Drug Medi-Cal MOU Training

Partnership Health Plan 10-9-24

MOU Requirements

Sonoma County DMC State-Plan MUST: Ensure employees providing services receive initial training and subsequent annual trainings for those who perform MOU related activities

The training must include information on MOU requirements, services that are provided or arranged for by each Party, and the policies and procedures outlined in this MOU.

DMC-State Plan Liaison = Will Gayowski – Liaison & point of contact with Partnership HealthPlan

DMC-Responsible Person = Chris Marlow – Responsible for ensuring compliance with MOU requirements

Have quarterly meetings w/Partnership Health Plan to address compliance issues, report problems, and address deficiencies.

Inform members how to access Partnership Health Plan Services, and how to access DMC State-Plan services.

Service levels of care (LOC) provided for or arranged by DMC State Plan

Outpatient SUD Treatment (Outpatient Drug Free, and Intensive Outpatient)

Narcotic Treatment Programs (NTP)

Medications for Addiction Treatment (MAT)

Perinatal Populations (pregnant and up to 12 months postpartum)

EPSDT members (under 21) access to all DMC-ODS benefits that are medically necessary including care coordination, recovery services, withdrawal management, residential treatment, and clinical consultation

Services provided by DMC State Plan

Screening, Assessments, and Referrals

BQuIP, ASAM

Counseling (individual and / or group)

Collateral Services

Medication Services

 Medication Services includes prescribing, administering, and monitoring medications used in the treatment or management of SUD. These are medications separate from MAT.

Services provided by DMC State Plan

Care planning (treatment planning) and discharge planning
MAT services (either providing or arranging and connecting with directly)

• All FDA approved drugs to treat AUD, OUD, and non-opioid SUDS SUD Crisis Intervention Services – relapse prevention or intervention EPSDT clients get access to full spectrum of DMC ODS services including care coordination, recovery services, residential treatment, withdrawal management, and have a lower bar for medical necessity.

Services provided by DMC State Plan: How to Access DMC Services

Sonoma County 24/7 Access Line: (707) 565-6900 or (800) 870-8786 SUD Decision Tree – County Outpatient, DAAC Outpatient, DAAC REAP (NTP), SRTP (NTP)

Direct provider contact to request services except (*residential, and withdrawal management)

DMC State Plan workflow *Does not include residential services (ODS ONLY)

DMC Referral Instructions *Does not include residential services (ODS ONLY)

Withdrawal Management – Through Helen Vine referral process, no guarantees pre DMC-ODS

MemberHandbook_ENG.pdf (partnershiphp.org)

Member Services Line: 1-800-863-4155 – explain how Partnership works, how to get care you need, scheduling appointments, and access to care questions.

Medi-Cal Members join PHP and choose primary care provider (PCP) within 30 days of enrolling in PHP. Provide services like preventative and routine health care, referrals to specialists, and maintain health history / records.

Receive services from doctors, hospitals, and other providers in PHP network for covered services or out of network with pre-approval – Provider directory 1-800-863-4155 and online Partnership HealthPlan (partnershiphp.org)

Services not requiring a referral: PCP visit, OB/GYN visits, urgent / ER, family planning, HIV testing & STI services (12+),

Services not requiring a referral: PCP visit, OB/GYN visits, urgent / ER, family planning, HIV testing & STI services (12+), chiropractic services, mental health assessment, acupuncture, podiatry (at FQHC & RHC), qualifying dental services.

Services requiring pre-approval (Prior authorization): non emergency hospitalizations, out of network services, outpatient surgery, long term care or SNF, specialized treatments / imaging / testing / procedures, medical transportation for non emergencies

MAT services in primary care, inpatient, or hospital settings.

SUD Services:

MAT services in primary care, inpatient, or hospital settings.

(SABIRT) Alcohol and Drug Screening, Assessment, Brief Interventions, and Referral to Treatment

Enhanced Care Management (ECM)

Whole-person, interdisciplinary approach to care that addresses the clinical and no-clinical needs of members with the most complex and social needs

Goals and Benefits

- Improving Care Coordination
- Integrating Services
- Facilitating community resources
- Addressing social determinants of health (SDOH)
- Improving health outcomes and decreasing inappropriate utilization and duplication of services

Enhanced Care Management (ECM)

Population of Interest

- Adults who are unhoused
- Adults at risk for avoidable hospital or ED utilization
- Adults with serious mental health and or SUD needs
- Adults living in the community and at risk for LTC institutionalization
- Adult nursing facility residents transitioning to the community
- Children and Youth
- Justice Involved
- Birth Equity

Community Supports (CS)

- Housing Transition Navigation Services
- Housing Deposits
- Housing Tenancy and Sustaining Services
- Short Term Post Hospitalization
- Recuperative Care
- Personal Care and Homemaker Services
- Respite Service
- Medically Tailored Meals

Community Supports (CS)

Goals and Benefits

Providing support services, healthcare coordination, and resources to improve health outcomes.

Referral Process (ECM and CS)

Fill out the ECM referral or CS referral form (ECM Referral or CS Referral) and send it back to the appropriate helpdesk via secure email:

- ECM: <u>ECM@partnershiphp.org</u>
- CS: <u>CommunitySupports@partnershiphp.org</u>
- Or fax to (530) 351-9040

Whole Person Care ECM & Outpatient Program

- Please email form to: dhs-wpc-referrals@sonoma-county.org
- For questions, please call our main line at 707-565-4811. Additional option to fax form to 707-565-4881.
- IMDT ROI required
- Referrals from PHP, community, jail in reach, treatment teams, access SCBH

MOU Requirements for DMC State Plan

Care Coordination Procedures for DMC State Plan

- Assess member needs & collaborate with MCP
- Coordinate services for referral packets, warm handoffs, collaborative treatment planning, clinical consultation, prescriptions, labs, radiological needs, ECM, CCM, CS, transportation, home health, residential SUD treatment, treatment discharges, and tracking referrals and discharges
- Update problem lists timely (24 hours crisis, 72 hours non crisis)
- Coordinate MAT services
- Communicate about SUD crisis to MCPs
- Detailed requirements and procedures in procedure for County staff members, shareable for reference and use at discretion of CBOs who must meet MOU requirements as well.

Partnership HealthPlan Policies and Procedures

Link to PHP policies page: Provider Manual: Medi-Cal (partnershiphp.org)

List of Policies and Procedures for MOU (includes MHP & DMC). Attachment:

"List of Policies and Procedures MOU.MHP.DMC.CWS.pdf"

County DMC State Plan Policies and Procedures

DHS-BHD Policies & Procedures

7.1.12 Coordination of Care

Care Coordination Procedures

 Coordinating care including making referrals, warm hand offs, assessment and treatment plan collaboration, information sharing, discharge planning and more. Including but not limited to coordination and communication between MCP (PHP), County, and County contracted partners.

7.1.13 Responding to Request for Service Calls

 Describes 24/7 Access Line requirements including contingency plan for increased call volume as well as how to field walk-in requests for services. Includes details on fielding emergency and urgent requests for services.

7.2.4 No Wrong Door

MHP focused policy but includes processes involving co-occurring SUD as well as using "Z" codes for diagnosis during assessment

County DMC State Plan Policies and Procedures

DHS-BHD Policies & Procedures

- 7.2.5 Documentation for all Specialty Mental Health Services (SMHA) and Drug Medi-Cal (DMC) Services
- Documentation standards for SMH, DMC, and DMC-ODS services. Excludes Narcotic Treatment Programs. Includes assessments, problem lists, progress note requirements, and care planning requirements
- 7.2.9 Youth Adult Screening and Transition of Care
- Includes information on when a screening would trigger a referral for further SUD screening and assessment
- 7.3.1 Medical Necessity Determination and Level of Care for DMC
- LPHA procedures for all non NTP assessments (all LPHA in scope of practice)
- NTP processes including Health & Physical by LPHA (physician, NP, PA)
- Level of care determination and requirements to access SUD services
- 7.3.2 Utilization Management (UM), Audit, Oversight and Recoupment Standards for Substance Use Disorder (SUD) Services
- 7.3.5 Substance Use Disorder Residential Authorizations

Dispute resolution policy coming soon

County DMC State Plan Policies and Procedures

DHS-BHD Policies & Procedures

7.3.2 Utilization Management (UM), Audit, Oversight and Recoupment Standards for Substance Use Disorder (SUD) Services

 Utilization management program ensures member access to SUD services that are medically necessary, use ASAM criteria, and appropriate service interventions are used.

7.3.5 Substance Use Disorder Residential Authorizations

 Applicable to DMC-ODS only, pertains to 24 hour authorization requirements for medically necessary residential treatment.

Dispute resolution policy coming soon

This is a placeholder for a policy that is not yet complete / in progress

Questions?

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