
September 8, 2020
Welcome and Introduction to the Webinar

Mei Wa Kwong, JD
Executive Director
Center for Connected Health Policy
About the California Telehealth Policy Coalition

Please visit our website for more information or if you are interested in joining.
https://www.cchpca.org/about/projects/california-telehealth-policy-coalition
Educate stakeholders on how telehealth can be used in the Drug Medi-Cal Organized Delivery System (DMC-ODS), how telehealth can support behavioral health integration, and what policy changes and needed to continue expanded telehealth services post-COVID-19.

- **Provide an overview of policy** supporting the payment and care delivery of tele-mental health during COVID-19
- **Share provider, county and plan perspectives** on how telehealth can facilitate care delivery
- **Increase attendee interest** in using telehealth to meet patient, health plan member and other constituent needs
- **Enhance attendee knowledge** of telehealth modalities, use cases, and key considerations during COVID-19
**Agenda and preliminary announcements**

**Welcome**
- Mei Wa Kwong, Center for Connected Health Policy

**Speakers**
- Connie Perez and Kathryn Sears, Department of Health Care Services
- Catherine Condon, Marin County Behavioral Health & Recovery Services
- Liz Leslie, Partnership Healthplan of California
- David Kan, Bright Heart Health
- Jeffrey DeVido, Marin County Health and Human Services, Partnership Healthplan of California

**Facilitated Question and Answer**
- Timi Leslie, Founder and President, BluePath Health

Attendees will remain muted during the webinar.

Please submit any questions you have during the webinar in the Q&A box, not the chat box.
Coalition fact sheets on telehealth

Fact sheets are available on our website.
Many thanks to the sponsors of today’s webinar
Drug Medi-Cal Organized Delivery System

Telehealth Services Overview
Kathryn Sears, Connie Perez
Medi-Cal Behavioral Health Division
Department of Health Care Services
Agenda

• Drug Medi-Cal Organized Delivery System (DMC-ODS) high level overview

• DMC-ODS telehealth services and additional flexibilities due to public health emergency
Drug Medi-Cal Organized Delivery System

- Provides a continuum of care modeled after the American Society of Addiction Medicine (ASAM) criteria for substance use disorder (SUD) treatment services
- Aims to demonstrate how organized substance use disorder care increases the success of DMC beneficiaries while decreasing other system health care costs
Drug Medi-Cal Organized Delivery System

• Increase the number of people receiving effective SUD treatment by expanding services and reorganizing Medi-Cal’s SUD delivery system.

• DMC-ODS is the nation’s first SUD demonstration project under a Medicaid Section 1115 waiver from the Centers for Medicare & Medicaid Services (CMS).
Drug Medi-Cal Organized Delivery System

- Authority granted to DHCS in 2015 by CMS
- 5 year demonstration project
Evidence Based SUD Treatment

Used to create comprehensive, individualized patient treatment plans

Treatment levels range from outpatient services to residential or inpatient services, matched to patient need
ASAM Levels of Care

Note:
Within the five broad levels of care (0.5, 1, 2, 3, 4), decimal numbers are used to further express gradations of intensity of services. The decimals listed here represent benchmarks along a continuum, meaning patients can move up or down in terms of intensity without necessarily being placed in a new benchmark level of care.
DMC-ODS Structure

- As of August 2019, 30 counties are implementing and providing services under the DMC-ODS pilot, reaching about 93% of the Medi-Cal population statewide
- As of July 2020, 7 counties are participating in the regional model
For those DMC providers wishing to be Medi-Cal reimbursed, DMC certification is required.

– The online application process is completed via the Provider Application and Validation for Enrollment (PAVE) system and overseen by the Provider Enrollment Division (PED)

– PED webinar – September 16th, 1-3 P.M.
## Treatment Modalities

<table>
<thead>
<tr>
<th>State Plan</th>
<th>DMC-ODS</th>
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</thead>
<tbody>
<tr>
<td>Outpatient Drug Free Treatment</td>
<td>Outpatient Services</td>
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<tr>
<td>Intensive Outpatient Treatment</td>
<td>Intensive Outpatient Services</td>
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<tr>
<td>Naltrexone Treatment</td>
<td>Naltrexone Treatment</td>
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<tr>
<td>Narcotic Treatment Program (methadone)</td>
<td>Opioid (Narcotic) Treatment Program OTP/NTP (methadone + additional medications)</td>
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<tr>
<td>Perinatal Residential SUD Services (limited by bed capacity)</td>
<td>Residential Services (not restricted by bed capacity or limited to perinatal)</td>
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<tr>
<td>Detoxification in a Hospital (with a TAR)</td>
<td>Withdrawal Management (at least one level)</td>
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<td></td>
<td>Recovery Services</td>
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<tr>
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<td>Case Management</td>
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<td></td>
<td>Physician Consultation</td>
</tr>
<tr>
<td></td>
<td>Partial Hospitalization (Optional)</td>
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<tr>
<td></td>
<td>Additional Medication Assisted Treatment (Optional)</td>
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# Medical Necessity

<table>
<thead>
<tr>
<th>State Plan</th>
<th>DMC-ODS</th>
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<tbody>
<tr>
<td>• Intake Assessments</td>
<td>• Intake Assessments</td>
</tr>
<tr>
<td>• DSM Criteria</td>
<td>• ASAM – 6 Dimensions</td>
</tr>
<tr>
<td>• 22 CCR § 51303</td>
<td>• DSM Criteria</td>
</tr>
<tr>
<td>• By Physician</td>
<td>• 42 CFR 438.210(a)(4)</td>
</tr>
<tr>
<td></td>
<td>• 22 CCR § 51303</td>
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<tr>
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<td>• By Physician or LPHA</td>
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## Diagnosis

**Working within the scope of their practice:**

<table>
<thead>
<tr>
<th>State Plan</th>
<th>DMC-ODS</th>
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<tbody>
<tr>
<td>• Physician</td>
<td>• Medical director</td>
</tr>
<tr>
<td>• Therapist, physician assistant, nurse practitioner</td>
<td>• LPHA</td>
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DMC-ODS Telehealth Services
DMC-ODS Telehealth Services

• Most services in DMC-ODS can be provided via telehealth in any appropriate setting in the community, per DMC-ODS Special Terms and Conditions (STCs)

• Licensed providers and staff may provide services via telephone and telehealth, as long as the service is within their scope of practice
On May 13, 2020 the Centers for Medicare & Medicaid Services (CMS) approved California’s State Plan Amendment (SPA) 20-0024, retroactive to March 1, 2020. These allowed expanded use of telehealth for certain services that previously required a face-to-face visit.

On August 19, 2020 CMS approved additional section 1135 flexibilities related to provision of telehealth services, retroactive to March 1, 2020, through the duration of the public health emergency.
Telehealth Flexibilities During COVID-19 Emergency

- **Executive Order N-43-20**: requirements in Business and Professions Code section 2290.5(b) related to obtaining verbal or written consent before use of telehealth services and to document that consent, as well as any implementing regulations, are suspended.

- **Executive Order N-55-20**: waives the requirement for patient signatures for psychiatric medication consents. Instead, counties shall allow a patient’s verbal consent for receiving psychiatric medication(s), due to the difficulty of collecting signatures when services are provided via telephone or telehealth.
Telehealth Flexibilities During COVID-19 Emergency

• The Department of Health Care Services (DHCS) has outlined flexibilities in the following Behavioral Health Information Notices (IN) available on DHCS website:
  – IN 20-009: Guidance for behavioral health programs regarding ensuring access to health and safety during the COVID-19 public emergency
  – IN 20-017: Flexibility for Alcohol and Other Drug (AOD) facilities during the COVID-19 Public Emergency
Telehealth Flexibilities During COVID-19 Emergency

- All DMC-ODS counties should allow providers to bill for telehealth services during the period of heightened COVID-19 concern
  - County approval of services via telehealth is sufficient; contract changes are not required
- Service documentation in the patient treatment file should be completed in the same manner as in-person visit
Telehealth Flexibilities During COVID-19 Emergency

• No restrictions on location of services via telehealth
  – Beneficiaries may receive services in home, providers may deliver services from anywhere in the community, outside clinic or other provider site

• DHCS does not impose requirements about which live video platform can be used to provide services
Some services require an established site and in-person contact. However, counties can rely on telehealth flexibilities in order to provide the services needed.

– Ex: services via telephone for a patient quarantined in their room in a residential facility due to illness
Telehealth Flexibilities During COVID-19 Emergency

• As of March 1, 2020, and for duration of public health emergency, group counseling services can be provided via telehealth and telephone in DMC-ODS counties

• The 12-client group size limit still applies for counseling services conducted via telehealth; however, providers must obtain consent from all the participants and take the necessary privacy and security precautions, in compliance with HIPAA and 42 CFR Part 2

• With exception of Narcotic Treatment Program intake/physical for methadone maintenance, required physical exam can be conducted via telehealth
In Closing

• Services provided via telehealth optional for counties in the DMC-ODS waiver

• Due to COVID-19 emergency, there is more reliance on telehealth to provide services
Online Resources

- DHCS COVID-19 Webpage
- DMC-ODS DHCS Webpage
- American Society of Addiction Medicine
- Substance Abuse and Mental Health Services Administration
- DHCS Behavioral Health Information Notices
- DHCS DMC-ODS Interagency Agreement
- DHCS Behavioral Health Provider Enrollment Webinar: Enrolling as a Specialty Mental Health Services or Drug Medi-Cal Provider
  - Wednesday, September 16, 2020
  - 1 p.m. – 3 p.m. PDT
  - Please at the following link:
    https://attendee.gotowebinar.com/register/5157997470556434189

DHCS Contacts

- County/Provider Monitoring and Oversight - CountySupport@dhcs.ca.gov
- Licensing and Certification - LCDQuestions@dhcs.ca.gov
- Provider Enrollment Division - DHCSDMCRrecert@dhcs.ca.gov
County Perspective: Telehealth in Marin County’s DMC-ODS
Overview: Marin County DMC-ODS

- Marin is considered a medium size county – 2019 Population estimate: 258,826
- Medi-Cal insures 17% of the overall population
- Marin County contracts out all substance use services, with the exception of one County-operated outpatient program
- Marin DMC-ODS serves approximately 800 unduplicated Medi-Cal beneficiaries annually
- DMC-ODS “Go Live”: April 1, 2017
- Prior to the COVID-19 Public Health Emergency (PHE) telehealth was encouraged, though minimally used in the Marin DMC-ODS
Transition to Telehealth – Service Delivery Models

- Virtual Clinic Model – Partnership with Bright Heart Health
- Individual Provider Zoom-Based Services
- Hybrid: Telephone/Telehealth/Face-to-Face Services
- Telehealth Access at Community-Based Sites
- EMS/Bright Heart Health/County: Non-Fatal Overdose Outreach

![Virtual Clinic]

PARTNER VIRTUAL CLINICS
Findings and Lessons Learned

• **Supports Access to Individualized Care and Flexible Service Delivery**
  
  • Increases in case management (52%) and individual counseling (97%)
  
  • Group counseling initially lower – increased as guidance allowing group counseling via telehealth released
  
  • Reduces potential barriers to accessing care (e.g. transportation and childcare)
  
  • Ability to provide initial assessment via telephone enabled access to care for beneficiaries that otherwise may have been unable to engage
  
  • Outcomes were similar—and superior in some domains—as compared to pre-PHE levels
  
  • Following broader implementation of telehealth, the client census returned to pre-PHE levels

![Clients Served: Marin Substance Use Treatment Services](chart.png)
Findings and Lessons Learned

• Critical to Identify and Address Barriers to Participating in Services
  • Strategies to provide equitable access to technology, internet, confidential space to participate in care
    • Provide/assist beneficiaries in securing telephones/tablets
    • Establish accessible spaces with equipment to engage in services via telehealth
  • Provide support and training to staff and beneficiaries
    • Leadership investment – Ensure providers have technology and implementation support
    • Instructions for using Zoom, Provider Meetings, Telehealth trainings
Recommendations

- Given the positive impacts on equitable access to and delivery of individualized care, **implementation of telehealth-related flexibilities permitted during the COVID-19 PHE should continue beyond the PHE** – most notably group counseling via telehealth and initial assessment and medical necessity determination via telephone

- Expand funding opportunities to provide necessary technology to beneficiaries

- Continue existing (pre-PHE) policy direction related to including telehealth as a method of delivering services in the DMC-ODS

- Monitor data to identify trends, inequities and impacts to inform implementation strategies for services delivered via telehealth

- Revise 42 CFR Part 2 regulations to align more closely with HIPAA
Catherine Condon, MPH
County Alcohol and Drug Administrator
Marin County Behavioral Health & Recovery Services
415.473.4218 / ccondon@marincounty.org
Wellness and Recovery Benefit/Regional Model

July 2020 Launch
PHC and the Wellness and Recovery Program

Key Components of the Regional Model

• PHC is responsible for the managed care functions on behalf of counties.
• PUPM financial structure
• Central Access Line for all counties/beneficiaries may access treatment in any of the 7 counties
• Care coordination across systems – Primary Care/Mental Health/SUD

Coordination with DMC-ODS counties

• Data Sharing for improved health outcomes
• Linkages to DMC-ODS access line
Utilization – Telehealth vs. Outpatient Visits – Beacon

YTD 2020 Visits

<table>
<thead>
<tr>
<th>Month</th>
<th>Telehealth</th>
<th>OP</th>
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<tbody>
<tr>
<td>Jan</td>
<td>864</td>
<td>35,251</td>
</tr>
<tr>
<td>Feb</td>
<td>821</td>
<td>32,673</td>
</tr>
<tr>
<td>Mar</td>
<td>9,603</td>
<td>34,505</td>
</tr>
<tr>
<td>Apr</td>
<td>26,040</td>
<td>37,331</td>
</tr>
<tr>
<td>May</td>
<td>23,258</td>
<td>33,515</td>
</tr>
<tr>
<td>Jun</td>
<td>18,475</td>
<td>28,983</td>
</tr>
<tr>
<td>Jul</td>
<td>1,378</td>
<td>2,426</td>
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</tbody>
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Eureka  | Fairfield  | Redding  | Santa Rosa
Agenda

• Telemedicine 1.0
• Telemedicine 2.0
• Telemedicine 3.0
Telemedicine 1.0
Enablement
Determine Approach – Levels of Delivery

• Adjunct to in-person care
  • Provide sessions on a case-by-case basis
    • Example: “sent telemedicine link in email”

• Hybrid Model – Some Services thru Telemedicine
  • Provide sessions on a service line – Therapy, Specialists, etc.
    • Example: “All counselor appointments are telemedicine”

• Telemedicine Clinic – All Services via Telemedicine
  • Provide full clinic services in virtual space
    • Example: “Waiting room, exam rooms, group rooms. etc.)

Pro/Con

- Easy setup
- Challenging to coordinate

- Consistent model, reduces confusion
- Need Telemedicine support team to coordinate care

- Single model
- Requires complete patient pathways
Security & Risk Management

Security
- BAA
- Use Waiting Rooms or other security measures to prevent unwanted guests
- Headphones
- Scan room to ensure privacy

Risk Management
- Check-in more frequently
- Easy to supervise care and ensure adherence
- Pill/Wrapper Counts on-demand
- Virtual Drug Screens
- Easy to move patients to other ODS providers who need care through joint session (super warm handoff)
Telemedicine 2.0

Patient-Centered Care
No Limits to Specialty (-ization)

• Specialists can be located anywhere, as long as licensed in CA
• Ability to provide patient-centered services
  • EMDR
  • Psychiatry
  • Etc.
• Specialty Tracks
  • Pregnant Females
  • LBGTQ
  • Male
  • Stimulant Usage
• Non-Provider Encounters
  • Yoga
  • Exercise & Movement
Quality Oversight

• Clinical Quality can be supervised at every step of the process
• Online training to immediately remediate gaps and issues
• Tracking and analysis inherent to the model – unless you resist it.
• Need for data scientists, engineers, and technical support
• Naturally fits to ODS reporting requirements
Telemedicine 3.0

Advancements in Care
Easy Engagement

• 24 x 7 Walk-in Clinic
• Digital Access Points
• Engagement Models
  • SMS
  • Website
  • Encounters
Advanced Care Delivery

23 Days
↓
82 Days
↓
139 Days

Individualized Care
Addiction is not JUST ADDICTION.
Addiction is addiction + ...

Physical Health
Pain Management
Co-Occurring
Activities of Daily Living
Final Thoughts:
The Role of Telehealth in DMC-ODS

Jeffrey DeVido, MD, MTS
He/him/his
Chief, Addiction Services, Marin County BHRS
Behavioral Health Clinical Director, Partnership HealthPlan of CA
Disclosures

• No relevant financial disclosures

• Opinions and content expressed herein are the presenter’s alone, and don’t necessarily represent the opinions of their employing agencies
What is Telehealth?

What is DMC-ODS

The “Drug Medi-Cal Organized Delivery System (DMC-ODS)” is a Pilot program to test a new paradigm for the organized delivery of health care services for Medicaid eligible individuals with substance use disorder (SUD). The DMC-ODS will demonstrate how organized substance use disorder care increases the success of DMC beneficiaries while decreasing other system health care costs.

California Institute for Behavioral Health Solutions: https://www.cibhs.org/dmc-ods-waiver
What is Addiction (Substance Use Disorder)?

Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual’s life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences.

Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases.

American Society of Addiction Medicine:
https://www.asam.org/Quality-Science/definition-of-addiction
What is Addiction (Substance Use Disorder)?... Put another way...

Ambivalence: Being of two minds about something. Results in shifting motivations.
To meet the goal of the DMC-ODS, therefore, the structure of the system has to meet the unique clinical needs of the illness.
How does Telehealth fit in?

- Capture opportunity to meet individuals when motivation is high/higher
- Initiate longitudinal relationship
- Sustain relationship flexibly
- Provide critical frontline support and education
Provide critical frontline support and education

See one. Do one. Teach one.

Apprenticeship model.
Facilitated question and answer

Please submit your questions in the Q&A box.
Thank you again to today’s sponsors

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