



Drug Medi-Cal Organized Delivery System (DMC-ODS)

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July 18, 2018



DMC-ODS Counties

- Provide access to a full continuum of evidence-based substance use disorder (SUD) services, modeled after the American Society of Addiction Medicine (ASAM) Criteria
- Act as Prepaid Inpatient Health Plans (PIHP) for SUD treatment with selective provider contracting, rate setting, and quality assurance and utilization controls
- Coordinate with primary care and mental health
- Have increased control and accountability, including compliance with federal Medicaid Managed Care Rule standards



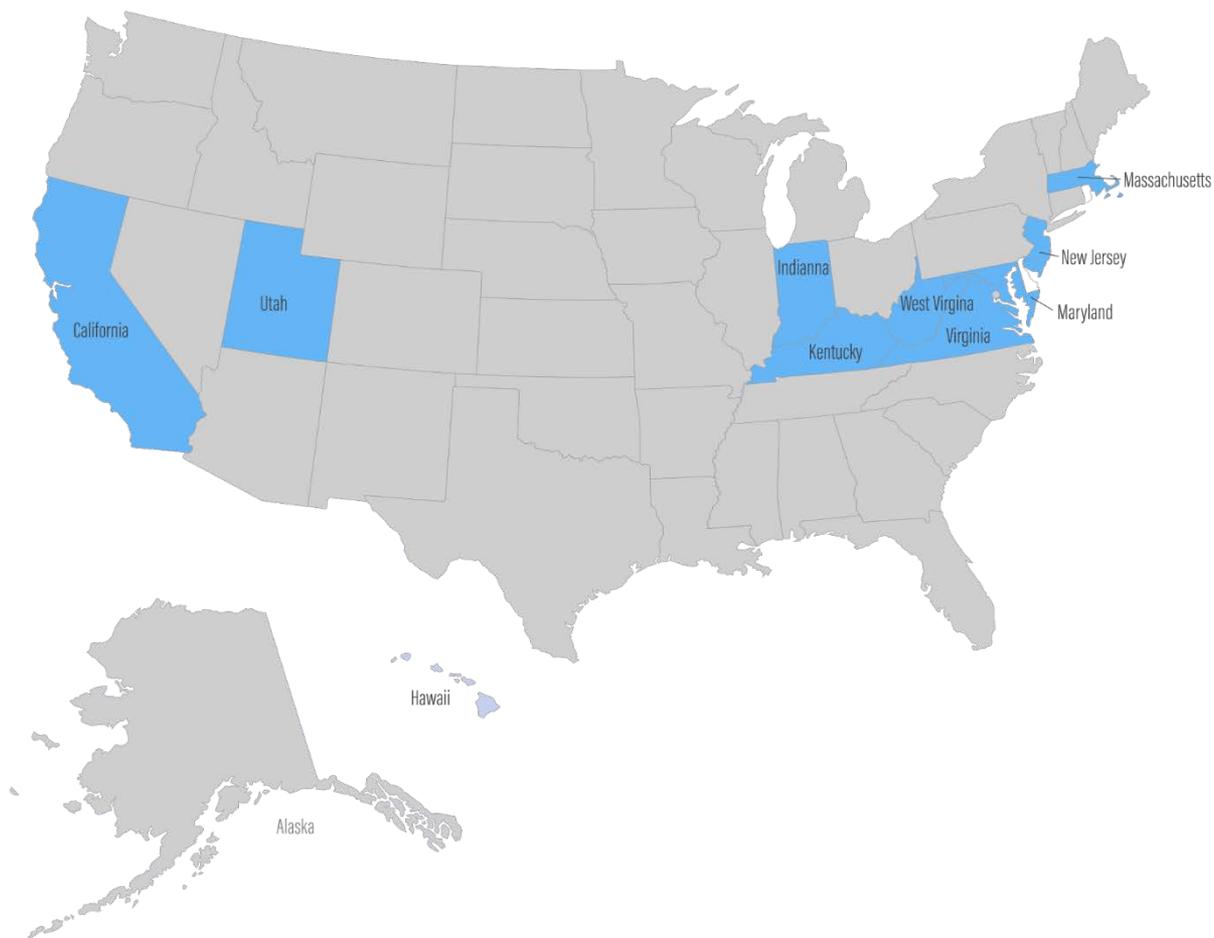
DMC-ODS County Update

July 2018

	County	Live Approval		County	Live Approval		County	Live Approval		County	Live Approval
1	Alameda	7/1/2018	11	Marin	4/1/2017	21	Sacramento		31	Santa Cruz	11/1/2017
2	Contra Costa	6/30/2017	12	Mendocino*		22	San Benito		32	Shasta*	
3	El Dorado		13	Merced		23	San Bernardino	3/1/2018	33	Siskiyou*	
4	Fresno		14	Modoc*		24	San Diego	7/1/2018	34	Solano*	
5	Humboldt*		15	Monterey	7/1/2018	25	San Francisco	7/1/2017	35	Sonoma	11/1/2017
6	Imperial	7/1/2018	16	Napa		26	San Joaquin	7/1/2018	36	Stanislaus	
7	Kern		17	Nevada	7/1/2018	27	San Louis Obispo	1/1/2018	37	Trinity*	
8	Kings		18	Orange	7/1/2018	28	San Mateo	2/1/2017	38	Tulare	
9	Lassen*		19	Placer		29	Santa Barbara		39	Ventura	
10	Los Angeles	7/1/2017	20	Riverside	2/1/2017	30	Santa Clara	6/15/2017	40	Yolo	7/1/2018



Other states implementing 1115 SUD waivers





ASAM Criteria: Evidence-Based SUD Treatment



First developed in 1991 by American Society of Addiction Medicine



Used to create comprehensive, individualized patient treatment plans



Treatment levels range from outpatient services to residential or inpatient services, matched to patient need



UCLA Evaluation

- UCLA will release a 3rd evaluation report in the Fall, focusing on: Access, Quality, Cost, and Integration and Coordination of Care.
- Claims and CalOMS Treatment (CalOMS-Tx) data analysis is underway.
- Preliminary analysis shows overall, counties that have “gone live” increased the number of individuals receiving Drug Medi-Cal-funded treatment.
- Implementation has varied substantially by county.
- Level of Care (LOC) data is being reported for the first time.
- Evaluation, Survey website:
<http://www.uclaisap.org/ca-policy/html/evaluation.html>



UCLA Evaluation – County Administrator Survey

- Counties overwhelmingly report the waiver has positively influenced:
 - Establishment of beneficiary access lines
 - Quality improvement activities
 - Communication between SUD and health services
 - Communication between SUD and mental health services
 - Delivery of case management services



Treatment Perception Surveys (TPS)

- First round of TPS conducted with Marin, Riverside, San Mateo, Santa Clara, Contra Costa, San Francisco and Los Angeles.
- Next TPS will be conducted in October 2018.
- Over 9,000 surveys were returned with positive average scores for each county.
- Counties will utilize feedback for quality improvement.
- TPS website: <http://www.uclaisap.org/ca-policy/html/client-treatment-perceptions-survey.html>



Average Score of 14 Survey Questions

Survey Question	Domain	Average Score
1 Convenient Location	Access	4.4
2 Convenient Time	Access	4.3
3 Chose Goals	Quality	4.3
4 Enough Time	Quality	4.4
5 Treated with Respect	Quality	4.4
6 Understood Communication	Quality	4.4
7 Cultural Sensitivity	Quality	4.4
8 Work with PH Providers	Care Coordination	4.2
9 Work with MH Providers	Care Coordination	4.2
10 Better Able to Do Things	Outcome	4.3
11 Felt Welcomed	General Satisfaction	4.4
12 Like Services	General Satisfaction	4.4
13 Enough Help	General Satisfaction	4.2
14 Recommend Agency	General Satisfaction	4.4

Average score is based on a 5-point scale



Examples of County Use of TPS for Quality Improvement

- Reviewed TPS reports with the Quality Improvement Committee.
- Reviewed/analyzed comments; if negative, visit programs to discuss.
- Considering including client satisfaction as one metric in individual provider report cards relative to peers.
- Shared report with DMC-ODS providers during onsite reviews.



External Quality Review Organization (EQRO)

- Behavioral Health Concepts (EQRO) has completed reviews for San Mateo, Riverside, and Marin.
- Twelve performance measures will be reviewed during the first year reviews.
- Reviews focused on access, timeliness, and quality.
- Fiscal year 2018-19 reviews have been scheduled, beginning with Santa Clara in August.



EQRO Reviews – San Mateo

- From February to October 2017, 759 persons received DMC-ODS Medi-Cal services.*
- Majority of services billed were NTP and residential.
- Withdrawal management, case management, recovery supports, and physician consultation are now being delivered with County General Fund and Substance Abuse Prevention and Treatment funds until programs can obtain DMC certification and/or build billing infrastructure.
- Exploring expansion of residential level 3.3 services.
- Continuum of re-entry services and coordinated one stop multi-disciplinary case management for AB 109 population and other criminal justice clients, including mobile health and outreach.

*Data is collected from Claims, CalOMS and the Medi-Cal Master Eligibility File. More data will be reflected in a refresh, as DMC-ODS can bill for 6 months after the service is delivered.



EQRO Reviews – San Mateo

- Medication Assisted Treatment (MAT) program with intensive outreach and engagement of persons with SUD in the emergency rooms, shelters, clinics and the criminal justice system.
 - MAT services were delivered and billed via Fee-for-Service (FFS) billing in partnership with a Federally Qualified Health Center (FQHC) as component of community-wide Whole Person Care efforts.
 - Exploring ways to enhance methadone access and all other MAT in northern area and coastal communities. Challenges include: only one in-county NTP provider in the southern end of the county; transportation, especially for individuals who work.



EQRO Preliminary

Recommendations – San Mateo

- Develop plan to track initial requests to first face-to-face appointments, including contractor and county program providers' calls and walk-ins, so the entire DMC-ODS system can track timely access.
- Implement and document ongoing training for contract agencies, assessment, program, and charting requirements linked to DMC-ODS models of care, and state documentation methods.
- Enhance and expand Avatar or similar products for monitoring different levels of care, ASAM assessments, data reports and tracking referrals from Access Call Centers to contractors for timeliness of first face-to-face appointments.



EQRO Reviews - Riverside

- From February to October 2017, 5450 persons received DMC-ODS Medi-Cal services.*
- Majority of new services were residential, NTP, and outpatient.
- County case management team is in place to allow assignment of case management supports from ASAM assessment through the continuum of care. Smooth transitions in care was the subject of a performance improvement plan (PIP) to track post-residential and withdrawal management transitions.

*Data is collected from Claims, CalOMS and the Medi-Cal Master Eligibility File. More data will be reflected in a refresh, as DMC-ODS can bill for 6 months after the service is delivered.



EQRO Reviews - Riverside

- Model 24/7 access call center, staffed entirely with county staff, which allows more control over withdrawal management, residential placement availability, case management coordination and quickly engages patients with ASAM screenings over the phone.
 - Nearly 4,000 calls a month, from an average of 200 calls a month, since the pilot went live.
- Expanded access to a range of services, including withdrawal management, residential treatment, case management, ASAM assessments, physician consultation, MAT, and recovery supports.
- Partnerships with FQHC show potential for significant expansion of MAT and SUD counseling supports.



EQRO Reviews - Riverside

- Major expansions with the opening of two licensed residential treatment centers in the county for youth – one male and one female.
- One focus of their quality improvement projects for 2017 and 2018 is an effort to expand youth engagement with many new MOUs with school districts, probation, Juvenile Courts, and Child Welfare Services.
- Riverside also added the ASAM assessment dimensions and data requirements into Avatar, their electronic health record system, for completeness and accuracy.



EQRO Preliminary Recommendations – Riverside

- Develop and distribute MAT program fliers to all client and program sites so clients know they are eligible to stay on MAT.
- Provide education regarding the benefits of MAT for the community, judges, doctors, and program staff.
- Expand and document efforts to engage and expand adolescent and young adult treatment.
- Enhance Avatar clinical functionality for contractors to allow for more expanded coordination of care, charting, tracking referrals, etc.
- Evaluate capacity issues in remote areas and with special populations for FY 18-19 as part of Quality Improvement Plan and share results with stakeholders.



EQRO Reviews – Marin

- From April to October 2017, 514 persons received DMC-ODS Services.*
- Majority of services delivered were residential, NTP, and outpatient.
- During the first year of Waiver implementation, the number of Medi-Cal beneficiaries served increased by approximately 20% from the previous year.
- New youth residential program and partial hospital services were added to the core ASAM continuum to meet local needs.

*Data is collected from Claims, CalOMS and the Medi-Cal Master Eligibility File. More data will be reflected in a refresh, as DMC-ODS can bill for 6 months after the service is delivered.



EQRO Reviews - Marin

- MAT expansion began before the Waiver in partnership with Public Health and the FQHC health clinics. MAT efforts are led by a board certified addiction medicine psychiatrist who offers extensive training and consultation to the FQHC clinics.
- Within the DMC-ODS year one, 45 clients were treated with non-methadone medications and more are expected as training and prescribers expand.
- Plans are being developed to expand Recovery Residences as step downs from residential and to support outpatient clients without stable housing environments.



EQRO Reviews – Marin

- Utilizes the electronic health record (EHR), WITS, to coordinate care between the county and contractors.
- Marin has added ASAM assessments into their electronic documentation systems to make capturing this data easier and more accurate.
- State of the art software for monitoring the accessibility of the Beneficiary Access Line to callers. Tracks data such as call volume (average 508/month), caller wait time (average 9.6 seconds), and caller abandonment rate (average 5.3%/month).



EQRO Preliminary Recommendations – Marin

- Establish time-limited quality improvement task forces that include both line staff and management to identify managed care processes such as prior authorization that warrant streamlining.
- Conduct outreach to the Hispanic community to understand their perceived barriers to accessing DMC-ODS services and to generate solutions.
- Expand the network capacity for recovery residences to be used as alternatives to residential treatment and/or as step-downs from residential treatment.
- Expand the use of the EHR's functionality to include documentation of assessments, treatment plans, etc.



DMC-ODS Training

- DHCS holds a contract with California Institute for Behavioral Health Solutions (CIBHS) to conduct DMC-ODS related trainings.
- Trainings are available related to: Modality of Services, ASAM, Selective Contracting, Quality Assurance, MAT and the Continuum of Care.
- Approximately 230 DMC-ODS trainings have been provided thus far, representing approximately 9,000 participants.
- UCLA provides trainings as a sub-contractor to CIBHS.
- To contact CIBHS and/or learn more about their training opportunities: <https://www.cibhs.org/dmc-ods-waiver-trainings>



DMC-ODS Challenges

- Existing data systems are still catching up to system redesign. Counties have faced technical difficulties in submitting claims and reporting ASAM LOC data.
- Implementation of the Medi-Cal Managed Care Final Rule in the midst of DMC-ODS Waiver implementation.
- Adjustments to high demand of services.
- Integration has improved significantly with mental and physical health, but there continue to be more challenges with implementation.
- Stigma from community and family members for those receiving MAT services.
- Some counties have not fully transitioned services into Drug Medi-Cal and are currently paying for services through other avenues.



DMC-ODS Successes

- Tremendous redesign of county SUD delivery systems.
- Increase in SUD access statewide.
- Expanded service capacity and the range of services for Drug Medi-Cal beneficiaries.
- Innovations developed by the counties in addition to the required SUD services.
- Improved DMC certification process.
- Communication has improved with managed care plans and health care referrals to treatment increased.
- Initial TPS resulted in overall positive feedback from clients regarding services provided.
- California has become a leader with other States that are implementing 1115 demonstration waivers for SUD system changes.



More Information

- Located on the [DHCS website](#)
 - FAQs and Fact Sheets
 - ASAM Designation
 - Approval Documents/Information Notices
 - Implementation Plan
- Inquiries: DMCODSWAIVER@dhcs.ca.gov



Questions?

