Drug Medi-Cal Organized Delivery System Waiver (DMC-ODS)

Frequently Asked Questions about the waiver that would expand benefits to treat Substance Use Disorders (SUD)

Implementing this waiver will test new ways of delivering healthcare services to Medi-Cal eligible individuals with SUD. California Counties can choose to opt-in. This sheet describes the impact this waiver would have if implemented in Los Angeles County.

1. Is Los Angeles County opting-in to the DMC-ODS Waiver?

Counties that choose to opt-in must submit approved implementation plans to participate in the DMC-ODS. Plans must be approved by their Boards of Supervisors, the California Department of Health Care Services, and the federal Centers for Medicaid and Medicare Services. The Substance Abuse Prevention and Control (SAPC) program within the Los Angeles County Department of Public Health intends to submit its implementation plan in January 2016. Once approved, counties will have three years to fully implement required DMC-ODS services.

2. How would the DMC-ODS Waiver change current SUD treatment services?

The DMC-ODS waiver would expand reimbursable services under the Drug Medi-Cal (DMC) program. Right now, the DMC only funds outpatient, intensive outpatient, and opioid (narcotic) treatment programs. Once implemented, this waiver would allow the use of DMC funds to support a more comprehensive continuum of care based on the American Society of Addiction Medicine (ASAM) Criteria. The table below lists the patient services that will be available based on determination of medical necessity and level of care (LOC) according to the ASAM criteria.



Benefits available to SUD Clients through the DMC-ODS Waiver

ASAM Service	Youth	Adults
Outpatient	\square	\square
Intensive Outpatient	V	\square
Short-Term Residential	V	Ø
Withdrawal Management	N/A	Ø
Opioid Treatment Programs	N/A	\square
Case Management	V	Ø
Recovery Support	v	Ø
Physician Consultations	V	Ø

3. Who would be eligible for DMC-ODS Waiver services?

All Medi-Cal beneficiaries who live in counties that opt-in will be able to get new services available under the waiver. This includes previously eligible Medi-Cal beneficiaries (such as children in households with income up to 250% of the Federal Poverty Level) and the Medi-Cal expansion population (single adults without children with incomes up to 138% of the Federal Poverty Level). The services must be determined as medically necessary by a qualified physician.

4. What system-level changes would be required to implement the DMC-ODS Waiver?

Effective waiver implementation would require making various changes to the current service delivery system. Examples of such system-level changes include Los Angeles County, SAPC, and SAPC providers having to:

- Expand the SAPC SUD service provider network.
- Adopt standards of practice for the new systems of care.
- Develop workforce clinical skills in the use of evidence-based practices.
- Establish system-wide care coordination and linkages with physical health, mental health, and community support service systems.
- Establish a system-wide quality assurance and utilization management program.
- Establish a system-wide managed care information system and billing system.
- Develop a sustainable and financially-viable financing structure.

5. What would be the benefits and challenges of implementing the DMC-ODS Waiver?

Opting-in to implement this waiver requires considering the benefits and challenges that may arise:

Benefits

- Extends eligibility for DMC benefits and delivers care to many more people (e.g. adults without children, people experiencing homelessness or reentering communities from incarceration) with the aim of improving access to services, health outcomes, and quality of life.
- Creates an organized system of care that connects providers that offer a broad range of services, and allows them to deliver and receive payment for medically necessary services that they provide in the community, outside of clinical facilities.
- Ensures services are evidence-based and provided at the right LOC that meets client needs based on medical necessity.
- Prevents the use of high-cost health services (e.g. emergency department visits and hospitalizations) leading to cost savings across the health care delivery system.
- Moves SAPC toward a specialty health plan model.
- Treats SUD as a chronic disease, building quality improvement processes and broader service integration with physical health, mental health, and social service providers.

Challenges

- Requires all DMC waiver services to be delivered by a DMC-certified provider. SAPC will be able to provide technical assistance to help providers complete the DMC and ASAM certification processes to expand the SAPC network of treatment providers and the SUD services workforce to ensure access to all LOCs.
- Requires enhancing quality assurance and utilization management capacity to ensure optimal care for clients and smooth transitions across different types and levels of care.
- Requires integrated service delivery networks to treat the whole person, using system-wide planning efforts and case management to coordinate the SUD service delivery system with the physical and mental health systems, as well as with criminal justice, homeless, and juvenile justice/dependency/foster care service providers/partners.

