PERFORMANCE METRICS BASED ON WAIVER SPECIAL TERMS AND CONDITIONS

For External Quality Review CMS Requirements
DRAFT for DHCS
DMC-ODS Waiver

ID	DOMAIN	DESCRIPTION IN STC/DMC Agreement	MEASURES	DATA SOURCE	RAMA'S NOTES
1	Access	156 d i. Enrollment information to include the number of DMC-ODS beneficiaries served in the DMC-ODS program	1. Number of DMC-ODS beneficiaries served (admissions) by DMC-ODS Plan with stratification for baseline and each year of the waiver.	Claims Data-unduplicated client count per year	Mandatory- demographic breakdown by ethnicity, age, sex, aid code groupings for EQRO Contract and CMS 42 CFR
2	Access	156 d iii. Number of days to first DMC-ODS service at appropriate level of care after referral 157 b i. Timeliness of first initial contact to face-to-face appointment	1. Number of days from initial call/contact to first face to face ASAM assessment or detox visit with ASAM completed following detox within 30 days; 2. Number of days from first face to face ASAM assessment to treatment admission (first treatment visit);	*County DMC Access Log (for calls/walk-ins) *Claims Data on assessment and treatment visits *ASAM Database on level of care disposition for treatment access	Mandatory- access statistics can be broken down based on ethnicity, age, sex, aid code, etc.
3	Access/ Cost effectiveness	EQRO Contract related to cost effectiveness overall and linked to levels of care	1.Total and average costs per beneficiary service with demographic breakdown and compare baseline to each year of waiver for each DMC-ODS compared to region, size, statewide 2. Total and average costs per beneficiary by level of care for each MediCal service provided by DMC-ODS	Claims data linked to MMEF	Mandatory for EQRO contract and related to cost effectiveness of services and expanded access to new and existing services
4	Access	156 d v. Access to DMC-ODS services with translation services in the prevalent non-English language(s) State/County Agreement: 17.K; 15.A 42 CFR 438.10 and 438.206 written information for care, pt rights	1. County shall adopt Federal CLAS standards and develop cultural competence plan with updates 2. Translation services shall be available for beneficiaries and services will culturally competent 3. Provide written information in threshold languages	QI Cultural Comp Plan data: 1. Number and percent of providers that provide services in languages other than English. 2. Number and percent of clients who prefer services in languages other than English. 3. Number of counselors who provide services in languages other than English. 4. Number and percent of clients who received services in languages other than English. MMEF preferred pt language Provider/Staff Survey on languages Availability of translation lines and video conferencing translators as needed	Mandated - EQRO reviews this information in the annual onsite visits and looks at utilization statistics as well as plan data.

ID	DOMAIN	DESCRIPTION IN STC/State County Contract	MEASURES (flexible)	DATA SOURCE	Comments
5	Access	State Contract 17.K; 15.A	Penetration rates by ethnic groups, age, preferred language report	Claims linked to MMEF eligibility data by ethnicity and preferred language as a percentage of total beneficiaries. For baseline and all years of waiver.	Mandated in EQRO contract and allows for monitoring of access levels and trends for different ethnic groups and aid group groupings such as disabled, child/family, ACA, Foster care
6	Quality	Coordination of care with Physical & Mental Health- State Contract 24.A.6, 2.5.A3, 2.5.A.4 and 2.5C, 24.A.1 STC- 157.b.vi, 152.b, 152, 159	Formal MOU with both MH and PH Plans addressing processes for collaboration and referrals; disputes; key navigation systems; exchange of information; systems to monitor coordination at the provider level including assignment of Primary Care to MediCal beneficiaries, and provider networks with availability information.	EQRO reviews MOUs and policies as well as minutes of meetings and data as available on referrals and shared clients, procedures for sharing information, etc. Focus groups with health plans, primary care and mental health to discuss care coordination, joint programs, and information exchange by EQRO UCLA pt experience of care survey if available or county alternative includes questions on coordination of care UCLA evaluation of measurement strategy to monitor and evaluate successful care transitions -STC 159	Mandatory measure per EQRO contract Mandatory UCLA activity
ID	**DOMAIN**	**DESCRIPTION IN STC/State County Contract**	**MEASURES (flexible)**	**DATA SOURCE**	**Comments**
7	Access	157 b ii. Timeliness of services of the first dose of NTP services.	Average number of days from triage/assessment to the first dose of NTP services for opioid diagnoses	DMC Claims data (if no assessment/triage in DMC claims just first dose visit – do not use as it may have occurred in FFS and will bias data)	Flexible measure critical for opioid disorders access and timeliness
8	Quality/ASAM Fidelity	State Contract – 25 A STC 128.e.ii	Assure “that the beneficiary is at the appropriate ASAM level of care” After establishing a diagnosis, the ASAM Criteria will be applied to determine placement into the level of assessed services (STC 128.e.11)	ASAM database via UCLA and DMC-ODS Plan; Percentage of Clients in ASAM recommended level of care.	Reports on reasons for placements into other levels of treatment are also documented.
9	Access & Quality	MAT enhanced access to care for positive outcomes. One of three Federal Priorities for Opioid Crisis	Improved outcomes linked to MAT access in NTP setting in DMC-ODS program. Number and Percentage of clients with opioid or alcohol diagnoses receiving any MAT services provided through the DMC-ODS in each year of the waiver	DMC-ODS only Claims CalOMS admission and discharge data	Best practice to offer these services to individuals with treatment opportunities to benefit from new MAT services as well as counseling & recovery supports. We are expanding known best practice for optimal SUD recovery outcomes)

10	Quality	STC 157 b vii. Assessment of the beneficiary's' experiences STC 156.d. ii. State Contract – 24.A.7, 22.1,18 B 4 a, 21.C	Client experience of care annual survey 1. Percent of youth clients whose families report satisfaction with the treatment services they received. 2. Percent of clients who report satisfaction with the treatment services they received. 3. QI Plan monitoring of grievances, appeals, requests to change providers, fair hearings, Including information providers of results of satisfaction activities (22.1).	1. Family Focus Group (EQRO) 2. Client Survey (Pending) 2. UCLA survey if available (County may have alternative) 3. EQRO reviews of QI activities, evaluation and data	Mandatory for EQRO to validate client satisfaction/experience of care surveys and evaluate how data is used to improve programs. If DMC-ODS does not use UCLA survey, must provide valid alternative for EQRO to review with data.
11	Quality	157 b viiii. Frequency of follow-up appointment by LOC. 24.A.1 Frequency of follow-up appointments in accordance with individualized treatment plans	Average Days until follow-up appointments per client by LOC within 7, 14 and 30 days. For year 1 of waiver EQRO will focus on residential level of care follow-up.	Claims data, CalOMS	Smooth transitions of levels of care is important in ASAM fidelity. Average days to next level of care particularly for detox and residential treatment would be initial measures to consider.
12	Quality/Initiation Engagement		Washington circle measure – successful initiation and engagement Average OP clients who meet initiation & engagement: measure per year by demographic breakdown One visit within 14 days of initial face to face visit Two additional treatment visits within subsequent 30 days. (Total of 4 or more visits within 45 calendar days of initial face to face visit)	Claims data for all OP programs for each year of waiver	Final rule requirements direct EQRO to focus extensively on access, engagement in care as well as network adequacy to make this access possible.
13	Quality	Effective engagement in residential treatment services (where that is the ASAM recommended LOC)	Average days for stabilization/engagement with reduced client discharges for non-completion of care. Monitor and coordinate data for each DMC-ODS and provider by EQRO and UCLA.	Claims data CalOMS admission and discharge data including admin closures ASAM database if available	Goal is to reduce days to stabilization and engagement in treatment.

14	Quality	High Cost/High Utilization Beneficiaries in DMC-ODS needing specialized care	Number and percent of high cost/high utilization beneficiaries out of total served by the DMC_ODS Plan by demographic groups compared to region, size and statewide for each year of the waiver.	Claims data linked to MMEF eligibility for each DMC-ODS	Core data for analysis of system failures for high cost/high need clients and to look for opportunities to improve care for this group with case management and unique treatment plans. Data also used to analysis risk factors for early identification and interventions.
15	Quality	Cost effective use of resources for treatment	% of beneficiaries in DMC-ODS Plan with 3 or more detox episodes in a year and no treatment services to move towards recovery. This measure is a negative indicator. It shows lost opportunities for successful engagement and a questionable use of expensive resources with no transfer to treatment.	Claims data with MMEF for demographic breakdown	Similar to MH Acute care measure for linkage to treatment after stabilization