Development of Successful Integrated QI Plans for MH & DMC-ODS

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Catherine Condon, Dawn Kaiser – Marin County Behavioral Health
Chantal Stendardo, San Joaquin County Behavioral Health
A Tale of Two Medicaid Waivers

1995: Medi-Cal Psychiatric Inpatient Hospital Service Consolidation Waiver

1997: Medi-Cal SMHS Consolidation

2000: Consolidated SMHS Waiver SPA

2015: DMC-ODS Demonstration Waiver

2020: Waiver renewal

Section 1915(b) Waiver: Specialty Mental Health Services

Section 1115 Demonstration Waiver: Drug Medi-Cal Organized Delivery System

2020: Waiver renewal
Drug Medi-Cal Organized Delivery System

- Focused on documentation: telling the story of implementation in each county and how their programs meet the state waiver requirements
- Still rolling out to new counties each year (see map)
- Evaluation occurring in partnership between BHC and UCLA
Quality Improvement & Assurance Plans

Core Requirements for all Plans – Two Elements (Compliance & Improvement)

* Documents the Counties approach to systematic implementation and monitoring of compliance with State & Federal Requirements linked to clinical care; examples (credentialing, fraud prevention, confidentiality, clinical documentation of treatment and rehabilitation services);

* Quality Improvement Activities including measurable activities to insure timely access to appropriate care, promote best practices in treatment, use of data to improve client outcomes and satisfaction, coordination of care with the health system to promote health and wellness overall, and include prevention activities to reduce or ameliorate illness and disabilities in behavioral health.
## MH/DMC Quality Improvement Plan Differences

<table>
<thead>
<tr>
<th></th>
<th>MH</th>
<th>DMC-ODS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Structure &amp; Operations of QI/QA Committee</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Medical Necessity &amp; Documentation Requirements</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Identify and evaluate local MH or SUD concerns/issues for the County &amp; set goals for improvement (strategic QI Plan)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Cultural Competence and Special Population needs (incl co-occurring disorders)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Network Adequacy (unique requirements for MH &amp; SUD)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Medication Monitoring for Psychiatric Meds</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>MAT Access and quality</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>ASAM Fidelity and Continuum Access/Transitions</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>EQRO Performance Measures (6 the same, others different)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Coordination of Care</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Annual goals and evaluation</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Documentation Sources for Plan Development

**DMC-ODS:**
- Special Terms & Conditions for Demonstration Waiver;
- DMC-ODS Information Notices;
- County Intergovernmental Contracts & Approved Implementation Plans;
- CIBHS, DHCS Quality Assurance Training Materials for DMC
- Caleqro.com web materials

Local and state data to evaluate SUD prevalence, access, timeliness, appropriateness of care (claims, CalOMS, ASAM, TPS, NSDUH)

**MHP:**
- Special Terms & Conditions for MHPs;
- MHP Information Notices;
- County Intergovernmental Contracts covering MHP responsibilities;
- Training materials from CIBHS and DHCS and CalQIC.
- Caleqro.com web materials

Local and state data to evaluate MH prevalence, access, timeliness, appropriateness of care (claims, CSI, POQI, CANS, ANSA, etc)
County Experience

- Two counties are here with us today - Marin and San Joaquin
- Both counties have been reviewed by CalEQRO for both their MH and DMC QI Plans
- The two counties represent a range of experience in their QI Plan work and the length of time they have operated their DMC-ODS plans
Outline of County Presentation

Overview of the county and BH systems including QI structure.
Development of the DMC-ODS QI Plans including the role of the existing MH QI plans
Overview of the elements that influenced or continue to guide the DMC QI plan
Lessons learned that may be particularly beneficial to the audience counties as they work on their DMC QI plans.
Now we will here from county leaders...

Catherine Condon and Dawn Kaiser of Marin County

&

Chantal Stendardo of San Joaquin County

Examples of their plans are part of your online resources
MARIN BEHAVIORAL HEALTH AND RECOVERY SERVICES QUALITY MANAGEMENT

CATHERINE CONDON MPH  DAWN KAISER LCSW, CPHQ
MARIN COUNTY
MAP AND MEDI-CAL
BENEFICIARY DISTRIBUTION

Medi-Cal Beneficiaries: January 2020
N=39,300

Provider Locations
BHRS

STRUCTURE

Marin County Mental Health Plan and Drug Medi-Cal Organized Delivery System

BHRS
Behavioral Health and Recovery Services

Mental Health Services
County Employees
Contractors

Substance Use Services
County Employees
Contractors
BHRS
QUALITY MANAGEMENT
STRUCTURE

QM

MH QA

MH QI

MH/SUS

UR

Data Analysts
EMR Administrator

SUS

AOD

Contracting
Oversight
Choose goals to support MHP performance on the CalEQRO Key Component domains of Access, Timeliness, Outcomes and Quality.

Add goals to support improvement required by audit findings, (DHCS Triennial Corrective Action Plans) as well as Health and Human Services and County priorities.

Align performance outcomes with federal/state requirements and national benchmarks (HEDIS).

QAPI Structure: (SMART) Goal, Objectives/Interventions, Performance Targets and Baseline Data.

QAPI Evaluation Structure: includes updated data and evaluation of progress towards targets.

PIPs: Outcomes from QAPI Plan can both track PIP progress and inform new PIPs.
# DMC-ODS
## DEVELOPING DMC-ODS WORK PLAN
### TIMELINESS

<table>
<thead>
<tr>
<th>Category</th>
<th>Goal</th>
<th>Planned Activities and Progress Achieved</th>
</tr>
</thead>
</table>
| Timeliness – Access to Services | In FY 2018-19, at least 95% of beneficiaries will be served within the Final Rule timely access standards. At a minimum, timely access measures will include number of days to first DMC-ODS service at an appropriate level of care following initial request or referral and timeliness of services of the first dose of NTP services. | 1. Update FY 2018-19 contract language to reflect timely access targets - Completed  
2. Review existing data collection systems to identify any needed revisions and update accordingly [e.g. Access Contact Log, WITS] - Completed  
3. Provide training to DMC-ODS Providers on updated Marin WITS fields regarding timely access - Completed  
4. Monitor and analyze timely access data at a minimum quarterly - Completed  
5. Present timely access data to stakeholders, including DMC-ODS Providers and the Quality Improvement Committee - Completed |

### Evaluation
**FY 2018/19 Performance Targets and Baseline Metrics**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Performance Target</th>
<th>Baseline (DMC-ODS Year 1 Outcome)</th>
<th>FY 2018-19</th>
</tr>
</thead>
</table>
| Days from Initial Request to First DMC-ODS Service | 95% within 10 business days | • Outpatient: 97.2% [Mean: 3.8 days]  
• Intensive Outpatient: 98.3% [Mean: 4.7 days]  
• Residential: 96.6% [Mean: 0.7 days]  
• Withdrawal Management: 99.4% [Mean: 1.0 days] | • Outpatient/IOS/PH: 91.1% [Mean: 4.8 days]  
• Residential: 95.4% [Mean: 4.0 days]  
• Residential Withdrawal Management: 100% [Mean: 1.0 days] |
| Days from Initial Request to First Dose of NTP | 95% within 3 business days | • OTP: 100% [Mean: 1 day] | 95.2% [Mean: 1.7 days] |
| Days/hours from Initial Request to Urgent Appointment | 95% within 48 hours | • Urgent Appointment: 96.9% * [Mean: 1 day] | Urgent Appointment: 94.6%* [Mean: 26.4 hours] |
| Percent of Timely Access Data Entered in WITS | 100% | • Data Entered in Marin WITS: 84.7% | 100% for August 10, 2018 – June 30, 2019 [Became a mandatory field in Marin WITS] |
## DMC-ODS
### DEVELOPING DMC-ODS WORK PLAN ALIGNMENT WITH COUNTY GOALS

<table>
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<th>Goal</th>
<th>Planned Activities and Progress Achieved</th>
</tr>
</thead>
</table>
| Quality – Emergency Department Follow-Up | By June 30, 2019, there will be a 15% increase in number of beneficiaries who are engaged in a substance use service within seven days following a non-fatal opioid overdose. | 1. Partner with HHS Epidemiology to develop procedures for routine sharing of EMS data - Completed  
2. At least quarterly, analyze EMS and WITS data to identify service linkages and re-admission rates - Completed  
3. Partner with Rx Safe Marin and other stakeholders to review data and identify strategies for improving service linkages between Emergency Departments and substance use services – Completed and Ongoing |

### Evaluation
#### FY 2018/19 Performance Targets and Baseline Metrics

<table>
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<tr>
<th>Measure</th>
<th>Performance Target</th>
<th>Baseline</th>
<th>FY 2018-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of beneficiaries with a substance use service contact within seven days following a non-fatal opioid overdose.</td>
<td>15%</td>
<td>6.1%</td>
<td>19.7%</td>
</tr>
</tbody>
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### Evaluation Notes for QI Work Plan Baseline and FY 2018-19 Evaluation Data
- Data Source: Baseline represents EMS and Marin WITS data for April 2017 – March 2018. For FY 2018-19, data sources are EMS data (July 1, 2018 – June 30, 2019) and Marin WITS data for July 1, 2018 – July 30, 2019. Revised from initial FY 2018/19 QI Work Plan as received updated baseline data.
• Use contracts, Implementation Plans, and review/audit tools to focus your efforts.

• Use SMART Goals or other strategies to ensure goals are measurable and achievable.

• Choose goals that have associated data or identify collection of baseline data as an initial goal.

• Remember to include interventions/activities that will drive the desired change.

• QAPI Work Plans are not just for Quality Improvement!
  • Use Plan to communicate priorities to leadership and stakeholders; to provide updates/report out at Provider meetings, QIC, etc.
  • Use as a communication tool ensures Plan is a living document.
It was a wonderful experience. Thank you!

The staff and resources were very supportive. I worked with me and was very helpful.

I've been, please write them here. Thank you for your time and cooperation.

Thanks for helping a lot.

Este es un excelente programa que me ha ayudado en mi. I Love it. So, Seguir en conseguir.

Comprensible y me pone actividades que me han ayudado con mi depresión.
San Joaquin County Behavioral Health Services

Chantal Stendardo, LCSW
San Joaquin County

Medi-Cal Beneficiaries: 266,524 (December 2019)

Population: 690,282 (2019 estimate)
San Joaquin County Substance Abuse Services

<table>
<thead>
<tr>
<th>County-Operated Programs</th>
<th>Contractor-Operated Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential</td>
<td>Narcotic Treatment Programs</td>
</tr>
<tr>
<td>Residential Perinatal</td>
<td></td>
</tr>
<tr>
<td>Outpatient</td>
<td></td>
</tr>
<tr>
<td>Intensive Outpatient</td>
<td></td>
</tr>
<tr>
<td>Adolescent Intensive Outpatient</td>
<td></td>
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[blueribbonproject.org]
San Joaquin County Work Plan Development

Quality Improvement Council

- Review CalEQRO Key Components
- Evaluate available data
- Identify departmental priorities
- Create action plan
Initiative 1: Improve Timely Access to SUD Services

<table>
<thead>
<tr>
<th>#</th>
<th>Goal</th>
<th>FY18/19 Actions</th>
<th>Target</th>
<th>FY18/19 Data Source</th>
<th>Responsible Party</th>
<th>Review Committee</th>
<th>Frequency of Review</th>
<th>FY19/20 Action Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.a</td>
<td>Timely access from first contact to face to face appointments</td>
<td>Begin framework of Timeliness Application</td>
<td>By 6/30/20 100% of beneficiaries will be offered an assessment appointment within 10 days of request for service.</td>
<td>n/a</td>
<td>Deputy Directors of SUD and QAPI</td>
<td>QAPI Council and PIP Committee</td>
<td>Quarterly</td>
<td>Finalize Timeliness Application. Provide staff training on data tracking. Create shared scheduling between County-operated programs to schedule assessment appointments. Continue provision of 24/7 walk-in assessments. Implement BQUIP for streamlining referral of phone contacts to appropriate level of care.</td>
</tr>
</tbody>
</table>

Layout of Work Plan allows for linear understanding of each objective using SMART goals, designated review intervals, and interventions for achieving desired results.
Quality Improvement Council reviews progress Toward Work Plan goals at designated intervals

Recommendations for modifications are considered

Removal of consistently-met objectives is discussed
San Joaquin County Challenges

- SUD providers unfamiliar with Work Plans
- IT systems not in place for SUD data collection
- Incorporating contractors
- Multiple regulatory agencies/divisions
San Joaquin County Lessons Learned

No need to “reinvent the wheel”

SMART goals help focus actions

Evaluation and revision of plan are imperative

Not meeting a goal does not equal failure