

# Drug/Medi-Cal Organized Delivery System Waiver

MHSUS Provider Meeting— January 7, 2015

Additional Information: [www.dhcs.ca.gov](http://www.dhcs.ca.gov)  
[www.MarinHHS.org/DMCWaiver](http://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)

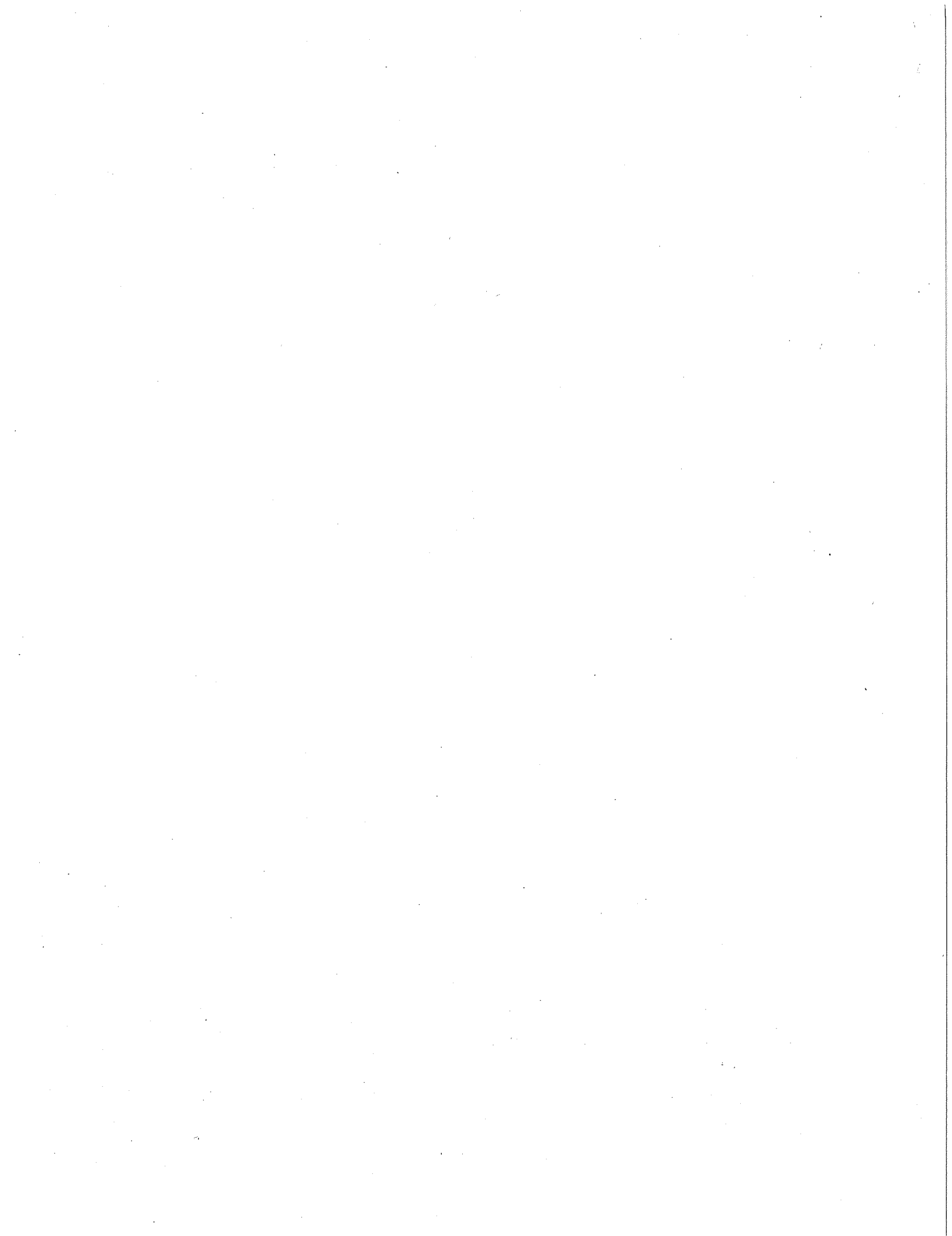
- **Coordination with Managed Care to Ensure Integrated Care**
  - Counties will enter into MOU's with any Medi-Cal managed care plans that enroll beneficiaries served in the DMC-ODS [referrals, consultation, information exchange, dispute resolution]
- **Access and Authorization**
  - Counties shall 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**



The following services shall be provided to all eligible DMC-ODS beneficiaries for the identified level of care as follows. DMC-ODS benefits include a continuum of care that ensures that clients can enter SUD treatment at a level appropriate to their needs and step up or down to a different intensity of treatment based on their responses.

ASAM Criteria Continuum of Care Services and the DMC-ODS System

ASAM Level of Care	Title	Description	Provider
1	Outpatient Services	Less than 9 hours of service/week (adults); less than 6 hours/week (adolescents) for recovery or motivational enhancement therapies/strategies	DHCS Certified Outpatient Facilities
2.1	Intensive Outpatient Services	9 or more hours of service/week (adults); 6 or more hours/week (adolescents) to treat multidimensional instability	DHCS Certified Intensive Outpatient Facilities
2.5	Partial Hospitalization Services	20 or more hours of service/week for multidimensional instability not requiring 24-hour care	DHCS Certified Intensive Outpatient Facilities
3.1	Clinically Managed Low-Intensity Residential Services	24-hour structure with available trained personnel; at least 20 hours of clinical service/week and prepare for outpatient treatment.	DHCS Licensed Residential Providers
3.3	Clinically Managed Population-Specific High-Intensity Residential Services	24-hour care with trained counselors to stabilize multidimensional imminent danger. Less intense milieu and group treatment for those with cognitive or other impairments unable to use full active milieu or therapeutic community and prepare for outpatient treatment.	DHCS Licensed Residential Providers
3.5	Clinically Managed High-Intensity Residential Services	24-hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment. Able to tolerate and use full milieu or therapeutic community	DHCS Licensed Residential Providers
3.7	Medically Monitored Intensive Inpatient Services	24-hour nursing care with physician availability for significant problems in Dimensions 1, 2, or 3. 16 hour/day counselor availability	Chemical Dependency Recovery Hospitals; Free Standing Psychiatric hospitals
4	Medically Managed Intensive Inpatient Services	24-hour nursing care and daily physician care for severe, unstable problems in Dimensions 1, 2, or 3. Counseling available to engage patient in treatment	Chemical Dependency Recovery Hospitals, Hospital; Free Standing Psychiatric hospitals
OTP	Opioid Treatment Program	Daily or several times weekly opioid agonist medication and counseling available to maintain multidimensional stability for those with severe opioid use disorder	DHCS Licensed OTP Maintenance Providers, licensed prescriber

ASAM Criteria Withdrawal Services (Detoxification/Withdrawal Management)  
and the DMC-ODS System

Level of Withdrawal Management	Level	Description	Provider
Ambulatory withdrawal management without extended on-site monitoring	1-WM	Mild withdrawal with daily or less than daily outpatient supervision.	DHCS Certified Outpatient Facility with Detox Certification; Physician, licensed prescriber; or OTP for opioids.
Ambulatory withdrawal management with extended on-site monitoring	2-WM	Moderate withdrawal with all day withdrawal management and support and supervision; at night has supportive family or living situation.	DHCS Certified Outpatient Facility with Detox Certification; licensed prescriber; or OTP.
Clinically managed residential withdrawal management	3.2-WM	Moderate withdrawal, but needs 24-hour support to complete withdrawal management and increase likelihood of continuing treatment or recovery.	DHCS Licensed Residential Facility with Detox Certification; Physician, licensed prescriber; ability to promptly receive step-downs from acute level 4.
Medically monitored inpatient withdrawal management	3.7-WM	Severe withdrawal, needs 24-hour nursing care & physician visits; unlikely to complete withdrawal management without medical monitoring.	Chemical Dependency Recovery Hospitals; Free Standing Psychiatric hospitals; ability to promptly receive step-downs from acute level 4
Medically managed intensive inpatient withdrawal management	4-WM	Severe, unstable withdrawal and needs 24-hour nursing care and daily physician visits to modify withdrawal management regimen and manage medical instability.	Hospital, sometimes ICU, Chemical Dependency Recovery Hospitals; Free Standing Psychiatric hospitals