



# Drug Medi-Cal Organized Delivery System Waiver

New Responsibilities for Counties  
and Providers

# Sources of New Requirements

1. Waiver Terms & Conditions
2. County Implementation Plan
3. State-County DMC/NNA Contract
4. Federal Regulations

# ASAM Criteria Gap Analysis

Modality or Service	Intensity/Setting	ASAM Level	Required	Present in AODS System
Withdrawal Management	Ambulatory	1-WM	Yes. At least one level.	No*
	Social Model Residential	3.2-WM		Yes
	Inpatient Hospital	3.7-WM		No
Outpatient	'Regular' < 9 Hrs per Week	1	Yes	Yes
	Intensive 9-19 Hrs per Week	2.1	Yes	No
	Partial Hospitalization >19 Hrs per Week	2.5		

# ASAM Criteria Gap Analysis

Modality or Service	Intensity	ASAM Level	Required	Present in AODS System
Residential	Clinically managed low-intensity	3.1	At least one level	No
	Clinically managed population-specific high-intensity	3.3		No
	Clinically managed high-intensity	3.5		Yes
Recovery Residence	Housing + Outpatient	3.1	Optional (SAPT Funded)	No
OTP	Outpatient	1-OTP	Yes	Yes
Other MAT	Outpatient	1	Optional	Yes*

# ASAM Criteria Gap Analysis

<b>Modality or Service</b>	<b>Intensity</b>	<b>ASAM Level</b>	<b>Required</b>	<b>Present in AODS System</b>
Physician Consultation	NA	NA	Yes	No
Case Management	NA	NA	Yes	No
Recovery Services	NA	NA	Yes	No
Other	NA	NA	No	?

# Access to Care

- Right treatment at the right level of care at the right time.
- Clients have choice of providers.
- Geographic (drive time).
- Cultural/Linguistic.
- Other Dimensions
  - Youth
  - Women
  - Offenders
  - Etc.

# Implementation Plan Elements

## 1. Collaborative Planning Process

- Describe the collaborative process used to plan DMC-ODS services.
- Describe how county entities, community parties, and others participated in the development of this plan and how ongoing involvement will occur.

# Implementation Plan Elements

## **2. Client Flow**

Describe how clients move through the different levels identified in the continuum of care (referral, assessment, placement, transitions to another level of care).



# Implementation Plan Elements

## 3. Treatment Services

- Describe the required and optional types of DMC-ODS services to be provided.
- What barriers, if any, does the county have with the required service levels?
- Determine how the county plans to provide state plan services to beneficiaries who do not reside in the county.

# Implementation Plan Elements

## 4. Expansion of Services

- Describe how the county plans to expand services to include all levels of the ASAM Criteria over the period of the Waiver.
- In the description, include the timeline for expansion.

# Implementation Plan Elements

## **5. Integration with Mental Health.**

How will the county integrate mental health services for beneficiaries with co-occurring disorders?

## **6. Integration with Physical Health.**

Describe how the counties will integrate physical health services within the waiver.

# Implementation Plan Elements

## **7. Access**

Describe how the county will ensure access to all service modalities. Describe the county's efforts to ensure network adequacy. Describe how the county will establish and maintain the network by addressing the following:

- a. The anticipated number of Medi-Cal clients.
- b. The expected utilization of services.
- c. The numbers and types of providers required to furnish the contracted Medi Cal services.
- d. Hours of operation of providers.
- e. Language capability for the county threshold languages.
- f. Timeliness of first face-to-face visit, timeliness of services for urgent conditions and access to afterhours care.
- g. The geographic location of providers and Medi-Cal beneficiaries, considering distance, travel time, transportation, and access for beneficiaries with disabilities.

# Linguistic Capacity

Language	Number of Counties Where Primary Language Frequency Reaches Threshold Level	Number of Eligibles Speaking Threshold Language	Percent of Total Medi Cal Eligibles
Spanish	49	3,057,209	34.5%
Vietnamese	7	143,919	1.6%
Cantonese	5	94,104	1.1%
Armenian	1	60,909	0.7%
Russian	3	32,598	0.4%
Mandarin	4	38,485	0.4%
Tagalog	4	26,552	0.3%
Korean	2	30,788	0.3%
Arabic	2	20,080	0.2%
Hmong	2	19,578	0.2%
Farsi	2	16,667	0.2%
Cambodian	1	8,103	0.1%
Other Chinese	1	8,759	0.1%
<b>Grand Total</b>	<b>49</b>	<b>3,557,751</b>	<b>40.2%</b>

# Implementation Plan Elements

## **8. Training Provided.**

What training will be offered to providers chosen to participate in the waiver?

## **9. Technical Assistance.**

What technical assistance will the county need from DHCS?

# Implementation Plan Elements

## 10. Quality Assurance

- Describe the quality assurance activities the county will conduct.
- Include the county monitoring process (frequency and scope), Quality Improvement plan and Quality Improvement committee activities.
- Please list out who the members are on the Quality Improvement committee.

# Implementation Plan Elements

## **11. Evidence Based Practices.**

- How will counties ensure that providers are implementing at least two of the identified evidence based practices?
- What action will the county take if the provider is found to be in non-compliance?



# Implementation Plan Elements

## **12. Assessment**

- Describe how and where counties will assess beneficiaries for medical necessity and ASAM Criteria placement.
- How will counties ensure beneficiaries receive the correct level of placement?

# Implementation Plan Elements

## 13. Regional Model

- If the county is implementing a regional model, describe the components of the model. Include service modalities, participating counties, and identify any barriers and solutions for beneficiaries.

# Implementation Plan Elements

## **14. Case Management**

- Describe how the county will oversee case management services.
- How will case management services be integrated and coordinated with mental health and physical health?
- Case management is a required mode of service under the Waiver.

# Implementation Plan Elements

## **15. Memorandum of Understanding.**

- Submit a draft copy of each Memorandum of Understanding (MOU) between the county and the managed care plans.
- The MOU must outline the mechanism for sharing information and coordination of service delivery.
- Signed MOU's must be submitted to DHCS within three months of the waiver implementation date.

# Implementation Plan Elements

## **16. Telehealth Services**

- How will telehealth services be structured for providers and how will the county ensure confidentiality?
- Group counseling services cannot be conducted through telehealth.
- It should be noted that this question pertains only to counties planning to implement telemedicine services as part of the DMC-ODS program.

# Implementation Plan Elements

## **17. Contracting**

- Describe the county's selective provider contracting process.
- What length of time is the contract term?
- Describe the local appeal process for providers that do not receive a contract.
- If current DMC providers do not receive a DMC-ODS contract, how will the county ensure beneficiaries will continue receiving treatment services?

# Implementation Plan Elements

## **18. Additional Medication Assisted Treatment (MAT)**

If the county chooses to implement additional MAT beyond the requirement for NTP services, describe the MAT and delivery system.

## **19. Residential Authorization**

Describe the county's authorization process for residential services.

# State-County Contract

- Revisions to the state-county DMC/NNA contract will outline further details for implementation.
- Incorporates compliance with new set of federal regulations.
  - For example, beneficiary problem resolution process.
  - Cultural competence plan
  - Beneficiary brochure and provider list



# Federal Regulations

- 42 CFR Part 438, titled “Managed Care”
- Includes sections on –
  - Enrollee Rights and Protections
  - Quality Assessment and Performance Improvement
    - Access Standards
    - Structure and Operations Standards
    - Measurement and Improvement Standards
  - External Quality Review

# 42 CFR Part 438 (cont.)

- Further Provisions –
  - Grievance System
  - Certifications and Program Integrity
  - Sanctions
  - Conditions for Federal Financial Participation.

# Implementation

- Phase I will focus on Bay Area Counties.
  - 21% of state population.
- Planned start is April – July 2015.
- Phase II start TBD.
  - Includes LA, Orange Riverside & San Bernardino Counties – 61% of state population.

Questions?