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

Expansion of Substance SUD Services under ACA

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.

California Medi-Cal 2020 1115(a) Waiver and the Drug Medi-Cal Organized Delivery System Special Terms and Conditions....
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.

- **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.

• 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 use 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).

• 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.
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.

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
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

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

NOW: Multiple primary payers and funding sources

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

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

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

Join the START email listserv:
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