

Los Angeles County Department of Public Health Substance Abuse Prevention and Control

START

SYSTEM TRANSFORMATION TO ADVANCE RECOVERY AND TREATMENT OF SUBSTANCE USE DISORDERS

USC Integrated Care Forum
April 20, 2016

Expansion of Substance SUD Services under ACA

February 11, 2016
LAC Submits plan to DHCS and CMS for review and approval, pending response

August 13, 2015
SAPC Launches DMC-ODS Stakeholder Process to Officially Launch Efforts to Expand and Improve SUD Services in LAC

November 21, 2014
DHCS Submits DMC-ODS Waiver Amendment to CMS
Expands available levels of care, adopts ASAM criteria, supports quality assurance/utilization management

January 1, 2014
Medi-Cal Eligibility Expansion
New beneficiaries now include single adults without children, with income up to 138% Federal Poverty Level (FLP)

March 23, 2010
President Obama Signs the Affordable Care Act (ACA) to Achieve the "Triple Aim"

1. Improving the Individual Experience of Care
2. Improving the Health of Populations
3. Reducing the Per Capita Costs of Care for Populations

One Los Angeles County Health Agency

The Los Angeles County Board of Supervisors approved a motion to integrate the Departments of Health Services (DHS), Mental Health (DMH), and Public Health (DPH) into a single health agency structure. Implementation is still underway.


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    LA[LOS ANGELES COUNTY HEALTH AGENCY] --- AI[AGENCY INITIATIVES]
    LA --- DHS[DEPARTMENT OF HEALTH SERVICES]
    LA --- DPH[DEPARTMENT OF PUBLIC HEALTH]
    LA --- DMH[DEPARTMENT OF MENTAL HEALTH]
    AI --- SAPC[SUBSTANCE ABUSE PREVENTION AND CONTROL]
    
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California Medi-Cal 2020 1115(a) Waiver and the Drug Medi-Cal Organized Delivery System Special Terms and Conditions....

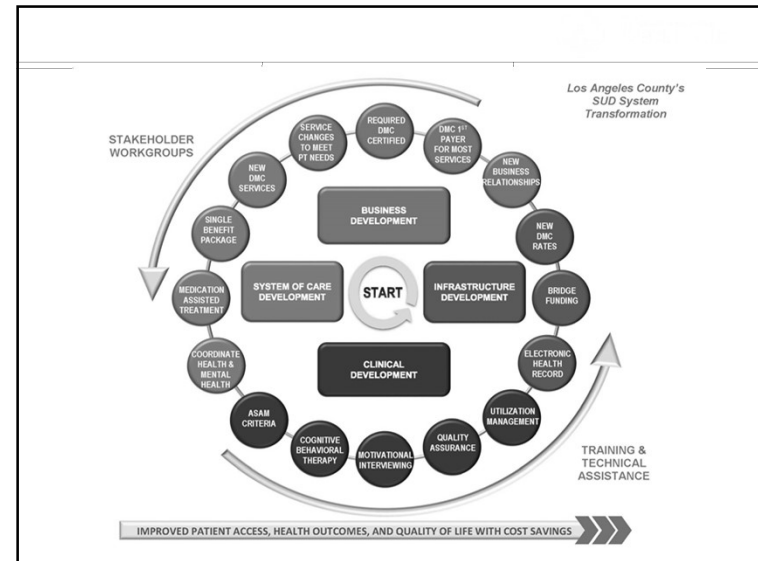
...in LA

START



SYSTEM TRANSFORMATION TO ADVANCE RECOVERY AND TREATMENT OF SUBSTANCE USE DISORDERS

This is the greatest opportunity in recent history to design, build and implement a substance use disorder (SUD) system of care that has the financial and clinical resources to more fully address the complex and varied needs of all our patients.



KEY CHANGES: BUSINESS DEVELOPMENT

- **SERVICE CHANGES TO MEET PATIENT NEEDS:**
 - Patients will have more opportunities to decide which provider best meets their needs, and choose accordingly.
 - Services need to be patient-centered versus program-centered (e.g., no pre-defined number of sessions).
 - Agencies can expand field-based services, business hours, days of operation, and otherwise tailor the program to better match patient preferences.

KEY CHANGES: BUSINESS DEVELOPMENT

- **REQUIRED DMC CERTIFICATION:**
 - By January 31, 2016, all current SAPC residential treatment contractors should submit DMC applications.
 - By July 1, 2016, all current SAPC non-residential treatment contractors must submit DMC applications (e.g., outpatient, intensive outpatient).
 - By July 1, 2017, any treatment agency that contracts with SAPC must be DMC-certified for contracted levels of care.
 - By July 1, 2017, all current and new treatment contractors must have a Master Agreement with SAPC based on the current RFSQ and WOS requirements.

KEY CHANGES: BUSINESS DEVELOPMENT

- **DMC 1ST PAYER FOR MOST CLIENTS AND SERVICES:**
 - If an individual is Medi-Cal eligible, they must receive DMC reimbursable treatment services at a DMC provider.
 - This includes outpatient, intensive outpatient, residential, and withdrawal management (formerly detox), case management, and recovery support.
 - This will be required once the new State-County contract is signed and the new waiver services are launched.

KEY CHANGES: BUSINESS DEVELOPMENT

- **NEW BUSINESS RELATIONSHIPS:**
 - Regional networks will become more important as the new system transformation takes place over the next three years.
 - Developing formal business relationships with other providers may be helpful for particularly small- and medium-sized agencies to cover cost of new infrastructure requirements (e.g., medical directors, quality assurance programs).

KEY CHANGES: SYSTEM OF CARE DEVELOPMENT

- **SINGLE BENEFIT PACKAGE:**
 - All beneficiaries/patients have the same access to services regardless of health coverage or funding/referral source. Other funding sources (e.g., CalWORKs, GR, AB109) will be used for uncovered services or to extend services if capped and medically necessary. My Health LA benefit for undocumented individuals will be the same and commence July 1, 2016.
- **NEW DMC SERVICES:**
 - DMC covered services are significantly expanded, and most are not capped if medically necessary (except residential).

KEY CHANGES: SYSTEM OF CARE DEVELOPMENT

- **MEDICATION-ASSISTED TREATMENT (MAT):**
 - MAT needs to be explored as a treatment option for patients with alcohol and/or opioid addictions.
- **COORDINATE HEALTH AND MENTAL HEALTH SERVICES:**
 - Care coordination and case-management will include ensuring necessary collaboration and connections (e.g., attended appointments) with physical and mental health services.

KEY CHANGES: INFRASTRUCTURE DEVELOPMENT

- **DMC RATES:** New fee-for-service DMC rates will be negotiated with DHCS for an anticipated 2-year period and then transition to an alternate reimbursement structure (e.g., performance-based, capitation).
- **BRIDGE FUNDING:** Efforts to support residential providers in the interim and capacity building/infrastructure development.
- **ELECTRONIC HEALTH RECORD:** Efforts to support use of EHRs, including WITS, and other technology based systems.

KEY CHANGES: CLINICAL DEVELOPMENT

- **ASAM CRITERIA**
 - The American Society of Addiction Medicine (ASAM) Criteria and medical necessity will determine initial and ongoing patient placement.
- **EVIDENCE-BASED PRACTICES**
 - All clinical/counselors staff must be capable of effectively implementing and consistently using **MOTIVATIONAL INTERVIEWING** and **COGNITIVE BEHAVIORAL THERAPY**
- **QUALITY ASSURANCE and UTILIZATION MANAGEMENT**
 - QA and UM will be a central component to ensuring effective care, including appropriate placements and transitions in levels of care.

**STAKEHOLDER
WORKGROUPS**

Contribute to
the new service
design and clinical
expectations

**TRAINING &
TECHNICAL
ASSISTANCE**

Staff development,
train-the-trainer,
and agency-specific
assistance



Key Changes



NEW DMC BENEFITS/SERVICES

- Beneficiary Access Line
- Medically Necessary Services:
 - Individually Counseling
 - Family Counseling
 - Group Counseling
- Case-Management and Care Coordination
- Recovery Support Services
- Short-Term Residential
 - Youth: up to two 30-day episodes
 - Adults: up to two 90-day episodes
- Withdrawal Management
 - Ambulatory
 - Residential

HIGHER DMC RATES

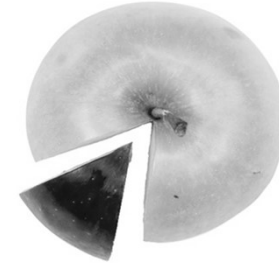
- Los Angeles County conducted an analysis to identify rates that support quality and outcome focused care
- Counties negotiate rates independently with the State

GOAL - IMPROVED INDIVIDUAL AND COMMUNITY HEALTH



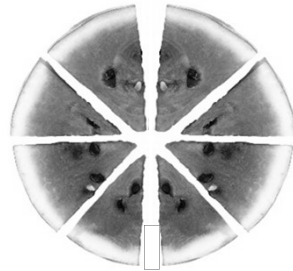
NOW: Multiple primary payers and funding sources

LATER (by July 1, 2017): DMC will fund most services for most patients



NOW: Only a small number of providers and provider sites are DMC certified.

LATER (by July 1, 2017): All SAPC Treatment Contractors will be DMC Certified for all Contracted Levels of Care



FOR MORE INFORMATION SEE SAPC'S WEBSITE
<http://publichealth.lacounty.gov/sapc/HealthCare/HealthCareReform.htm>

Join the START email listserv:
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