

**INNOVATIVE PRACTICES FROM SECTION 1115 DEMONSTRATIONS  
SUBSTANCE USE DISORDER STATES: CALIFORNIA**

*This resource is designed to capture innovative elements of 1115 SUD programs; not be a comprehensive summary.*

As part of the Department of Health and Human Services effort to combat the ongoing opioid crisis, on November 1, 2017, the Centers for Medicare & Medicaid Services issued [guidance](#) describing additional flexibilities to help states improve access to and quality of substance use disorder (SUD) treatment through [Medicaid section 1115 demonstrations](#).

The Medicaid Innovation Accelerator Program (IAP) offered targeted technical support, tool development and cross-state learning opportunities to support states in their ongoing payment and deliver system reforms. IAP has supported a number of states in their 1115 SUD planning efforts, including California.

Area	Features
<b>Objectives</b>	<ul style="list-style-type: none"> <li>• Drug Medi-Cal Organized Delivery System (DMC-ODS) for SUD care</li> <li>• Increase local control and accountability</li> <li>• Increase access to care and coordination with other systems of care</li> <li>• Provide continuum of care modeled after the American Society of Addiction Medicine (ASAM) criteria</li> </ul>
<b>Benefit Enhancements</b>	<ul style="list-style-type: none"> <li>• ASAM continuum, including recovery services, partial hospitalization, case management, outpatient, physician consultation, 3 sublevels of residential and withdrawal management</li> <li>• Minimum of two evidence based practices per provider per service modality (motivational interviewing, cognitive-behavioral therapy, relapse prevention, trauma-informed treatment, or psycho-education)</li> <li>• MAT expansion (buprenorphine, naloxone, and disulfiram added to opioid/narcotic treatment program formulary; option to bypass prior authorization for Vivitrol)</li> </ul>

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<b>Delivery System</b>	<ul style="list-style-type: none"> <li>• County pilot program (optional)</li> <li>• Counties may fulfill managed care functions or contract with managed care plans</li> <li>• Flexibility for regional (multi-county) models</li> <li>• Requires coordination with physical healthcare and county-based managed mental healthcare</li> <li>• Indian Health Program Organized Delivery System for Tribal operated and urban Indian health providers and American Indian/Alaska Native (AI/AN) Medi-Cal beneficiaries compliant with federal managed care requirements. Elements under development include an Administrative Entity for tribal managed care functions, an advisory board with tribal representatives, and increased access to culturally sensitive SUD services.</li> <li>• Phased roll-out based on geography, tribal populations</li> <li>• Provisional status available for one year, if needed, to allow time for ODS and providers to meet all requirements</li> </ul>
<b>Care Coordination</b>	<ul style="list-style-type: none"> <li>• County implementation plans must include structured approach to ensure transitions between levels of care and access to recovery supports/other services following acute care stay.</li> </ul>
<b>Targeted Eligibility</b>	<ul style="list-style-type: none"> <li>• Benefits available to all Medi-Cal enrollees in counties that opt into the DMC-ODS</li> </ul>
<b>Service Models and Delivery</b>	<ul style="list-style-type: none"> <li>• Hub and spoke MAT system to align and complement 1115 SUD program</li> <li>• Addition of Medication Units to expand access to MAT</li> </ul>
<b>Payment Methods</b>	<ul style="list-style-type: none"> <li>• County specific rates (for opt-in counties), approved by state</li> <li>• County cost reporting required (certified public expenditures)</li> <li>• Statewide Narcotic Treatment Provider/Opioid Treatment Program rates</li> <li>• Alternative reimbursement structures, including case rates, available, subject to state approval</li> </ul>
<b>Performance Metrics for Quality Monitoring</b> <i>(approved August 2015 prior to SMD #17-0003)</i>	<ul style="list-style-type: none"> <li>• County implementation plans, inclusive of beneficiary flow, access line, ASAM service array with alignment to capacity and access needs, MAT delivery system, care coordination (MH and PH), provider training and technical assistance, and quality</li> <li>• EQRO reviews required performance measures and annual state reviews to ensure compliance with access standards</li> <li>• Accessibility—timeliness of initial contact to first face-to-face appointment, timeliness of first dose of NTP; after-hours access to care</li> <li>• Responsiveness of beneficiary access line</li> <li>• Strategies to reduce avoidable hospitalizations</li> <li>• Coordination of all services (physical, mental health and SUD) at the provider level</li> <li>• Telephone access line and services in prevalent-non-English languages</li> <li>• Culturally competent services</li> <li>• Ensure an adequate network of providers to meet beneficiary needs</li> <li>• Treatment Perceptions Survey (developed by UCLA)</li> </ul>

Area	Features
<b>Special Populations</b>	<ul style="list-style-type: none"> <li>• Criminal justice population, including Drug Court, additional lengths of stay for residential or withdrawal management with assessed need</li> <li>• ODS specifically for AI/AN beneficiaries</li> </ul>
<b>Resources</b>	<ul style="list-style-type: none"> <li>• <a href="#">California DMC-ODS website</a></li> <li>• <a href="#">DMC-ODS county implementation plans</a></li> </ul>
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