DMC-ODS Waiver: What's Happening Now?

Implementation Phases

Region	% Population	Estimated ImplementationDates
1. Bay Area	21.3	July 2016
2. Southern California	60.8	January 2017
3. Central California	13.8	July 2017
4. Northern California	2.7	January 2018
5. Tribal Partners		2018

* Reference: Hearing Agenda for California Se… dget and Fiscal Review, Subcommittee No. 3, Thursday, April 21, 2016.

Implementation Prerequisites

Implementation plans

Fiscal plans (interim rates)

State/county managed care contracts

Orange = requires CMS approval

Opt-In Counties (as of May 6, 2016)

County	Implementation Plan Submitted	Implementation Plan Approved
San Francisco	Nov. 20, 2015	
San Mateo	Nov. 21, 2015	April 8, 2016
Riverside	Dec. 7, 2015	
Santa Cruz	Dec. 9, 2015	
Santa Clara	Feb. 3, 2016	
Marin	Feb. 5, 2016	
Los Angeles	Feb. 11, 2016	
Contra Costa	Apr. 15, 2016	
Napa	Apr. 20, 2016	

* Reference: Hearing Agenda for California Se[illegible]dget and Fiscal Review, Subcommittee No. 3, Thursday, April 21, 2016 & subsequent call with DHCS.

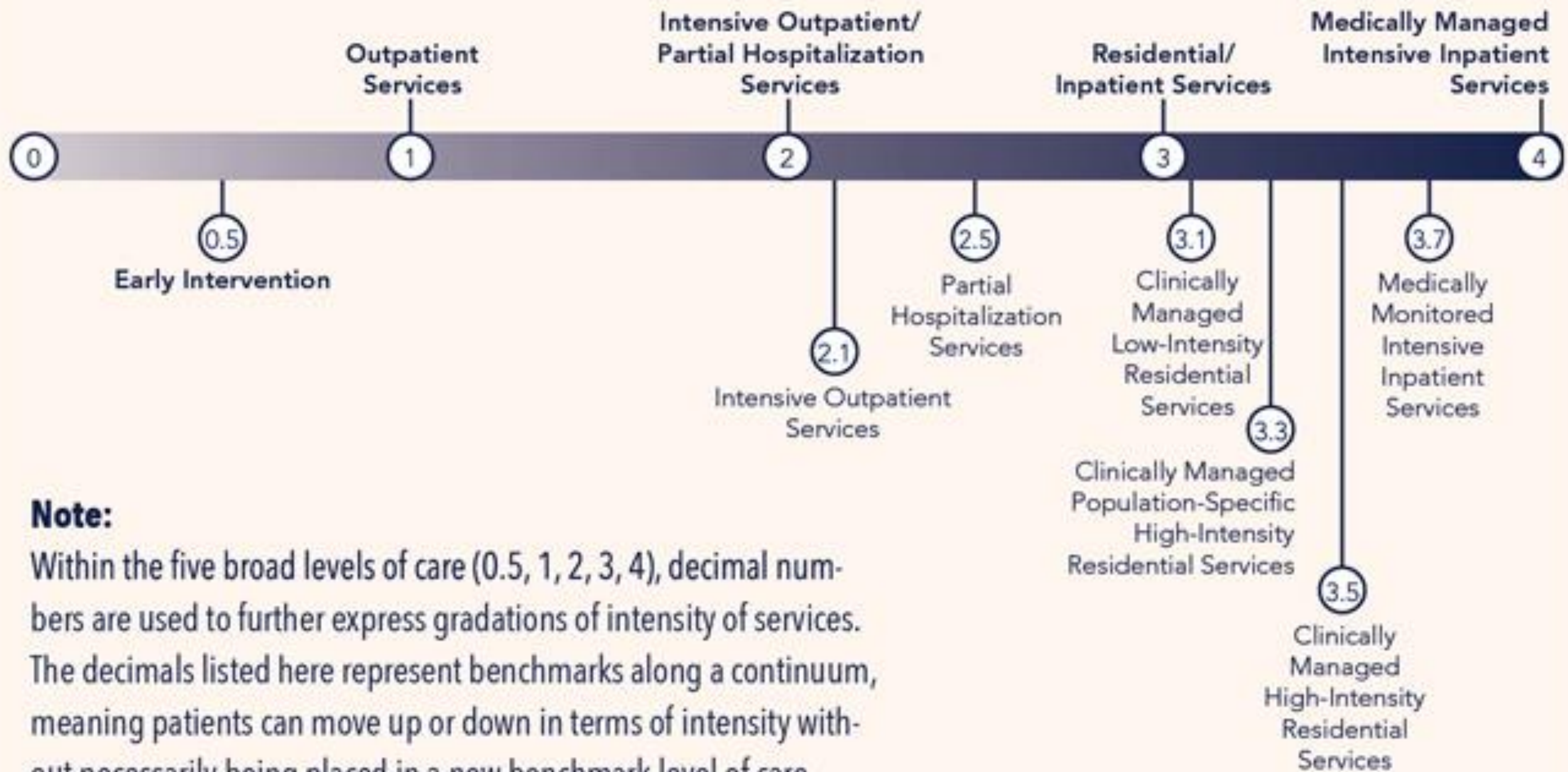

Image Credit: American Society of Addiction Medicine (ASAM), www.asam.org

DMC State Plan	DMC-ODS: Opt-In	ASAM Levels of Care
Outpatient Drug Free Treatment	Outpatient Services	1.0
Intensive Outpatient Treatment	Intensive Outpatient Services	2.1
Naltrexone Treatment (oral for opioid dependence or with TAR for other)	Naltrexone Treatment (oral for opioid dependence or with TAR for other)	N/A: component of multiple levels
Narcotic Treatment Program	Narcotic Treatment Program	includes outpatient counseling
Perinatal Residential SUD Services (IMD exclusion)	Residential Services (not restricted by IMD exclusion or limited to perinatal)	3.1, 3.3, 3.5 (one level required)
Detoxification in a Hospital (with a TAR)	Withdrawal Management	1-WM, 2-WM, 3.2-WM (one level required)
	Recovery Services	N/A
	Case Management	component
	Physician Consultation	N/A
	❖ Partial Hospitalization (optional)	2.5
	❖ Additional Medication Assisted Treatment (optional)	component

*Adapted from: Harbage Consulting, "CHCF Legis[illegible]ff Briefing on DMC-ODS Pilot Program," Presentation to CA Legislative Staff, December

California and its counties must:

1. Navigate financial risk.

2. Ensure network adequacy.

3. Align Medi-Cal and waiver provisions with clinical best practices.

Strategies to Support Success

- Reduce financial uncertainty and increase state & county capacity.
- Enhance coordination/align efforts across Medi-Cal programs.
- Facilitate diverse stakeholder engagement and strong continuous feedback at county and state levels.

1) Reduce financial uncertainty, increase capacity.

- "Raise ceiling" for county-specific interim rates.
- Fund DHCS personnel requests, particularly SUD clinical positions.
- Steer non-traditional funding to:
  - Provider training;
  - I.T. capacity-building; and
  - Researching creative solutions for service gaps (youth, housing).
- Explore options for state funding of infrastructure development (i.e. supportive housing).

Implementation Prerequisites

- **Implementation plan**
  - ➢Counties submit plans to state; DHCS and CMS review concurrently (60 day target for revisions).
- **Fiscal plan**
  - ➢Counties propose interim rates for DHCS approval
- **State/county contract**
  - ➢State & county execute intergovernmental agreement (managed care contract) for approval by Board of Supervisors and CMS.

*Reference: Harbage Consulting, "Drug Medi-Cal Organized Delivery System Pilot Program Beneficiary Protections," Presentation to Counties, March 10, 2016