



Drug Medi-Cal Update

Behavioral Health Services Division
Alcohol and Other Drugs Services

13 August 2014

ACA Update

- The focus is definitely on action being taken at the state level. New issues include:
 - State Plan Amendment implementing new DMC benefits.
 - 1115 Demonstration Waiver for DMC
 - Title 22 Emergency Regulations

State Plan Amendment (SPA)

- Still under review by CMS.
- Program integrity issues a possible sticking point.
- No provision of new benefits until approved.

State Plan Amendment (SPA)

- New benefits in DMC are:
 - IOP (formerly DCH) available to all eligibles.
 - No longer restricted to Perinatal women and youth.
 - RDF available to all eligibles.
 - No longer restricted to Perinatal women but probably little new capacity for men.

Program Integrity

- DHCS approach to administration of statewide SUD services is likely to be influenced by program integrity issues for some time to come.
- This is the rationale for the Title 22 revisions.
- It will also spill over outside of DMC.
 - Increase in Licensing and Certification fees due to, “. . . the increased number of complaints, including the numerous administrative actions taken by DHCS.”

Program Integrity

- Providers need to be familiar with 2 program integrity related documents from DHCS.
 - The Drug Medi-Cal Program Limited Scope Review
 - <http://www.dhcs.ca.gov/dataandstats/reports/Pages/DrugMedi-CalProgramLimitedScopeReview.aspx>
 - The Implementation Plan for Drug Medi-Cal Program Limited Scope Review
 - <http://www.dhcs.ca.gov/formsandpubs/laws/Pages/DHCS-14-006E-DMCProgramIntegrity.aspx>

DMC 1115 Waiver

- Draft Terms released by DHCS on July 17.
- Download from:
http://www.dhcs.ca.gov/provgovpart/Documents/Draft_DMC_Waiver_STCs_7-16-14.pdf
- Purpose is to create an organized system of care in counties that opt in to the waiver.

DMC 1115 Waiver

- Key Features Cont. -
 - MOUs with Health plans.
 - Establish a continuum of care.
 - Emphasis on medication assisted treatment.
 - Requirement for use of evidence-based practices.
 - Expansion of the role of Licensed Practitioners of the Healing Arts in assessment and other activities consistent with their scope of practice.

DMC 1115 Waiver

- At the moment, key features will be:
 - Use of the ASAM Criteria for client placement and transition to the appropriate level of care.
 - Reimbursement for residential treatment (IMD Exclusion waived).
 - Counties will have the authority to select and certify providers with final approval from DHCS.
 - Increased system capacity for youth services

DMC 1115 Waiver

- Meeting to discuss draft waiver terms was held on 30 July in Sacramento.
- More information at:
<http://www.dhcs.ca.gov/provgovpart/Pages/MH-SUD-UpcomingMeetings.aspx>

Title 22 Emergency Regulations

- Finding of Emergency is based on the need to implement program integrity measures.
- Regulations became effective on 25 June 2014.
- DHCS has filed to make these permanent regulations by year's end.
- Compliance with the Emergency Regulations is required NOW.

Title 22 Emergency Regulations

- Related Issues –
 - SPA still awaiting CMS approval. IOP benefit on hold. Regulations deal only with existing benefits.
 - Residential treatment in facilities with more than 16 beds are included in the proposed 1115 waiver.

Title 22 Changes

- Define additional terms and phrases under the DMC program.
- Prohibit minors from participating in group counseling sessions with adults.
- Require group counseling sessions for day care habilitative services to be conducted with between two and twelve participants.
- Amend requirements for group counseling sign-in sheets.
- Require that group and individual counseling sessions are conducted in a confidential setting.

Title 22 Changes

- Require beneficiaries, counselors, therapists and physicians to type or legibly print their name and date treatment plans, progress notes and discharge plans.
- Revise the physical examination requirements applicable during the intake process.
- Require physicians to review beneficiaries' personal, medical and substance use histories during the intake process.

Title 22 Changes

- Require beneficiary treatment plans to include beneficiary diagnoses and goals related to physical examinations and medical illnesses.
- Require beneficiaries to participate in preparation of, review and sign their treatment plans.
- Specify when counselors and therapists must prepare progress notes.
- Require physicians to review additional documents in determining whether continued services are medically necessary for a beneficiary.

Title 22 Changes

- Establish the requirement for providers to prepare beneficiary discharge plans, including specific content and documentation requirements.
- Require providers to produce all documents the Department relies on in performing PSPP reviews while Department personnel are on site conducting the review.
- Clarify the basis for the Department to withhold overpayments in a PSPP review.

Title 22 Highlights – Physical Exam

- a) The client has had a physical within the 12 months prior to admission and the results are placed in the chart.
- b) The client has had a physical within the 12 months prior to admission but the physical exam results are not available. The program must document the efforts to obtain the exam findings in the chart. In this case, it would appear that item d) below applies.
- c) As an alternative to or in addition to the above, an LPHA may conduct a physical examination of the client. The regulations do not specific the location or the employer of the LPHA, i.e., this does not have to be done on program premises nor by staff employed by the program.
- d) If none of the above requirements are met, then obtaining a physical exam must be listed as a goal in the client's treatment plan until it occurs.
- e) No More Physical Exam Waivers

§51341.1(h)(1)(A)(v)&(vi)

Title 22 Highlights – Medical Necessity

- The physician shall evaluate each beneficiary to diagnose whether the beneficiary has a substance use disorder, within thirty (30) calendar days of the beneficiary's admission to treatment date. The physician shall document the basis for the diagnosis (DSM-III or DSM-IV) in the beneficiary's individual patient record.
- The physician shall determine whether substance use disorder services are medically necessary, consistent with Section 51303 within thirty (30) calendar days of each beneficiary's admission to treatment date.

§51341.1(h)(1)(A)(iv)

Title 22 Highlights – Discharge Plan

- The discharge plan shall include, but not be limited to, all of the following:
 - A description of each of the beneficiary's relapse triggers and a plan to assist the beneficiary to avoid relapse when confronted with each trigger.
 - A support plan.
 - The discharge plan shall be prepared within thirty (30) calendar days prior to the date of the last face-to-face treatment with the beneficiary.
 - During the therapist or counselor's last face-to-face treatment with the beneficiary, the therapist or counselor and the beneficiary shall type or legibly print their names, sign and date the discharge plan. A copy of the discharge plan shall be provided to the beneficiary.

§51341.1(h)(6)(A)

Title 22 Highlights

- Relapse Definition
 - “Relapse” means a single instance of a beneficiary's substance use or a beneficiary's return to a pattern of substance use.
- Role of LPHAs
 - Consistent with their scope of practice

DMC Certification

- 934 DMC Certification applications at DHCS.
- 81% (757) have been reviewed or returned for remediation.
- 19% (177) have yet to be assigned for review.
- 54 sites have been approved.

DMC Certification

- Most DMC application problems are due to incomplete forms.
 - Not all sections filled out.
- Conflicting information is another problem area.
 - DBA
 - Names
 - SSN mis-matches

DMC Certification

- DHCS is proposing that *all* providers submitting DMC applications should be considered High Risk.
 - Low Risk – Application review only.
 - Moderate Risk – Applications review + site visit (*Current Process*).
 - High Risk – Application review, site visit and fingerprints and background checks for key staff.

What's Next . . .

- Emergency Regulations become permanent
- State Plan Amendment is approved and IOP is in effect.
 - Maybe requiring additional changes in Title 22.
- • 1115 Waiver submitted by the end of 2014.
- The movement towards integration and closer alignment with the healthcare system will continue.

Questions???