

# Preparing for a Quality Review with DMC-ODS: What is Different?

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# What Does CalEQRO Prepare for DMC-ODS Counties Well Before the Reviews?

- Setting the Review Schedule FY 17-18 and FY 18-19
  - Reviews for FY 18-19 include 14 counties, 7 of which are completed and 7 yet to do through June.
  - Reviews for FY 19-20 will begin in August 2019 and continue through June 2020; all Counties with 10 or more months of services are likely included in the FY19-20 schedule, comprising 28 counties. The schedule is being released and distributed at this 2019 CalQIC meeting. Let us know if you have questions or concerns.
- Performance Measures for year one and Baselines
  - BHC has posted brief descriptions of the 12 Performance Measures for Year One online at [www.calegro.com](http://www.calegro.com) and the 4 additional Performance Measures for Year Two. The county-specific results for these measures will be included in each review and brought to the site review by BHC. These are in the County Toolkit and are worth reviewing and considering for your county's QI-related data collection.
  - BHC will produce baseline data for each county and statewide for fiscal years 2013-14 through 2016-17 measuring service volumes and clients served with demographic breakdown; BHC will share these with each DMC-ODS during its Year One review.
- Training and Feedback
  - BHC is providing technical assistance to individual counties on how to prepare for their review, especially regarding many SUD PIP concepts and development activities, data requirements, etc. Share your ideas early for feedback.

# Chart with Overview of Timeline for Reviews

60 days to upload docs	1-4 days review	30 days post-review	next 30 days	next 10 days	next 30 days	Final
<b>90 Day Notice</b>	<b>Review</b>	<b>BHC Drafts Reports</b>	<b>DHCS Review of Draft</b>	<b>County Review of Draft</b>	<b>BHC Final Edits</b>	<b>Submission of Final Report to DHCS &amp; the County</b>
<ul style="list-style-type: none"> <li>* BHC sends notice at 90 days with required document link;</li> <li>* County uploads documents 30 days before review to BHC cloud;</li> <li>* BHC uploads PM documents to cloud</li> </ul>	<ul style="list-style-type: none"> <li>* Pre-review conference calls with QI Coordinator and BHC result in agenda with sessions focused on access, quality, timeliness, outcomes, data systems, PIPs</li> </ul>	<ul style="list-style-type: none"> <li>* BHC reviews notes and materials from all sessions and scores the Key Components, PIPS, and ISCA related issues.</li> <li>* BHC drafts report and sends to DHCS SUD</li> </ul>	<ul style="list-style-type: none"> <li>* DHCS SUD reviews drafts and submits questions or clarifications to BHC;</li> <li>* BHC considers questions and makes changes</li> </ul>	<ul style="list-style-type: none"> <li>* County DMC reviews draft and provides comments, clarifications, edits;</li> <li>* BHC considers questions and edits for changes</li> </ul>	<ul style="list-style-type: none"> <li>* BHC makes final edits to report based on feedback from DHCS and County and additional data submitted</li> </ul>	<ul style="list-style-type: none"> <li>* BHC issues final report and posts to web site, send copies to DHCS and County</li> </ul>

# What Can DMC-ODS Counties Prepare Well in Advance of the Onsite Review?

- Set up programs and data systems to track access, timeliness, quality, outcomes and ASAM assessment and recommended placements;
- Implement approved County DMC-ODS Plan and activities linked to Waiver Terms & Conditions;
- Complete Quality Improvement Plan & Goals related to DMC-ODS including how each goal will be evaluated;
- Complete Cultural Competence Plan and Goals which is a component of Quality Improvement, and specify the implementation actions taken for each goal;
- Develop 2 conceptual PIPs and share with BHC review staff for TA well before the review;
- Implement PIPs so they are in active status with at least one intervention started and data being collected when the review is scheduled.
- Complete UCLA Treatment Perception Survey at least annually and review UCLA analysis for potential areas of improvement;

# What DMC-ODS Counties Prepare a Few Months Before the Onsite Review

- BHC Issues **Notification Packet** to DMC-ODS Plans **90 days** ahead of the scheduled review start date which includes key documents (all are in toolkit) to be submitted for the review and information on accessing the BHC cloud.
- Identify **DMC-ODS County Lead for the Review**, who should obtain **access to the BHC cloud-based** file inventory to upload and download documents and work with BHC staff on **agenda development** for the review;
- **Required documents to complete and upload specific to DMC-ODS at least 30 days prior to the onsite review** include: (1) DMC Timeliness Self Assessment, (2) Access Call Center Critical Indicators, (3) Continuum of Care Form, (4) Information Systems Capability Assessment (ISCA), (5) Key Initiatives & Activities & Changes, (6) PIPs focused on DMC-ODS, and (7) response to recommendations from the past year (if appropriate);
- **Other recommended documents to upload** are Quality Improvement & Cultural Competence Plan, Org Chart, ASAM data summary on assessments, QI minutes, data from outcome or level of care tools in use, any client satisfaction data and related initiatives, expanded access activities, any analysis of network adequacy, and other documents the County feels are reflective of their quality efforts in Drug Medi-Cal;

# What to Prepare the Month Before the Review

- Review the **DMC-ODS Key Components template** carefully to help you prepare and organize materials. This document lists the key issues to be addressed in the EQR report, and if you **organize the information in the documents you upload with these categories in mind, it will be easy for the EQRO** to see you have a complete picture of the quality activities needed for a successful review;
- **BHC will upload Performance Measure data 30 days before the review** for the DMC-ODS county to review and study;
- **The DMC-ODS County Lead for the review** works with the lead DMC Quality Reviewer to **design the review agenda**, assigns staff to prepare materials and participate in the review sessions, and organizes the client and family member focus group session locations and invitees;
- **The DMC-ODS County Lead for the review** also completes the **locations** on the agenda and an **attendance list** on the designated form. Only one list is needed for the whole review. Lists for individual sessions are not required.
- CalEQRO will **compensate each client or family participant** with a \$25 gift certificate at the end of the focus group;
- The CalEQRO Team for all reviews will include at least one **Quality Reviewer**, one **Information Systems Reviewer**, and one **Client/Family Member Reviewer** with SUD lived experience.

# EQRO Toolkit for DMC-ODS Counties

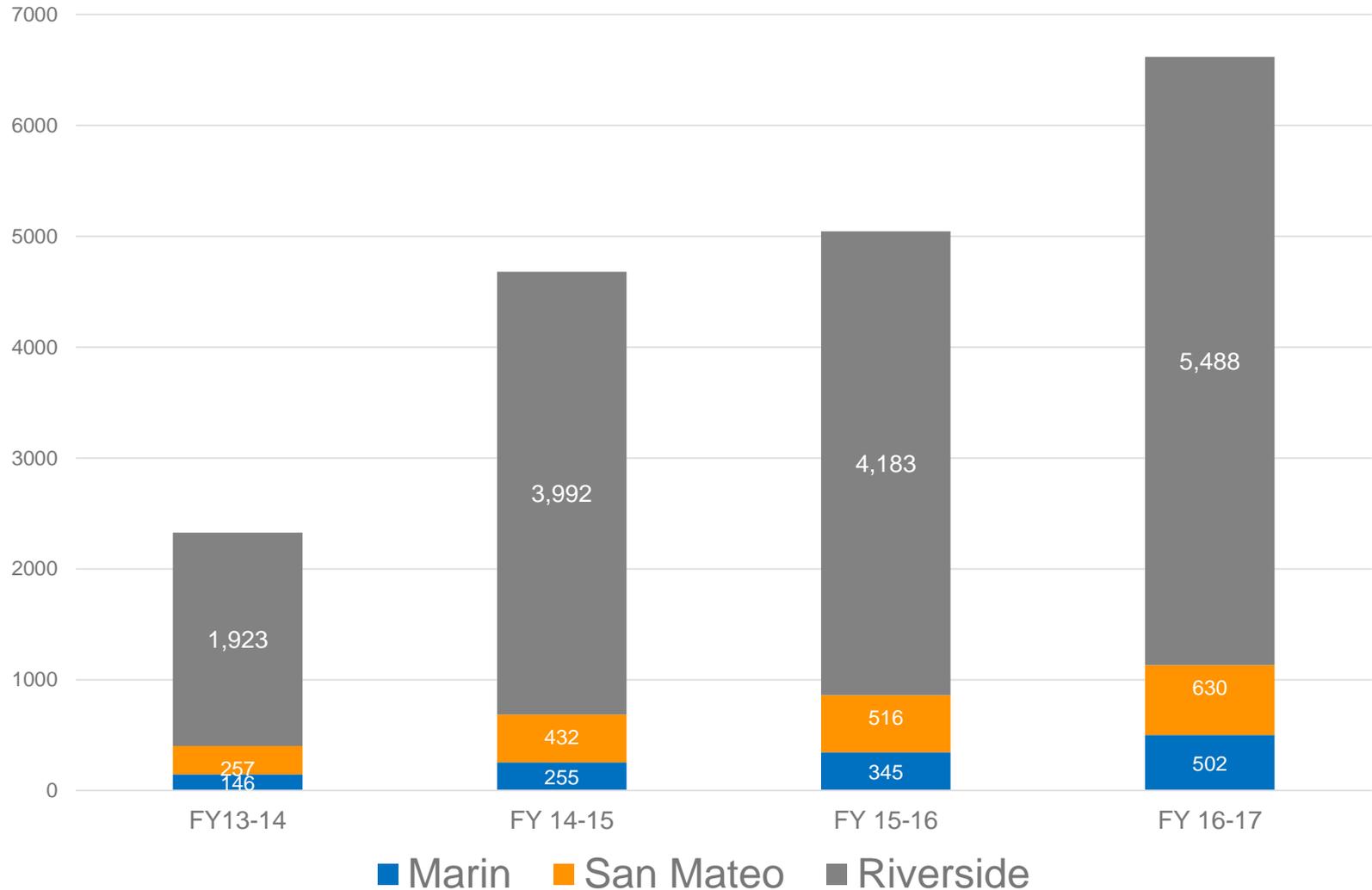
{ [www.calegro.com](http://www.calegro.com) > Drug Medi-Cal EQRO > Review Prep Materials > Review Prep Materials > Toolkit > EQRO Toolkit for Counties }



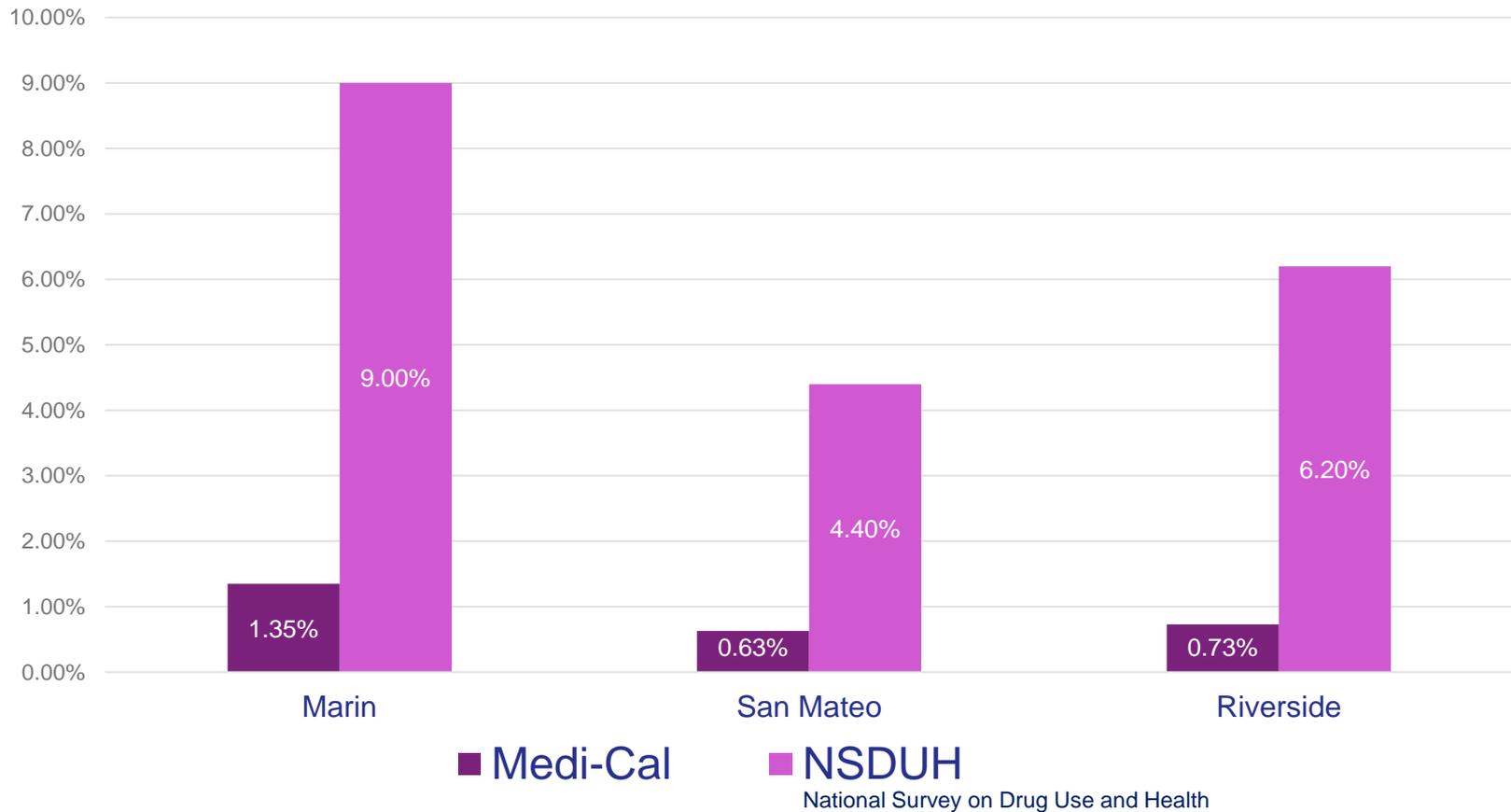
# The Onsite Review: Agenda of Activities

- Reviews begin with **key changes** in the environment (including changes in senior management and major changes to key programs), overview of **key initiatives**, and **response to recommendations** from the prior year (if applicable), and;
- **Other sessions** will include reviews of baseline data and DMC performance measure findings, information systems (including billing and clinical tools/functionality), Quality Improvement and Cultural Competence plans and activities, and Performance Improvement Projects.
- **Focus groups** will be scheduled to include clients, family members, clinical line staff, supervisors, program managers, employees with SUD lived experience, contract providers, other partner agencies, and relevant stakeholders.
- There will be **site visits** to the county's access call center and key clinical programs. If the county is larger and has many program locations, there may be some sessions at regional locations additional to ones at central office;
- There may be additional sessions related to MAT initiatives, collaboration with the Health Plan, or **special concerns** related to access, timeliness, or claims data, and all of these will be discussed with the QI lead person as the agenda is developed;
- There are no surprise sessions. Reviews last from 1-4 days depending on the size of the county.
- A **final session** is held with the DMC-ODS key staff to get additional information and/or clarification, as needed, on remaining questions, and to share initial observations and some preliminary findings.

# Baseline Data: Total Beneficiaries Served with DMC



# CY2017 Medi-Cal Penetration Rates for Each Reviewed County Calculated by the CalEQRO Method and by the Modified NSDUH Total Population Prevalence Rate Method



# Additional PMs for Year One DMC-ODS Implementations

- First six are similar to those used for Mental health (e.g. beneficiaries served, penetration rates, etc.)
- Second six are specific to DMC-ODS:
  - Timeliness of first methadone dosing
  - Extent of non-methadone MAT visits and clients
  - Transitions in care following residential treatment
  - Access Call Center Key Indicators
  - High-cost beneficiaries at 90% or higher of state average
  - Utilization patterns of residential withdrawal management and other SUD care

# First Dose of Methadone after requesting NTP/OTP Services

Age Groups	Marin		San Mateo		Riverside		Statewide	
	# Clients	Avg. Days						
<b>Total Count</b>	231	1.33	281	<1	1,359	3.26	13,867	<1
<b>Age Group 12-17</b>	0	n/a	0	n/a	0	n/a	1	<1
<b>Age Group 18-64</b>	187	1.6	236	<1	1,153	3.76	10,831	<1
<b>Age Group 65+</b>	44	<1	45	<1	206	<1	3,035	<1

# Extent of Non-Methadone MAT

County	# of Total DMC-ODS Clients	# of Clients with Any MAT Visit	% of any Visits	% of 3+ MAT Visits
Total	6,791	50	0.74%	0.57%
Marin	585	29	4.95%	3.42%
San Mateo	870	106*	12%	n/a
Riverside	5,336	21	0.39%	0.36%

\*San Mateo reported their fee-for-service MAT data.

# Post-Residential Treatment Transitions in Care

	Marin			San Mateo			Riverside		
	Total Clients	Transfer Admits	%	Total Clients	Transfer Admits	%	Total Clients	Transfer Admits	%
Within 7 days	91	9	10%	214	27	13%	1,320	103	8%
Within 14 days	91	14	15%	214	30	15%	1,320	135	11%
Within 30 days	91	20	22%	214	37	18%	1,320	166	13%
30 plus days	91	28	31%	214	48	22%	1,320	207	16%
Total Transfer Admits, Post Residential	91	28	31%	214	48	22%	1,320	207	16%

# Access Line Critical Indicators

	Marin	San Mateo	Riverside
Average Volume	508 calls per month	14 calls per month (only screening and referrals were counted)	3,466 calls per month
% Dropped Calls	5.3%	5.5%	7.45%
Time to answer calls	9.6 seconds	22 seconds	No data reported
Monthly authorizations for residential treatment	24.4	54.4	291
% of calls referred to a treatment program for care, including residential authorizations	20%	Only screening and referral calls were tracked, so the percent of total calls is unknown	12.27%
Non-English capacity	4.0 FTE Access Line staff are bilingual (English/Spanish) and the County has contracts with two language vendors.	Staff who speak Spanish, Mandarin, and Korean	Spanish capacity; TTY/711 for hard of hearing
Software Used	Avaya	Netsmart	Cisco

# High-Cost Beneficiaries at 90% or above Statewide DMC Costs

	Total Beneficiary Count	HCB Count	HCB % by Count	Average Approved Claims per HCB	HCB Total Claims	HCB % by Total Claims
Statewide	36,763	2,992	8%	\$16,543	49,497,265	36%
Marin	761	154	20%	\$11,398	\$1,755,322	40%
San Mateo	1,084	160	15%	\$10,552	\$2,281,673	44%
Riverside	5,461	670	12%	\$13,435	\$9,718,479	47%

# Withdrawal Management with No Other Treatment

	Marin		San Mateo*		Riverside		Statewide	
WM by Age Group	# WM Clients	% 3+ Episodes & no other services	# WM Clients	% 3+ Episodes & no other services	# WM Clients	% 3+ Episodes & no other services	# WM Clients	% 3+ Episodes & no other services
<b>Total</b>	41	0.0%	n/a	n/a	662	0.91%	970	0.62%
<b>12-17</b>	0	0.0%	n/a	n/a	0	0.0%	0	0.0%
<b>18-64</b>	39	0.0%	n/a	n/a	640	0.94%	933	0.64%
<b>65+</b>	2	0.0%	n/a	n/a	22	0.0%	0	0.0%

\*San Mateo does not have a DMC-certified Withdrawal Management site.

# Development Background for New Performance Measures

- The contract for CalEQRO requires four additional measures in year two of each county's DMC-ODS implementation.
- The counties participating in a clinical committee coordinated by EQRO came up with a large list when developing the first six flexible measures.
- After three clinical committee meetings and consultation with UCLA, four additional measures were developed and approved by DHCS for use in year two EQRO reviews.

# Additional PMs for Counties in their Second Year Delivering DMC-ODS Services

- Domain: Client Centered Care Based on Six ASAM Dimensions
  - Percentage of persons who received an ASAM criteria-based screening through a call center and: 1) whose indicated level of care (LOC) by ASAM criteria matched the LOC to which they were referred; 2) who were admitted into treatment at the LOC to which they were referred.
  - Percentage of persons who received a full ASAM criteria-based in-person assessment and whose indicated LOC by ASAM criteria matched the LOC to which they were referred.
  - Both of the above-mentioned measures are central to the Waiver principle of client/treatment matching by ASAM criteria.

# Additional PMs for Counties in their Second Year Delivering DMC-ODS Services (cont'd)

- Domain: Access to, Timeliness and Continuity of Care
  - Percentage of clients identified in a billable session as having a SUD condition who then attend a second treatment day or visit within 14 days thereafter; this measures the timeliness with which the system “**initiates**” new clients into treatment without losing them through the referral process.
  - Percentage of clients “initiated” into treatment for SUDs who then engage in at least two treatment program days or visits within the next 30 days; this measures how effectively the system “**engages**” new clients in treatment.

# Additional PMs for Counties in their Second Year Delivering DMC-ODS Services (cont'd)

## Domain: Continuity of Care and Retention in Treatment

- Clients' cumulative length of stay (LOS) in SUD treatment, linking all sequential levels of care in which a client received treatment until there was a break of more than 30 days without any billed treatment activity. Clients included are all those who had a 30-day break within the year being measured. The start date of their treatment sequence is counted as far back as January 1, 2017 or whenever more recently they began treatment, and the end date is their last treatment visit or day preceding the 30 day-period with no treatment activity. LOS is displayed with statistics for mean, median, mode, maximum and minimum days.
- Percentage of clients with an ended episode as defined above, who had at least a 90-day period of treatment activity without a break of more than 30 days, possibly including multiple levels of care. Also apply this percentage calculation to clients with at least a 120-day period; and to clients with at least a 270-day period. The cumulative length of stay across a sequential set of treatment levels of care tends to predict positive outcomes.

# Additional PMs for Counties in their Second Year Delivering DMC-ODS Services (cont'd)

## Domain: Client Outcomes

- The percent of clients who had an episode involving residential withdrawal management (WM2.0) and returned to that level of care for an additional episode within 30 days.

# EQRO/BHC Data Sources for PMs

- Data Sources Include:
- **Eligibility Data** from baseline years and each year of the Waiver (MMEF file)
- **Claims Data** from billing for baseline and each year of the Waiver
- **CalOMS Data** from baseline years and each year of Waiver
- **Provider File Data** from baseline years and each year of Waiver
- **ASAM LOC Referral Data** – for each year of the Waiver related to patient matching to optimal care based on assessment
- **Treatment Perception Survey Data** for each year of the Waiver related to client self report of treatment experience
- Program Information from: client and family member focus groups and satisfaction surveys, county-generated data reports, key stakeholder interview groups, Performance Improvement Projects, input from health plans and key partners-

# Post Review Activities

- EQRO will **compile all the information** provided, including any additional documents requested from the County, reviewer notes for all their sessions, reviewer rankings of the **Key Components**, and reviewer's summary assessment of the Strengths, Opportunities and Recommendations pertaining to the County;
- The Lead Reviewer, with the IS Reviewer and others in EQRO, will develop the DMC-ODS Key Component rankings, the PIP scorings, and the **draft report** within 30 days of the onsite review;
- EQRO will submit the **draft report** to the Substance Use Services Division of DHCS for review and comments back to EQRO within a subsequent 30 days;
- EQRO will review and make adjustments as needed based on DHCS comments and feedback;
- EQRO will then submit the **draft report** to the county DMC-ODS Plan for it to review and provide any corrections or other changes within 10 days using a specific, **structured feedback form**.
- Upon receiving the DMC-ODS feedback, EQRO will make any necessary changes\* and issue the **final report** to the State and to the County DMC-ODS Plan, and post it on the EQRO website.

**\*Note:** EQRO will make the final determination of its ratings and findings, and provide explanation if any change request is not accepted.

# PIP MASTER LIST of DMC-ODS Counties Reviewed by CalEQRO in CY2018

## **San Mateo**

Clinical: Increasing ASAM assessments and case management for persons in WM  
(active)

Non-Clinical: Increasing offender access to substance use disorder (SUD) treatment  
(active)

## **Marin**

Clinical: Road to Recovery for SMI with SUD (active)

Non-Clinical: Linkage to continuing treatment following WM (active)

## **Riverside**

Clinical: Improving continuity of care for adults post-discharge from residential  
treatment (active)

Non-Clinical: Increasing access and treatment services to SUD youth (active)

## **Santa Clara**

Clinical: Increasing client initiation into and engagement in treatment (active)

Non-clinical: Improving client progress in outpatient programs through feedback-  
informed treatment using the Treatment Perception Survey (conceptual at time of  
review)

# PIP MASTER LIST of DMC-ODS Counties Reviewed by CalEQRO in CY2018 (cont'd)

## **Contra Costa**

Clinical: Improving residential treatment outcomes for clients with co-occurring mental health and substance use disorders (active)

Non-Clinical: Improving the rate of prospective clients referred to SUD treatment who make their first session (active)

## **Los Angeles**

Clinical: Improving client access to and satisfaction with SUD treatment among clients with physical disabilities (active)

Non-clinical: Improving timely access to SUD treatment through SASH (active)

## **San Luis Obispo**

Clinical: Improving care transitions from residential treatment to outpatient services (conceptual)

Non-clinical: Improving engagement in in non-methadone MAT (conceptual)

## **San Francisco**

Clinical: Enhancing MAT access for SMI clients with alcohol use disorders (active)

Non-clinical: Expanding access to treatment with buprenorphine in NTP/OTP programs (active)

# Training & Technical Assistance Opportunities

- The annual CalQIC Meeting includes presentations from CalEQRO staff on preparation for the EQR and preparation of PIPs.
- EQRO staff is planning additional PIP and process-oriented webinars that will be announced to help staff prepare.
- BHC highly recommends and offers technical assistance on PIPs, especially at early stages of formulation and later regarding technical issues or challenges.
- BHC has a web site with useful information to help you prepare including use of forms, YouTube videos, and a PIP library of other county PIPs that are solid examples of work on access, timeliness, quality of care, and outcomes. [www.Calegro.com](http://www.Calegro.com)
- Other options of training are also available based on individual county needs; please email [rama.khalsa@bhcegro.com](mailto:rama.khalsa@bhcegro.com) or [tom.trabin@bhcegro.com](mailto:tom.trabin@bhcegro.com)

# QUESTIONS?

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