



# All Providers Meeting January 13, 2015

Substance Abuse Prevention and  
Control Program



# Agenda

- Welcome and Introductions
- Program Updates
  - Health Care Reform
  - Medical Director
  - Adult Treatment
  - Youth and Prevention
  - Finance Division
  - Contracts Division





# Health Care Reform Update



# Medi-Cal Expansion

- CASCs can provide outreach and enrollment assistance for clients to enroll in Medi-Cal.
- Health Plans are referring Medi-Cal members needing substance use disorder (SUD) treatment to CASCs for assessment and placement:
  - Participating plans:
    - Health Net (County)
    - LA Care (County)
    - Care 1<sup>st</sup>
    - Care More
    - Molina





## Medi-Cal Expansion (cont.)

- Beacon Health Strategies is interested in adding SAPC DMC providers to their provider network for treating mild to moderate mental health conditions.
- Interested providers should view the webinar linked to the SAPC website and apply with Beacon for credentialing.

# State DMC Organized Delivery System Waiver Proposal

- The California Department of Health Care Services (DHCS) recently submitted a waiver proposal to expand its Drug Medi-Cal Organized Delivery System (DMC ODS).
- The proposal will expand SUD services reimbursable by DMC to include:
  - Residential treatment (with no bed capacity limit but excluding room and board costs)
  - Case management services





## State DMC ODS Waiver (cont.)

- In addition to the DMC-reimbursable services, counties that “opt-in” to participate will be required to include a minimum array of SUD treatment services using a combination of DMC, federal SAPT Block Grant, and State SUD realignment funds.
- The County will negotiate payment from the State based on a “per user per month” rate.



## State DMC ODS Waiver (cont.)

- The minimum county array of services must include:
  - Outpatient counseling\*
  - Intensive outpatient program\*
  - Narcotic treatment program\*
  - Withdrawal management\*
  - Residential treatment (without bed limit)\*
  - Residential recovery services
  - Case management services\*(\*DMC reimbursable services)



## State DMC ODS Waiver (cont.)

- Medi-Cal beneficiary eligibility for SUD services will be based on:
  - A determination of medical necessity; and
  - Placement in level of care according to the American Society of Addiction Medicine (ASAM) criteria.
- SAPC submitted a non-binding letter of interest to participate in the first implementation phase.

## State DMC ODS Waiver (cont.)

- SAPC will conduct a stakeholder input and feedback process for its application to participate in the DMC ODS Waiver.
- Timeframes for conducting the process will be tight.
  - March 1: Anticipated federal approval for the State waiver proposal.
  - June 1: Initial target date to submit the County implementation plan to DHCS.
  - July 1: Full implementation of the County plan.



**Office of the Medical Director  
& Science Officer (OMDSO)**



# Outline

- Introduction
- Office of the Medical Director and Science Officer
  - What we do and who we are
- Key clinical challenges/opportunities

## OMDSO—What We Do

- Responsible for helping to ensure quality SUD services for individuals and families who receive services through SAPC programs/providers.
- Oversight, strategic planning, and development:
  1. Research, Epidemiology, & Quality Improvement (REQUI);
  2. Quality Assurance and Utilization Management (QA/UM);
  3. Clinical Standards and Training (CST).
- Multidisciplinary staff: Researchers, Physician, Nurses, Psychologist, Support staff.



## Quality Assurance & Utilization Management (QA/UM)

- The SAPC QA/UM program helps to establish a structural framework of quality.
- QA program → Provides guidelines for generally accepted clinical standards of SUD care:
  - Evidence-based;
  - Appropriate and in accordance with The ASAM Criteria;
  - Developmentally, culturally, & linguistically appropriate.
- UM program → Establishes a mechanism for accountability and continuous monitoring of provided care:
  - Eligibility and medical necessity criteria;
  - Processes for reviewing clinical care and level of care;
  - Grievance and appeal process.

# Clinical Standards & Training (CST)

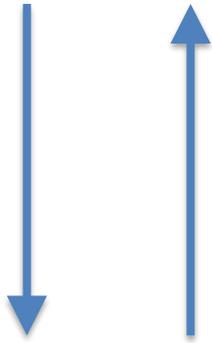
- Responsible for helping to provide SAPC and providers the tools necessary to achieve and maintain quality care → Trainings.
- Complements the objectives of the QA/UM program.

## Training

developing the skills, experience, and knowledge employees need to perform their jobs, improve their performance, and enhance their skills, and abilities, specific



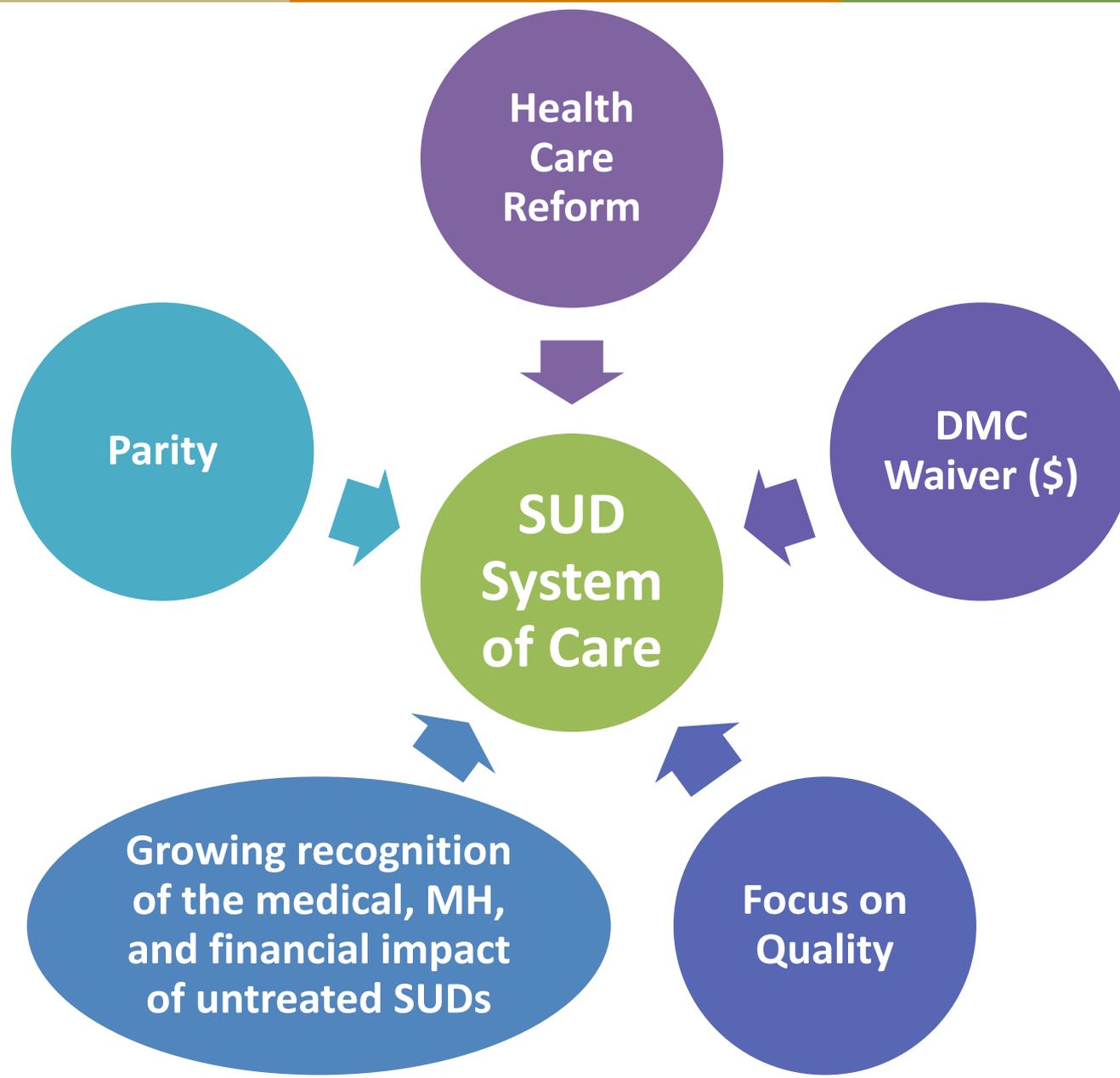
**Quality**



**SAPC**  
QA/UM program



**SUD Providers**

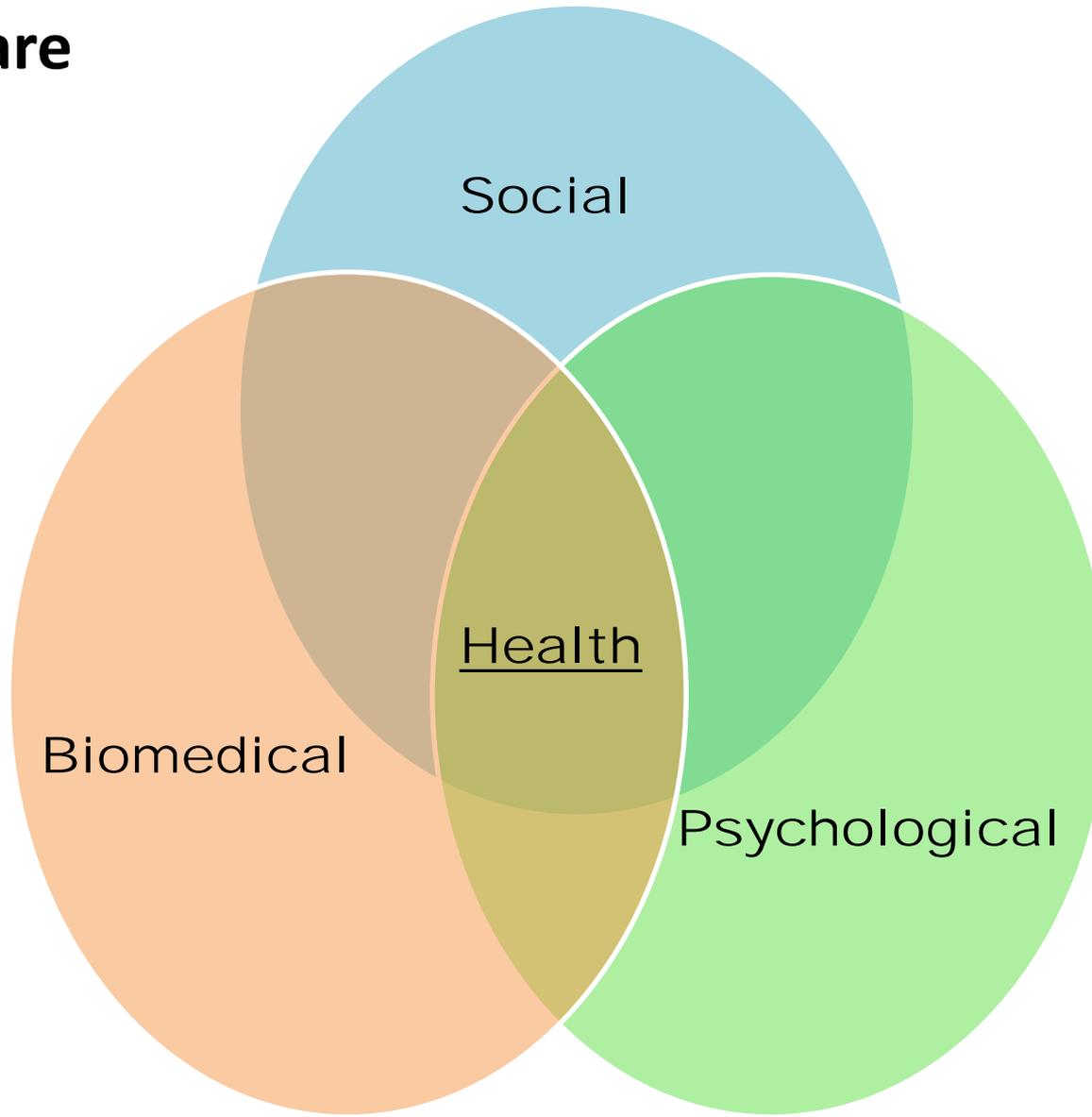




CHANGE BRINGS  
**OPPORTUNITY.**  
-NIDO QUBEIN



# Whole Person Care: BioPsychoSocial Perspective to Patient Care



# ASAM Multidimensional Assessment

## AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

ASAM's criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care. The six dimensions are:

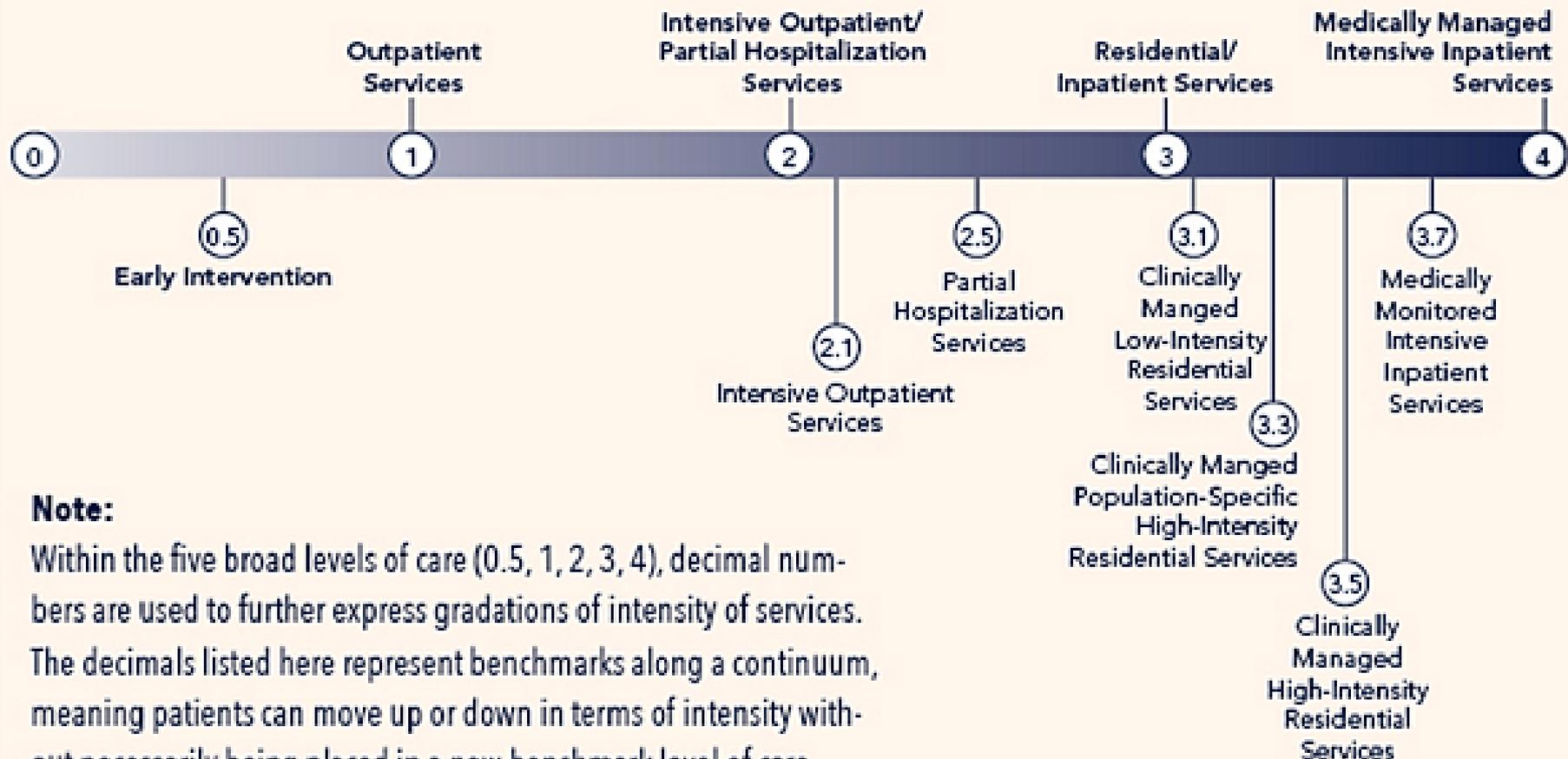
1	<b>DIMENSION 1</b>	<b>Acute Intoxication and/or Withdrawal Potential</b> Exploring an individual's past and current experiences of substance use and withdrawal
2	<b>DIMENSION 2</b>	<b>Biomedical Conditions and Complications</b> Exploring an individual's health history and current physical condition
3	<b>DIMENSION 3</b>	<b>Emotional, Behavioral, or Cognitive Conditions and Complications</b> Exploring an individual's thoughts, emotions, and mental health issues
4	<b>DIMENSION 4</b>	<b>Readiness to Change</b> Exploring an individual's readiness and interest in changing
5	<b>DIMENSION 5</b>	<b>Relapse, Continued Use, or Continued Problem Potential</b> Exploring an individual's unique relationship with relapse or continued use or problems
6	<b>DIMENSION 6</b>	<b>Recovery/Living Environment</b> Exploring an individual's recovery or living situation, and the surrounding people, places, and things

## BioPsychoSocial assessment

- Dimension 1: Acute Intoxication and/or Withdrawal
- Dimension 2: Biomedical Conditions and Complications
- Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications
- Dimension 4: Readiness to Change
- Dimension 5: Relapse, Continued Use, or Continued Problem Potential
- Dimension 6: Recovery/Living Environment

# Continuum of Care (ASAM)

## REFLECTING A CONTINUUM OF CARE



**Note:**

Within the five broad levels of care (0.5, 1, 2, 3, 4), decimal numbers are used to further express gradations of intensity of services. The decimals listed here represent benchmarks along a continuum, meaning patients can move up or down in terms of intensity without necessarily being placed in a new benchmark level of care.

# Whole Person Care

- Integrated Care
  - Substance Use
  - Mental Health
  - Physical Health



## Integrated Care (cont'd)

- Care Coordination / Case Management
- Partnerships & Collaborations
  - Expanding provider imprint on our communities



# Workforce

- Diversity in Disciplines
  - Licensed Practitioner of the Healing Arts (LPHA)
    - Physicians
    - Physician Assistants
    - Pharmacists
    - Registered Nurses & Nurse Practitioners
    - Psychologists
    - Licensed Clinical Social Workers (LCSW)
    - Marriage and Family Therapist (MFT)
    - Licensed Clinical Professional Counselors (LCPC)
  - SUD & peer counselors
- Staff vs Consultant Model

## Summary

- Very exciting time in SUD treatment and prevention.
- In the coming months- series of provider workgroups to discuss QA/UM program.
- Lots of challenges, but also lots of...



**Opportunity**

# Thank You!



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# Adult Treatment and Recovery Services



## Referrals from County Health Plans

- Expanded Medi-Cal Population (January 1, 2014):
  - Coordinated care between primary care, health plans, behavioral health (including SUD treatment providers), and clients;
  - Referrals by:
    - Fax, SAPC Helpline, eConsult
  - Arranged expedited assessment appointment with CASC;
  - Provided information on DMC benefits;
  - Received over 100 referrals.

## Procedures for Handling Referrals from Healthcare Plans (HP)

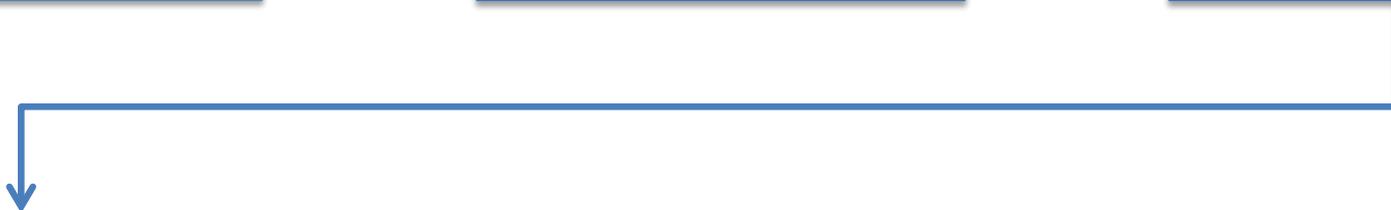
HP CM identifies members with SUD needs that failed the SBI



Refers members to DPH for eligibility screening (888) 742-7900



Referral to CASC for assessment & Level of Care



DPH notifies HP of the assessment outcome & Drug Medi-Cal treatment placement (when applicable)



Treatment provider delivers services



Treatment provider, PCP, DHP, HP communicate and coordinate care



## Referrals from County Health Plans

- Cal MediConnect (CMC):
  - For individuals with both Medicare and Medi-Cal;
  - DPH-SAPC coordinates DMC services as with expanded population;
  - Additional requirements:
    - Work with Health Plans to develop policy and procedures and exchange data for care coordination specifically for the CMC population;
    - Participate in Program Administration teams;
    - Participate in Interdisciplinary Care Teams and Behavioral Health Care Management Teams (providers may participate/initiate).



## Current Drug Medi-Cal Services

- DMC Covered Treatment Services:
  - Outpatient;
  - Intensive outpatient;
  - Narcotic treatment program.
- AOD Treatment Modalities Not Covered by DMC:
  - Residential;
  - Detox.



## For Future Consideration

- Internal discussions and meeting with stakeholders to plan for the future of SUD treatment provision.
- Issues to consider with DMC:
  - Consumer access to full continuum of care;
  - Service delivery based on ASAM Criteria and medical necessity;
  - Greater coordination with primary care, health plan, etc.;
  - Providing case management and recovery services under DMC.

## Proposition 47

- Description:
  - Requires misdemeanor sentence instead of felony for certain drug and property offenses;
  - Inapplicable to persons with prior conviction for serious or violent crime and registered sex offenders.



## Proposition 47 (cont.)

- Impact to DPH-SAPC's Criminal Justice SUD Treatment Programs:
  - Population Count Impact:
    - Reduction in Drug Courts (Adult, Sentenced Offender, Co-Occurring);
    - Possible reduction in Penal Code 1210;
    - No immediate impact on Assembly Bill 109, Women's Reentry Court, and Female Offender Treatment Program.
  - Funding for Fiscal Year (FY) 2014-15 unaffected, but impact for future FYs unknown.



Preventing Substance  
Use, Misuse, & Abuse  
Among Children,  
Youth & Young Adults  
(0-24 Years Old)



# Prevention and Youth Services



# Prevention Services Current Special Projects



## Rethinking Access to Marijuana “RAM” Workgroup

- Emerged out of the need to address the potential diversion of medical marijuana and legalization of marijuana for recreational use in California.
- Participation was open to all prevention contractors. Representation sought from each SPA.
- Currently in the development stage, including conducting research and defining objectives.

## RAM Workgroup (cont.)

- Vision: Flourishing youth and communities free from marijuana related harms.
- Mission: To prevent access and availability that leads to use of marijuana and related products by youth under 21 in communities throughout the County.
- Potential Strategies: Address the topic via environment/population based approaches such as supporting the development and use of state and local regulations on the retail distribution of marijuana.

# Los Angeles City Retail Availability “RAW” Workgroup

- Initiated by prevention contractors to address retail availability of alcohol in the city of LA and to support the formation and funding of a Conditional Compliance Unit to support proactive compliance checks to make sure that alcohol outlets are complying with conditional use permits (CUP's).
- Currently conducting a strategic planning process to determine next steps and objectives of the workgroup, including how to include and enforce voluntary conditions (e.g., no single serve cans) that can also decrease associated alcohol related problems.

# Healthy Stores for a Healthy Community



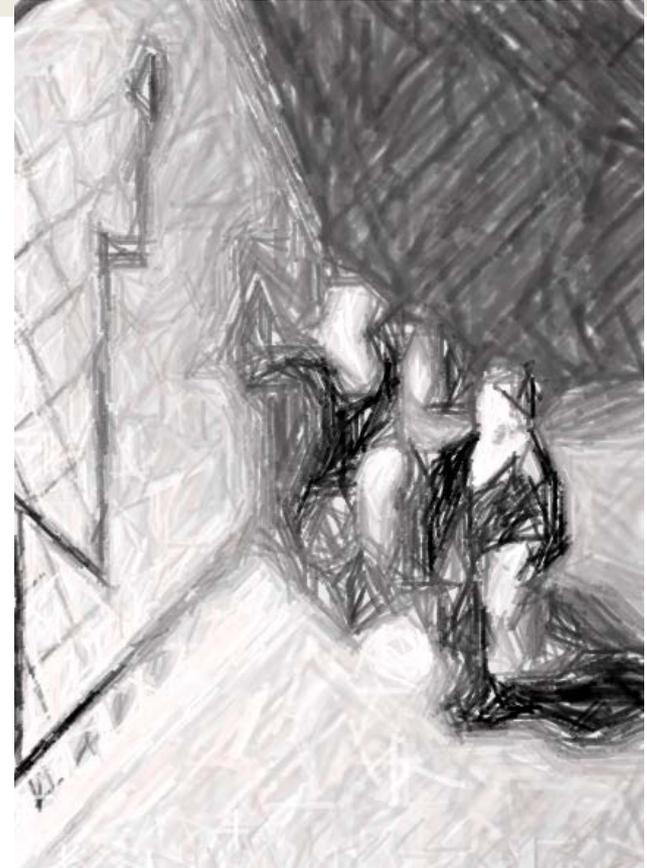
- Collaborative effort among DPH's nutrition, tobacco and substance abuse programs, and community partners.
- Focus is to improve health of County residents through changes in community stores and education on how in-store product marketing influences consumption of unhealthy products.

# Health Neighborhoods

- Collaborative effort among the Departments of Public Health, Mental Health and Health Services, and community partners.
- Focus is to support healthy communities through collaboration on prevention and treatment efforts/needs, including improving access to, and coordination of, quality focused services that respond to local needs.

## Data Reporting – CalOMS Pv

- Implementing efforts to streamline the data reporting process, including limiting entries to direct services only and standardizing reporting for special projects.
- Revisions and/or deletion of past entries will be required during this period, however, once agencies make this transition it should decrease staff time required for reporting purposes.



# Thank You!



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# Finance Division



## Finance Division

- DMC Billing for GR Contracts
- FY 2014/15 Contract Augmentation Process





# Contract Services Division



## Contracts Services Division

- Responsible for Contract Development & Processing and Contract Compliance & Monitoring
- Current Projects:
  - SUD Renewals
  - Contract & Finance Workgroup
  - New online request process for augmentation, relocation, key staff changes
  - Annual audits (ongoing)
  - Live Scan Procedures
  - R.A.T.E. Bulletin for DMC Providers

## Next Steps

- Complete Interest Card for Contracts & Finance Workgroup





**Thank you for your participation!**

