Expanded Coverage For Addiction Treatment: Finding The Opportunities With The Drug Medi-Cal Organized Delivery System

The 2016 OPEN MINDS California Management Best Practices Institute
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Richard Louis, III, Senior Associate, OPEN MINDS

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Agenda

I. Drug Medi-Cal & the Channing Addiction Treatment Market In California

II. The Policy Perspective: Sandra Naylor Goodwin, Ph.D., MSW, President & CEO, California Institute for Behavioral Health Solutions (CIBHS)

III. The County Perspective: Michael Hutchinson, MFT, Director, Quality Improvement and Data Support, Substance Use Treatment System Division, Santa Clara County Health and Hospital System

IV. The Provider Organization Perspective: David Lisonbee, President & CEO, Twin Town Treatment Centers

V. Questions & Discussion
Sandra Naylor Goodwin, Ph.D., MSW
President & CEO, California Institute for Behavioral Health Solutions (CIBHS)
What is it?

The DMC-ODS is a pilot program to test a new model for the delivery of services for Medicaid eligible individuals with an SUD. The DMC-ODS will expand the range of services available to people with Medi-Cal, increase provider payment rates and expand access to care for low income people.

The DMC-ODS will also establish rules for organizing individual SUD treatment programs into a network structured according to American Society of Addiction Medicine principles and will promote greater integration of SUD services with primary care and mental health services.
The ACA Starts to Drive Change

• Acknowledgement of SUD Treatment as an essential health benefit and an integral part of health care.

• Medi-Cal eligibility expansion means most SUD clients will have coverage. The door is opened to change in the field’s 40 year reliance on cost reimbursement, block grant funding.

• The relationship between SUD and poor health status and high health care costs becomes more broadly recognized.

• The importance of integrated care comes to the fore.
But Some Things Don’t Change

- Stigma and professional isolation of the field.
- SUD Workforce remains under trained, overworked and under paid.
- Many undercapitalized, single modality (level of care) Tx providers.
- Business and clinical models resistant to change.
  - Not so much a matter of opposition but more an issue of identifying the path forward. A 40-year pattern doesn’t change overnight.
Key Elements of the DMC-ODS Waiver

• Services structured according to American Society of Addiction Medicine (ASAM).
• Broader use of medications.
• New Benefits – Case management, Recovery services, MAT, Residential Tx & detox.
• Rehab model services
• Telehealth
• Regional networks
• Integrated care
Key Elements: Administrative

- County SUD systems become specialty managed care plans.
- Compliance with federal managed care regulations (42 CFR, Part 438).
- Quality assurance.
- Care management and coordination.
- Counties have rate-setting authority.
Key Elements: ASAM

• ASAM Criteria are a client focused approach to placing clients in the level of care best suited to their treatment needs.
• These needs change over time, ranging from withdrawal to recovery support.
• ASAM Assessment is the basis for initial placement and for transitions to other levels of care during the treatment episode.
Key Elements: Clinical

• Services must be medically necessary.
• ASAM-guided level of care transitions.
• Impact of case management and recovery support services.
• Broader use of addiction medications.
• Use of evidence based practices.
• Cultural competence.
Key Elements: Benefits

• Outpatient counseling with no limits on individual sessions. As needed, services can be provided in the community away from the clinic site (Rehab Option).

• Intensive outpatient services are the same as above but the client attends the clinic for 10-19 hours per week.

• Withdrawal management (detox) in outpatient and residential settings. Medications may be used as prescribed by the treatment program physician.

• Residential treatment for up to 90 days and up to 2 episodes per year.
Key Elements: Benefits

- Case management services to assist clients in accessing services in the community and in transferring to other levels of SUD treatment.

- Opioid treatment (methadone) will be available as it is currently. Other opioid treatment medications may also be provided in a methadone clinic setting.

- Other SUD treatment medications will also be available as prescribed by the treatment program physician.

- Recovery Support Services will be available to all clients to help them stay clean and sober after the treatment episode is completed.

- Expanded availability of services for youth.
Key Elements: Financing

• No more monthly cost reimbursement contracts.
• More complex revenue cycle.
• Fee for service payment now, value-based reimbursement later.
• Future of the Block Grant?
  – Recovery residences
DMC-ODS Opportunities

• Treatment on demand.

• Enough funding to provide the services clients need.

• Better reimbursement rates
  – Professional parity for staff salaries
  – New positions – LPHA, compliance manager, billing clerk, outreach workers.

• Pay more, expect more, get more/better.
DMC-ODS Challenges

• Attitudes toward the use of medication in treating SUDs.

• Relations with Criminal Justice and Child Protection Services – Medical necessity vs. court order.

• Community based provider infrastructure will need support in the transition.

• Need for more staff at administrative and clinical levels.
What Lies Ahead

• After about 12 months of serious planning and implementation plan development, 2017 will see a wave of counties beginning DMC-ODS Waiver operations.

• DHCS has contracted with CIBHS to support counties and providers with training and TA on DMC-ODS Waiver implementation.
Sandra Naylor Goodwin, PhD, MSW
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Victor Kogler
vkogler@cibhs.org
Michael Hutchinson, MFT
Director, Quality Improvement and Data Support, Substance Use Treatment System Division, Santa Clara County Health and Hospital System
Brief Overview
Santa Clara County Substance Use Treatment Services
Admissions by Treatment Modalities

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<tr>
<th>FY-2016</th>
<th># Admissions</th>
<th>% Admissions</th>
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<td>OP</td>
<td>4264</td>
<td>53.5</td>
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<td>Res</td>
<td>2563</td>
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<td>AMT</td>
<td>232</td>
<td>2.9</td>
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<tr>
<td>Detox</td>
<td>905</td>
<td>11.4</td>
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<td><strong>7964</strong></td>
<td><strong>100</strong></td>
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## Santa Clara County Substance Use Treatment Services
### Modality of Admission by Race/Ethnicity & Primary Substance

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<th>FY-2016</th>
<th>Primary Substance</th>
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<th>Res</th>
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<th>Detox</th>
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<td>Heroin</td>
<td>2.5%</td>
<td>7.7%</td>
<td>80.7%</td>
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<td></td>
<td>Alcohol</td>
<td>24.0%</td>
<td>23.1%</td>
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<td></td>
<td>Methamphetamines</td>
<td>41.7%</td>
<td>56.3%</td>
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<td>Cocaine</td>
<td>4.1%</td>
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<td>Marijuana</td>
<td>25.2%</td>
<td>7.4%</td>
<td>2.2%</td>
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<td></td>
<td>Other</td>
<td>2.4%</td>
<td>2.7%</td>
<td>18.4%</td>
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<td>OP</td>
<td>Res</td>
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<td>Hisp/Latino</td>
<td>51.9%</td>
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<tr>
<td>Native American</td>
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<tr>
<td>Asian/PI</td>
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<td>5.1%</td>
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<td>African-American</td>
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<td>White</td>
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<td>Multi-racial</td>
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<td>4.7%</td>
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Entry Into the System

ADULT Screening
YOUTH Screening

The preferred way to Obtain SUTS Services

Gateway:
1-800-488-9919
YSOC Continuum of Care (12-24 yrs. old)

**CFCS**
- County
- Outpatient (School sites)
  - Gilroy
    - (Gilroy High School, Christopher High School, Mt. Madonna High School, Gilroy Self Help Center)

**Advent Group Ministries**
- Contractor
  - Outpatient (includes Morgan Hill)
  - Intensive OP
  - Residential

**James Ranch (PW Society)**
- Contractor
  - Outpatient
  - Aftercare

**AACI**
- Contractor
  - Outpatient
ASOC Continuum of Care

**Detox Contractors**
- Horizon South
- Pathway Mariposa Lodge

**Outpatient Contractors**
- AARS
- FCS-Morrison
- FCS-N. 1st St.
- FCS Palo Alto
- Indian Health Center
- Pathway-OP
- Proyecto Primavera

**Residential Contractors**
- CADS
- Horizon South
- Pathway Mariposa Lodge
- Pathway House
- Project 90
- Parisi HOTH ♀ & Kids

**MAT County**
- Alexian Health Clinic
- Central Valley Clinic
- South County Clinic

**Outpatient County**
- Central Tx & R
- PSAP (Perinatal & AMT)

**THUs Contractors**
- CADS
- Crossroads
- Life Moves (InnVision)
- Pathway
- Solace ♀ & Kids, ♂ & Kids
## Medication Assisted Treatment

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<th>Methadone</th>
<th>Buprenorphine</th>
<th>Naltrexone</th>
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<td><strong>Call Gateway</strong></td>
<td>Call Gateway 1-800-488-9919</td>
<td>Call Gateway 1-800-488-9919</td>
<td>Call Gateway 1-800-488-9919</td>
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<td><strong>Clinic/Walk In</strong></td>
<td>Call Clinic/Walk In</td>
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<td>Injectable Naltrexone-Vivitrol</td>
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<td><strong>Meet Criteria</strong></td>
<td>Meet Criteria for Maintenance or Medically</td>
<td>Meet Criteria for Maintenance or Medically</td>
<td>For Alcohol Cravings</td>
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<td><strong>Managed Withdrawal</strong></td>
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<td><strong>Evaluated by an MD</strong></td>
<td>Evaluated by an MD</td>
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<td>Alexian Health Clinic 408-272-6577 2101 Alexian Drive</td>
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<td><strong>Counseling Required</strong></td>
<td>Counseling Required</td>
<td>Counseling Recommended</td>
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<td><strong>Daily Dosing-Take Outs</strong></td>
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<td>MD visit monthly</td>
<td>Evaluated by an MD</td>
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<td><strong>Paid for by Medi-Cal</strong></td>
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<td>Paid for by Medi-Cal</td>
<td>Monthly Injection</td>
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<td><strong>Central Valley Clinic</strong></td>
<td>408-885-5400</td>
<td>Central Valley Clinic 408-885-5400</td>
<td>Contact: Charge Nurse-Anjanette Devito, RN</td>
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<td>408-272-6577</td>
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<tr>
<td><strong>South County Clinic</strong></td>
<td>408-686-2222</td>
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For Alcohol Cravings

**For Alcohol Cravings**

Call Gateway 1-800-488-9919

Alexian Health Clinic 408-272-6577 2101 Alexian Drive

Evaluated by an MD

Monthly Injection

Contact: Charge Nurse-Anjanette Devito, RN
THU Placement

- Managed by QI
- Short term, transitional housing
- Provides safe housing for clients in unsafe living environments
- Client must be in SUTS OP Treatment in order to be referred to THU
American Society of Addiction Medicine

ASAM Criteria (for 20 years)

- **Levels of Care**
  Placement in level of care based on Severity & Individual Needs

- **Treatment Services**
  Treatment is provided based on a Multi-dimensional Assessment
QM WAIVER METRICS

QM Data Components

• Contract Performance Metrics
• Outcomes Metrics (from the waiver proposal):
  • Operational (“QI waiver specs” doc)
  • Practice
    • Clinician Outcome – ASAM Severity Score + Action Steps completed score
    • Client Outcome – Treatment Effectiveness Assessment (TEA)
    • Customer Service Survey
• Level of Care Metrics – ASAM fidelity (becomes as important as “medical necessity”)
  • At intake
  • At regular intervals throughout tx episode – establish validity of LOC
    • Residential authorization
    • Extensions of tx
• Utilization Metrics
  • Authorizations
  • Capacity management
• Financial Metrics – performance analysis using contract and service data
# WAIVER REPORT CARD

## BETTER HEALTH FOR ALL - 2020 Whole Person Care

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<tr>
<th>Core Objective</th>
<th>SUTS MCP Objective</th>
<th>Target Pop</th>
<th>Lead</th>
<th>Performance Metrics</th>
<th>Projects/initiatives</th>
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<td>Provider Performance Measures</td>
<td>Provider Network</td>
<td>↑ Timely access</td>
<td>↑ Engagement</td>
<td>FCS Six Sigma Access Project</td>
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<td>↑ Outcome</td>
<td>4 in 30 project</td>
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<td>↑ No-shows</td>
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<td>↑ Customer Service Satisfaction Scores</td>
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<td>↓ Wait Times</td>
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<td>Growth &amp; Learning</td>
<td>LOC-ASAM Fidelity</td>
<td>MCP Credentialized Clinical Staff</td>
<td>↑ Correct LOC Placement</td>
<td>↑ Staff &amp; Provider Retention Rates</td>
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<td>↑ Hiring Efficiencies</td>
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<td>Program Management</td>
<td>↓ Vacancy Rates</td>
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<td>↑ In-Plan/Out-of-Plan Integration Beneficiaries</td>
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<td>↑ Coordination with Mental Health Beneficiaries</td>
<td>SUTS High Utilizer Study</td>
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<td>↑ Coordination with Primary Care Beneficiaries</td>
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<td>↑ Readmission to higher LOC Services Beneficiaries</td>
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<td>↑ Participation in Recovery Services Beneficiaries</td>
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<td>↓ Providers</td>
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<td>↑ Care Coordination</td>
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<td>↑ Outpatient &amp; Recovery Services</td>
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QUESTIONS ??????
David Lisonbee
President & CEO
Twin Town Treatment Centers
Outpatient SUD **Recovery Management**
Locations: Mission Viejo, Orange, Los Alamitos, Torrance, West Hollywood and North Hollywood

Joint Commission Accredited
California DHCS and MediCal Certified

Contracted with All **Network-Model** HMO/ PPO/ EPO/ EAP/ HealthPlan: 50+ Contracts

Payer Mix = 70% Commercial Insurance, 5% Self-Pay, 25% MediCal (6 month history)

Ethics/ Corporate Compliance:
Safe-Harbor; Informed Consent; Contract Compliance; ASAM Medical Necessity; Evidence Based.

All care is coordinated with community physicians and therapists. Twin Town integrates services with community service and creates provider **continuity of care**.

Twin Town provides a bridge to recovery from active addiction or inpatient treatment. **100% Therapeutic Take-Home**.
Change from Acute Care to Recovery Management

- Leadership commitment to recovery-focused system transformation and patient-centered care.
- Shift from acute stabilization to long-term recovery. Integration with public health and community development toward an environment of community recovery.
- Implementation of chronic care principals and strategies (monitoring and follow-up).
- Shift from paternalism to partnership.
- Outcome measurement and benchmarking between providers/systems.
- Integrated funding streams and integration with primary medical and mental health care.
- Performance based reimbursement and risk-sharing.

*White and McLellan, “Addiction as a chronic disease: Key messages for clients, families and referral sources.” Counselor, 9(3), 24-33.*
Why Evolve Toward Recovery Management and Contract c Drug-MediCal

- Meet the most elemental needs of a **large** chronic disease population
- **Broaddrly** diversify referral and payer base
- Build for the future while covering all probable contingencies (public and private sector)
- Establish an organization which is cost-efficient and volume capable
- Serve a **much** expanded population by reducing incremental costs and charges
- Solidify community and government partnerships
Questions & Discussion
Discussion Questions

- What are the biggest financial implications for the implementation of the Drug Medi-Cal waiver – for the Medi-Cal system as a whole, for counties, for provider organizations?
- The Drug Medi-Cal waiver expanded the addiction treatment services available to Medi-Cal beneficiaries, but what are the gaps in services that you are still seeing?
- Has the Drug Medi-Cal waiver been able to promote greater integration of services and care coordination for consumers with addiction issues?
- The use of medication assisted treatment (MAT) is growing, what are the barriers to MAT in California?
- How is the state, and your organizations in particular, dealing with housing for consumers post-treatment? How do you finance supportive housing for consumers?
- If you are a private provider organization, why should you bother getting involved in these changes in the Medi-Cal system?
- What do you see as the biggest issue on the horizon in the field of addiction treatment, how will it change treatment and service delivery – for good or for bad?
Turning market intelligence into business advantage

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• Addiction Treatment • Social Services • Intellectual & Developmental Disability Supports • Child & Family Services • Juvenile Justice • Corrections Health Care

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