

Drug/Medi-Cal Organized Delivery System Waiver

MHSUS Provider Meeting– January 7, 2015

Additional Information:

www.dhcs.ca.gov

www.MarinHHS.org/DMCWaiver

Overview of the Drug/Medi-Cal Organized Delivery System (DMC-ODS) 1115 Waiver Proposal

- According to the Centers for Medicare and Medicaid Services (CMS), Waivers under Section 1115 of the Social Security Act grants states the authority to: 1) expand eligibility to individuals who are not otherwise Medicaid eligible; 2) provide services not typically covered by Medicaid; and 3) use innovative service delivery systems that improve care, increase efficiency, and reduce costs.
- The Department of Health Care Services (DHCS) submitted a Waiver request to CMS to operate the Drug/Medi-Cal (D/MC) Program as an organized delivery system. The intent is to demonstrate how organized substance use disorder care increases successful outcomes for D/MC beneficiaries while decreasing other system health care costs.
- It is voluntary - Counties will have to opt-in and demonstrate readiness, including submitting an Implementation Plan
- Submitted to CMS on November 21, 2014; CMS has 120-days to respond

Key Elements of the DMC-ODS Waiver

- **Continuum of Services:** Counties that opt-in are required to provide the following continuum of services for D/MC beneficiaries (placement and movement within the continuum of care determined by ASAM Criteria):
 - Outpatient Treatment (ODF and IOP)
 - Case Management
 - Medication Assisted Treatment
 - Recovery Services
 - Recovery Residence (negotiating to allow SAPT to reimburse)
 - Withdrawal Management (at least one level)
 - Residential Treatment (at least one level)
 - Physician consultation
- Note: The current D/MC system only reimburses outpatient treatment, NTP and Perinatal Residential (if less than 16-bed facility). The waiver proposes to **expand the array of reimbursable services**, including **allowing Residential treatment services** to operate in facilities with no bed limit capacity

Key Elements of the DMC-ODS Waiver (cont'd)

- **Coordination with Managed Care to Ensure Integrated Care**
 - Counties will enter into MOU's with any Medi-Cal managed care plans that enroll beneficiaries served in the DMC-ODS [referrals, consultation, information exchange, dispute resolution]
- **Access and Authorization**
 - Counties shall have a toll free Access number
 - Counties will authorize services – Required for Residential
- **Culturally Competent Evidence Based Practices (EBPs)**
 - Providers implement at least two of the identified EBPs
- **Selective Provider Contracting**
 - Counties shall have procedures for selecting and retaining providers
 - Counties shall ensure required services are available and accessible to beneficiaries

Key Elements of the DMC-ODS Waiver (cont'd)

- **Workforce**

- Expands eligible service providers to include Licensed Practitioners of the Healing Arts (LPHA) for the assessment of beneficiaries and other services within their scope of practice

- **DMC-ODS County Oversight, Monitoring and Reporting**

- Counties shall have a Quality Improvement Plan and Quality Improvement Committee
- Counties shall have a Utilization Management Program: Assures access to services; assures medical necessity has been established and the beneficiary is at the appropriate ASAM level of care and that the interventions are appropriate for the diagnosis and level of care
- Provide data to evaluate outcomes from the waiver related to access, quality, cost and integration and coordination of care

Next Steps – Implementation Plan

- **Gather stakeholder input in developing the Plan** - The Plan should describe how during the Waiver period the county will provide or establish services to achieve the goal that all beneficiaries receive the least intense clinically appropriate level of care
- **Highlights of the Implementation Plan:**
 - Description of the treatment services, client flow within the continuum of care and plans for expansion
 - Integration with mental health and primary care
 - Access – Ensuring network adequacy [e.g. projected number of clients, expected utilization of services, number/type/location of providers, etc.]
 - Assessment and Authorization
 - Quality Assurance activities
 - Contracting process
 - Projected expenditures and proposed rates
- **Provide training/technical assistance, including ASAM training**