

# DMC-ODS

(Drug Medi-Cal  
Organized Delivery System)  
for  
Primary Care Providers

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SANTA BARBARA COUNTY  
DEPARTMENT OF  
**Behavioral Wellness**  
A System of Care and Recovery

# DMC ODS Review

- The Drug Medi-Cal Organized Delivery System (DMC-ODS) was created as a result of the ACA because the current DMC system is and has been inadequate for eligible individuals with a substance use disorder (SUD).
- The ODS goal is to improve the quality and availability of SUD services for California's beneficiaries.
- ODS expands and enhances DMC covered benefits.
- The Waiver will give State and County officials more authority to select quality providers.
- The Waiver will be consumer-focused; use evidence-based practices and improve program quality outcomes.



# DMC Organized Delivery System Waiver

Current DMC Benefits
Outpatient Group Counseling
Outpatient Individual Session for Assessment
Outpatient Individual Crisis Sessions
Outpatient Treatment Plan Review Session
Outpatient Discharge Planning Individual Session
Expanded ODS DMC Benefits
Non Perinatal Residential Treatment Services
Case management Sessions
Recovery Support Groups and or Individual Sessions (Aftercare)
Withdrawal Management
Regular individual Sessions (in addition to currently covered sessions)



# DMC ODS Critical Elements

- Critical Elements Include:
- Expanded benefits
- Continuum of care modeled after ASAM Criteria
- Increased local control and accountability
- Greater administrative oversight
- Utilization controls to improve care and manage resources
- Evidence-based practices
- Coordination with other systems of care



# DMC-ODS Specifics: Required Covered Benefits

## DMC-ODS Pilot Benefits ~ Required to provide

- Early Intervention
- Outpatient Services~includes Intensive Outpatient Treatment and Naltrexone
- Residential (not limited to Perinatal)
- Opioid Treatment Program (including Buprenorphine)
- Withdrawal Management (at least one level)
- Recovery Services
- Case Management
- Physician Consultation
- Health Care Integration



# DMC-ODS - Santa Barbara Style 1/2

Service Type	Service Description
Early Intervention / Alcohol Misuse Screening and Brief Counseling Interventions	(Formerly known as Screening, Brief Intervention and Referral to Treatment or SBIRT). Will be provided as part of ASAM Screening and in partnership with primary care providers.
Outpatient Treatment Services	Up to 9 hours of treatment per week for adults and 6 hours per week for adolescents. Treatment includes group and individual counseling, random drug testing and family education and therapy. Will be provided regionally, county wide for adults and adolescents.
Intensive Outpatient Treatment (IOT)	A minimum of 9 hours of treatment per week and 6 hours per week for adolescents, usually in 3 hours per day blocks of time. Will be offered regionally, county wide for adults and adolescents.
Medication Assisted Treatment (MAT)	MAT will be provided in regionally within current MH clinics for clients with Severe and Persistent Mental Illness (SPMI) and SUD. Clients with mild to moderate mental health issues and severe SUD will receive MAT services at contracted AOD treatment providers.
Opioid Treatment Program (OTP)	Will be provided in North (Santa Maria) and South (Santa Barbara) County. Required medications include methadone, buprenorphine, disulfiram and naloxone.



## DMC-ODS - Santa Barbara Style 2/2

Residential Treatment Services	<p>3.1 Level 14 hours of treatment per week in a residential setting for clients with uncomplicated substance use disorder.</p> <p>3.5 required within 3 years (3.3 = a minimum of 5 hours of treatment per week but usually &gt;5 hours with intensive mental health counseling component included for clients with complex co-occurring needs.</p>
Case Management	Will be provided directly by BW staff and selected outpatient treatment providers.
Physician Consultation	Will be provided by BW psychiatrists and MDs employed by contracted treatment providers
Recovery Services	Will be provided throughout outpatient system of care. Acupuncture included.



# DMC-ODS County Responsibilities

- Selective Provider Contracting
  - Access
  - Selection Criteria
  - Contract Denial/Appeal Process
  - Provider Requirements
- Authorization for Residential Treatment
- Beneficiary Access Number (24/7 toll free)
- Beneficiary Informing (upon first contact)
- Care Coordination
- Quality Improvement/Utilization Management
- County Implementation Plan/Contract



# Coordination and Continuity of Care

- Coordination and Continuity of Care is one of the most important goals of the DMC-ODS
- Coordination = Integration of Mental health, Substance Use Disorder and Primary Care services
- Continuity = Seamless transitions of care from one provider to another and one level of care to another
- Behavioral Wellness Department and Cen Cal (Managed Care Plan) MOU - State and Fed Required
- Professional Relationships - The development and Maintenance of Professional Relationships is important



Behavioral Wellness - County	CENCAL
<ul style="list-style-type: none"> <li>DMC-ODS TX Services and Care Coordination</li> </ul>	<ul style="list-style-type: none"> <li>Health Care Services and Care Coordination</li> </ul>
<ul style="list-style-type: none"> <li>Receive referrals from CenCal providers &amp; screen, authorize for DMC-ODS Eligibility and TX Services</li> </ul>	<ul style="list-style-type: none"> <li>PCP's screen members for substance use problems, provider SBIRT, medications to address withdrawal (within scope of practice) &amp; refer to DMC-ODS services</li> </ul>
<ul style="list-style-type: none"> <li>Provide DMC-ODS services</li> </ul>	<ul style="list-style-type: none"> <li>Provide Initial Health Assessment (IHA) and develop plan of care for prevention, tx and management of identified health conditions.</li> </ul>



Behavioral Wellness - County	CENCAL
<ul style="list-style-type: none"><li>• SUD Care Coordination - Case Management to include:<ul style="list-style-type: none"><li>- Transitioning of care to a higher or lower level of SUD</li><li>- Linkages to physical and mental health care</li><li>- Transportation to primary care services</li><li>- Communication and Coordination with other service providers, including coordination of treatment plans</li></ul></li></ul>	<ul style="list-style-type: none"><li>• PCP's provide basic Case Management i.e. referring members for treatment services and coordination of primary care services with specialist services.</li><li>• CenCal provides complex case management services to members with complex medical or psychosocial needs.</li></ul>



Behavioral Wellness - County	CENCAL
<ul style="list-style-type: none"> <li>• Upon request from CENCAL, Clinical consultation and training from County on the identification and treatment of SUD</li> </ul>	<ul style="list-style-type: none"> <li>• Upon request from County, clinical consultation on medications prescribed by CenCal contracted providers, clinical consultation and training on co-morbid medical conditions</li> </ul>
<ul style="list-style-type: none"> <li>• Problem Resolution Process: Disagreement between CenCal provider &amp; County regarding a denial or change of requested services will be handled through dispute resolution process</li> </ul>	<ul style="list-style-type: none"> <li>• Problem Resolution Process Disagreement between CenCal provider &amp; County regarding a denial or change of requested services will be handled through dispute resolution process</li> </ul>



Behavioral Wellness - County	CENCAL
<ul style="list-style-type: none"><li>Information Exchange - 42 CFR, Part 2: County providers will obtain upon intake an appropriate signed release of information to share with CENCAL, member information such as diagnosis, care goals, treatment plan, treating facility, utilization data, prescribed medications, summary progress reports as requested by CENCAL, for the purposes of coordination of care.</li></ul>	<ul style="list-style-type: none"><li>Information Exchange - 45 CFR, Section 164: CENCAL providers will obtain upon intake an appropriate signed release of information to Share with County, member information such as diagnosis, care goals, treatment plan, treating facility, utilization data, prescribed medications, summary progress reports as requested by County, for the purposes of coordination of care.</li></ul>



# Referral Process: Primary Care to County SUD

- Except for those who need Opioid Treatment Programs (OTP), all referrals to the County SUD system of care must go through the 24/7 Access Line:

Toll-Free: (888) 868-1649

For Clients with OUD, call Aegis TX

Centers: SB: (805) 964-4795

(805) 922-6597

- Access Line staff are LPHAs who will administer an ASAM screening and then refer clients to a level of care for full ASAM Assessment, if client meets medical necessity.



# Referral Process: Primary Care to SUD

- LPHA = Licensed Professional of the Healing Arts
  - Licensed Marriage and Family Therapists
  - Licensed clinical Social Workers
  - Clinical Psychologists
  - Medical Doctors
  - Nurse Practitioners
  - Certified Physician Assistants
- Whenever a primary care patient *even appears* to have an opioid use disorder, refer to an opioid treatment program (OTP)
- Review of DSM-5 diagnostic criteria for substance use disorders



# A word about OBOT - OBIC MAT

- OBOT = Office Based Opioid Treatment
- OBIC = Office Based Buprenorphine Induction Clinic
- In both models, physicians who are certified to prescribe buprenorphine (Suboxone), can do so out of their office
- Patient needs to be in withdrawal and should have a minimum of 12 hours from latest “fix” before Suboxone administration
- Behavioral treatment/therapy is used in combination with Suboxone to create MAT



# Access Line SUD Screening: ASAM

- American Society of Addiction Medicine (ASAM) 6 Dimension Screening:
  1. Acute Intoxication and/or Withdrawal Potential
  2. Biomedical Conditions and Complications
  3. Emotional, Behavioral, or Cognitive Conditions and complications
  4. Readiness to Change
  5. Relapse, continued Use, or continued Problem Potential
  6. Recovery/Living Environment



# ASAM Severity Scores

- 0** = Non-issue, or very low risk issue.  
Chronic issues likely to be mostly or entirely resolved
- 1** = Mild difficulty. Chronic issues likely to resolve soon.
- 2** = Moderate difficulty, with some persistent chronic issues
- 3** = Serious issue, high risk or near imminent danger
- 4** = Utmost severity. Imminent Danger.



# Referral Process: County to Primary Care

- Members who are accepted to DMC-ODS services are expected to provide either of the following:
  - ✓ Evidence of a physical examination completed by a PCP within 12 months prior to the member's admission to SUD TX OR
  - ✓ Obtain a physical examination within 30 calendar days of admission to SUD TX
- Members will be referred to their assigned PCP when healthcare issues are identified during SUD treatment
- SUD TX providers will assist with client linkage to necessary medical services
- In the event that a client does not know or have a PCP, client will call CENCAL membership services



# Co-Occurring Disorder (COD) Treatment

- Depending on severity of MI, client will either enter County MH system or SUD treatment program with secondary MH TX services with Holman-contracted providers.
- Both disorders must be treated at the same time
- Care Coordination with thoroughly completed and agreed upon Release of Information (ROI) is necessary, yet challenging
- All County contracted SUD providers will be co-occurring capable
- Some County contracted SUD providers will be co-occurring enhanced
- Feedback loops will be important and fundamental to care coordination



# Questions?

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