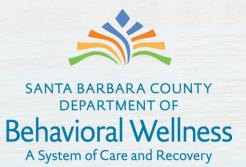
# Drug Medi-Cal Organized Delivery System Waiver

May 2016





- The Drug Medi-Cal (DMC) Organized Delivery System was created as a result of the ACA because the current DMC system is and has been inadequate for eligible individuals with a substance use disorder (SUD).
- The ODS goal is to improve the quality and availability of SUD services for California's beneficiaries.
- ODS expands and enhances covered benefits
- The Waiver will give State and County officials more authority to select quality providers.
- The Waiver will be consumer-focused; use evidence-based practices and improve program quality outcomes.



- The Waiver will support coordination and integration across systems.
- A goal is more appropriate use of health care, such as reduced emergency rooms and hospital inpatient visits.
- The waiver will ensure access to SUD services while also increasing program oversight and integrity at the County and State level.



#### Current DMC Benefits

Outpatient Group Counseling

Outpatient Individual Session for Assessment

Outpatient Individual Crisis Sessions

Outpatient Treatment Plan Review Session

Outpatient Discharge Planning Individual Session

Expanded ODS DMC Benefits

Non Perinatal Residential Treatment Services

Case management Sessions

Recovery Support Groups and or Individual Sessions (Aftercare)

Withdrawal Management

Regular individual Sessions (in addition to currently covered sessions)



- Critical Elements Include:
- Continuum of care modeled after ASAM Criteria
- Increased local control and accountability
- Greater administrative oversight
- Utilization controls to improve care and manage resources
- Evidence-based practices
- Coordination with other systems of care
- Expanded benefits







#### DMC-ODS Pilot Benefits ~ Required to provide

- Early Intervention
- Outpatient Services~includes Intensive Outpatient Treatment and Naltrexone
- Residential (not limited to Perinatal)
- Narcotic Treatment Program
- Withdrawal Management (at least one level)
- Recovery Services
- Case Management
- Physician Consultation



#### **County Responsibilities:**

- Selective Provider Contracting
  - Access
  - Selection Criteria
  - Contract Denial/Appeal Process
  - Provider Requirements
- Authorization for Residential Treatment
- Beneficiary Access Number (24/7 toll free)
- Beneficiary Informing (upon first contact)
- Care Coordination
- Quality Improvement/Utilization Management
- County Implementation Plan/Contract



#### County Responsibilities~Selective Provider Contracting

- The DMC-ODS pilot program is administered locally by each pilot county.
- Each pilot county provides, or arranges for, SUD treatment for Medi-Cal enrollees.
- Pilot counties may choose the DMC providers to participate in the DMC-ODS.
- DMC providers that do not receive a county contract cannot receive a direct contract with the State in counties which opt into the pilot.



#### **Stakeholder Process:**

- Data Driven Decision Making
- Internal County of Santa Barbara ODS Planning Work Group (BW, DSS, PHD, Probation) Meetings (2 Meetings, 10/15 and 12/15)
- Community Public Stakeholder Meetings, Regional (10/15, 2/16)
- County Wide Survey (Presently)



	Gaps in Service	Gaps in Service	Gaps in Service
DMC Organized Delivery System: Stakeholder Feedback	South County	Mid County	North County
Behavioral Health System Navigators	✓	✓	✓
Case Management	✓	✓	✓
CBO Communication		✓	
Centralized Screening for SUD & MH Referrals		✓	
Cultural Competence Awareness	✓	✓	✓
Increase Adolescent Services	✓		✓
Individual Counseling for SUD Clients	✓	✓	✓
Innovations of Service Delivery/Accupuncture/New Treatment Models	✓	✓	✓
Lack of Aftercare Data	✓		
Lack of Bilingual Staff	✓		
Lack of Social Model/Medical Detox beds	✓		
Medication Assisted Treatment	✓	✓	✓
Prevention/Recovery/Aftercare	✓	✓	
Residential Treatment for Adults & Adolescents	✓	✓	✓
Services After Hours & Weekends	✓	✓	
Sober Living/Housing for Individuals & Families	✓	<b>✓</b>	✓
Treatment for Incarcerated Adults & Adolescents	✓	✓	



#### Timeline:

- Draft Implementation Plan Written and Distributed for Feedback (May -June, 2016)
- Implementation Plan Submitted to State Department of Healthcare Services (DHCS)(June -July, 2016)
- Negotiation of Rates (August September, 2016)
- Approval of Plan and beginning of RFP Process (December 2016)
- Implementation of ODS (March-July, 2017)

