



San Francisco  
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

# Behavioral Health Services Substance Use Disorder Services and RFP 26-2016: Substance Abuse Disorder Treatment Services and Support.

February 6, 2018

# Introduction

- ▶ Today is the fourth in a series of overview presentations related to recent Behavioral Health Services (BHS) solicitations. The goal is to provide the Health Commissioners with a deeper understanding of the BHS service delivery systems, and how contracts pending Health Commission approval fit into the larger context.
- ▶ Today is the second presentation related to RFP 26-2016: Substance Abuse Disorder Treatment Services and Support.
- ▶ In June, 2017, the Department presented the RFP 26-2016 category of *Opiate/Narcotic Treatment*, often referred to as “Methadone Treatment”, along with the associated new contracts.

# Overview of Today's Presentation

- ▶ Timeline and Overview of recent legislation impacting the delivery of substance use services, leading up to the implementation of the Drug Medi-Cal (DMC) Organized Delivery System (ODS), a major transformation in substance use service delivery.
- ▶ Overview of the Substance Use DMC-ODS Demonstration Waiver and Substance Use Managed Care Plan:
  - ▶ Definition
  - ▶ Requirements
  - ▶ Implications to San Francisco
  - ▶ Implementation Planning Overview
- ▶ RFP 26-2016: Substance Use Disorder Treatment Services and Support.
  - ▶ Levels of Care and Service Continuum Under DMC-ODS
  - ▶ Description of Services Solicited
  - ▶ Implementation Phases
  - ▶ Selected Vendors

# Timeline of Recent Substance Abuse Legislative Changes

	Legislative Change	Effective Date	Description	Outcome
1	Federal Mental Health Parity and Addiction Equity Act (MHPAEA)	2008	Ensure Mental Health and Substance Abuse Benefits and Financial requirements are not more restrictive than medical care	See #3 for impact
2	Affordable Care Act (ACA)	January 1, 2014	Expanded Medicaid Eligibility and increased services eligible for Drug/MediCal (DMC) reimbursement.	See #3 for impact
3	Approval of Department of Health Care Services (DHCS), State Plan Amendment (SPA) to amend California's Medicaid Plan	January 1, 2015	Service changes in response to MHPEA (see #1 above) and ACA Medicaid Expansion, accomplished through an amendment to California's Medicaid Plan.	<ul style="list-style-type: none"> <li>(1) Eliminated the 200 minute per month limit on billable counseling services for methadone patients.</li> <li>(2) Eliminated restriction to Methadone providers to provide only group or individual counseling, but not both to the same client.</li> <li>(3) The expansion of Medicaid eligibility criteria enabled previously uninsured persons with opioid addiction to obtain Medication Assisted Treatment, e.g. Methadone</li> <li>(4) Disproportionately affects people with addictive disorders</li> </ul>
4	Approval of State's Section 1115 Bridge to Reform Demonstration Waiver, (now 2020 Demonstration Waiver) entitled: "Drug Medi-Cal (DMC) / Organized Delivery System (ODS) Demonstration Waiver"	<p>August 13, 2015 (CMS approval)</p> <p>July 1, 2017 (DHCS approval of SF Contract)</p>	The purpose of this waiver is to demonstrate through a pilot how an organized delivery system would increase successful outcomes for DMC beneficiaries.	<ul style="list-style-type: none"> <li>(1) Each county becomes a health plan with regard to its substance use disorder services</li> <li>(2) New and expanded services are funded by DMC revenue generated by the expansion of both eligible DMC reimbursable services, and individual DMC eligibility.</li> <li>(3) Addiction treatment is more in line with the treatment of other chronic illnesses</li> <li>(4) Most existing SF SUD services would likely qualify as an ODS service, including adult residential</li> </ul>

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

- ▶ On August 13, 2015, the Federal Centers for Medicare and Medicaid Services (CMS) approved California's Drug Medi-Cal Organized Delivery System (DMC-ODS) demonstration waiver to demonstrate how organized substance use disorder care would improve treatment success and decrease other health care costs. As a result of CMS's approval the following occurred:
  - ▶ Each county was provided the option to participate in the DMC-ODS Demonstration Waiver as a Managed Care Organization, developing and executing an organized delivery system for substance use services in compliance with the Standard Terms and Conditions (STDs) of the 1115 Waiver.
  - ▶ In opting in, each county's Managed Care Plan would be obligated to (1) provide language and disability access throughout the system, and (2) ensure full access to services, though service to specific populations would not be penalized.
  - ▶ San Francisco County opted in, and finalized its contract with the State of California, with an effective date of **July 1, 2017** for the implementation of the DMC-ODS Managed Care Plan.

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

### Additional DMC-ODS Managed Care Plan Requirements include:

- ▶ Treatment must be more medical and professional, moving beyond peer support
- ▶ Medical necessity and diagnosis must be determined by licensed professionals
- ▶ Evidence-based care required
- ▶ Use of outcomes measures required
- ▶ Specialty addiction treatment becomes distinguishable from temporary housing or shelter in residential care
- ▶ Addiction treatment medications allowed throughout the system
- ▶ Integration and whole person care supported

The implementation would result in a continuum of care, modeled after the American Society of Addiction (ASAM) criteria for substance use disorder treatment services.

# DMC-Organized Delivery System Demonstration Waiver Implications to San Francisco

- ▶ DPH-BHS will have its second managed care specialty plan tapping into and expanding existing San Francisco Mental Health Plan processes.
- ▶ Substance Use Disorder Services (SUDS) documentation and accountability requirements will increase substantially.
- ▶ Outcome objectives and additional monitoring will be required.
- ▶ An additional separate annual State EQRO audit will occur.
- ▶ Strict authorization requirements will result in the expansion of the authorization/re-authorization activities in the Department's Behavioral Health Access Center/Treatment Access Program. All residential care must be authorized and reauthorized every 30 days.
- ▶ Youth and adolescent care will require new, more professional service categories, including adolescent medicine addiction specialists.
- ▶ Existing SUDS programs will become DMC certified, including residential treatment, generating a thriving funding stream for SUDS.

## Summary of BHS's Implementation Steps DMC -Organized Delivery System

- ▶ Lead focus groups to identify best practices and gaps in the system
- ▶ Submitted Implementation Plan to the State on Nov. 2015 and persevered through 6 revisions with the State and CMS, resulting in a final new State-County contract, approved by the Board of Supervisors, June 2017
- ▶ Submitted a Fiscal Plan to the State, resulting in approved county rates
- ▶ Implemented an internal technical assistance process covering DMC certification, and *waiver* trainings covering multiple areas, such as evidence-based practices, quality assurance practices, and new waiver-specific regulation requirements
- ▶ Initiated hiring process for required new civil service staff to support ODS
- ▶ Established new contract boiler plate language to cover ODS requirements
- ▶ Created an electronic Level of Care screening tool using ASAM Criteria, and an electronic authorization procedure in EHR, and AVATAR
- ▶ Released a solicitation for ODS compliant services, posted Sept 2016
- ▶ Initiated ongoing technical assistance to ensure documentation compliance
- ▶ Established a pre-billing review process to ensure only those providers meeting internal quality standards would be allowed to begin billing DMC services

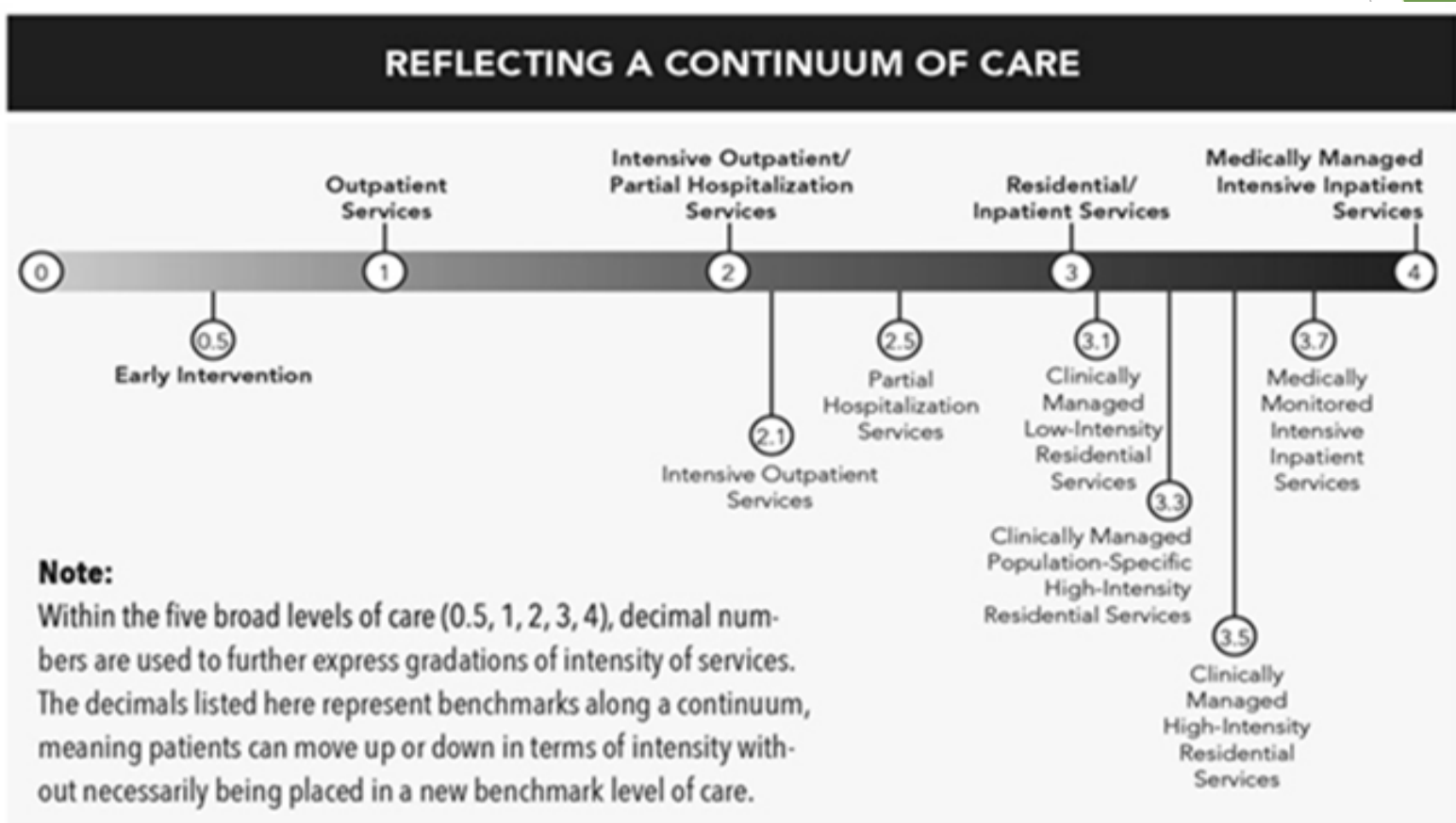


# RFP 26: RFP 26-2016: Substance Abuse Disorder Treatment Services and Support

- ▶ Overview of the Service Continuum Under the Organized Delivery System
- ▶ Services solicited under RFP 26-2016
- ▶ Implementation Phases
- ▶ Selected Vendors

# Overview of American Society of Addiction (ASAM) Levels of Care on a Continuum

An Organized Delivery System should coordinate between programs and levels of care with warm hand-offs to assist clients in the movement between levels.



# ASAM Levels of Care

- The Levels of Care range from 0.5 - 4.
- RFP 26-2016 includes levels 1, 2.1, 3.1, 3.3, and 3.5.
- Withdrawal Management ranges from 1-4, but SF will offer 1-3.2

Table THREE: ASAM Criteria Withdrawal Services (Detoxification/Withdrawal Management) and the DMC-ODS System

Level of Withdrawal Management	Level	Description	Provider
Ambulatory withdrawal management without extended on-site monitoring	1-WM	Mild withdrawal with daily or less than daily outpatient supervision.	DHCS Certified Outpatient Facility with Detox Certification; Physician, licensed prescriber; or OTP for opioids.
Ambulatory withdrawal management with extended on-site monitoring	2-WM	Moderate withdrawal with all day withdrawal management and support and supervision; at night has supportive family or living situation.	DHCS Certified Outpatient Facility with Detox Certification; licensed prescriber; or OTP.
Clinically managed residential withdrawal management	3.2-WM	Moderate withdrawal, but needs 24-hour support to complete withdrawal management and increase likelihood of continuing treatment or recovery.	DHCS Licensed Residential Facility with Detox Certification; Physician, licensed prescriber; ability to promptly receive step-downs from acute level 4.

Table TWO: ASAM Criteria Continuum of Care Services and the DMC-ODS System

ASAM Level of Care	Title	Description	Provider
0.5	Early Intervention	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	Managed care or fee-for-service provider
1	Outpatient Services	Less than 9 hours of service/week (adults); less than 6 hours/week (adolescents) for recovery or motivational enhancement therapies/strategies	DHCS Certified Outpatient Facilities
2.1	Intensive Outpatient Services	9 or more hours of service/week (adults); 6 or more hours/week (adolescents) to treat multidimensional instability	DHCS Certified Intensive Outpatient Facilities
2.5	Partial Hospitalization Services	20 or more hours of service/week for multidimensional instability not requiring 24-hour care	DHCS Certified Intensive Outpatient Facilities
3.1	Clinically Managed Low-Intensity Residential Services	24-hour structure with available trained personnel; at least 5 hours of clinical service/week and prepare for outpatient treatment.	DHCS Licensed and DHCS/ASAM Designated Residential Providers
3.3	Clinically Managed Population-Specific High-Intensity Residential Services	24-hour care with trained counselors to stabilize multidimensional imminent danger. Less intense milieu and group treatment for those with cognitive or other impairments unable to use full active milieu or therapeutic community and prepare for outpatient treatment.	DHCS Licensed and DHCS/ASAM Designated Residential Providers
3.5	Clinically Managed High-Intensity Residential Services	24-hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment. Able to tolerate and use full milieu or therapeutic community	DHCS Licensed and DHCS/ASAM Designated Residential Providers

# RFP 26-2016 RESULT MATRIX

Selected Vendor	Outpatient Services (Adult and Older Adult) ASAM Level 1	Outpatient Services (Adolescent) ASAM Level 1	Opioid Treatment Programs ASAM Level 1	Intensive Outpatient Services (Adult and Older Adult) ASAM Level 2	Residential Services ASAM Level 3	Residential Services (Perinatal) ASAM Level 3
Addiction Research & Treatment (ART)			X			
BAART, Behavioral Health Services			X			
Baker Places					X	
Bayview Hunters Point Foundation			X			
Community Awareness & Treatment Services (CATS)					X	
Curry Senior Center	X					
Epiphany Center (Mt. St. Joseph St Elizabeth)					X	
Fort Help, LLC			X			
Fort Help, Mission			X			
Friendship House					X	
HealthRight 360	X			X	X	X
Horizons Unlimited of SF	X	X				
Latino Commission					X	X
Mission Council	X			X		
San Francisco AIDS Foundation	X					
St. James Infirmary	X					
UCSF Citywide Case Management	X					
UCSF Psychiatry DSAAM			X			
Westside Community Services			X			

# RFP 26-2016 Funding Detail

Modality	FY17-18 Funding
Outpatient Services (Adult and Older Adult)	4,198,185
Outpatient Services (Adolescent)	238,017
Opioid Treatment	18,829,272
Intensive OP Services (Adult/Older Adult)	1,075,843
Residential Services Perinatal	2,154,153
Ancillary Services	<u>2,132,628</u>
	\$45,882,137

# Implementation Phases for ODS, following RFP 26-2016

- ▶ Phase I: (July 1, 2017 effective date)- Existing Programs which were already providing, and billing for Drug Medi-Cal services - Includes seven Opioid Treatment Programs (OTP/NTP/Methadone) and two Outpatient Programs.
- ▶ Phase II: (January 1, 2018 effective date) - HealthRight360 Pilot - Outpatient, Intensive Outpatient, Withdrawal Management, Residential, Perinatal Residential and Residential Stepdown Services. HR360 already has experience with DMC-ODS in other counties, have all of the services necessary for the continuum of care and are willing to test out the new processes and procedures to ensure a smoother transition for our phase III and IV providers.
- ▶ Phase III and IV - (Fiscal Years 18-20) - All other Substance Use Treatment Programs based on DMC Certification, Readiness and pre-billing approval by outside consultant. These providers will continue to contract with DPH reflecting pre-solicitation services and funding levels, pending DMC certification, readiness and additional funding.

*Thank You*

Questions? Thoughts?



# Reference: Total BHS Funding

<b>FY17-18 :Revenues and Expenses Budget</b>		
<b>Expenses</b>	<b>CBHS-MH</b>	<b>CBHS-SA</b>
General Fund	238,497,551	65,987,989
Work Orders	17,750,717	4,172,115
Grants	11,889,497	2,602,761
Projects	26,388,373	100,000
Projects (HIV Hlth Svc- CBHS)		
Projects (HIV Hlth Svc-HUH)		
	294,526,138	72,862,865
<b>Revenues</b>		
1991 Realignment	60,880,000	
2011 Realignment	25,732,695	8,332,999
Revenues/Allocation	78,129,750	26,500,258
Projects	26,388,373	100,000
Workorders	17,750,717	4,172,115
Grants	11,889,497	2,602,761
County GF 17-18	73,755,106	31,154,732
	294,526,138	72,862,865
<b>Professional Services</b>	149,315,882	56,227,329