Cruz County: 
Lessons Learned from Readiness Review

- Santa Cruz County Readiness Review Timeline
- First informed of Readiness Review Requirement: August 4
- Readiness Review Documents Due to DHCS: August 21
- DHCS Readiness Review Visit: September 6 – 8
- Confirmation of Readiness Review Completion: December 20
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