



Legislation Text

File #: 17-1252, **Version:** 1

Health and Human Services Agency recommending the Board receive and file an update on the Federal 1115 Waiver for a Drug Medi-Cal Organized Delivery System implementation pilot project.

FUNDING: Drug Medi-Cal.

DEPARTMENT RECOMMENDATION:

Health and Human Services Agency (HHSA) recommending the Board receive an update on the “opt-in” process related to the Federal 1115 Waiver for a Drug Medi-Cal Organized Delivery System (DMC-ODS) pilot project through the development and submission of a preliminary DMC-ODS implementation plan and subsequent negotiations with the State Department of Health Care Services.

DISCUSSION / BACKGROUND:

On May 23, 2017, the Board authorized the HHSA Director to opt in to the Federal 1115 Waiver for a DMC-ODS and to continue to develop opportunities for expanding the local continuum of care for substance use treatment (File ID: 17-0525; Item 13). Accordingly, HHSA has held meetings with community stakeholders and providers, and developed and submitted a preliminary plan and proposed rate structure to the State of California. HHSA has received input from the State review and plans to move forward with negotiating changes to the proposed plan, resulting in a draft contract which will be brought back to the Board for approval.

The DMC-ODS is a voluntary pilot program that offers California counties the opportunity to expand access to quality care for Medi-Cal enrollees with substance use disorders (SUD). The goal of the program is to demonstrate how organized SUD care improves beneficiary health outcomes, while decreasing system-wide health care costs. Counties that choose to participate in the DMC-ODS are required to provide access to a full continuum of SUD benefits utilizing the American Society of Addiction Medicine (ASAM) Criteria. This approach is expected to provide eligible enrollees with access to the care and services they need for a sustainable and successful recovery.

The ASAM Criteria is a proven model for providing outcome-oriented and results-based care in the treatment of addiction. The ASAM Criteria is the most widely used and comprehensive set of guidelines for assessing patient needs and optimizing placement into SUD treatment. Counties that implement the DMC-ODS are required to use the ASAM Criteria to ensure that eligible beneficiaries have access to the SUD services that best align with their treatment needs.

To receive services through the DMC-ODS project, the beneficiary must be enrolled in Medi-Cal, live in a county that is participating in the DMC-ODS, have a diagnosis of a substance related and addictive disorder, and must meet medical necessity criteria as defined by the ASAM.

The following shows a comparison of the Drug Medical-Cal benefits under what currently exists in the standard Drug Medi-Cal benefits versus the DMC-ODS Waiver benefits:

DMC-ODS Benefits Standard Drug	
Medi-Cal Benefits	
Outpatient Services.....	Outpatient Services
Intensive Outpatient Services.....	Intensive Outpatient Services
Residential Treatment - expanded clients....	Residential Treatment - limited clients
Inpatient Hospital Detoxification.....	Inpatient Hospital Detoxification
Narcotic Treatment Program Svcs.....	Narcotic Treatment Program Svcs
Recovery Services.....	N/A
Case Management.....	N/A
Physician Consultation.....	N/A
Optional Services	
Additional Medication Assist Treatment.....	N/A
Partial Hospitalization.....	N/A

ALTERNATIVES:

Should the Board decline to authorize pursuing the Opt-In DMC-ODS Waiver, services would remain at the current level.

OTHER DEPARTMENT / AGENCY INVOLVEMENT:

N/A

CAO RECOMMENDATION:

It is recommended that the Board approve this item.

FINANCIAL IMPACT:

There is no Net County Cost associated with this Agenda item. Services provided under the DMC-ODS Waiver will be funded by Federal Financial Participation (FFP) funds that are matched with local Realignment funds in the Behavioral Health Subaccount. Since many of the individuals in need of these services are in the expanded population enrolled in Medi-Cal, the FFP portion will cover between 90% and 95% of the cost for those individuals. As part of the contract negotiation process, HHSA will have an opportunity to negotiate actual rates with the State Department of Health Care Services.

CLERK OF THE BOARD FOLLOW UP ACTIONS

Clerk of the Board to provide one (1) Certified Minute Order to the HHSA Contracts Unit at 3057 Briw Road.

STRATEGIC PLAN COMPONENT:

County Strategic Plan: Goal #1 - "Public Safety: Protects the community, prevents crime, enforces the law, administers justice, provides rehabilitative services, and promptly responds to emergency and calls for service." Goal #5 - "Healthy Communities: Improved health, well-being and self-sufficiency of El Dorado County communities, residents and visitors."

CONTACT

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