
Drug Medi-Cal ODS Demonstration Waiver

SAC Update
May 2016



Phases

Phase I – Bay Area (May 2015)

Phase II – Southern California (Nov 2015)

Phase III – Central Valley (March 2016)

Phase IV – Northern California

Phase V – Tribal Delivery System



Implementation Efforts

- Finalizing with CMS:
 - State/County Contract Boilerplate
 - CPE Protocol
 - UCLA Evaluation
- Releasing State Policy Notices
- Projects with Blue Shield and CHCF
- Conducting biweekly Technical Assistance conference calls



Implementation Efforts

- Posting Draft and Approved IP Plans
- Conducting County Specific Site Visits
- Phased Regional Meetings
- External Quality Review Organizations
Contractor: Behavioral Health Concepts
started January 2016
 - Developing review protocols
 - Coordinating with UCLA



Network Capacity

- Remedied DMC certification backlog
- Receiving a high volume of licensing and/or AOD certification applications
- Redirecting staff for licensing applications
- Issued 350 provisional American Society of Addiction Medicine (ASAM) designations at over 200 residential facilities



Regional Models

- DHCS is flexible in the type of regional models proposed
- Current models in potential development
 - Coordinated with Managed Care Plans
 - Establishment of a Joint Powers Authority
 - County-to-County Collaboration



Training

- SUD Annual Conference August 23-25
- Technical Assistance Contractor: CIBHS
 - Released statewide training plan
 - Training conducted in early, middle and late implementation phases with training hubs
 - Focused training on ASAM, Networks, Integration, Selective Contracting, Quality Improvement, Medication Assisted Treatment (MAT), Continuum of Care



Integration Plan

Substance Abuse And Mental Health Services Administration (SAMHSA) MODEL

- Three Main Categories
 - Coordinated
 - Co-located
 - Integrated Care



Integration Plan

Two Levels Within Each Category

- Coordinated Care
 - Minimal collaboration
 - Basic Collaboration at a Distance
 - Co-located Care
 - Basic Collaboration Onsite
 - Close Collaboration with Some System Integration
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Integration Plan

- Integrated Care
 - Close Collaboration Approaching an Integrated Practice
 - Full Collaboration in a Transformed/Merged Practice
- Next steps
 - Stakeholder engagement
 - Plan due to CMS October 2016



Implementation Plans

- Reviewing County Implementation Plans
 - San Francisco
 - San Mateo: **DHCS APPROVED**
 - Riverside
 - Los Angeles
 - Santa Cruz
 - Santa Clara
 - Marin
 - Contra Costa
 - Napa
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County Innovations

- Pilot to co-locate SUD counselors at Mental Health (MH) clinics and/or primary care settings
- In year 2, exploring co-location of Medication Assisted Treatment at all treatment programs
- For effective transitions, co-locating residential with Intensive Outpatient services
- Piloting sobering centers
- Co-locating MH and SUD clinics



County Innovations

- Receiving a list of ER high utilizers from managed care plans to target interventions
- Engaging high utilizers through intensive case management
- Embedding SUD counselors in ER
- Partnering SUD counselors with probation; working discharges from jail right into treatment



County Innovations

- Utilizing one coordinated EHRs with SUD, Physical Health and Mental Health
- Expanding SBIRT across all systems of care in the county
- No cost in-custody jail phone lines for brief ASAM screen and treatment assessment
- Same day referrals to treatment



County Innovations

- Designing recovery services modality specifically for youth
- Accelerating county MH and SUD integration plan roll-out
- Working on training Judges on ASAM
- Encouraging Judges to sentence based on ASAM



County Innovations

- Requiring weekend and evening hours for all treatment providers
- Testing and tracking SUD access standards
- Utilizing managed care access standards
- Requiring all SUD contractors to become DMC certified



Opioid Overdose Rates 2009-2013

#Rank	County	N	Population	Rate
1	Lake	83	323,492	25.7
2	Plumas	25	99,526	25.1
3	Lassen	34	174,738	19.5
4	Amador	32	188,606	17.0
5	Humboldt	114	679,156	16.8
6	Tuolumne	45	275,988	16.3
7	Calaveras	30	227,059	13.2
8	Shasta	114	889,827	12.8
9	Santa Cruz	151	1,332,413	11.3
10	San Francisco	442	4,085,910	10.8
11	Siskiyou	22	225,849	9.7
12	San Joaquin	317	3,463,283	9.2
13	Ventura	371	4,147,214	8.9
14	Mendocino	39	442,419	8.8
15	Madera	63	758,997	8.3

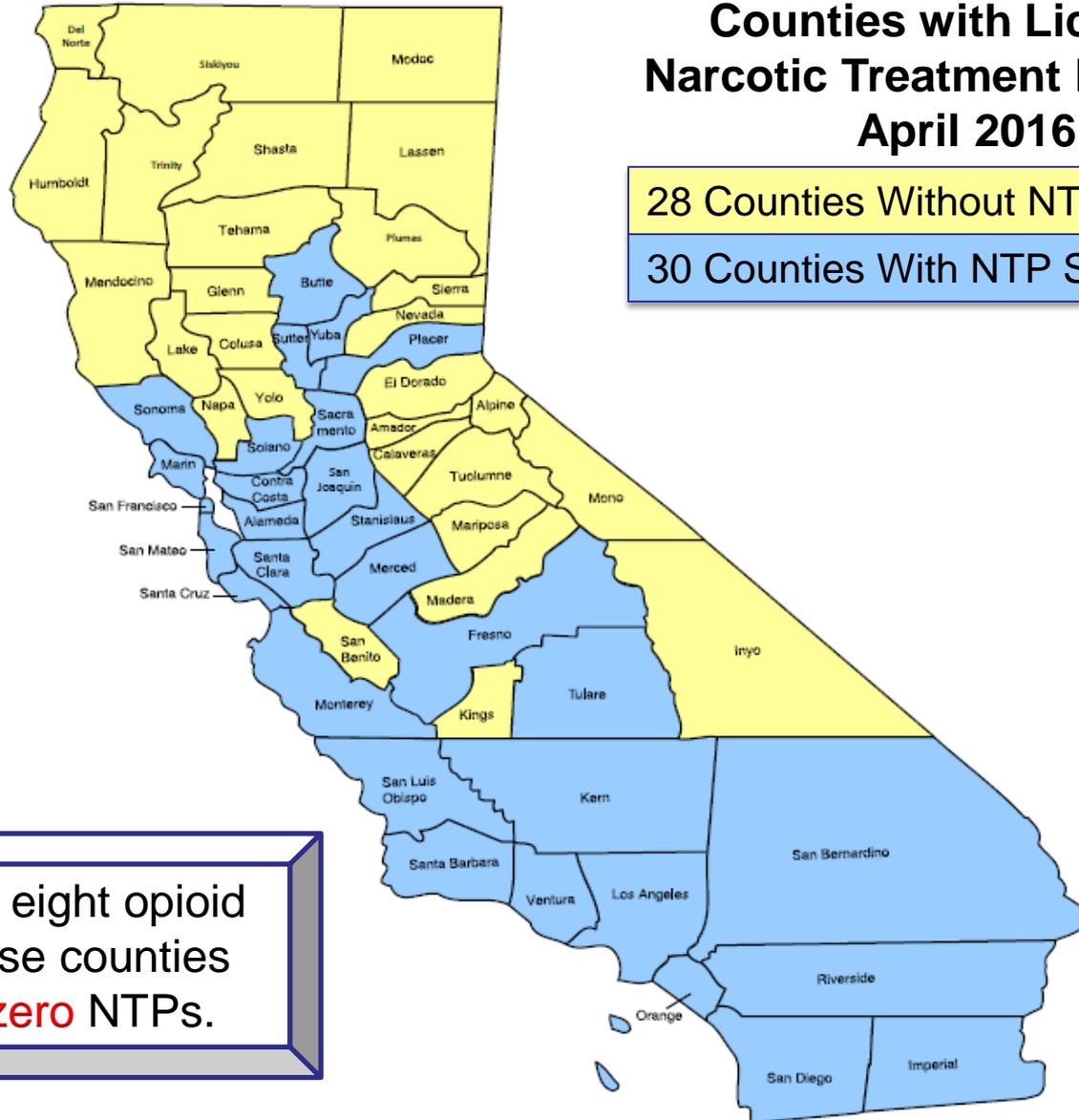
**Data generated from <http://epicenter.cdph.ca.gov> on April 21, 2016



Counties with Licensed Narcotic Treatment Programs April 2016

28 Counties Without NTP Services

30 Counties With NTP Services



The top eight opioid overdose counties have **zero** NTPs.



NTP Regulations

Hub & Spoke Model:

- **Medication Unit (MU)**
 - Medication dispensing
 - Drug screening
- **Office Based Narcotic Treatment Network (OBNTN)**
 - NTP treatment excluding medication dispensing & drug screening
 - Intake and counseling
- **Both MU and OBNTN providers must be affiliated with a NTP.**
- **MU & OBNTN providers expand access into communities where NTP services are currently unavailable.**



Opioid Projects

- Safe Opioid Prescriber Training hosted by DHCS July 11, 2016
- CMS TA on assessing all Medi-Cal MAT data (entry points, utilization, gaps)
- SAMHSA Grant to expand MAT
- SAMHSA Grant to expand naloxone

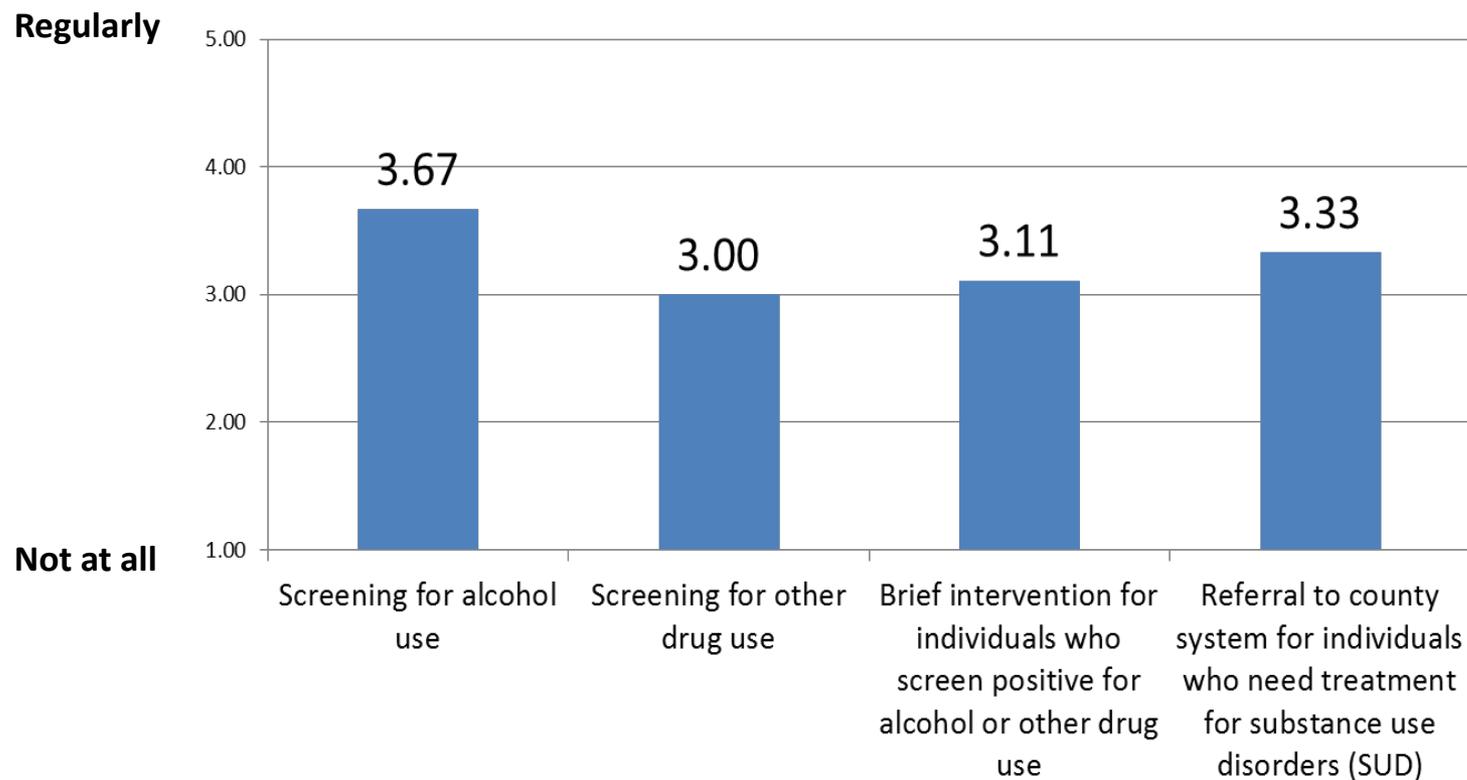


Managed Care Plan Survey

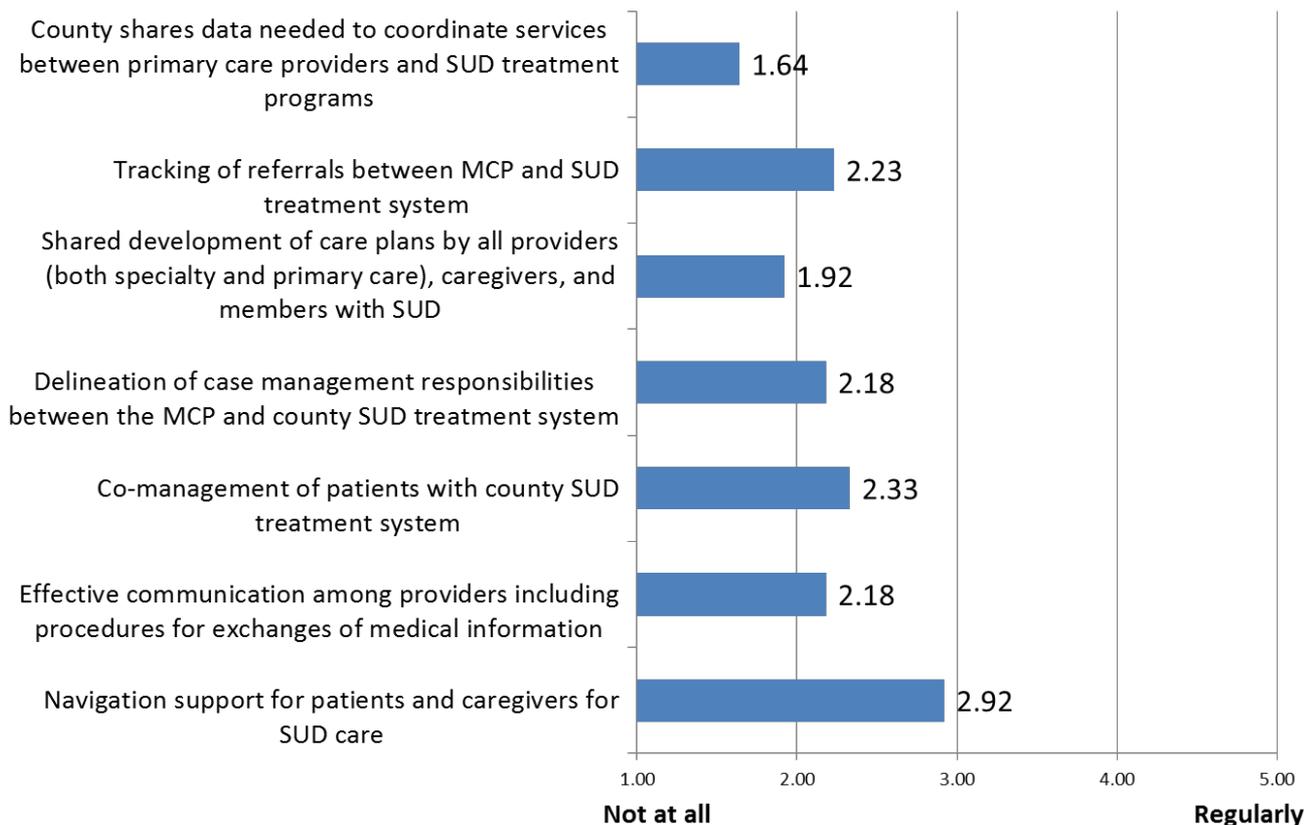
- Baseline survey of Medi-Cal managed care plan medical directors
- From Dec 2015 - Jan 2016, received 13 responses out of 22 plans in California (59% response rate)



Results: SBIRT



Results: Coordination with SUD



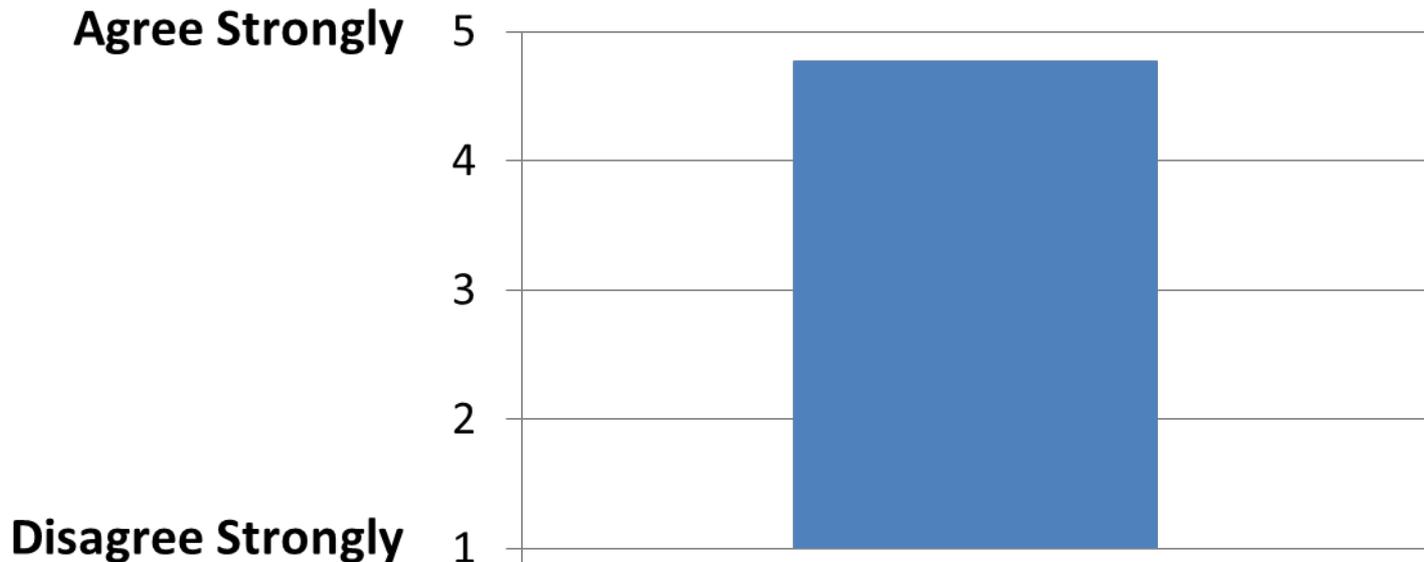
Results: Coordination with SUD

- What types of feedback do medical directors receive on how well client transfers and information exchange occurs between PCPs and SUD treatment providers?
 - About one quarter (23%) receive no feedback
 - About half (54%) receive anecdotal information
 - 15% receive regular monitoring reports
 - One conducts an annual provider survey to assess PCP/BH linkages and referrals



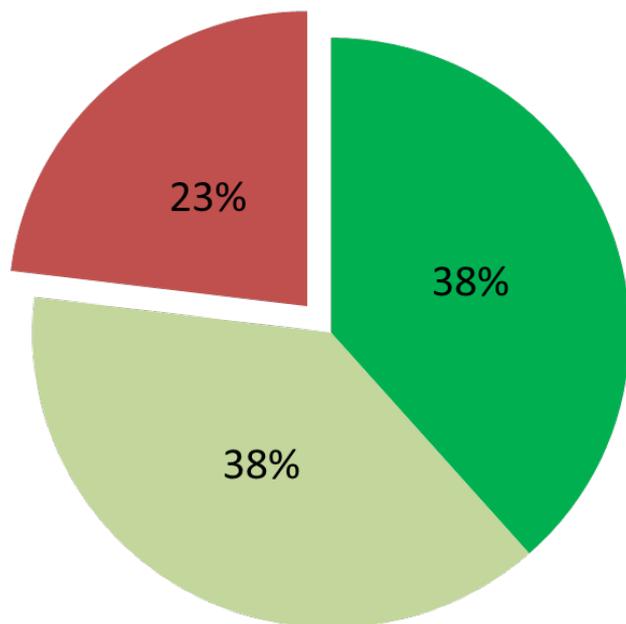
Results: Recognition SUD Drive Costs

- “Substance use conditions among our members contribute substantially to the costs of medical care” (scale of 1-5)

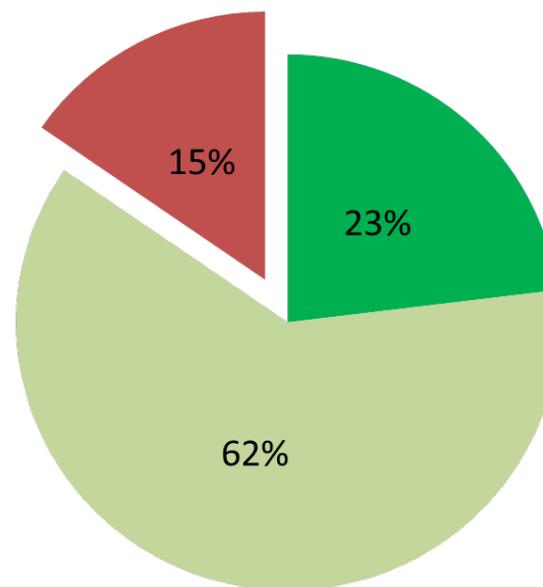


Results: SUD and Medical Costs

MCP tracks the medical costs of members with substance use diagnoses



MCP tracks the impact of SUD tx (not incl. brief intervention) on medical costs



- Yes
- No - but planning to within the next year
- No - no plans within the next year



National Efforts

- Participating in CMS Affinity Program
- Meeting with other states:
 - Massachusetts
 - Kentucky
 - Virginia



More Information

- DHCS website
 - FAQs and Fact Sheets
 - ASAM Designation
 - Approval Documents/Information Notices
 - <http://www.dhcs.ca.gov/provgovpart/Pages/Drug-Medi-Cal-Organized-Delivery-System.aspx>
 - Draft Implementation Plans
 - <http://www.dhcs.ca.gov/provgovpart/Pages/Drug-Medi-Cal-Organized-Delivery-System.aspx>
 - Inquiries: DMCODSWAIVER@dhcs.ca.gov
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