EQRO Toolkit for Counties Participating in the DMC-ODS Waiver

FY 2018-19, Version III
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About This County DMC-ODS EQRO Toolkit

The DMC-ODS County EQRO Toolkit is a compilation of most everything you need to know about preparing for and participating in the DMC-ODS External Quality Review. It includes the federal requirements for external quality review, the history of our organization, and our role, processes and procedures. It also includes the important forms and tools we developed for the reviews with each county to meet our commitment to quality improvement.

The EQRO’s overarching goal in developing the DMC-ODS County EQRO Toolkit is to identify and pull together supporting materials that reflect the best practices in external quality review. We want the Toolkit to serve as a resource guide for each county to use in planning and synthesizing information for the EQRO Review, communicating with us about the review process and findings, and implementing the recommendations.

The Toolkit is organized as follows:

- **Background References from Center for Medicaid & Medicare Services (CMS) and Behavioral Health Concepts**
- **Processes of the External Quality Reviews**
- **Documents for pre-review, during the review, and follow up.**

These documents will be enhanced and updated as new tools are developed. Please consider it a living document.
Background

EQRO Background and Activities

Federal regulations at 42 CFR Part 438, subpart E (External Quality Review) set forth the parameters that states must follow when conducting an external quality review (EQR) of its contracted managed care organizations (MCOs) and prepaid inpatient health plans (PIHPs). An EQR is the analysis and evaluation by an external quality review organization (EQRO) of aggregated information on quality, timeliness, and access to the health care services that an MCO or PIHP, or their contractors, furnish to Medicaid recipients. http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-External-Quality-Review.html

External Quality Review (EQR)

• Section 1932(c)(2)(A) of the Social Security Act
  ▪ annual external independent review
• Balanced Budget Act of 1997 (BBA)
  ▪ Requires states to develop a quality assessment and improvement strategy that is consistent with the federal HHS standards.
  ▪ Requires HHS to develop protocols for use in performance of independent, external reviews of the quality and timeliness of, and access to, care and services provided to Medicaid beneficiaries by Medicaid MCOs and prepaid inpatient health plans (PIHPs).
• Federal Regulations 42 CFR Part 438, Subpart E
  ▪ External Quality Review
• §438.358
  ▪ Activities related to external quality review
  ▪ EQR Protocols, September 2012

EQR Activities

• Four Mandated Activities
  ▪ Protocol 1: Annual Compliance Review – DHCS
  ▪ Protocol 2: Annual Validation of Performance Measures (PM) – CalEQRO
  ▪ Protocol 6: Annual Validation Performance Improvement Projects (PIP) - CalEQRO
  ▪ Appendix V: Information Systems Capabilities Assessment (ISCA) – Applicable to Protocols 1,2,3,4,6 – CalEQRO

• Five Optional Activities
  ▪ Protocol 4: Validation of encounter data reported by MCO/PIHP
  ▪ Protocol 5: Design and administration of a survey or validation of the results of a previously administered survey
  ▪ Protocol 6: Calculation of performance measures - CalEQRO
  ▪ Protocol 7: Implementation of PIPs required by the State in addition to those conducted by MCO/PIHP
  ▪ Protocol 8: Implementation of focused, one-time studies of the MCO’s clinical and/or non-clinical services as directed by the State – CalEQRO

EQR – CMS Definitions Applicable to the Protocols
QUALITY means the degree to which the MCO increases the likelihood of desired health outcomes of its enrollees through its structural and operational characteristics and through the provision of health services that are consistent with current professional knowledge in at least one of the six domains of quality as specified by the Institute of Medicine (IOM) – efficiency, effectiveness, equity, patient-centeredness, patient safety, and timeliness. This is the definition of quality in the context of Medicaid/CHIP MCOs, and was adapted from the IOM definition of quality.

VALIDATION means the review of information, data, and procedures to determine the extent to which they are accurate, reliable, free from bias, and in accord with standards for data collection and analysis.

MCO means all managed care organizations, including PIHPs under a Medicaid and/or CHIP program. California Mental Health Plans are PIHPs.

EQR – State Requirements
Validation and Analysis of:
• Performance Measures (PMs)
• DMC-ODS’s Performance Improvement Projects (PIPs)
• DMC-ODS’s Health Information Systems (HIS) Capabilities
• State and County Client Satisfaction Surveys
Additional Items:
• CLIENT OR FAMILY MEMBER (CIFM) members on review teams
• Focus groups with CLIENT OR FAMILY MEMBER (CIFM), DMC-ODS Staff, Providers and Other Stakeholders
• Special consultation to DHCS on quality and performance outcomes
• Final written annual report of each DMC-ODS
• Annual aggregate statewide report
• Statewide report on DMC-ODS PM results
• Annual report presentation
• Develop and maintain a public website with EQRO relevant information

DMC-ODS Drug MediCal Organized Delivery System Services (SMHS) Coordination Efforts:
• Seniors and Persons with Disabilities (SPDs) Project
• Medi-Cal Managed Care Plans (MCPs)
• Fee for Service Medi-Cal (FFS/MC)
• FQHCs and RHCs
• Cal MediConnect (Medi-Medi)
• Medi-Cal MCP Rural Health Initiative

Mandatory PMs:
• Total beneficiaries served by each DMC-ODS
• Total costs per beneficiary served by each DMC-ODS
• Penetration rates in each DMC-ODS
• Count of TBS beneficiaries served by each DMC-ODS compared to the four percent (4%) Emily Q. benchmark
• Total psychiatric inpatient hospital episodes, costs, and average length of stay
Additional PM domains (five in year 1, nine in years 2-5):

- Timely access
- Service delivery in a culturally competent manner
- Coordination of care in SMHS delivery
- EPSDT POS
- Appropriateness
- Cost-effectiveness
- Access
- Quality
- Outcomes
- External national research and guidelines

EQR – PIP Guidelines

- New PIP Development and Validation tools are on CalEQRO website – part of the review preparation materials
- The tools closely track each other in terms of the areas they cover
- Each DMC-ODS is required to have two active PIPs that were underway in previous 12 months
  - One clinical
  - One non-clinical

Clinical PIPs might target

- Prevention and care of acute and chronic conditions
- High-volume services
- High-risk conditions
  - Infrequent but high-risk conditions, services, or procedures
  - Populations with special health care needs

Non-Clinical PIPs might target

- Coordination of care
- Appeals, grievances process
- Access or authorization
- Member services

EQR – PIP Validation

- Activity 1 – Assess the study methodology
- Activity 2 – Verify PIP study findings (optional)
- Activity 3 – Evaluate overall validity and reliability of study results
Activity 1 - Assessment of Study Methodology

1. Review the selected study topics
2. Review the study question(s)
3. Review the selected study indicators
4. Review the identified study population
5. Review the sampling methods (if sampling is used)
6. Review the data collection procedures
7. Assess the MCO’s improvement strategies
8. Review the data analysis and interpretation of study results
9. Assess the likelihood that reported improvement is “real” improvement
10. Assess the sustainability of documented improvement

Activity 2 – Verify Study Findings (optional)

- The key focus in this activity is validating the processes through which data needed to produce quality measures were obtained, converted to information, and analyzed
- This is optional for States as this is a resource intensive activity

Activity 3 – Evaluate and Report Overall Validity and Reliability of PIP Results

- Following Activity 1 and Activity 2 (if performed), the EQRO will assess the validity and reliability of all findings to determine whether or not the State has confidence in the MCO’s reported PIP findings.
- As studies generally have some weaknesses, the EQRO will need to accept threats to the accuracy of the PIP, and determine PIP generalizability as a routine fact of QI activities.
- EQRO can report a level of confidence in its findings:
  - High confidence in reported PIP results
  - Confidence in reported PIP results
  - Low confidence in reported PIP results
  - Reported PIP results not credible
DMC-ODS KEY COMPONENTS

KC StaRT—FY18-19

California EQRO- DMC-ODS
Key Components Standards and Review Tool

DMC-ODS: Review Date(s):
Reviewer(s):

Site review team members mark the items met within each component on the following pages and make notes detailing technical assistance provided. Site review team members do not rate the overall component itself. The Lead Reviewer reviews all submissions for inter-rater reliability and adjudicates the item rating based upon all findings.

<table>
<thead>
<tr>
<th>Access to Care Standards</th>
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<tbody>
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<td>1A</td>
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<td>1B</td>
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<td>1C</td>
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<tr>
<th>Timeliness to Services Standards</th>
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<tr>
<td>2A</td>
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<td>2F</td>
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<td>Quality of Care Standards</td>
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<tr>
<td><strong>3A</strong> Quality Management and Performance Improvement are Organizational Priorities</td>
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<td><strong>3B</strong> Data is Used to Inform Management and Guide Decisions</td>
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<tr>
<td><strong>3C</strong> Evidence of Effective Communication from DMC-ODS Administration and SUD Stakeholder Input and Involvement on System Planning and Implementation</td>
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<td><strong>3D</strong> Evidence of an ASAM Continuum of Care</td>
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<tr>
<td><strong>3E</strong> MAT Services both outpatient and NTP exist to Enhance Wellness and Recovery:</td>
</tr>
<tr>
<td><strong>3F</strong> ASAM Training and fidelity to core principles is evident in programs within the Continuum of Care</td>
</tr>
<tr>
<td><strong>3G</strong> Measures Clinical and/or Functional Outcomes of Clients Served</td>
</tr>
<tr>
<td><strong>3H</strong> Utilizes Information from Client Perception of Care Surveys from UCLA to improve care</td>
</tr>
</tbody>
</table>
### 1A – Service Access and Availability/Capacity are Reflective of Cultural Competence Principles and Practices:
The DMC-ODS assesses, identifies, implements and evaluates the implementation of strategies to address the cultural, ethnic, racial, and linguistic needs of its Medi-Cal eligibles.

<table>
<thead>
<tr>
<th>Y</th>
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<th>Met Criteria:</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>A.1</strong> The DMC-ODS assesses the cultural, ethnic, racial, and linguistic needs of its eligibles.</td>
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<td></td>
<td><strong>A.2</strong> The DMC-ODS identifies strategies to address the cultural, ethnic, racial, and linguistic needs of its eligibles.</td>
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<td></td>
<td><strong>A.3</strong> The DMC-ODS implements strategies to address the cultural, ethnic, racial, and linguistic needs of its eligibles.</td>
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<td><strong>A.4</strong> The DMC-ODS evaluates the implementation and outcomes (when applicable) of its strategies to address the cultural, ethnic, racial, and linguistic needs of its eligibles.</td>
</tr>
</tbody>
</table>

**TOTAL Met of 4 Criteria**

#### Notes:

**Source Documents** – Cultural Competency Plan (CCP) draft or final version. Cultural Competency Committee meeting minutes that reflect CCP goals and progress. A sample of routine reports reviewed to determine progress to achieving CCP goals or identifying areas for improvement.

**On Site Review Observations/Sessions:** Interview sessions with key personnel responsible for the direction of achieving the CCP goals. Consumer/focus group results. Provider and staff interviews that demonstrate staff understand the goals of the CCP and are engaged in achieving these goals. **Penetration rate of ethnic groups.**

**Reference documents:** Standard Terms and Conditions of Waiver & State/County contract. NCQA MBHO Standards and Guidelines
**1B – Manages and Adapts its Capacity to Meet SUD Client Service Needs:**

The DMC-ODS assesses, identifies strategies, implements strategies and evaluates the implementation of strategies to provide the appropriate types and numbers of SUD staff and providers necessary to meet the clinical, cultural, and/or linguistic needs of its beneficiaries.

<table>
<thead>
<tr>
<th>Met Criteria:</th>
<th>Y</th>
<th>N</th>
<th>NR</th>
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<tbody>
<tr>
<td>A.1 Monitors system demand-caseload numbers and flow (admission, transition, discharge) at each level of care.</td>
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<tr>
<td>A.2 Uses service utilization data to assess the types and numbers of clinical providers and SUD organizations/beds necessary to meet the clinical, cultural, and/or linguistic needs of its beneficiaries.</td>
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<tr>
<td>A.3 Identifies strategies to address the types and numbers of clinical providers and SUD organizations/beds necessary to meet the clinical, cultural, and/or linguistic needs of its beneficiaries.</td>
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<tr>
<td>A.4 DMC-ODS evaluates the implementation of changes/strategies to capacity needs of beneficiaries necessary to meet the clinical, cultural, and/or linguistic needs of its beneficiaries.</td>
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<td><strong>TOTAL Met of 4 Criteria</strong></td>
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**Notes:** (Please include technical assistance provided to DMC-ODS here)

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**DMC-ODS Evidence of Performance:**

**Source Documents:** QI work plans and/or network management plans that address capacity issues such as tracking of no show rates, cancelled appointments, wait lists, timeliness to first assessment, and timeliness to first psychiatric appointment. Sample of analyzed demographic data, diagnostic data and penetration rates the DMC-ODS uses to determine capacity needs by geographic location, race, ethnicity, gender, and psychiatric functioning. Examples of how the DMC-ODS contracts with organizational providers to provide services to beneficiaries and improve access. Examples of how the County examines case load assignment, counselor and LPHA availability, including bi-lingual staff as necessary and accessibility of services such as evening office hours (not for crisis care) and availability of providing clinical services out of office. Examples of providing services for co-occurring disorders. Examples of monitoring and evaluating the number of prescribers to meet the needs of beneficiaries.

**On Site Review Observations/Sessions:** Focus group members indicate that services are available to them when needed, including after hours, wait times, clinician and program availability. Clinical staff indicates that either the County or contract providers provide services to meet client family member needs. Clinical staff indicates caseloads are examined to determine capacity issues. Evidence of clients waiting for services are identified and corrected.
1C – Integration and/or Collaboration with Community-Based Services to Improve SUD Treatment Access:
The DMC-ODS has adopted a model of integrated services with partner stakeholders and other public and private agencies to better service the clinical, cultural, and/or linguistic needs of its Medi-Cal beneficiaries and their family members.

<table>
<thead>
<tr>
<th>Met - Meets at least 5</th>
<th>Partially Met - Meets at least 3 but fewer than 5</th>
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<tbody>
<tr>
<td><strong>Y</strong></td>
<td><strong>N</strong></td>
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<tr>
<td>Met Criteria – The DM-ODS has developed strongly collaborative programs/relationship to enhance ACCESS &amp; Capacity:</td>
<td></td>
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<tr>
<td>A.1 Primary Care Providers/Clinics</td>
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<td>A.2 Hospitals and/or Emergency Rooms</td>
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<tr>
<td>A.3 Mental Health Programs</td>
<td></td>
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<tr>
<td>A.4 Child Welfare/Human Services</td>
<td></td>
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<tr>
<td>A.5 Educational Systems (K-12, vocational, community college, higher ed.)</td>
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<tr>
<td>A.6 Law Enforcement/Criminal Justice</td>
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<tr>
<td>A.7 Public Health/Health Department</td>
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<tr>
<td>A.8 Managed Care Organizations/Health Plans</td>
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<tr>
<td>A.9 Community-based Organizations</td>
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<td>A.10 Faith-based organizations</td>
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<tr>
<td>A.11 Housing Authority / County Affordable Housing and Other Options</td>
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<tr>
<td>TOTAL Met of 11 Section “B” Criteria</td>
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</table>

Notes: (Please include technical assistance provided to here)

**DMC-ODS Evidence of Performance:**

**Source Documents:** Planning and implementation reports, SUD initiatives, training and outcome reports, committee minutes.

**On Site Review Observations/Sessions:** Staff report and can give examples of how the DMC-ODS County integrates services with primary care, health plans, mental health, criminal justice, schools, etc.

**Reference document:** a strategic initiative of The California Endowment and Tides Center to accelerate the integration of behavioral health services and primary care throughout California, October, 2009.
2A – Tracks and Trends Access Data from Initial Contact to First Appointment:
The DMC-ODS utilizes a methodology to collect data related to initial contact to first in-person appointment, tracks and trends the data at least quarterly to determine length of wait times and establishes a performance improvement process to improve wait times.

<table>
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<tr>
<th>Y</th>
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<th>Met Criteria:</th>
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<td></td>
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<td></td>
<td>A.1 The DMC-ODS contract includes reasonable standard between initial contact and first face to face appointment for routine visits.</td>
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<td>A.2 The DMC-ODS evaluates access issues through routine data analyses.</td>
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<td></td>
<td>A.3 The DMC-ODS initiates performance improvement activities when trends are identified that indicate a process, system, and/or capacity issue resulting in below minimum performance expectations.</td>
</tr>
</tbody>
</table>

TOTAL “Met” of 3 Criteria

Notes: (Please include technical assistance provided to DMC-ODS here)

DMC-ODS Evidence of Performance:

Source Documents: Summary reports, QI minutes reflecting performance related to timeliness, samples of spreadsheets, logs or data collection processes, samples of trending analyses, and state contract requirements.

On Site Review Observations/Sessions: Staff is able to indicate the requirements regarding timeliness and report methods of successful interventions and/or improvement activities to improve wait times from initial contact to first appointment.

2B – Tracks and Trends Access Data from Initial Contact to First MAT Appointment: The DMC-ODS utilizes a methodology to collect data related to initial contact to first MAT appointment, tracks and trends the data at least quarterly to determine length of wait times and establishes a performance improvement process to improve wait times.

Met - Meets 3 of 3
Partially Met - Meets at least 2 but fewer than 3

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<tr>
<td>A.1</td>
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<td>The DMC-ODS contract has standard between initial contact and first MAT appointment after ASAM assessment.</td>
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<td>A.2</td>
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<td>The DMC-ODS evaluates performance through routine data analyses.</td>
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<td>A.3</td>
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<td></td>
<td>The DMC-ODS initiates performance improvement activities when trends are identified that indicate a process, system, and/or capacity issue resulting in below minimum performance expectations. (This item is credited if the DMC-ODS’s standard is consistently met.)</td>
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</table>

**TOTAL Met of 3 Criteria**

Notes: (Please include technical assistance provided to DMC-ODS here)

**Evidence of Performance:**

**Source Documents:** Summary reports, QI minutes reflecting performance related to timeliness, samples of spreadsheets, logs or data collection processes, samples of trending analyses, and data provided.

**On Site Review Observations/Sessions:** Staff is able to indicate the expectations regarding timeliness and report methods of successful interventions and/or improvement activities to improve wait times for initial contact to first appointment.

**Reference documents:** Same as above.
2C – Tracks and Trends Access Data for Timely Appointments for Urgent Conditions:
The DMC-ODS has a methodology to collect data related to timeliness for urgent conditions, tracks and trends the data at least quarterly to determine length of wait times, and establishes a performance improvement process to improve wait times, such as persons in active withdrawal, having medical complications, access after detox, etc.

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<tr>
<th>Y</th>
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<th>Met Criteria:</th>
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<tr>
<td></td>
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<td>A.1 The DMC-ODS has documented standard for response to requests for urgent conditions and trains staff on definitions of urgent conditions.</td>
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<td>A.2 The DMC-ODS evaluates performance through routine data analyses.</td>
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<td>A.3 The DMC-ODS initiates performance improvement activities when trends are identified that indicate a process, system, and/or capacity issue resulting in below minimum performance expectations. (This item is credited if the DMC-ODS’s reasonable standard is consistently met.)</td>
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</table>

TOTAL Met of 3 Criteria

Notes: (Please include technical assistance provided to DMC-ODS here)

DMC-ODS Evidence of Performance:
Source Documents: Summary reports, QI minutes reflecting performance related to timeliness, samples of spreadsheets, logs or data collection processes, samples of trending analyses, etc
On Site Review Observations/Sessions: Staff is able to indicate the expectations regarding timeliness and report methods of successful interventions and/or improvement activities to improve wait times for initial contact to first appointment.

Reference documents: Standard Terms and Conditions of DMC-ODS Waiver, State-County Contract, Information and Policy Notices from DHCS, Network Adequacy Standards, DMC-ODS Plan, Policies and procedures related to urgent conditions and quality improvement activities and PIPs
2D – Tracks and Trends Timely Access to Follow-Up Appointments after Residential Treatment:
The DMC-ODS has a methodology to collect data related to timeliness for follow up appointments within 7 days after a discharge from a residential facility. The DMC-ODS tracks the data at least quarterly to determine length of wait times and establishes a performance improvement process to improve wait times.

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<th>Section “A” Met Criteria:</th>
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<tbody>
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<td></td>
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<td>A.1 The DMC-ODS uses a process to track follow-up appointments for beneficiaries 7 days after discharge from a residential facility.</td>
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<td>A.2 The DMC-ODS sets a minimum performance standard for beneficiaries to receive a follow-up service within 7 days after residential treatment and withdrawal management...</td>
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<td>A.3 The DMC-ODS evaluates performance through data analyses.</td>
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<td>A.4 The DMC-ODS initiates performance improvement activities when trends are identified that indicate a process, system, and/or capacity issue resulting in below minimum performance expectations. (This item is credited if the 7 day standard is consistently met.)</td>
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TOTAL Met of 4 Section “A” Criteria

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<th>Y</th>
<th>N</th>
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<th>Section “B” Partially Met Criteria:</th>
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<td></td>
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<td>B.1 The DMC-ODS meets criteria but the majority of follow up appointments are 14 days or more post discharge.</td>
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<td>B.2 The DMC-ODS monitors 30-day (or less) re-admission rates to residential programs.</td>
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</table>

TOTAL Met of 2 Section “B” Criteria

Notes: (Please include technical assistance provided to DMC-ODS here)

Reference documents - ASAM criteria and importance of transitions in care; DMC-ODS Implementation Plan; DMC-ODS State and County Contract; Standard Terms and Conditions; DHCS Information notices for DMC-ODS Counties. Network Adequacy criteria approved by DMCS.
2E – Tracks and Trends Data on Re-Admissions to Residential Treatment & Withdrawal management:
The DMC-ODS routinely tracks and trends the data related to residential re-admissions and withdrawal management re-admissions, and tracks the data at least quarterly to determine ongoing needs related to prevention of re-admissions, and establishes a performance improvement processes (PIPs) to improve re-admission rates.

<table>
<thead>
<tr>
<th>Met Criteria:</th>
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<tbody>
<tr>
<td>A.1 The DMC-ODS uses a process to track re-admissions within 30 days of discharge from residential treatment and withdrawal management.</td>
</tr>
<tr>
<td>A.2 The DMC-ODS evaluates performance through data analyses.</td>
</tr>
<tr>
<td>A.3 The DMC-ODS initiates performance improvement activities when trends are identified that indicate a process, system, and/or capacity issue resulting in below minimum performance expectations.</td>
</tr>
</tbody>
</table>

**TOTAL Met of 3 Criteria**

Notes: (Please include technical assistance provided to DMC-ODS here)

**DMC-ODS County Evidence of Performance:**

Source Documents: Summary reports, QI minutes reflecting performance related to re-admissions, samples of spreadsheets, logs or data collection processes, samples of trending analyses, graphs of re-admission percentages post discharge.

On Site Review Observations/Sessions: Staff is able to indicate the expectations regarding re-admissions and report methods of successful interventions and/or improvement activities to reduce re-admission rates. Clients discuss obstacles to recovery resulting in re-admissions.

Reference documents: National Quality Forum, ASAM.org measures, AHRQ quality measures, SAMHSA quality metrics, Standard Terms and Conditions, County Implementation Plans, and on-site focus groups with clients.
2F – Tracks and Trends No Shows:
The DMC-ODS routinely tracks and trends the data related to No Shows and Cancellations - including client no show, client cancelled, and/or staff cancelled - tracks the data at least quarterly to determine ongoing needs related to access flow, capacity, and overall wait times, and establishes a performance improvement processes (PIPS) to improve wait times.

<table>
<thead>
<tr>
<th>Met Criteria:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.1 The DMC-ODS uses a process to examine the rate of No Shows/Cancellations to assess overall capacity, access and wait times.</td>
</tr>
<tr>
<td>A.2 The DMC-ODS evaluates performance through routine data analyses.</td>
</tr>
<tr>
<td>A.3 The DMC-ODS specifically tracks type of No Shows/Cancellations.</td>
</tr>
<tr>
<td>A.4 The DMC-ODS initiates performance improvement activities when trends are identified that indicate a process, system, and/or capacity issue resulting in below minimum performance expectations.</td>
</tr>
</tbody>
</table>

TOTAL Met of 4 Criteria

Notes: (Please include technical assistance provided to DMC-ODS here)

DMC-ODS Evidence of Performance:
Source Documents: Summary reports, QI minutes reflecting performance related to timeliness, samples of spreadsheets, logs or data collection processes, samples of trending analyses.
On Site Review Observations/Sessions: Staff is able to indicate the expectations regarding timeliness and report methods of successful interventions and/or improvement activities to improve wait times to first appointment...

Reference documents: "A Simulation Study of Interventions to Reduce Appointment Lead Time and Patient No Show Rate", Ronal E. Giachetti, 'Institute of Medicine 1996 defines timeliness as appointment delay. IOM identified appointment delay as a primary area needing improvement. Second area of needed improvement is the high incident of no-shows." Standard Terms and Conditions for DMC-ODS Waiver, Information Notices from DHCS related to access and beneficiary rights. State-County Agreement; DMC-ODS Implementation Plan; SAMHSA access to care metrics and articles.
### 3A – Quality Management and Performance Improvement are DMC-ODS Priorities

Quality Management (QM) is a philosophy that permeates an organization’s management. Quality Improvement (QI) is a systematic organization-wide approach for improving overall quality of care, access to care, timeliness of care, and outcomes. This is demonstrated through the QI function of the DMC-ODS. QI uses a collaborative approach to study and improve existing processes at all levels. QI analyzes causes of existing success, efficiencies, failure, dysfunction, deficiency or inefficiency and applies learned solutions to persistent or high priority issues by using scientific/problem solving methods to improve DMC-ODS performance and goals.

<table>
<thead>
<tr>
<th>Fully Met - Meets Section A and at least 5 of Section B</th>
<th>Partially Met - Meets Section A and at least 3 but fewer than 5 of Section B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y N NR</td>
<td>Section “A” - The DMC-ODS meets the following Criteria:</td>
</tr>
<tr>
<td></td>
<td>A.1 The DMC-ODS has a current QI Work Plan with measurable QI goals and objectives linked to quality improvement.</td>
</tr>
<tr>
<td></td>
<td>-- AND --</td>
</tr>
<tr>
<td>Y N NR</td>
<td>Section “B” Met / Partially Met Criteria:</td>
</tr>
<tr>
<td></td>
<td>B.1 The DMC-ODS has a designated Quality Management/Performance Improvement (QM/PI) organizational function and specific, adequate staff assigned to the quality improvement supports and activities.</td>
</tr>
<tr>
<td></td>
<td>B.2 The DMC-ODS has a functional Quality Improvement Committee (QIC) with membership including clients that allows the goals of the QI Work Plan to be accomplished.</td>
</tr>
<tr>
<td></td>
<td>B.3 Executive management is accountable for the QI function and there is a direct line of communication between QI staff and administrative leaders.</td>
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<td></td>
<td>B.4 The QM/PI function includes data extraction and analysis that pertains to access, timeliness, quality, and outcomes; performance is tracked using pre-defined quantifiable indicators and thresholds.</td>
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<td></td>
<td>B.5 The QM activities interface with other DMC-ODS divisions/units/departments to achieve quality related goals.</td>
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<td></td>
<td>B.6 The DMC-ODS QM unit produces an annual evaluation of the effectiveness of QI activities.</td>
</tr>
<tr>
<td></td>
<td>TOTAL Met of 6 Section “B” Criteria</td>
</tr>
</tbody>
</table>

Notes: (Please include technical assistance provided here)
**DMC-ODS Evidence of Performance:**

**Source Documents:** 1) QI Work plan with performance indicators, target dates, goals (measurable with baseline data and performance expectations), objectives, and responsible parties; 2) QI Work plan evaluation with measurable outcomes of previous goals and objectives; 3) Examples that document performance improvement activities related to quality, timeliness, access, and outcomes, such as meeting minutes, reports, QI and QI related organizational charts, or other departmental work plans related to QI activities. A current cultural competence plan is part of the core QI functions. Annual evaluation report on QI goals and activities.

**On Site Review Observations/Sessions:** Interview sessions with QI staff to review DMC-ODS commitment to QI, performance indicators and QI goals. Interview sessions will include discussion of how quality improvement activities such as root cause analysis, PDCA/PDSA applications, performance improvement projects, barrier analysis, and flow charts are applied to identify areas of success, deficiencies or outliers for prioritization of performance activities.

3B – Data is Used to Inform Management and Guide Decisions:
The DMC-ODS Quality Improvement function collects, analyzes, and uses reliable and valid data to identify good practices, explain patterns of care, identify issues in the provision of care, and determine areas for improvement. Examples of reliable and valid data may include: claims data, timeliness data, outcome data, productivity data, fiscal data, and clinical data. The DMC-ODS uses this data to improve service delivery and operations.

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>NR</th>
<th>Met Criteria:</th>
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<tbody>
<tr>
<td></td>
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<td></td>
<td>A.1  Measures and monitors data elements which reflect quality and outcomes.</td>
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<td>A.2  Measures and monitors programs providing best practices for fidelity.</td>
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<td>A.3  Establishes baselines and time bound goals, tracking measurable progress to goals in treatment plans and overall organizationally.</td>
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<td>A.4  Findings are tabulated and reported to management bodies for decision making related to needed improvements.</td>
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<td>A.5  Identified issues and problems lead to program/process changes.</td>
</tr>
</tbody>
</table>

Notes: (Please include technical assistance provided to DMC-ODS here)

DMC-ODS Evidence of Performance:
Source Documents: QI Work Plan, strategic initiatives, analysis of outcomes, samples of planning committees, examples of analyzed data and reports.
On Site Review Observations/Sessions: Interview sessions with QI, executive management, and IS staff indicate how data is collected, analyzed, and used to determine areas for improvement and/or best practices. Client and contract input also indicates pro-active approaches to system problems and client outcome challenges.

Evidence of Effective Communication from DMC-ODS Administration, and Stakeholder Input on System Planning and Implementation:

There is a consistent and formal process whereby stakeholders (line staff, contract providers, supervisors/managers, clients, family members, other community groups) receive regular communication about and provide input into system planning and the delivery of services. Activities and venues for input and involvement must take into consideration threshold languages for consumer and family members in order to be considered adequate. SUD strategic plans and updates are examples of processes where input is desired.

<table>
<thead>
<tr>
<th>Fully Met - Meets at least 4</th>
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<tbody>
<tr>
<td>Partially Met - Meets at least 2 but fewer than 4</td>
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</table>

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>NR</th>
<th>Met Criteria:</th>
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<tbody>
<tr>
<td></td>
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<td></td>
<td>The DMC-ODS demonstrates successful inclusion and participation in key committees, system planning, and initiative/policy development:</td>
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<tr>
<td></td>
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<td></td>
<td>A.1 DMC-ODS Line Staff</td>
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<td>A.2 DMC-ODS supervisors/mid-level managers</td>
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<td>A.3 Contract Providers</td>
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<td>A.4 Clients including TAY, Adults, Seniors</td>
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<td>A.5 Family Members and significant support persons</td>
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<td>A.6 Other Community Groups:</td>
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<td></td>
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<td>TOTAL Met of 6 Stakeholder Groups</td>
</tr>
</tbody>
</table>

Notes: (Please include technical assistance provided here)

DMC-ODS Evidence of Performance:

Source Documents: Examples of meetings, newsletters and communication, and/or other examples of information sharing. Website and email blasts, notices in papers, etc.

On Site Review Observations/Sessions: Interviews with DMC-ODS administration and staff/other stakeholders, evidencing bilateral communication flow, problem resolution, and information sharing. Examples include: monthly meetings with supervisors, quarterly all staff meetings with director and senior leadership, monthly manager meetings with the director and senior leadership, monthly division meetings, newsletters, meeting minutes, etc. Communication is face to face and written (email and paper). Communication is two-way, allowing for information to go bottom up as well as top down. The information is analyzed, and results are communicated back to staff in a timely way. Areas of staff dissatisfaction are meaningfully addressed by the organization.

Reference documents:

www.heacademy.ac.uk/hlst/documents/resource_guides/employee_empowerment_perception_and_involvement.pdf
**3D – Evidence of a Systematic ASAM SUD Continuum of Care:**
The DMC-ODS has a System of Care (SOC) with the required spectrum of services including prevention, treatments including withdrawal management, MAT, residential, case management and recovery. QI analyzes the effectiveness of services related to outcomes.

<table>
<thead>
<tr>
<th>Fully Met - Meets at least 4</th>
<th>Partially Met - Meets at least 2 but fewer than 4</th>
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<tbody>
<tr>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Met Criteria:</td>
<td></td>
</tr>
<tr>
<td>A.1 The DMC-ODS uses ASAM tools and principles to measure, monitor and guide SUD treatment.</td>
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<tr>
<td>A.2 Measures and monitors client initiation, engagement, retention in SUD continuum of care.</td>
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<tr>
<td>A.3 DMC-ODS does individualized treatment and matches clients to optimal level of care whenever possible.</td>
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<tr>
<td>A.4 The DMC-ODS has strategies in place to facilitate client transitions from most-intensive to least-intensive treatment settings depending on client needs.</td>
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<tr>
<td>A.5 The DMC-ODS evaluates the needs of clients linked to specific best practices and evidence based practices and make changes to enhance care for beneficiaries.</td>
<td></td>
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</tbody>
</table>

**TOTAL Met of 5 Criteria**

**Notes:** (Please include technical assistance provided here)

**DC-ODS Evidence of Performance:**

**Source Documents:** Admission and discharge data. Metrics reports on the average length of time consumers have been in the system, consumer outcomes data, and medication use and management (pharmacy data, reports on medication safety (incident reporting), effectiveness, and medication reconciliation). The DMC-ODs should complete the continuum of care document provided by EQRO.

**On Site Review Observations/Sessions:** Interviews with leadership, QI staff, SUD line staff, IS staff, clients/family members, contract providers and community stakeholders.
3E – MAT Services both outpatient and NTP exist to Enhance Wellness and Recovery:

Met: Meets 4 of 5 in Section A and at least 2 in Section B
Partially Met: Meets 2 of 5 in Section A and fewer than 2 in Section B

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>PM</th>
<th>Met Criteria:</th>
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<tbody>
<tr>
<td></td>
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<td></td>
<td>A.1 Clients have access to and support for using medications within each DMC-ODS level of care in which they receive SUD treatment services</td>
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<td>A.2 Buprenorphine and naltrexone are available at all NTP sites</td>
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<td></td>
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<td>A.3 As part of quality improvement program, a MAT committee reviews client data on prescriptions, encounters, and side effects to regularly evaluate access to MATs and appropriateness of how MATs are delivered.</td>
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<tr>
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<td>A.4 Clients have access to and support for using MATs within physical health care sites at primary and acute levels of care.</td>
</tr>
<tr>
<td></td>
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<td>A.5 Education is provided on MAT benefits during the assessment and treatment planning processes, which is documented in the client’s chart.</td>
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</tbody>
</table>

**Total Met of 5 Section “A” Criteria**

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>PM</th>
<th>Met Criteria:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>B.1 The DMC-ODS monitors overdose deaths and their causes in conjunction with the coroner.</td>
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<td>B.2 The DMC-ODS monitors prescribing information from local physicians related to opioid information and works with the local medical community to ensure education is available related to the dangers of prescribing opioids for chronic conditions. This may be done as part of a coalition.</td>
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<td></td>
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<td>B.3 The DMC-ODS uses prevention activities to encourage families to keep secure any controlled substances prescribed for use in the home.</td>
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<td>B.4 The DMC-ODS has recovery services to allow for support of persons recovering from SUD conditions and their families.</td>
</tr>
</tbody>
</table>

**Total Met of 4 Section “B” Criteria**

Notes: (Please include technical assistance provided here)
**DMC-ODS Evidence of Performance:**
On Site Review Observations/Sessions: Site visit of recovery programs, opioid coalition minutes or focus groups, review of CHIS and CHCF Opioid data dashboards on deaths and prescribing patterns.

**Reference documents:** Surgeon General’s Report, CHCF Opioid Documents and Dashboards, chcf.org
### 3F – ASAM Training and fidelity to core principles is evident in programs within the Continuum of Care:
The DMC-ODS’s/QM function is responsible for tracking and analyzing data related to system-wide client level outcomes. (This does NOT include client UCLA survey which is reflected elsewhere.)

#### Met: Meets 5 of 8 in Section A
#### Partially Met: Meets 3 of 8 in Section A

<table>
<thead>
<tr>
<th></th>
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<th>Met Criteria:</th>
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<tbody>
<tr>
<td>Y</td>
<td>N</td>
<td>PM</td>
<td>A.1</td>
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<td>A.8</td>
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</table>

#### Total Met of 8 Section “A” Criteria

**Notes:** (Please include technical assistance provided here)
**DMC-ODS Evidence of Performance:**

**Source Documents:**
1) QI Work plan with performance indicators, target dates, goals (measurable with baseline data and performance expectations), objectives, and responsible parties; 2) QI Work plan evaluation with measurable outcomes of previous goals and objectives; 3) QIC or other DMC-ODS meeting minutes. QI minutes reflecting the review of the consumer outcomes and improvement activities considered and/or implemented to improve outcomes in all or specific areas. 4) ISCA 7, 5) Performance Improvement Projects. Special reports.

**On Site Review Observations/Sessions:** Interviews with DMC-ODS QI staff indicate the county examines the results and implements improvement activities to improve, sustain, or replicate outcomes that enhance recovery.

### 3G – Measures Treatment and/or Functional Outcomes of Clients Served:
The DMC-ODS's /QM function is responsible for tracking and analyzing data related to system-wide client level outcomes. (This does NOT include client UCLA survey which is reflected elsewhere.)

#### Met - Meets at least 2

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>NR</th>
<th>Section “A” - The DMC-ODS meets at least 2 of the following 3 Criteria:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>A.1 Collects client level outcomes, geared toward system-wide outcome evaluation using a variety of tools as well as ASAM levels of Care and CalOMS.</td>
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<td>A.2 Compiles and presents reports at least quarterly on client outcomes.</td>
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<td>A.3 Uses outcome information to improve or adapt services as indicated.</td>
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</tbody>
</table>

**Total Met of 3 Section “A” Criteria**

If criteria for “Met” is not met, then score the criteria below:

#### Partially Met – Meets 1 of 1

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>NR</th>
<th>Section “B” - The DMC-ODS meets the following Criteria:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>B.1 The DMC-ODS collects and analyzes client level outcomes for specific program(s) or sub-population(s) such as TAY or co-occurring disorders.</td>
</tr>
</tbody>
</table>

**TOTAL Met of 1 Section “B” Criteria**

Notes: (Please include technical assistance provided here)

---

### DMC-ODS Evidence of Performance:

**Source Documents:** 1) QI Work plan with performance indicators, target dates, goals (measurable with baseline data and performance expectations), objectives, and responsible parties; 2) QI Work plan evaluation with measurable outcomes of previous goals and objectives; 3.) QIC or other DMC-ODS meeting minutes. QI minutes reflecting the review of the consumer outcomes and improvement activities considered and/or implemented to improve outcomes in all or specific areas. 4) ISCA 7, 5) Performance Improvement Projects. Special reports.

**On Site Review Observations/Sessions:** Interviews with DMC-ODS QI staff indicate the county examines the results and implements improvement activities to improve, sustain, or replicate outcomes that enhance recovery.

### 3H – Utilizes Information from Client Experience of Treatment (UCLA) Surveys:

The DMC-ODS conducts at least annual UCLA surveys and acts on findings on an annual or more frequent basis. There is a methodology to conduct the survey that includes the DMC-ODS current enrollment.

**Met - Meets 3 of 3**  
**Partially Met - Meets A.1 only**

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>NR</th>
<th>Section “A” - The DMC-ODS meets the following criteria:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>A.1 The DMC-ODS administers the UCLA survey to current DMC-ODS participants.</td>
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<tr>
<td></td>
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<td>A.2 The DMC-ODS compares most recent findings against prior data or improves the tool itself as part of continuous quality improvement.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>A.3 The DMC-ODS provides at least one example of using the findings to improve quality.</td>
</tr>
</tbody>
</table>

#### Alternate Criteria for Partially Met:

**Partially Met - Meets 2 of 2 in Section “B” or 3 of 3 in Section “C”**

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>NR</th>
<th>Section “B” Partially Met Criteria: Meets 2 of 2 Criteria:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>B.1 The DMC-ODS administers UCLA survey at least annually, though it is not a representative sample and limited in its ability to be broadly</td>
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<tr>
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<td></td>
<td>B.2 The DMC-ODS distributes findings to service providers.</td>
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</tbody>
</table>

**TOTAL Met of 2 Section “B” Criteria**

-- OR --

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>NR</th>
<th>Section “C” – Met Criteria: Meets 3 of 3 Criteria:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>C.1 The DMC-ODS conducts UCLA survey at least annually</td>
</tr>
<tr>
<td></td>
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<td>C.2 The DMC-ODS distributes findings and investigates further.</td>
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<td>C.3 The DMC-ODS has plan for improvement based on findings.</td>
</tr>
</tbody>
</table>

**TOTAL Met of 3 Section “C” Criteria**

**Notes:** (Please include technical assistance provided here)
**DMC-ODS Evidence of Performance:**

**Source Documents:** Summary of UCLA Survey results and findings, QI minutes reflecting the administration of survey and review of the findings and improvement activities considered and/or implemented to improve satisfaction scores in all or specific areas. Summary documents or QI minutes that reflect review of consumer/family member grievances, appeals, fair hearings, focus groups, requests to change providers and actionable items that indicate the DMC-ODS has implemented improvements to improve overall consumer satisfaction.

**On Site Review Observations/Sessions:** Interviews with QI staff and clients indicate the organization examines the results of satisfaction surveys and implements improvement activities to improve satisfaction and experience of care.

**Reference documents:** Information Notice of DMCS on UCLA Treatment Perception Survey;
## EQRO Processes

### OVERVIEW OF REVIEW PROCESS

<table>
<thead>
<tr>
<th>60 days to upload docs</th>
<th>1-5 days</th>
<th>30 days</th>
<th>30 days</th>
<th>7 days</th>
<th>30 days</th>
<th>Final</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>90 Day Notice</strong></td>
<td><strong>Review</strong></td>
<td><strong>BHC Drafts Reports</strong></td>
<td><strong>DHCS Review of Draft</strong></td>
<td><strong>County Review of Draft</strong></td>
<td><strong>BHC Final Edits</strong></td>
<td><strong>Submission of Final Report to DHCS &amp; the County</strong></td>
</tr>
</tbody>
</table>

- BHC sends notice at 90 days with required document link;
- County uploads documents 30 days before review to BHC cloud;
- BHC uploads PM documents to cloud;
- Pre-review conference calls with QI Coordinator and BHC result in agenda with sessions focused on access, quality, timeliness, outcomes, data systems, PIPs;
- BHC reviews notes and materials from all sessions and scores the Key Components, PIPS, and ISCA related issues.
- BHC drafts report and sends to DHCS SUD;
- DHCS SUD reviews drafts and submits questions or clarifications to BHC;
- County DMC reviews draft and provides comments, clarifications, edits;
- BHC considers questions and edits for changes;
- BHC considers questions and makes changes;
- BHC makes final edits to report based on feedback from DHCS and County and additional data submitted;
- BHC issues final report and posts to website, send copies to DHCS and County.
NOTIFICATION LETTER TEMPLATE- YEAR 1

(Date)

{Director First Name} {Director Last Name}
{Director Title}
{Agency Name}
{Address}
{City}, {State} {Zip Code}

Dear {Mr./Ms./Dr./Director} {Director Last Name}:

The purpose of this letter is to notify you of the upcoming FY18-19 external quality review site meeting with the <DMC-ODS> County Drug Medi-Cal Organized Delivery System (DMC-ODS) on <date(s)>. The review will be carried out by Behavioral Health Concepts, Inc. (BHC), the External Quality Review Organization for Drug Medi-Cal Organized Delivery System Services for California (CalEQRO).

The designated review team will include the following BHC team members:

- <Staff>, Quality Reviewer
- <Staff>, Information Systems Reviewer
- <Staff>, Client/Family Member Consultant

Please note: The directions for accessing important EQRO documents has changed. Please read all instructions included in this correspondence.

As in previous years, the FY18-19 CalEQRO review will emphasize the DMC-ODS’s systems, procedures, activities, and data that are designed to improve access, timeliness, quality, and outcomes of services. CalEQRO will review the elements outlined in the Key Components Review Standards FY18-19. All documents referred to in this packet can be found on our website: www.caleqro.com. Once on the website click on the Drug Medi-Cal EQRO button, under the Review Materials section click on the DMC-ODS Notification Materials folder.
The review will emphasize the following priority issues:

- Access Call Center volumes, operations, linkage to care, and timeliness of linkage to appropriate care based on the ASAM assessment principles and dimensions;
- Establish quantifiable metrics for evaluating the impact of engagement and cultural competency activities on penetration rates, with a focus on improving those for the youth populations needing SUD treatment.
- Evaluate both server and network adequacy with the goal of improving the reliability and response time of data systems and other key systems used at service delivery sites for DMC-ODS billing and service coordination.
- Medication Assisted Treatment and ASAM fidelity related to continuum of care and transitions in care;
- Evaluation of results of the treatment perception survey and areas you have identified for potential improvement;
- Support and collaboration with Primary Care, Mental Health and the Health Plan.

The criteria for the client/family member focus groups are described later in this document on a separate page labeled “Client and Family Member Focus Group Guidelines.” Please note the preference to include Medi-Cal beneficiaries that have started services within the past year for these focus groups.

The participation of the following groups will be required at different points during the review process; specific details will be developed during the planning phase and will be identified on the Site Review Agenda:

- Executive Leadership, including the DMC-ODS Director
- Information Systems and Electronic Health Record
- Finance, Billing, and Operations
- Quality Improvement, Data Analysis, and Research
- Individuals involved in DMC-ODS Performance Improvement Projects
- Key line staff and supervisors within direct substance use treatment services (county operated and/or organizational contract)
- MAT providers
- Other key organizations or other stakeholders involved in collaboration with the DMC-ODS, particularly regarding integrated behavioral health and healthcare

The CalEQRO Quality Reviewer will begin the agenda development process shortly. In collaboration with the DMC-ODS, the Quality Reviewer will develop a detailed agenda with the designated DMC-ODS contact so that involved participants can appropriately plan their time.

Please have the staff person who will be coordinating this review contact the Quality Reviewer directly <phone number> or <name@bhceqro.com> by <60 days prior review start date> so that we may begin discussing and planning the review. At that time, the Quality Reviewer will also facilitate access to the latest available DMC-ODS approved claims summaries. Once those who will be facilitating the submission of these documents from the DMC-ODS have been identified and the names shared with the Quality Reviewer, please have them follow the upload instructions.

Please retrieve the following documents from our website at www.caleqro.com for completion and submission at least 30 days prior to the review start date:

- Review Preparation Materials can be found here:
  - Pre-Review Documentation List (within this letter)
• Documents for DMC-ODS to complete and submit can be found [here]:
  o DMC ISCA FY18-19
  o DMC-ODS Timeliness Self-Assessment FY18-19
  o DMC-ODS Significant Changes and Initiatives FY18-19
  o Continuum of Care
  o Access Call Center Key Indicators
  o Review Attendance log
  o UCLA TPS DATA

We look forward to working with you on planning and completing this review.

Sincerely,

Lead Reviewer, Credentials

CalEQRO DMC-ODS Quality Reviewer

cc:  Rama Khalsa, PhD – Director, BHC Drug Medi-Cal EQRO
     Saumitra SenGupta, PhD - Executive Director, BHC CalEQRO
     Gale Berkowitz, DrPH – Deputy Director, BHC CalEQRO
     Tom Trabin, PhD - Deputy Director, BHC Drug Medi-Cal EQRO
     Bill Ullom - Information Systems Reviewer, BHC CalEQRO
     Ilana Rub - DHCS
     <Name> - Information Systems Reviewer, BHC CalEQRO
     <Name> - DMC-ODS <Quality Improvement Coordinator – use exact title>
     <Name> - DMC-ODS <other requested contact person>
     Kimberlee Cathey – Office Assistant, BHC CalEQRO
Pre-Review Documentation List

Site review discussions are based upon pre-site review of the following DMC-ODS documentation. Please submit the following items to your Quality Reviewer by Approximately 30 days prior to review. Please consult with your Quality Reviewer if you have additional questions.

- Knowingly uploading documents or files containing Protected Health Information to BHC CalEQRO BOX system is strictly prohibited. PHI data must be “de-identified” prior to submission, and de-identified data should only be submitted if relevant to the Quality Review. An analysis of summary data is preferred in all cases.
- Please do not combine all submissions into one large PDF. Instead please organize files according to the corresponding Item No.
- As all documents are submitted electronically, please do not create binders or hard copies for the on-site team. If there are additional materials that the DMC-ODS finds relevant to the review, please submit them electronically prior to the review along with the requested documents.

<table>
<thead>
<tr>
<th>Documentation Required for the Cal-EQRO Review</th>
<th>Date to BHC</th>
</tr>
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<tbody>
<tr>
<td><strong>ACCESS</strong></td>
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<tr>
<td>Current Cultural Competence Plan – including strategies, summary reports and meeting minutes associated with implementation of related activities over the past year</td>
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<tr>
<td>Access Call Center Critical Indicators</td>
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<td>Detailed DMC-ODS Organizational charts</td>
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<td><strong>TIMELINESS</strong></td>
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<tr>
<td>Timeliness of access to services – including any activities which demonstrate efforts to address barriers to timely access or to improve capacity</td>
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<tr>
<td>Timeliness Self-Assessment</td>
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<tr>
<td><strong>QUALITY AND OUTCOMES</strong></td>
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<tr>
<td>Current QI Work Plan – including strategies, summary reports and meeting minutes associated with implementation of related activities over the past year</td>
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<td>QIC meeting minutes since the inception of the DMC ODS</td>
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<td>Clinical PIP which emphasizes work begun during the past year</td>
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<tr>
<td>Non-Clinical PIP which emphasizes work begun during the past year</td>
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<td></td>
<td>ADDITIONAL DOCUMENTS</td>
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<td>------------------------------------------</td>
</tr>
<tr>
<td>1</td>
<td>List of current DMC-ODS initiatives for focus in the upcoming implementation year</td>
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<tr>
<td>2</td>
<td>Include a copy of the DMC-ODS’s approved Implementation Plan if available</td>
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<tr>
<td>3</td>
<td>Information system capacity assessment</td>
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</tbody>
</table>
Client/Family Member Focus Group Parameters

Please review this thoroughly

The Client/Family Member Focus Group is an important component of the Drug Medi-CalEQRO Site Review process. Obtaining feedback from those who are receiving services provides significant information regarding quality, access, timeliness, and outcomes.

The review will include <one/two/three> 90-minute client/family member focus group(s) with 8 to 10 participants.

Please organize the focus group according to the following criteria and consult with the Quality Reviewer regarding any questions.

- A culturally diverse group of <adult beneficiaries> <parents/caregivers of child/youth beneficiaries> including a mix of existing and new clients who have initiated/utilized services within the past 12 months. (Can be located at program site)
- <CLIENT OR FAMILY MEMBER (CIFM) FG #2>
- <CLIENT OR FAMILY MEMBER (CIFM) FG #3>

Logistical Guidelines

1. Plan for the attendance of 8 to 10 participants in each focus group (8-10 is the ideal range). Many DMC-ODSs schedule 14-16 people to assure attendance of 8-10. Drug Medi-CalEQRO will provide gift cards for each focus group participant, but please do not mention them to the participants, and the DMC-ODS should be prepared to turn participants away should more than 15 people show up as it impacts our ability to collect data and makes the groups difficult to facilitate. We are firm about this, thank you for being understanding.

2. Please do not invite participants who are best included in other sessions, such as:
   - Client/family member employees or advocates or any participants who represent the DMC-ODS in an official capacity
   - Staff members, Drug & Alcohol Advisory Board members or other stakeholders who want to observe or participate

3. Schedule the group at a time and location that is convenient for clients and family members, though please avoid the morning of the first review day. Please coordinate that with the Quality Reviewer regarding any questions.

4. Please inform potential participants of the purpose of the 90-minute focus group – specifically that BHC is an external review organization and not affiliated with the county or DHCS. The group is intended to solicit comments about their experiences with the mental health system and is not group therapy or a support group.
5. Advise the Quality Reviewer if participants with limited English proficiency are expected so that interpretation needs can be discussed.

# Uploading DMC-ODS Documents into Box

## Document Overview:

This document will give county staff (only those specifically identified) step-by-step instructions on how to upload your DMC-ODS documents into Box, CalEQRO’s HIPAA compliant cloud file-sharing platform.

## Step 1 – Accept Box Invitation

The CalEQRO review team will send you an email invitation to collaborate within your designated county folder, labeled: “DMC-ODS Submitted Documents (Upload documents within this folder)”. Please click on the box that says **Accept Invite**.

[Image of email invitation from Kimberlee Cathey]
Step 2 – Create Box Account

After clicking on the “Accept Invite” button your web browser will launch and automatically navigate to Box.com. You will be asked to enter your full name and to create a password. Once the required information is entered, please click Continue.

If you already have a Box account used during a previous years submissions please click “Log in here”

Step 3 – Click into “DMC-ODS Shared Folder (FY2018-2019)” – You will see two sub-folders:

- CalEQRO Shared Data
- DMC-ODS Submitted Documents (FY2018-2019)

In the first sub-folder, you will find your DMC-ODS’s approved claims summaries and other helpful data. You will use the second sub-folder to upload the DMC-ODS documents.
Step 4 – Click into “DMC-ODS Submitted Documents (FY2018-2019)” Folder

After creating your new Box account, you will be automatically re-directed to your Box home screen. Please click within the sub-folder labeled “DMC-ODS Submitted Documents (Upload documents within this sub-folder)”. 

Step 5 – Upload Your Documents

Once you have navigated to within the DMC-ODS Submitted Documents sub-folder, you may start uploading your files and folders by dragging and dropping, or by using the upload button.
# DMC Lead Reviewer Responsibilities & Checklist

**FY 18-19**

<table>
<thead>
<tr>
<th>DMC-ODS:</th>
</tr>
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<tbody>
<tr>
<td>Team:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1. <strong>Send Notification Letter:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Familiarize yourself with the DMC-ODS by reviewing its Implementation Plan, asking for feedback from the most recent EQRO Reviewer for the MHP, reading the MH final report, and asking others who may be familiar with the design of the county’s DMC-ODS.</td>
</tr>
<tr>
<td>b. Complete and send the Notification Letter packet that will be sent to you by Kimberlee. Including customizing the priority of the review to be applicable to the county, specifying the CFM groups that is requested, and attaching the Prior Year Recommendations if applicable.</td>
</tr>
<tr>
<td>c. Complete and send a draft review agenda that encompasses sessions addressing standard and required issues, and also includes some sessions highlighting issues pertinent to that county’s DMC-ODS, MAT &amp; ASAM.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. <strong>Call to DISCUSS with DMC-ODS:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. The contents of the Notification Letter, particularly the steps the County must take to prepare for the onsite Review.</td>
</tr>
<tr>
<td>b. Obtain the name(s) of those DMC-ODS primary contacts who will be uploading and downloading their county-specific materials to Box.</td>
</tr>
<tr>
<td>c. DMC-ODS’ Response to Prior Year’s EQRO Recommendations (not applicable for first year EQRO reviews)</td>
</tr>
</tbody>
</table>

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<tr>
<th>3. <strong>BOX and Website:</strong></th>
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<tbody>
<tr>
<td>a. Get email addresses for the DMC-ODS staff who should have access</td>
</tr>
<tr>
<td>b. Send instructions to the DMC-ODS staff and separately to the EQRO Review Team for accessing and uploading documents in Box</td>
</tr>
<tr>
<td>c. Review BHC’s rules for uploading documents and respecting PHI</td>
</tr>
<tr>
<td>d. Make sure the designated CFM consultant(s) for the review has access to the DMC-ODS folder</td>
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<tr>
<td>e. Ensure that all persons needing access to documents on the CalEQRO website are able to find and access them</td>
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</table>

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<tr>
<th>4. <strong>DATA:</strong></th>
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</thead>
<tbody>
<tr>
<td>a. Explain how to access CY18 Approved Claims Summaries (DMC-ODS to make copies)</td>
</tr>
<tr>
<td>b. Charts and Figures for Performance Measures (EQRO to make/bring copies)</td>
</tr>
</tbody>
</table>
AGENDA PLANNING:

a. **CFM Focus Groups**
   - Discuss the need for including new beneficiaries in the past 12 months, and sufficient numbers of participants
   - Consider threshold languages in the county and whether there needs to be a session for primary speakers of one of those languages. If so, discuss the need for an independent interpreter. Review any other EQRO data indicating disparities and whether they warrant a special CFM session.

b. Ask if they have a **Recovery Support Service Center** and consider scheduling a site visit during the Review.

c. Ask about location(s) for sessions/site visits, including travel time to/from sites/sessions. Does the DMC-ODS have different service areas/regions from MH? Or in general to do focus groups and site visits. If so, explore possibilities of a site visit to one of these.

d. **Status of EHR roll-out or issues** (will a session be needed to assess this)

e. How is the **DMC-ODS integrated or otherwise connected** to the MHP and other mental health services, to the Health Services Agency or related agency, and to the Health Plan(s) and primary care/specialty health care/acute health care?

f. **DMC-ODS Significant Changes/Initiatives during the past year** that should be considered in designing the agenda

g. To what extent does the DMC-ODS contract out its substance use treatment program services? Will it be important to arrange sessions that include input from them?

h. Session attendees - who/what to expect in various sessions, i.e., who should attend opening session; Access Center site visit; use of data session; line staff (no supervisors of the participants, etc.)

i. Time permitting, explore possibilities of sessions on other DMC-ODS collaborative efforts – i.e. Probation, Drug Court, Housing, Child Welfare, Faith-based entities, Employment

<table>
<thead>
<tr>
<th>6. PIPS:</th>
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<tbody>
<tr>
<td>a. How many PIPs will be presented? Are they active?</td>
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<tr>
<td>b. Suggest they review the PIP Validation Tool to assess their own submission(s) prior to submission</td>
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<tr>
<td>c. Discuss TA needs and resources available (e.g. PIP library, PIP videos). Encourage discussion with you prior to the review to maximize chances for effective PIPs and their successful presentation.</td>
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</tbody>
</table>
| 7. | **DOCUMENTATION NEEDED from DMC-ODS:**  
a. Reference the DMC-ODS Toolkit from EQRO to walk through the informational materials for the DMC-ODS to review  
b. Reference the DMC-ODS Toolkit from EQRO to walk through the documents to be completed by the DMC-ODS and uploaded to Box, including:  
  - DMC-ODS Implementation Plan  
  - DMC-ODS Organizational Chart  
  - Response to Prior Year’s Recommendations (not applicable for first year review)  
  - Significant Changes and Initiatives  
  - Access Call Center Key Indicators  
  - DMC-ODS Timeliness Self-Assessment  
  - Continuum of Care Form  
  - Information Systems Capabilities Assessment (ISCA) – make sure they are completing the FY18-19 version of the DMC-ODS form AND that they complete it fully  
  - PIP Development Outline (Roadmap) x 2 (one clinical, one non-clinical)  
  - QA Plan and Plan Evaluation, and related QIC Meeting Minutes during the previous year  
  - Cultural Competence Plan and related implementation steps, and/or Cultural Competence Committee Meeting Minutes (if applicable)  
  - Other relevant reports on data analyses  
  - Sign-In Sheets (prepopulated with First/Last Names, Titles, Agencies)  |

| 8. | **LUNCH:**  
a. Kindly request assistance with facilitating lunches / menus and bring money  
b. Pre-order meals with QI lead. Ideally plan first and last night dinner with team.  |

| 9. | **DMC-ODS Contact:**  
Who best to call or text and phone number (state preference) in the event of an unplanned situation and get cell phone numbers for key people at the County as well as your team members.  
Provide your contact (office or cell) number in case of emergency  |

| 10. | **CFM CONSULTANTS (Please see Marilyn’s training notes – attached):**  
a. Check in with your CFM for their suggestions and input, and for arranging logistics and timing - ask if they want a DMC-ODS liaison/transportation for FGs  
b. Arrange with them in advance - photocopies, pens, gift cards  
c. Discuss expectations and outputs for the CFM – communication, session participation, documentation  |

| 11. | **POST-REVIEW:**  
a. Send thank you email to the DMC-ODS the day the review ends. Embed the list of any documents owed to CalEQRO and their due date.  |
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<tr>
<td>b. Demographic Table(s)</td>
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<tr>
<td></td>
<td>Complete Demographic Table(s)</td>
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<td>Upload Demographic Table(s) (BOX: Working Docs folder AND Demographic Table(s) folder)</td>
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<td>c.</td>
<td>Update the Report Tracking Tool (at least weekly) for your reviews</td>
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<td>d. Technical Assistance</td>
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<td>Write TA Notes for all technical assistance provided off-site (not on a review)</td>
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<td>Upload notes to Box – (Working Docs folder)</td>
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<td>Record TA date, time, content into TA Tracking Form (BOX: Living Docs folder)</td>
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<tr>
<td>e. Before you submit your DMC-ODS Report did you:</td>
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<td>- Read through the entire document one more time</td>
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<td>- Ensure that the SORs, and especially the recommendations are supported by evidence presented as themes in the report</td>
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<td>- Note recommendations that are carried forward from the previous year(s) if this is a second year or third year report</td>
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<td>- Have your IS Reviewer read through the document one more time</td>
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<td>- Run spell check through the document</td>
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<td>- Ensure that the first time you use an acronym you spell it out</td>
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<td>- Delete all the RED karats</td>
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<td>- Correct all the formatting so it conforms to the Style Guide</td>
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ATTENDANCE SHEET

Please complete this roster for attendees and list participant names in alphabetical order by last name. **Please only list each name once**, no matter how many sessions they attend.

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>POSITION</th>
<th>AGENCY</th>
<th>INITIALS</th>
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List of All DMC-ODS EQRO Review Sessions

Opening Session – Changes in the past year; current initiatives; and status of previous year’s recommendations

Access Call Center Site visit and focus group

Disparities, Timeliness and Performance Measures

Quality Improvement Plan, Evaluation and Outcomes

Performance Improvement Projects

Primary and Specialty Care Collaboration and Integration

Health Plan and Drug Medi-Cal Organized Delivery System Plan Collaboration Initiatives

Clinical Line Staff Group Interview – county and contract

Clinical Supervisors Group Interview – county or contract

Program Managers Group Interview – contract

Contract Provider line staff focus group interview including those with lived experience

Client/Consumer Family Member Focus Group(s)- Adult, TAY, Special Pops

Contract Provider Group Interview – Administration and Operations

Contract Provider Group Interview – Quality Management

Key Stakeholders and Community-Based Services Agencies Group Interview

ISCA/Billing/Fiscal and use of data to improve care

Use of data including Treatment Perception Survey, Outcome tools,

  MAT including telemedicine  Medi-Cal Organized Delivery System

Residential Site Visit

Contract Provider Site Visit – MAT, Outpatient, and/or Withdrawal Management

Site Visit to Innovative Clinical Programs: Innovative program/clinic that serves special populations or offers special/new outpatient services.
<table>
<thead>
<tr>
<th>ID</th>
<th>DOMAIN</th>
<th>DESCRIPTION IN STCS/STATE &amp; COUNTY IA</th>
<th>MEASURES</th>
<th>DATA SOURCE</th>
<th>COMMENTS</th>
<th>MANDATORY OR FLEXIBLE</th>
</tr>
</thead>
</table>
| 1  | Access                  | Enrollment information to include the number of DMC-ODS beneficiaries served in the DMC-ODS program | Clients Served:  
1. Number of DMC-ODS beneficiaries served (admissions) by the DMC-ODS County with stratification for baseline and each year of the Waiver. | * Claims data-unduplicated client count per year.  
* Medi-Cal Eligibility Files (MMEF) data for demographics, preferred language, age, etc. | Breakdown will include stratification by ethnicity, age, sex, aid code groupings, and diagnoses (required for External Quality Review Organization (EQRO) Contract). | Mandatory |
| 2  | Access                  | Number of days to first DMC-ODS service at appropriate level of care after referral  
Timeliness of first initial contact to face-to-face appointment | Timeliness:  
1. Number of days from initial call/contact to first face to face visit or triage detox visit (if both present which -ever is first contact).  
2. Number of days from initial ASAM assessment contact to treatment admission (first treatment visit). | * County DMC-ODS Access Log (for calls/walk-ins).  
* Claims data with assessment and treatment visits.  
* ASAM data for assessment date and level of care disposition for treatment access. | Access and timeliness statistics can be stratified based on ethnicity, age, sex, aid code, diagnoses, and level of care (LOC). | Mandatory |
| 3  | Access/Cost effectiveness | EQRO Contract - requirement related to cost effectiveness overall and funds spent on different populations | Costs of care:  
1. Total and average costs per beneficiary served with demographic breakdown. Data will be compared across baseline years and each year of the DMC-ODS Waiver. Data will also be compared regionally, by county size, and statewide.  
2. Total and average costs per beneficiary by LOC for each DMC-ODS Medi-Cal service level provided. | * Claims data linked to MMEF data set. | Measure is related to cost effectiveness of services and expanded access to services by LOC and demographic groups. | Mandatory |
<table>
<thead>
<tr>
<th>ID</th>
<th>DOMAIN</th>
<th>DESCRIPTION IN STCS/STATE &amp; COUNTY IA</th>
<th>MEASURES</th>
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| 4  | Access | Access to DMC-ODS services with translation services in the prevalent non-English language(s)  
42 CFR 438.10 and 438.206 written information for care, beneficiary rights | Cultural Competence of Services:  
1. County shall adopt Federal Culturally & Linguistic Appropriate Services (CLAS) standards and develop cultural competence plan with regular updates.  
2. Translation services shall be available for beneficiaries and services will be culturally competent and accessible.  
3. Provide written information in all threshold languages based on county population. | * Quality Improvement (QI) Cultural Competency Plan data review:  
1. Number and percentage of provider organizations that provide services in languages other than English.  
2. Number and percentage of clients who prefer services in languages other than English (MMEF data file) preferred language data element.  
3. Number of counselors/clinicians who provide services in languages other than English.  
* Provider/Staff Numbers speaking non-English languages.  
* Availability of translation lines and video conferencing translators as needed  
* EQRO Client Focus Group for non-English speakers for threshold languages | EQRO reviews Cultural Competence measures in the annual onsite visit and looks at utilization statistics as well as direct client feedback via focus groups.  
Requirements are similar for Substance Abuse Prevention Treatment (SAPT) grant. | Mandatory |
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| 5  | Access | Appropriate access for all clients including ethnic groups and non-English speakers | Access levels by special populations:  
1. Penetration rates for clients getting services in all ethnic groups, age, preferred language, aid codes, and diagnoses. | * Claims data linked to MMEF eligibility data by ethnicity and preferred language as a percentage of total beneficiaries. Reports for baseline and all years of Waiver. | EQRO contract requires monitoring of access levels and trends for different ethnic groups and aid group groupings such as disabled, child/family, pregnancy, and foster care. | Mandatory |
| 6  | Quality | Coordination of Care with Physical Health and Mental Health. | Coordination of Care with Physical Health (PH) and Mental Health (MH) Plans:  
1. Memorandum of Understandings (MOUs) with both MH and PH Plans addressing processes for (a) collaboration and referrals; (b) disputes; (c) key care navigation systems; (d) exchange of information; (e) systems to monitor provider access including assignment of Primary Care Physician. | * EQRO reviews MOUs and policies as well as minutes of meetings and data as available on referrals and shared clients, procedures and processes 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.  
* Review of annual submission of Treatment Perceptions Survey (TPS) data, utilized to collect client experience of care. The TPS includes questions on coordination of care.  
Review data. | Measure is required in EQRO contract.  
UCLA evaluation activity linked to this measure as well. | Mandatory |
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<tr>
<td>7</td>
<td>Access</td>
<td>Timeliness of services of the first medication dose for narcotic treatment program (NTP) services.</td>
<td>Timely NTP Treatment Access: 1. Average number of days from triage/assessment contact to the first dose of NTP services for opioid use disorder (OUD) diagnoses.</td>
<td>*Claims data.</td>
<td>This measure is critical to determine the benefit of NTP treatment for OUDs. This measure will be used to track timely access to care as well as successful engagement. Assessments can sometimes be done by Primary Care or Emergency Room (ER) Physicians under fee for service (FFS). These cannot be included as DMC claims and these visits will not be included in the assessment.</td>
<td>Flexible</td>
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<td>8</td>
<td>Access &amp; Quality Outcomes</td>
<td>MAT enhanced access to care * One of three Federal Priorities for Opioid Crisis.</td>
<td>Expanded medication assisted treatment (MAT) services in DMC-ODS funded programs: 1. Number and Percentage of clients receiving three or more MAT visits per year provided through DMC-ODS Providers. 2. Review improved MAT access in each year of the Waiver. 3. Total annual number of unduplicated clients with MAT visits with demographic breakdown.</td>
<td>* DMC-ODS only MAT Claims (not FFS claims on the healthcare side), including breakdown by type of medication provided if bundled payment.</td>
<td>Best practice per SUD outcome research is to offer treatment services with MAT if medically appropriate. Measure will track access to all DMC funded MAT services. Waiver goal is expanding known best practice to support sustained SUD recovery by expanding MAT.</td>
<td>Flexible</td>
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<td>9</td>
<td>Quality</td>
<td>Smooth transitions in ASAM care. Frequency of follow-up appointment by LOC. Frequency of follow-up appointments in accordance with individualized treatment plans.</td>
<td>ASAM Fidelity/Avoiding Relapse with smooth transitions between LOCs in ASAM continuum: 1. Average days until first clinical appointment in next LOC after discharge from another LOC. Monitor percentage within 7, 14 and 30 days. For the first year of the Waiver, this PM will focus on residential LOC transitions to all LOCs, including movement between ASAM levels of residential.</td>
<td>* Claims data by ASAM LOC and all Medi-Cal billable services. * EQRO client focus group feedback on transitions to other services.</td>
<td>Smooth transitions between LOC is important in ASAM fidelity to support best outcomes. Average days to next LOC is particularly important for withdrawal management and residential treatment. Clients at risk of relapse if not done in timely manner with transfer of therapeutic alliance. EQRO Contract requirement effectiveness of services and timely access.</td>
<td>Flexible</td>
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<td>10</td>
<td>Access</td>
<td>Access Line Capacities are linked to access and quality. Details in STCs and contract language.</td>
<td>Access Call Center Quality &amp; Timeliness: Access Call Center volumes by month including dropped calls, time to answer calls, numbers of referrals to treatment, and non-English calls.</td>
<td>* For each year of the Waiver:  • County call center logs or data  • Residential Authorizations  • Access Center referrals to all DMC-ODS treatment sites</td>
<td>EQRO visit review at the onsite visit. Each DMC-ODS will have data form to complete on call center. (This is ideal area for performance improvement projects (PIPs)).</td>
<td>Flexible</td>
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| 11 | Quality | High Cost/High Utilization Beneficiaries in DMC-ODS needing specialized care and coordination | Enhanced care coordination and individualized treatment for high cost/high complexity clients:  
1. Measure the number and percentage of high cost/ high utilizer beneficiaries out of the total served  
2. Enhanced analysis of clients by demographic groups. A comparison will also be completed regionally, by county size and statewide for each year of the Waiver. Reports by diagnoses and aid code groupings (Disabled, Foster Care, Families, Pregnancy, Criminal Justice) also available. | *Claims data linked to MMEF eligibility. | Measure identifies opportunities to improve care with case management and special treatment plans. Clients often have co-occurring disorders, health problems, and social disparities such as lack of housing. Counties can use risk factors for earlier intervention. | Flexible |
| 12 | Quality | Cost effective use of resources for treatment | Cost effectiveness & engagement:  
1. Percentage of clients with three or more withdrawal management episodes in a year and no other DMC-ODS treatment. | * Claims data with MMEF for demographic breakdown. | This measure is a negative indicator. Measure shows lost opportunities for successful engagement and a questionable use of expensive resources. This measure is similar to MH Acute care measure for linkage to treatment after stabilization in inpatient care. | Flexible |
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| 13 | Access and Quality      | Appropriate matching of clients to SUD treatments (tx) based upon ASAM Criteria                    | 1. Percent of persons who received an ASAM-based screening through a call center and:  
   A. whose indicated level of care (LOC) by ASAM Criteria matched the LOC to which they were referred;  
   B. who were admitted into treatment at the LOC to which they were referred.  
   2. Percent of clients who received a full assessment at a provider site and whose indicated LOC by ASAM Criteria matched the LOC to which they were referred. | ASAM LOC Referral Data and claims data | These measures indicate systemwide efforts to provide client-centered care that matches clients with tx appropriate to their needs, circumstances and preferences | Flexible; only applicable for DMC-ODS counties in the second year of their implementation |
| 14 | Timeliness and Quality  | Initiation and engagement in SUD tx                                                                 | 1. Of clients who identified as having an SUD during their initial intake/assessment visit, the percent who initiated a second tx visit or day within 14 days.  
   2. Of clients who initiated a second visit within 14 days of their initial visit, the percent who then engaged in at least two treatment visits or days within the next 30 days. | Claims data | These are nationally recognized measures by NCQA HEDIS, National Quality Foundation, and others. Research suggests they are predictive of tx retention and positive tx outcomes. | Flexible; only applicable for DMC-ODS counties in the second year of their implementation |
| 15 | Quality                 | Retention in SUD tx                                                                                   | 1. Total LOS in SUD tx without a break of more than 30 days without a trt visit. Five descriptive statistics (mean, median, mode, minimum and maximum) are used to develop baseline comparative data.  
   2. Percent of clients with at least 90 days (and separately 180 and 270 days) of SUD tx in their total episode, as defined for this measure. | Claims data | The episode duration will extend as far back as the client had billable services without a break of more than 30 days, including the time preceding the fiscal year under review. It is possible some clients may have more than one SOC episode in treatment in a year. | Flexible; only applicable for DMC-ODS counties in the second year of their implementation |
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<td>16</td>
<td>Outcomes</td>
<td>Effective discharge planning</td>
<td>Percent of clients who received residential withdrawal management services and within 30 days of discharge were admitted into the same or another withdrawal management program.</td>
<td>Claims data</td>
<td>It is expected that effective discharge planning and timely follow-up outpatient treatment will reduce readmissions. This measure is similar to ones applied to psychiatric hospital readmissions for mental health conditions.</td>
<td>Flexible; only applicable for DMC-ODS counties in the second year of their implementation</td>
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Note: The EQRO team will bring the performance metrics data for your county and the data will be uploaded onto BOX

**Aid Code Categories** – Medi-Cal has many categories of aid codes for Medicaid eligibility covered in CA. They include but are not limited to persons with disabilities, seniors, families, youth, foster care youth, persons eligible because of the Affordable Care Act or other unique programs. These categories are used in data analysis to determine the impact of services and programs on special populations.

**ASAM Assessment (ASAM)**– American Society of Addiction Medicine approved assessment structure which includes 6 dimensions and recommends a specific level of care based on the treatment model matching client needs with their optimal level of care.

**Beneficiaries/Clients** – persons eligible for Medi-Cal and getting services from DMC-ODS.

**Center for Medicaid & Medicare Services (CMS)** – federal agency overseeing health programs funded by the federal government, particularly Medicare and Medicaid.

**CLAS standards** (Cultural and Linguistically Appropriate Services)– Standards and cultural competence requirements set by the federal government for SAPT federal block grant program for substance use disorders.

**DMC-ODS County (DMC-ODS)** – Drug Medi-Cal Organized Delivery System for counties or groups of counties to deliver a set of substance use treatment services to Medi-Cal beneficiaries. Requirements are defined by the federal waiver in the STCs and specific policy letters and information notices.

**External Quality Review Organization (EQRO)** – an independent agency reviewing Medicaid plans and programs for several key components of care – access, timeliness, and quality and soon network adequacy. This is a federal requirement for specific programs under Medicaid.

**Fee-for-Service Medi-Cal (FFS)**– claiming system for Health Plan Medi-Cal providers including primary care clinics, hospitals, ancillary medical providers, and pharmacies, etc. They often serve individuals with SUD and provide some MAT and counseling, but this is not reflected in the DMC-ODS claims data.

**Flexible Performance Measure (FPM)** – a measure which could change with DHCS approve to address specific concerns related to access, timeliness, and quality of care for the DMC-ODS Program.

**Mandatory Performance Measure (MPM)**– a measure such as timely access which is required by federal government and part of the EQRO contract to fulfill mandated monitoring activities linked to quality. It will be measured each year of the Waiver.

**Medication Assisted Treatment (MAT)** – this treatment includes a range of medications to help individuals working on recovery from substance use disorders (SUD) and can be provided in a variety of treatment settings from inpatient to outpatients.
Memorandum of Understanding (MOU) – this is an agreement between two or more programs related to services and processes to coordinate care. This is required between the DMC-ODS counties and the Health Plans and Mental Health Plans. Other MOUs are also common with criminal justice, child protective services, and schools.

MMEF – Medi-Cal eligibility files which contain detailed information on ethnicity, preferred language, living situation, etc.

Narcotic Treatment Programs (NTP) which are part of the DMC-ODS continuum of care.

Performance Measure (PM) - metric to measure key indicators linked to quality of care by External Quality Review Organization (EQRO) as required by federal government for Medicaid beneficiaries.

Standard Terms and Conditions (STCs) - Standard terms and conditions for federal waiver for DMC-ODS.
Parents/ Guardians of Adolescent Clients Focus Group Feedback

Program/Clinic Name: ________________ Date: ______________

1. What is your age?
   - 0-17
   - 18-24
   - 25-59
   - 60 +

2. What is your gender?
   - Male
   - Female
   - Transgender
   - Other
   - Decline to state

3. What is your Race/Ethnicity?
   - African American/Black
   - Asian American/Pacific Islander
   - Caucasian/White
   - Hispanic/Latino
   - Native American
   - Other ____________________

4. What is your preferred Language?
   - English
   - Spanish
   - Other ____________________

My child/ person I am caring for started therapy in the last year with this counselor/program: Yes _____ No _____

My child/ person I am caring for have seen their counselor for more than a year: Yes _____ No _____

Please read the sentences below about working with your counselor/program. After reading each sentence decide how much the sentence is correct based on what you feel. There are no right or wrong answers for this questionnaire, just how you feel.

1. I easily found the treatment services that my child/person I am caring for needed.
   - Strongly Disagree
   - Disagree
   - Undecided
   - Agree
   - Strongly Agree

2. The child/ person I am caring for got an assessment appointment at a time and date we wanted.
   - Strongly Disagree
   - Disagree
   - Undecided
   - Agree
   - Strongly Agree

3. It did not take long for my child/person for whom I am caring for to begin treatment after their assessment appointment.
   - Strongly Disagree
   - Disagree
   - Undecided
   - Agree
   - Strongly Agree

4. I feel comfortable calling the program for help with an urgent problem concerning my child/person I am caring for.
   - Strongly Disagree
   - Disagree
   - Undecided
   - Agree
   - Strongly Agree
5. Has anyone discussed with you or your family benefits of new medications for addiction and cravings?

- Strongly Disagree
- Disagree
- Undecided
- Agree
- Strongly Agree

6. The counselor(s) were sensitive to my cultural background (race, religion, language, etc.) of my child/person I am caring for.

- Strongly Disagree
- Disagree
- Undecided
- Agree
- Strongly Agree

7. The child/person I am caring for responds in the following way to learning it is time to go to see their counselor again:

- Strongly Disagree
- Disagree
- Undecided
- Agree
- Strongly Agree

8. Because of the services my child/person I am caring for is receiving, he/she is better able to do things he/she wants.

- Strongly Disagree
- Disagree
- Undecided
- Agree
- Strongly Agree

9. I feel like I can recommend my counselor(s) to friends and family if they need support and help.

- Strongly Disagree
- Disagree
- Undecided
- Agree
- Strongly Agree

Discussion questions:

10. What do you think would make the program or counselor more helpful to your recovery?

11. What would you change if you could to make the services better?
TRANSITIONING AGE YOUTH (TAY) FOCUS GROUP

Transitioning Age Youth (TAY) Focus Group Feedback

Program/Clinic Name: __________________ Date: ____________

5. What is your age?
   □ 0-17
   □ 18-24
   □ 25-59
   □ 60 +

6. What is your gender?
   □ Male
   □ Female
   □ Transgender
   □ Other
   □ Decline to state

7. What is your Race/Ethnicity?
   □ African American/Black
   □ Asian American/Pacific Islander
   □ Caucasian/White
   □ Hispanic/Latino
   □ Native American
   □ Other ______________________

8. What is your preferred Language?
   □ English
   □ Spanish
   □ Other ____________

I started therapy in the last year with this counselor/program: Yes____ No_____

I have seen my counselor for more than a year: Yes____ No_____

Please read the sentences below about working with your counselor/program. After reading each sentence decide how much the sentence is correct based on what you feel. There are no right or wrong answers for this questionnaire, just how you feel.

1. I easily found the treatment services I needed.

   Strongly Disagree Disagree Undecided Agree Strongly Agree

2. I got my assessment appointment at a time and date I wanted.

   Strongly Disagree Disagree Undecided Agree Strongly Agree

3. It did not take long to begin treatment soon after my first appointment.

   Strongly Disagree Disagree Undecided Agree Strongly Agree

4. I feel comfortable calling my program for help with an urgent problem.

   Strongly Disagree Disagree Undecided Agree Strongly Agree
5. Has anyone discussed with you or your family benefits of new medications for addiction and cravings?

Strongly Disagree  Disagree  Undecided  Agree  Strongly Agree

6. My counselor(s) were sensitive to my cultural background (race, religion, language, etc.)

Strongly Disagree  Disagree  Undecided  Agree  Strongly Agree

7. I found it helpful to work with my counselor(s) on solving problems in my life.

Strongly Disagree  Disagree  Undecided  Agree  Strongly Agree

8. Because of the services I am receiving, I am better able to do things I want.

Strongly Disagree  Disagree  Undecided  Agree  Strongly Agree

9. I feel like I can recommend my counselor(s) to friends and family if they need support and help.

Strongly Disagree  Disagree  Undecided  Agree  Strongly Agree

Discussion questions:

10. What do you think would make the program or counselor more helpful to your recovery?

11. What would you change if you could to make the services better?
1. What is your age?
   - 0-17
   - 18-24
   - 25-59
   - 60 +

2. What is your gender?
   - Male
   - Female
   - Transgender
   - Other
   - Decline to state

3. What is your Race/Ethnicity?
   - African American/Black
   - Asian American/Pacific Islander
   - Caucasian/White
   - Hispanic/Latino
   - Native American
   - Other ______________

4. What is your preferred Language?
   - English
   - Spanish
   - Other ____________

I started therapy in the last year with this counselor/program: Yes_____ No_____
I have seen my counselor for more than a year: Yes_____ No_____

Please read the sentences below about working with your counselor/program. After reading each sentence decide how much the sentence is correct based on what you feel. There are no right or wrong answers for this questionnaire, just how you feel.

1. I easily found the treatment services I needed.

2. I got my assessment appointment at a time and date I wanted.

3. It did not take long to begin treatment after my assessment was completed.

4. I feel comfortable calling my program for help with an urgent problem.
5. Has anyone discussed with you the benefits of new medications for addiction and cravings?

Strongly Disagree  Disagree  Undecided  Agree  Strongly Agree

6. My counselor(s) were sensitive to my cultural background (race, religion, language, etc.)

Strongly Disagree  Disagree  Undecided  Agree  Strongly Agree

7. I found it helpful to work with my counselor(s) on solving problems in my life.

Strongly Disagree  Disagree  Undecided  Agree  Strongly Agree

8. Because of the services I am receiving, I am better able to do things I want.

Strongly Disagree  Disagree  Undecided  Agree  Strongly Agree

9. I feel like I can recommend my counselor(s) to friends and family if they need support and help.

Strongly Disagree  Disagree  Undecided  Agree  Strongly Agree

Discussion questions:

10. What do you think would make the program or counselor more helpful to your recovery?

11. What would you change if you could make the services better?
Focus Group Interview with Criminal Justice Personnel

Question Guide for Facilitators

Participants

8-10 representatives from probation officers, sheriffs, court personnel (judges, court administrators, public defenders, district attorneys) to discuss collaboration with DMC-ODS management and coordination with SUD treatment programs.

General Questions

1. Please tell us about how collaboration works between criminal justice and the behavioral health department’s substance use system of care:
   
   A. Are there regularly scheduled meetings between managers from your department and from behavioral health department’s substance use division?
   
   B. How do managers from your department and from behavioral health department’s substance use division collaborate regarding:
      
      1) policy development related to assignment to care, length of stay and transfers to subsequent levels of care for shared clients?
      
      2) oversight of policy implementation related to coordination of care for shared clients?

2. How are client data shared between your department and the behavioral health department for planning types and capacities of services?

   A. Are the data de-identified?
   
   B. Is an MOU in place between your department and behavioral health to guide how the data is to be shared?

   C. Are the data disaggregated by age, gender, ethnicity, geography, other?

3. How are client level data shared between your department and substance use treatment providers for the purposes of coordinating care and rehabilitation?

   A. Is client written consent a prerequisite to share the data? If so, how is it facilitated?
   
   B. Are client data exchanged electronically through structured and standardized templates?
4. What training is provided to selected staff in your departments for use in working most effectively with persons suffering from addictions?
   A. Types of formats (e.g. workshops, ongoing consultation and supervision?)
   B. Types of content (e.g. specific evidence-based practices and if so, which practices?)
   C. How well are the practices being implemented? What are the challenges?

5. How are major reform initiatives changing the way in which your department and the DMC-ODS collaborate?
   A. AB109 and other aspects of prison reform
   B. Prop 47
   C. Prop 64 legalizing marijuana

6. In what ways did your department participate in the preplanning for the DMC-ODS?

**Crisis and Urgent Conditions**

1. How do you coordinate with DMC-ODS for responses to substance abuse-related medical emergencies?
2. How do you coordinate with DMC-ODS for responses to substance abuse-related conditions that seem to warrant admission to social model detox?

**Incarceration**

1. How do you assess the detox and/or treatment needs of people with substance use addictions who are newly reincarcerated in the county jail? In the juvenile justice detention center?
2. How do you address detox needs of people newly incarcerated in the county jail? In the juvenile justice detention center?
3. How do you address addiction treatment needs of people incarcerated in the county jail with substance use addictions? In the juvenile justice detention center?
4. How do you prepare people for release from the county jail who have substance use addictions?
5. Are you able to continue medication assisted treatment for persons newly incarcerated in the county jail or juvenile justice detention center who were treated with addiction medicine prior to their incarceration?

**Released to the Community**

1. What resources do you have for adults and youth on probation who are released with serious substance use addictions? (e.g. follow-up treatment, social services, housing, etc.)
Recommendations

1. What would make your job easier in helping a person successfully recover from a substance use addiction and reintegrate into the community without further incarcerations?

2. What is needed to make the system work more fluidly (or smoothly) for persons with serious addictions?
CULTURAL COMPETENCE AND DISPARITIES

Cultural Competence & Disparities

The purpose of this section of the review is to assess the DMC-ODS’s knowledge of and response to cultural competence and disparities within the DMC-ODS. Indicators that are addressed include:

- Access, Quality
- Medi-Cal Penetration Rates
- DMC-ODS Cultural Competence Metrics and Procedures

Connections to Key Components:
- 1A-service access reflects cult. comp. (assess, identify strategies, implement, evaluate)
- 1C-integration/collaboration with community services to improve access (staff that partner, routine meetings)
- 3 – integration/collaboration with community to improve quality (staff that partner, routine meetings)
- 3 current qi plan measurable goals, data extraction & analysis, designated QI, staff, functional QIC, exec. management accountable, QM interfaces with other DMC-ODS dept.
- 3– data inform guide decisions (measures for quality, measures client outcomes, establish baselines and time bound goals, tabulate and report to management, analyses lead to change.
- 3 – effective communication (changes, committees, newsletter, emails, fliers)
- 3 – stakeholder involvement (CC committee, QIC)
- 3 – measures clinical outcomes (system-wide, reports, mechanism to replicate outcomes, use outcome info to improve service), how data used to inform decisions

Currently there is no formal interview tool for this components. However, the following may be used as a guide to facilitating these discussions.

*Usually at these reviews the EQRO would send ahead the analysis of claims data to be used for discussion.*

*All data are derived from State Medi-Cal claims.*
Access Indicators

Penetration Rates for Any Type of DMC ODS Admission:

● What % of the overall population of DMC beneficiaries in the county were admitted into the county’s DMC ODS during the first year of the county’s Implementation?

● What % of the overall population of DMC beneficiaries in the county were admitted into the county’s DMC ODS by race/ethnicity during the first year of the county’s Implementation? By sexual preference? By disability status?

Penetration Rates by Level of Care:

● From the group of DMC beneficiaries admitted into substance use treatment services, what percent were initially admitted into which major ASAM level of care category (e.g. detox, residential, outpatient, NTP)?

Timeliness

(References: Self-Assessment Document; DMC-ODS Timeliness Requirements and Procedures)

● What % of DMC beneficiaries who received an intake session did so within the county’s timeliness standards for the level of care they accessed? What % of those who did receive timely access for a first session were in each racial/ethnicity group? Disability status?

● What % of those who did not receive timely access for a first session were in each racial/ethnicity group? Age? Disability status?

Expenditures:

● What was the average expenditure on substance use treatment services for DMC beneficiaries during the first DMC ODS Implementation Year? In this group, what were the average expenditures by race/ethnicity? Age and Sex? Disability status?

● Of the 20% of clients who incurred the highest expenditures for substance use treatment, what were their percentages by race/ethnicity? Sexual preference? Disability status?

● What % of the DMC ODS budget during the first Implementation year was expended upon services related to linguistic accommodations? Please list the types of services?
Services Delivered:

- How many treatment providers received training during the first Implementation year in CLAS standards? Treatment practices with a cultural competence focus? Disability accommodations?

- What types of linguistic accommodation services were provided to DMC ODS beneficiaries during the first Implementation Year?

How does the DMC-ODS use the data reports it has to make decisions?

Please list the types of data reports pertaining to cultural competence, highlights of findings, and actions taken.

Other Data Systems

What data systems is the DMC ODS management able to access from other systems (e.g. criminal justice, medical care treatment providers, managed health plans) to expand their knowledge and identify opportunities to enhance care coordination.

DMC-ODS Cultural Competence Metrics and Procedures

Prompt: What concerns do they have about cultural disparities and cultural competency?

Assessing Outcomes

Prompt: The following indicators are considered as indicators of quality, timeliness, and outcomes:

- General hospitalizations linked to SUD diagnosis: ER visits, number of preventable inpatient admits and average inpatient length of stay

- Residential withdrawal management: number of admits, number of readmissions within the same year, and follow-up appointment for treatment within 7 days and within 30 days of discharge

- Incarcerations: Incarceration as a reason for treatment discharge, number of incarcerations within one year after initial admission into treatment% of those discharged from treatment with: 1) significant reduction in alcohol or drug use; 2) significant increase in alcohol or drug-free social supports; 3) stable housing; 4) employment; and 5) at least 6 months in a combination of one or more levels of care in treatment
Exit Session

Suggested Prompts

- Thank you for the time you spent with us today. We were pleased with the level of information that we were able to obtain and we appreciate the time and effort of all the individuals involved in the review today.
- Outstanding Questions for the DMC-ODS that came up during the review.
- What feedback do you have for us?
- DMC-ODS Self Recommendation: If you were in our shoes, knowing what you know about your own systems, what recommendations would you make to you?
- What do you hope the Monterey DMC-ODS will look like a year from now?

What’s Next?

- We will continue to gather documentation.
- We will make sense of our notes
- We will draft a report to submit to the State in 30 days.

- Valuable items to include in the report from DMC-ODS’s perspective
- Report:
  a. We will submit 30 day draft to DHCS.
  b. Once their feedback is received, we’ll incorporate any edits/changes in the report and share with the DMC-ODS contact and Director for feedback.
  c. The DMC-ODS: You will have 7 days to respond. This process will take place between 60-90 days from the end of the review.
  d. The final report will be issued in 90 days after the review.

- We will take this opportunity to detail any outstanding items:
  a. **BHC owes the DMC-ODS**
     1.
     2.
     3.
b. DMC-ODS owes BHC
   1.
   2.
   3.

   This will be provided by ________________________________ no later than (Date).

   • Solicit Feedback to the process today
   • Solicit feedback for webinars
   • BHC / CalEQRO is available for technical assistance
   • Check out the website – annual reports, Individual DMC-ODS reports, data, reference materials, Key Components
   • Do you have any last questions for us?
   • Thank you!
**DMC-ODS** Response to Prior Year (FY17-18) Report Recommendations

**FY 18-19 Site Reviews**

A significant focus of the CalEQRO review is evaluating the action taken by the DMC-ODS to address EQRO recommendations from the prior year. Please provide a brief description of activities as they apply to each recommendation. You are welcome to include any attachments which document or provide additional evidence of the activities as described.

1. **<Recommendation 1 from prior year’s report>**

   **DMC-ODS Activities**

2. **<Recommendation 2 from prior year’s report>**

   **DMC-ODS Activities**

3. **<Recommendation 3 from prior year’s report>**

   **DMC-ODS Activities**
4. <Recommendation 4 from prior year’s report>

DMC-ODS Activities

5. <Recommendation 5 from prior year’s report>

DMC-ODS Activities
SIGNIFICANT CHANGES AND INITIATIVES

<DMC-ODS> Significant Changes and Initiatives

FY18-19 Site Reviews

Please outline key issues that the DMC-ODS has faced over the past year and plans to deal with over the coming year.

(If the DMC-ODS has a formal Strategic Plan, please submit that in addition to this document. The Strategic Plan can substitute for the “Current Initiatives” section.)

DMC-ODS List of Significant Changes since the last CAEQRO review

1.
2.
3.
4.
5.

DMC-ODS List of Current Initiatives

1.
2.
3.
4.
5.
ACCESS CALL CENTER

DMC-ODS CRITICAL INDICATORS FORM

VERSION VIII

Below are important statistics for monitoring the effectiveness of your Access Call Center and its ability to facilitate timely and effective access for persons seeking Drug Medi-Cal services in your organized delivery system.

Please complete the information requested to the best of your ability and if there is a problem or challenge, please explain in the boxes at the end of the form. Thank You.

1. What is the average monthly volume of calls received in the last 12 months or since you began your DMC-ODS? [ ] from Enter Start date to Enter End date

2. If your call center is not operated by the same organization 24/7, what service/contractor do you use for after-hours requests for services?

3. If you use another vendor or contractor for after hour call services, do they enter the client requests into your database for services? How do they link to your core database for service requests so you can track access and timeliness?

4. What is the average percentage of dropped calls out of your total calls per month? For example, if you got an average of 300 calls and the average dropped calls was 60, you would have a 20% average rate of dropped calls.

Dropped calls average per month= [ ]
From Enter Start date To Enter End date

5. How many rings or seconds before callers are put on hold and wait for a live person?

[ ] Rings or [ ] seconds

6. Are callers “on hold” given the option of leaving a message to receive a call back?
If so, what % do so? □ □ □ % OR □ that option is not available

7. What is the average wait time until a live person answers and discusses treatment needs or other issues with the prospective client/caller?
   □ don’t know, software does not track this. OR
   □ Wait times on average for last 12 months or since we started
     were ______ minutes

8. How many full time equivalents (FTE) total staff are dedicated to the Access Call Center at this time? If you are in a combined call center with MH, estimate just the workforce supporting the DMC calls.
   DMC FTEs ______

9. What software do you use for tracking the call metrics for your Access Call Center operations?
   Vendors Name _______________________________________
   Software Name and version: _____________________________
   How often are reports generated?
   Real time □ Daily □ Weekly □ Monthly □

10. Does your Access Call Center data allow you to link the prospective client who calls to an existing electronic health record in your practice management system?
    Yes □ No □ Not Sure □

11. How do you enter information on new clients who present/walk in to your contract provider sites? How do you link this information to the access database for overall timeliness tracking?
    □ We have the client call in from the contract provider/ community program sites to be added to the Access Call Center data and screening process
    □ Contractors/Program Sites can enter data for clients presenting for services directly into the Access Call Center database or log
    □ Other - Please explain below

12. Does the software for your access phone system track disposition of calls by type (for example: a. referrals to various levels of treatment, b. provided information but no referral, c. wrong number, etc.?)
    □ Yes, disposition of calls are tracked
☐ No disposition tracking available in access phone system
☐ Disposition tracking is in electronic health record
☐ Other mechanism for tracking disposition of calls

13. **How many average monthly authorizations are there for residential treatment?**
   
   [ ] authorization average per month from [ ] Enter Start Date to [ ] Enter End Date

14. **What percentage of calls were referred to a treatment/program site for care (including the residential authorizations) monthly?**
   
   [ ] % -average percentage of callers linked to treatment within the DMC-ODS through the Access Call Center.

15. **What tools are you using for assessment and ASAM screening in the Access Call Center?**
   
   ☐ County Developed Tool
   
   ☐ Triage/Continuum Software Tool
   
   ☐ UCLA tool (when it is ready)
   
   ☐ Other

16. **Are there other important facts and indicators you use to track the effectiveness and efficiency and customer service capacity of the Call Center?**
   
   ☐ Yes, we have developed additional indicators
   
   ☐ Yes, we have done customer service surveys
   
   ☐ No, not at this time

17. **What process do you use to facilitate access for your threshold languages?**
18. Do you have any process for checking client satisfaction during or after the calls with the process and outcomes?
☐ Yes
☐ No

19. Problems or challenges with completion of the form or important information to consider related to our access systems.

Enter Date

County    Person Completing Form    Date
FY18-19 DMC-ODS Self-Assessment of Timely Access contains two sections. CalEQRO will go over both sections on-site.

Section 1 is new this year and asks about the DMC-ODS’s tracking capacity for timeliness metrics. The items included in this section are based on CalEQRO’s determination of best practices.

Section 2 is a timeliness self-assessment questionnaire. The items included in this section assess the DMC-ODS’s own findings on timeliness metrics. The DMC-ODS SHOULD respond to Section 2 and include in its pre-review documents submission.
### SECTION I – TIMELINESS TRACKING CAPACITY

1. Initial Access to DMC-ODS Treatment Services:

Please check the appropriate boxes:

<table>
<thead>
<tr>
<th>New Beneficiaries Only</th>
<th>Contract Providers Included?</th>
<th>☐ Not Applicable</th>
<th>☐ Yes</th>
<th>☐ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1. The DMC-ODS is able to record the time of initial requests by new beneficiaries:</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| If yes: 
  a. By Phone: | ☐ Yes | ☐ No |
  b. Walk-in: | ☐ Yes | ☐ No |
  c. External Referrals (specify sources tracked): | ☐ Yes | ☐ No |
| 1.2. The DMC-ODS is able to match initial request to any follow-up appointment (including assessment): | ☐ Yes | ☐ No |
| 1.3. The DMC-ODS tracks the length of time from initial request to first offered appointment (including assessment): | ☐ Yes | ☐ No |
| 1.4. The DMC-ODS tracks the length of time from initial request to first accepted appointment: | ☐ Yes | ☐ No |
| 1.5. The DMC-ODS tracks the length of time from initial request to first face to face visit (including assessments): | ☐ Yes | ☐ No |
| 1.6. The DMC-ODS tracks the length of time from initial request to ASAM assessment: | ☐ Yes | ☐ No |
| 1.7. The DMC-ODS tracks the length of time between ASAM assessment and first DMC clinical service appointment (at any level of care): | ☐ Yes | ☐ No |
| 1.8. The DMC-ODS tracks the length of time between ASAM assessment for MAT to first MAT appointment kept including Methadone treatment recommending | ☐ Yes | ☐ No |
| 1.9. The DMC-ODS tracks timeliness of first dose for patients on opioid requesting methadone. | ☐ Yes | ☐ No |
2. Ongoing Timeliness and Related Issues:

Please check the appropriate boxes:

<table>
<thead>
<tr>
<th>All Beneficiaries</th>
<th>Contract Providers Included?</th>
<th>☐ Not Applicable</th>
<th>☐ Yes</th>
<th>☐ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1. The DMC-ODS has a definition for an urgent appointment:</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2. The DMC-ODS is able to record the time of urgent appointment requests:</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. By Phone:</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Walk-in:</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. External Referrals (specify sources tracked):</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Click or tap here to enter text.

| 2.3 The DMC-ODS tracks the length of time between the request for urgent appointment to initial face to face contact: | ☐ Yes | ☐ No |
| 2.4. The DMC-ODS tracks the percentage of residential discharged beneficiaries who receive a follow-up care encounter within 7 days: | ☐ Yes | ☐ No |
| 2.5. The DMC-ODS tracks the percentage of withdrawal management discharged beneficiaries who get detoxed again within 30 days: | ☐ Yes | ☐ No |
| 2.6. The DMC-ODS tracks its No Show rates for MAT appointments (MDs, NPs, PAs only, including tele-medicine): | ☐ Yes | ☐ No |
| 2.7. The DMC-ODS tracks its No Show rates for other counselor appointments (non-MDs, licensed professionals): | ☐ Yes | ☐ No |
SECTION II – TIMELINESS FINDINGS
Please identify the time frame you are referencing (e.g. FY16-17, CY16, CY17, etc.): Click or tap here to enter text.

- In this section, please provide the timeliness findings for select key timeliness metrics that were marked YES in Section I.
- Leave blank for items that the DMC-ODS does not collect or calculate.

1. **The length of time from initial request to first offered appointment (if tracked):**

   Use this text box to provide any specific methodological issues: Click or tap here to enter text.

<table>
<thead>
<tr>
<th>Data:</th>
<th>□ Entire System</th>
<th>□ County Operated Only</th>
<th>□ Contract Providers Only</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All Services</td>
<td>Adult Services</td>
<td>Children's Services</td>
</tr>
<tr>
<td>Average length of time from first request for service to first face to face appointment</td>
<td>days (mean)</td>
<td>days (mean)</td>
<td>days (mean)</td>
</tr>
<tr>
<td>DMC-ODS standard or goal for offered appointment</td>
<td>days</td>
<td>days</td>
<td>days</td>
</tr>
<tr>
<td>Percent of appointments that meet this standard</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Range</td>
<td>days</td>
<td>days</td>
<td>days</td>
</tr>
</tbody>
</table>

2. **The length of time from initial request to first face to face visit/appointment:**

   Use this text box to provide any specific methodological issues: Click or tap here to enter text.

<table>
<thead>
<tr>
<th>Data:</th>
<th>□ Entire System</th>
<th>□ County Operated Only</th>
<th>□ Contract Providers Only</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All Services</td>
<td>Adult Services</td>
<td>Children's Services</td>
</tr>
<tr>
<td>Average length of time from first request for service to first face to face appointment</td>
<td>days (mean)</td>
<td>days (mean)</td>
<td>days (mean)</td>
</tr>
<tr>
<td>DMC-ODS standard or goal for first face to face</td>
<td>days</td>
<td>days</td>
<td>days</td>
</tr>
<tr>
<td>Percent of appointments that meet this standard</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Range</td>
<td>days</td>
<td>days</td>
<td>days</td>
</tr>
</tbody>
</table>

3. **The length of time from initial MAT request (including Methadone) to first MAT appointment:**
4. **The length of time from service request for urgent appointment to actual encounter:**

Use this text box to provide any specific methodological issues: Click or tap here to enter text.

<table>
<thead>
<tr>
<th>Data:</th>
<th>Entire System</th>
<th>County Operated Only</th>
<th>Contract Providers Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unit of Measurement:</td>
<td>Days</td>
<td>Hours</td>
<td>Minutes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>All Services</th>
<th>Adult Services</th>
<th>Children's Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average length of time for urgent appointment</td>
<td>Mean Range</td>
<td>Mean Range</td>
<td>Mean Range</td>
</tr>
<tr>
<td>DMC-ODS standard or goal</td>
<td>days/hrs/min</td>
<td>days/hrs/min</td>
<td>days/hrs/min</td>
</tr>
<tr>
<td>Percent of appointments that meet this standard</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Range</td>
<td>days/hrs/min</td>
<td>days/hrs/min</td>
<td>days/hrs/min</td>
</tr>
</tbody>
</table>
5. **Timeliness of follow-up encounters post-residential (any level of residential) discharge:**

*Use this text box to provide any specific methodological issues:* Click or tap here to enter text.

<table>
<thead>
<tr>
<th>(NOTE: HEDIS measure goal is 7 days post-discharge)</th>
<th>All Services</th>
<th>Adult Services</th>
<th>Children's Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of residential admissions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of follow-up appointments within 7 days</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average length of time for a follow-up appointment after residential</td>
<td>days range</td>
<td>days range</td>
<td>average range</td>
</tr>
<tr>
<td>DMC-ODS standard or goal</td>
<td>days</td>
<td>days</td>
<td>days</td>
</tr>
<tr>
<td>Percent of appointment that meet this standard</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
</tbody>
</table>

6. **Withdrawal Management readmission rates within 30 days:**

*Use this text box to provide any specific methodological issues:* Click or tap here to enter text.

- ☐ All Providers Withdrawal Management
- ☐ Residential/Detox Only
- ☐ OP Detox Only

<table>
<thead>
<tr>
<th></th>
<th>All Services</th>
<th>Adult Services</th>
<th>Children's Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of withdrawal management admissions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number with readmission within 30 days</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Readmission rate (30 days)</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
</tbody>
</table>
7. **MAT (MD, NP, PA):**

Use this text box to provide any specific methodological issues: Click or tap here to enter text.

<table>
<thead>
<tr>
<th>Data: □ Entire System □ County Operated Only □ Contract Providers Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Services</td>
</tr>
<tr>
<td>---------------------</td>
</tr>
<tr>
<td>Average No Shows for MAT Providers</td>
</tr>
<tr>
<td>Average No Shows for NTP Providers</td>
</tr>
<tr>
<td>DMC-ODS standard or goal for MAT no shows</td>
</tr>
</tbody>
</table>

8. **Frequency of Timeliness Report Production:**

- □ Monthly
- □ Quarterly
- □ Semi-Annually
- □ Annually
- □ Other (Please describe: Click or tap here to enter text.)

9. **Frequency of Timeliness Report Review in □ QIC or □ Leadership Meetings □ Other:**

- □ Monthly
- □ Quarterly
- □ Semi-Annually
- □ Annually
- □ Other (Please describe: Click or tap here to enter text.)

Please include the de-identified source data used for the calculations included in this survey. This may be reports from your IS, Excel spreadsheets, or handwritten calculations. Please do not submit PHI.

If your DMC-ODS conducts any timeliness analysis by ethnic group or preferred language, please submit that as well.
CONTINUUM OF CARE FORM

Continuum of Care – DMC-ODS/ASAM
DMC-ODS Levels of Care & Overall Capacity:

County: Enter county name. Review Date(s): Enter review dates. Person Completing Form: Enter name of person completing form.

County Role for Access and Coordination of care for persons with SUD requiring social work/linkage/peer supports to coordinate care and ancillary services.
Describe County Role and Functions linked to access and coordination of care:

Case Management- Describe if it’s centralized or integrated into programs or both:
Monthly Estimated Billable hours of Case Management: Enter monthly estimated billable hours.

Comments:

How are you structuring Recovery Services?

Recovery Services – Support services for clients in remission from SUD having completed treatment services, but requiring ongoing stabilization and supports to remain in recovery including assistance with education, jobs, housing peer support.
Pick 1 or more as applicable and explain below:
1) Included with Outpatient sites as step-down
2) Included with Residential levels of care as step down
3) Included with NTPs as stepdown for clients in remission

Total Legal Entities: Enter the number of total legal entities. Choices: Enter all choices here.

Explanation:
What is your estimated monthly estimated billable hours of recovery support services?

Withdrawal Management Outpatient – withdrawal from SUD related drugs which lead to opportunities to engage in treatment programs (use DMC definitions).

Number of Sites: Enter the number of sites. Estimated Billable house per month: Enter hours.

How are you structuring it? - Pick 1 or more as applicable and explain below
  1) NTP?
  2) Hospital
  3) Outpatient
  4) Primary Care Sites

Choice(s): Enter choice(s) here.

Explanation:

How are you doing this?

Withdrawal Management Residential Beds- withdrawal management in a residential setting which may include a variety of supports for the withdrawal.

Number of Sites: Enter number of Sites. Estimated Billable hours per month: Enter hours.

Pick 1 or more as applicable and explain below:
  1) Hospitals
  2) Freestanding
  3) Within residential treatment center

Choice(s): Enter choice(s) here.

Explanation:

How are they organized?

NTP Programs- Narcotic Treatment Programs for opioid addiction and stabilization including counseling, methadone, and coordination of care.

Total Slots: Enter number of Slots. Number of Sites: Enter number of Slots.

Total Legal Entities: Enter total number of Entities.

Out of County NTP: Slots Enter number of Slots. Sites: Enter number of Slots.

In County NTP: Slots Enter number of Slots. Sites: Enter number of Slots.
MAT Outpatient (providing other drugs besides methadone)- Outpatient services providing MAT medical management including a range of medications other than methadone, usually accompanied by counseling for optimal outcomes.

Total Legal Entities: Enter total number of Entities. Number of Sites: Enter total number of Entities.

Comments:

Level 1: Outpatient – Less than 9 hours of outpatient services per week (6 hrs./week for adolescents) providing evidence based treatment.

Average estimated Billable hours per month: Enter hours. 
Total Legal Entities: Enter total number of Entities. Total Sites for all Legal Entities: Enter total number of Entities.

Comments:

Level 2.1: Outpatient/Intensive – 9 hours or more of outpatient services per week to treat multidimensional instability requiring high-intensity, outpatient SUD treatment.

Estimated Billable hours per month: Enter hours. 
Total Legal Entities: Enter total number of Entities. Total Sites for all Legal Entities: Enter total number of Entities.

Comments:

Level 2.5: Partial Hospitalization – 20 hours or more of outpatient services per week to treat multidimensional instability requiring high-intensity, outpatient treatment but not 24-hour care.

Total Number of Programs: Enter total number of Programs. 
Total Sites for all Legal Entities: Enter total number of Programs. 
Average Client Capacity per day: Enter average client capacity.
Comments:

**Level 3.1: Residential – Planned, and structured SUD treatment / recovery that are provided in a 24-hour residential care setting with patients receiving at least 5 hours of clinical services per week.**

Number of Program Sites: Enter total number of Program Sites.

*Total Sites for all Legal Entities*: Enter total number of Program Sites.

Total Beds: Enter total number of Beds.

Comments:

**Level 3.3: Clinically Managed, Population Specific, High-Intensity Residential Services – 24-hour structured living environments with high-intensity clinical services for individuals with significant cognitive impairments.**

Number of Program Sites: Enter total number of Program Sites.

*Number of Legal Entities*: Enter total number of Program Sites.

Total Bed Capacity: Enter total bed capacity.

(Can be flexed and combined in some settings with 3.5)

Comments:

**Level 3.5: Clinically Managed, High-Intensity Residential Services – 24-hour structured living environments with high-intensity clinical services for individuals who have multiple challenges to recovery and require safe, stable recovery environment combined with a high level of treatment services.**

Number of Program Sites: Enter total number of Program Sites.

*Number of Legal Entities*: Enter total number of Program Sites.

Total Bed Capacity: Enter total bed capacity.

(Can be flexed and combined in some settings with 3.5)

Comments:

**Level 3.7: Medically Monitored, High-Intensity Inpatient Services – 24-hour, professionally directed medical monitoring and addiction treatment in an inpatient setting.** (May be billing Health Plan/FFS not DMC-ODS but can you access service??)

Number of Program Sites: Enter total number of Program Sites.

*Number of Legal Entities*: Enter total number of Program Sites.

Total Bed Capacity: Enter total bed capacity.
Level 4: Medically Managed Intensive Inpatient Services – 24-hour services delivered in an acute care, inpatient setting. (billing Health Plan/FFS can you access services?)

Number of Program Sites: Enter total number of Program Sites.
**Number of Legal Entities:** Enter total number of Program Sites.
Total Bed Capacity: Enter total bed capacity.

Comments:
Information Systems Capabilities Assessment

(ISCA)
Version 1.0

Drug Medi-Cal Organized Delivery System

FY18-19

DMC-ODS Name: __________

Return an electronic copy of the completed assessment to DMC-EQRO for review by __________

This document was produced by the California External Quality Review Organization (DMC-EQRO) in collaboration with the California Department of Health Care Services – Substance Use Disorder Services Division and California Drug Medi-Cal Services stakeholders.
Contact Information

Insert DMC-ODS identification information below. The contact name should be the person completing or coordinating the completion of this assessment.

<table>
<thead>
<tr>
<th>ISCA contact name and title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing address:</td>
</tr>
<tr>
<td>Phone number:</td>
</tr>
<tr>
<td>Fax number:</td>
</tr>
<tr>
<td>E-mail address:</td>
</tr>
<tr>
<td>Identify primary persons who participated in completion of the ISCA (name, title):</td>
</tr>
<tr>
<td>Date assessment completed:</td>
</tr>
</tbody>
</table>

PURPOSE of the Information Systems Capabilities Assessment (ISCA)

Knowledge of the information systems (IS) capabilities of a Drug Medi-Cal – Organized Delivery System (DMC-ODS) is essential to evaluate the DMC-ODS’s capacity to manage the health care of its beneficiaries. The purpose of this assessment is to specify the desired capabilities of the DMC-ODS’s information systems and to pose standard questions to assess the strength of the DMC-ODS with respect to these capabilities. This will assist an External Quality Review Organization (EQRO) to assess the extent to which a DMC-ODS’s information systems can produce accurate data to measure encounters', performance, and other measures necessary to support quality assessment and improvement, as well as managing the care delivered to its beneficiaries.

OVERVIEW of the Assessment Process

Assessment of the DMC-ODS’s information systems is a process of four consecutive activities:

---

1 “For the purposes of this protocol, an encounter refers to the electronic record of a service provided to a Managed Care Organization Pre-Paid Inpatient Health Plan [DMC-ODS] enrollee by both institutional and practitioner providers (regardless of how the provider was paid) when the service would traditionally be a billable service under fee-for-service (FFS) reimbursement systems. Encounter data provides substantially the same type of information that is found on a claim form (e.g., UB-04 or CMS 1500), but not necessarily in the same format.” – Validating Encounter Data, CMS Protocol, P. 4; September 2012.
**Step One** involves the collection of standard information about each DMC-ODS’s information systems. This is accomplished by having the DMC-ODS complete an *Information Systems Capabilities Assessment (ISCA)* for Drug Medi-Cal Organized Delivery System Plans. DMC-EQRO developed the ISCA in cooperation with California stakeholders and the California Department of Health Care Services – Substance Use Disorder Division. It is provided to the DMC-ODS as part of the DMC-EQRO review notification packet. The California Department of Health Care Services – Substance Use Disorder Division defined the timeframe in which it expects the DMC-ODS to complete and return the tool. The DMC-ODS will commonly require input from multiple areas of the organization such as IT/IS, Finance, Operations, and Quality Improvement in completing the ISCA. The DMC-ODS may also attach additional sheets as needed and clearly identify them as applicable to the numbered item on the tool (e.g., 1.4, or 2.2.3).

**Step Two** involves a review of the completed ISCA by the EQRO reviewers. Materials submitted by the DMC-ODS will be reviewed in advance of a site visit.

**Step Three** involves a series of onsite and/or telephone interviews, and discussion with key DMC-ODS staff members who completed the ISCA, as well as other knowledgeable DMC-ODS staff members. The purpose of the interviews is to gather additional information to assess the integrity of the DMC-ODS’s information systems.

**Step Four** produces an analysis of the findings from both the ISCA and the follow-up discussions with the DMC-ODS staff. A summary report of the interviews, as well as the completed ISCA document, is included in an information systems section of the EQRO report. The report discusses the ability of the DMC-ODS to use its information systems and analyze its data to conduct quality assessment and improvement initiatives. Further, the report considers the ability of the DMC-ODS’s information systems to support the management and delivery of substance use disorder care to its beneficiaries.

**INSTRUCTIONS for completing the ISCA:**

- Please complete this survey using Microsoft Word. Insert your response after each question.
- Label the ISCA submission with your county name and applicable fiscal year. For example, “Alameda ISCA FY18-19.xx/xx/xxxx.doc”.
- Be as concise as possible. If information is not available, write “N/A” in your response. If additional space is needed, please continue your response on a separate page.
- For any ISCA question, you may attach existing documents which provide an answer. For example, if you have current policy and procedure documents that address a particular question, attach and reference these materials.
- Do not create documents expressly for the DMC-EQRO review.
- Do not submit any documents with protected health information (PHI)
- Do not submit any documents with personally identifiable information (PII)
- This ISCA pertains to the collection and processing of data for Drug Medi-Cal. In many situations, this may be no different from how a Drug DMC-ODS collects and processes commercial insurance or Medicare data. However, if your DMC-ODS manages Drug Medi-Cal
data differently than commercial or other data, please answer the questions only as they relate to Drug Medi-Cal beneficiaries and Drug Medi-Cal data.

For clarification, certain terms used in this ISCA are defined below:

**Practice Management** — Supports basic data collection and processing activities for common clinic/program operations such as new consumer registrations, consumer look-ups, admissions and discharges, diagnoses, services provided, billing, CalOMS reporting, and routine reporting for management needs such as caseload lists, productivity reports, and other day-to-day needs.

**Medication Tracking** — Includes history of medications prescribed by the DMC-ODS and/or externally prescribed medications, including over-the-counter drugs.

**Managed Care** — Supports the processes involved in authorizing services, receipt and adjudication of claims from providers, remittance advices, and related reporting and provider notifications.

**Electronic Health Records** — Clinical records stored in electronic form as all or part of a consumer’s file/chart and referenced by providers and others involved in direct treatment or related activities. This may include documentation such as assessments, treatment plans, progress notes, allergy information, lab results, and prescribed medications. It may also include electronic signatures.

**Contract Providers** — Treatment facilities and programs, many with long-standing contractual relationships with counties, that deliver services on behalf of a DMC-ODS and bill for their services through the DMC-ODS's Medi-Cal system. These are also known as organizational contract providers. They are required to submit cost reports to the DMC-ODS and are subject to audits. They are not staffed with their own employees, not county employees.
Section A - General Information

A.1. List the top priorities for your DMC-ODS’s IS department at the present time:

<table>
<thead>
<tr>
<th>Priority</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Active □ Pending</td>
</tr>
<tr>
<td></td>
<td>□ Active □ Pending</td>
</tr>
<tr>
<td></td>
<td>□ Active □ Pending</td>
</tr>
<tr>
<td></td>
<td>□ Active □ Pending</td>
</tr>
<tr>
<td></td>
<td>□ Active □ Pending</td>
</tr>
</tbody>
</table>

A.2. Describe any significant IS-related achievements or initiatives completed during the last year:


A.3. Do you have a current written business strategic plan for IS? If Yes, attach a copy or be prepared to provide it for review during on-site DMC-EQRO interview.

☐ Yes  ☐ No

A.4. How are Substance Use Disorder treatment services delivered?

Of the total number of services provided during the prior calendar or fiscal year, regardless of payment source, approximately what percentage was provided by:

<table>
<thead>
<tr>
<th>Type of Provider</th>
<th>Distribution budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>County-operated/staffed programs and facilities</td>
<td>%</td>
</tr>
<tr>
<td>Contract programs and facilities including NTP</td>
<td>%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>
A.5. Of the total number of services provided, approximately what percentage is claimed to Drug Medi-Cal?

A.6. Of the total number of services provided, approximately what percentages are claimed to Drug Medi-Cal or covered by other funding streams for the following types of providers:

<table>
<thead>
<tr>
<th>Type of Provider</th>
<th>Drug Medi-Cal</th>
<th>SAPT</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>County-operated/staffed clinics</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>100%</td>
</tr>
<tr>
<td>Contract providers</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Provide approximate total annual DMC-ODS budgeted amounts for the following funding streams by provider types:

<table>
<thead>
<tr>
<th>Type of Provider</th>
<th>Drug Medi-Cal</th>
<th>SAPT</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>County-operated/staffed programs</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Contract programs</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Total</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

A.7. What percentage of total annual DMC-ODS budget is dedicated to support information systems (operations, hardware, network, software license, ASP support, IT Staff)?

A.8. Who controls the budget determination process for information system operations identified in A.7:

- Under DMC-ODS control
- Allocated to DMC-ODS but managed by another County department
- Combination of DMC-ODS control and another County department or Agency
A.9. Please estimate the number of people that use your current information system:

<table>
<thead>
<tr>
<th>Type of Staff</th>
<th>Estimated Number of Hands-on Users</th>
</tr>
</thead>
<tbody>
<tr>
<td>DMC-ODS Administrative and Clerical</td>
<td></td>
</tr>
<tr>
<td>DMC-ODS Clinical</td>
<td></td>
</tr>
<tr>
<td>DMC-ODS Quality Improvement</td>
<td></td>
</tr>
<tr>
<td>Contract provider Administrative and Clerical</td>
<td></td>
</tr>
<tr>
<td>Contract provider Clinical</td>
<td></td>
</tr>
<tr>
<td>Contract provider Quality Improvement</td>
<td></td>
</tr>
</tbody>
</table>

**Primary Information Systems Used by the DMC-ODS**

A.10. Describe the primary practice management and clinical systems currently in use:

<table>
<thead>
<tr>
<th>System/Application</th>
<th>Function</th>
<th>Version/Build/Promotion</th>
<th>Vendor/Supplier</th>
<th>Years Used</th>
<th>Operated or Hosted By</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A.10.1. What functions do these products perform or support?

(Click all that currently are used)

- [ ] Practice Management
- [ ] Managed Care
- [ ] Electronic Health Record (EHR)
- [ ] Outcomes Measurement
- [ ] Referral Management
- [ ] Appointment Scheduling
- [ ] e-Prescribing
- [ ] Document Imaging/Storage
- [ ] Personal Health Record (PHR)
- [ ] Care Coordination
- [ ] Medication Tracking
- [ ] Data Warehouse/Mart
- [ ] Laboratory Results
- [ ] Registration
A.10.2. Who performs programming changes/upgrades for software application(s)?

(Check all that apply)

☐ Vendor IS  ☐ DMC-ODS IS  ☐ County IS
☐ Health Agency IS  ☐ Contract Staff/Consultant  ☐ Application Service Provider (ASP)
☐ Other (describe):

A.10.3. Who is responsible for performing daily operation tasks for the IS system?
(Includes running batch jobs, performing backups, monitoring status, etc.)

(Check all that apply)

☐ Vendor IS  ☐ DMC-ODS IS  ☐ County IS
☐ Health Agency IS  ☐ Contract Staff/Consultant  ☐ ASP
☐ Non-vendor ASP  ☐ Other (describe):

A.10.4. Where are primary systems physically housed/sited?

☐ DMC-ODS site  ☐ Health Agency IS site  ☐ County IS site
☐ ASP Model — hosted by application service provider  ☐ ASP Model — hosted by third-party independent hosting service
☐ Other (describe):

A.10.5. What departments/agencies, other than the DMC-ODS, have access to the EHR systems?

(Check all that apply)

☐ Health Plan  ☐ Federal Qualified Health Center (FQHC)
☐ Mental Health Contract Providers  ☐ Community/Rural Health Center (CHC – RHC)
☐ Public Health  ☐ Primary Care Providers (PCP)
☐ Hospital  ☐ Indian Health Center (IHC)
A.10.6. Identify your connectivity infrastructure to county sites and contract provider sites. (Check all that apply)

<table>
<thead>
<tr>
<th>Wide Area Network</th>
<th>Local Area Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Fiber Optic Cable</td>
<td>☐ Fiber Optic to the desktop</td>
</tr>
<tr>
<td>☐ Copper Cable</td>
<td>☐ CAT 5 or 6</td>
</tr>
<tr>
<td>☐ Internet Service Provider</td>
<td>☐ CAT 4 or prior</td>
</tr>
<tr>
<td>☐ Microwave</td>
<td>☐ Wireless (WiFi)</td>
</tr>
</tbody>
</table>

A.11. Do you monitor EHR system percent of uptime and availability for clinical sites? (If Yes, be prepared to provide information when DMC-EQRO is onsite.)
☐ Yes ☐ No

A.11.1. Do you have a standard or periodically measure end-user response time?
☐ Yes ☐ No

A.11.2. If Yes, what is your standard and recent user response time test results?
EHR Functions

A.12. Indicate the status of the DMC-ODS EHR deployment in the table below?

<table>
<thead>
<tr>
<th>Function</th>
<th>Application/Vendor</th>
<th>Go Live Date (mm/yyyy)</th>
<th>Contract Provider Access (None/Look-up only/Full/NA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alerts</td>
<td></td>
<td></td>
<td>□ None □ Look-Up Only □ Full □ NA</td>
</tr>
<tr>
<td>Assessments</td>
<td></td>
<td></td>
<td>□ None □ Look-Up Only □ Full □ NA</td>
</tr>
<tr>
<td>Care Coordination</td>
<td></td>
<td></td>
<td>□ None □ Look-Up Only □ Full □ NA</td>
</tr>
<tr>
<td>Document imaging/storage</td>
<td></td>
<td></td>
<td>□ None □ Look-Up Only □ Full □ NA</td>
</tr>
<tr>
<td>Electronic signature-consumer</td>
<td></td>
<td></td>
<td>□ None □ Look-Up Only □ Full □ NA</td>
</tr>
<tr>
<td>Laboratory results (eLab)</td>
<td></td>
<td></td>
<td>□ None □ Look-Up Only □ Full □ NA</td>
</tr>
<tr>
<td>Level of Care/Level of Service</td>
<td></td>
<td></td>
<td>□ None □ Look-Up Only □ Full □ NA</td>
</tr>
<tr>
<td>Outcomes</td>
<td></td>
<td></td>
<td>□ None □ Look-Up Only □ Full □ NA</td>
</tr>
<tr>
<td>Prescriptions (eRx)</td>
<td></td>
<td></td>
<td>□ None □ Look-Up Only □ Full □ NA</td>
</tr>
<tr>
<td>Progress notes</td>
<td></td>
<td></td>
<td>□ None □ Look-Up Only □ Full □ NA</td>
</tr>
<tr>
<td>Referral Management</td>
<td></td>
<td></td>
<td>□ None □ Look-Up Only □ Full □ NA</td>
</tr>
<tr>
<td>Treatment plans</td>
<td></td>
<td></td>
<td>□ None □ Look-Up Only □ Full □ NA</td>
</tr>
</tbody>
</table>
A.12.1. What is your official Chart of Record for county-operated clinics/programs?

☐ Paper  ☐ Electronic  ☐ Combination

A.12.1.1. If you checked Paper for A.12.1, what remains on paper? (Check all that apply)

☐ Medical Consent  ☐ Release of Information
☐ Consumer Action Schedules  ☐ Crisis Assessments
☐ Level of Care  ☐ Laboratory Results
☐ Hospital Release Documents  ☐ Outcomes

A.13. Does your DMC-ODS use tele-medicine for county-operated clinics/programs?

☐ Yes  ☐ No

A.13.1. If No, do you have plans to implement within next 12 months?

☐ Yes  ☐ No

A.13.2. If A.13 Yes, please provide the following information about the system.

<table>
<thead>
<tr>
<th>Equipment Provider/Vendor:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Equipment maintained by:</td>
<td></td>
</tr>
<tr>
<td>Have Use Policy &amp; Procedures:</td>
<td></td>
</tr>
<tr>
<td>Number sites currently operational:</td>
<td></td>
</tr>
<tr>
<td>Number of beneficiaries served last year (Total):</td>
<td></td>
</tr>
<tr>
<td>Adult:</td>
<td></td>
</tr>
<tr>
<td>Children/Youth:</td>
<td></td>
</tr>
<tr>
<td>Older Adult:</td>
<td></td>
</tr>
<tr>
<td>Total number of tele-medicine encounters provided last year:</td>
<td></td>
</tr>
<tr>
<td>Total number of tele-medicine encounters provided in languages other than English during same period as above:</td>
<td></td>
</tr>
</tbody>
</table>
A.13.3. If A.13 Yes, identify threshold languages directly supported by County or contract healthcare professional staff during the past year. Do not include language line capacity or interpreter services.

(Check all that apply)
- [ ] Spanish
- [ ] Vietnamese
- [ ] Tagalog
- [ ] Cantonese
- [ ] Mandarin
- [ ] Farsi
- [ ] Arabic
- [ ] Russian
- [ ] Hmong
- [ ] Korean
- [ ] Armenian
- [ ] Cambodian
- [ ] Other Chinese

A.13.4. If A.13 Yes, identify primary reason(s) for using tele-medicine as a service extender:

(Check all that apply)
- [ ] Hiring healthcare professional staff locally is difficult
- [ ] For linguistic capacity or expansion
- [ ] To serve outlying areas within the county
- [ ] To serve consumers temporarily residing outside the county
- [ ] Reduce travel time for healthcare professional staff
- [ ] Reduce travel time for consumers
- [ ] Other (Please describe:___________)

A.14. Do any contract providers also use tele- services as a service extender?

[ ] Yes  [ ] No

A.14.1. If A.14 Yes identify contract providers who provide tele-medicine services using their own equipment. Complete the following information:

<table>
<thead>
<tr>
<th>Direct Contract Provider Name</th>
<th>Languages Supported</th>
<th>Number of Site Locations</th>
<th>Number of Consumers Served Past Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Public Information Sharing /Communications

A.15. Provide DMC-ODS or county public URL (web site) used to inform the community of available services, service locations, and relevant access/engagement information.

A.16. Who is responsible to maintain and update DMC-ODS web site?

A.17. Does your DMC-ODS have a Social Media policy? If so, please provide a copy.

☐ Yes  ☐ No
SECTION B.  Data Collection and Processing

Data Timeliness, Accuracy and Completeness

B.1.  Please specify what the expectation is for timely entry of service/progress notes.

(Select only one that most closely matches the DMC-ODS timeliness policy)

<table>
<thead>
<tr>
<th>Option</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Same Day</td>
<td>☐ Yes</td>
</tr>
<tr>
<td>Within 5 Days</td>
<td>☐ No</td>
</tr>
<tr>
<td>Within 24 Hours</td>
<td>☐ Yes</td>
</tr>
<tr>
<td>Within 7 Days</td>
<td>☐ No</td>
</tr>
<tr>
<td>Within 3 days</td>
<td>☐ Yes</td>
</tr>
<tr>
<td>More than 7 Days</td>
<td>☐ No</td>
</tr>
</tbody>
</table>

B.1.1.  Describe how you audit compliance with this policy. Include an example of any available summary data and the period of time this represents.

B.2.  Describe how you ensure that all services provided were entered into your information system?

B.3.  Do you review the following data items for accuracy and completeness at specified frequencies?

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>☐ Yes</td>
</tr>
<tr>
<td>Date of birth</td>
<td>☐ Yes</td>
</tr>
<tr>
<td>Race/ethnicity</td>
<td>☐ Yes</td>
</tr>
<tr>
<td>Primary language</td>
<td>☐ Yes</td>
</tr>
<tr>
<td>Dates of services</td>
<td>☐ Yes</td>
</tr>
<tr>
<td>Procedure codes</td>
<td>☐ Yes</td>
</tr>
<tr>
<td>Diagnoses</td>
<td>☐ Yes</td>
</tr>
<tr>
<td>Language service delivered</td>
<td>☐ Yes</td>
</tr>
</tbody>
</table>

B.3.1.  Identify the staff or the unit responsible to monitor for accuracy and completeness.

B.4.  Describe how data errors discovered during back-end validations/processing are reported out and corrected.
B.4.1. Written protocols and/or procedures to identify and correct data errors.

<table>
<thead>
<tr>
<th>Have documented procedures for handling data errors?</th>
<th>☐ Yes</th>
<th>☐ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does protocol/procedures apply to contract providers?</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
</tbody>
</table>

B.5. Describe any recent audit findings and recommendations. This may include Drug Medi-Cal audits, independent county-initiated IS or other audits, OIG audits, and others.

B.6. Who is responsible for authorizing and implementing the following EHR and Practice Management system activities?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Who authorizes? (Staff title or committee/working group)</th>
<th>Who implements? (Staff title or committee/working group)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establishes new providers/reporting units/cost centers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Determines allowable services for a provider/RU/CC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Establishes or decides changes to billing rates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Determines assignments of payer types to services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Determines staff billing rights/restrictions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Determines level of access to information system</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Terminates or expires access to information system</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Staff Credentialing

B.7. Describe your process to validate all healthcare provider credentials and NPI?
B.7.1. Describe how you are alerted when healthcare provider credentials are no longer active?

Training

B.8. List regular EHR training offerings and frequency of trainings for clinical staff, or, provide a list of classes conducted over the past year.

B.9. List regular IS training offerings and frequency of trainings for Business and Billing staff, or, provide a list of classes conducted over the past year.

B.10. Do you maintain a formal record or log of IS/computer training activities?

☐ Yes  ☐ No

B.11. How frequently are HIPAA Security and Privacy trainings conducted?
(Check all that apply)

☐ New Employee Orientation  ☐ Once Annually
☐ Monthly  ☐ Available on Demand
☐ Quarterly  ☐ Periodically

B.11.1. Do you monitor or review your contract providers HIPAA Security and Privacy trainings and attendance log? 42 CFR Part B?

☐ Yes  ☐ No
B.12. How many IS technology full time equivalent (FTE) positions currently authorized for the DMC-ODS (do not count those for the MHP).

<table>
<thead>
<tr>
<th>IS authorized FTEs (Include Employees and Contractors)</th>
<th>Number of New FTEs</th>
<th>Number of Employees or Contractors Retired, Transferred, Terminated within the last year</th>
<th>Number of Unfilled Positions for more than 12 months</th>
<th>Number of Unfilled Positions for less than 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B.12.1. Has the number of authorized/approved FTE positions increased or decreased during the past year?

☐ Increased  ☐ Decreased  ☐ No Change

B.12.2. Do you use an Application Service Provider to maintain and support the EHR?

☐ Yes  ☐ No

B.13. How many data analytical FTEs do you currently have for the DMC-ODS and what are the changes during the past 12 months.

(Only report number FTEs that are not already included in the count provided in B.13 above).

<table>
<thead>
<tr>
<th>Data Analytical authorized FTEs (Include Employees and Contractors)</th>
<th>Number of New FTEs in the last year</th>
<th>Number of Employees or Contractors Retired, Transferred, Terminated in past year</th>
<th>Current Number of Unfilled Positions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Vacant</th>
<th>Total FTEs Vacant more than 12 months</th>
<th>Total FTEs Vacant less than 12 months</th>
</tr>
</thead>
</table>
Staff/Contract Provider Communications

B.15. Does your DMC-ODS have User Groups or other forums for the staff to discuss information system issues and share knowledge, tips, and concerns?

<table>
<thead>
<tr>
<th>Type of Group</th>
<th>Meeting Frequency (Weekly, monthly, quarterly, as needed)</th>
<th>Who chairs meetings? (Name and title)</th>
<th>Meeting minutes? (Yes/No)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clerical User Group</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical User Group</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial User Group</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contract Providers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reports User Group</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IS Vendor Group</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B.16. What types of technology do you utilize to communicate policy, procedures, and information among DMC-ODS staff?
(Check all that apply)

- [ ] Web server
- [ ] Intranet server
- [ ] Shared network folders/files
- [ ] Content management software
- [ ] E-mail
- [ ] SharePoint

B.17. How do contract providers submit consumer and service data to the DMC-ODS?
(Check all that apply)

<table>
<thead>
<tr>
<th>Submittal Method</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Direct entry into DMC-ODS IS</td>
<td>[ ] Daily [ ] Weekly [ ] Monthly</td>
</tr>
<tr>
<td>[ ] Electronic batch file transfer to DMC-ODS IS</td>
<td>[ ] Daily [ ] Weekly [ ] Monthly</td>
</tr>
<tr>
<td>[ ] Electronic Data Interchange (EDI) to DMC-ODS IS</td>
<td>[ ] Daily [ ] Weekly [ ] Monthly</td>
</tr>
<tr>
<td>[ ] Documents/files e-mailed to DMC-ODS</td>
<td>[ ] Daily [ ] Weekly [ ] Monthly</td>
</tr>
<tr>
<td>[ ] Paper documents faxed to DMC-ODS</td>
<td>[ ] Daily [ ] Weekly [ ] Monthly</td>
</tr>
<tr>
<td>[ ] Paper documents delivered to DMC-ODS</td>
<td>[ ] Daily [ ] Weekly [ ] Monthly</td>
</tr>
<tr>
<td>[ ] Health Information Exchange</td>
<td>[ ] Real Time [ ] Batch</td>
</tr>
</tbody>
</table>

B.18. Briefly describe how you validate the integrity of claims data transferred from contract providers?
SECTION C.  Drug Medi-Cal Claims Processing

C.1.  Indicate normal cycle for submitting current fiscal year Medi-Cal claim files to DHCS.

☐ Monthly  ☐ More than 1x month  ☐ Weekly  ☐ More than 1x weekly

C.2.  Do you have an internal operations manual or other documentation that describes activities to prepare SD/MC claims? (Be prepared to present and discuss this during the DMC-EQRO review.)

☐ Yes  ☐ No

C.3.  Indicate current method for submitting Medicare Part B claims for physician MAT services to fiscal intermediary?

☐ Clearinghouse  ☐ Electronic  ☐ Paper

C.4.  What Medi-Cal eligibility sources does your DMC-ODS use to determine eligibility?  (Check all that apply)

☐ IS Inquiry/retrieval from MEDS  ☐ Eligibility verification using 270/271
☐ MEDS terminal (standalone)  ☐ AEVS
☐ MEDS terminal (integrated with IS)  ☐ Web-based search
☐ MMEF  ☐ Other

C.4.1.  Do you have procedures in place that monitor or review retroactive eligibility?

☐ Yes  ☐ No

C.5.  Does your system store the Medi-Cal eligibility information listed below?

<table>
<thead>
<tr>
<th>Item</th>
<th>System stores automatically? (Y/N)</th>
<th>System stores but manually entered? (Y/N)</th>
<th>Able to use/query for reports? (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIN</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligibility Verification Confirmation (EVC)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>County of eligibility</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aid codes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group Aid Codes – SSI eligible</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Share of cost information</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C.6.  Do you have an Operations Manual or other documentation that describes how Drug Medi-Cal Remittance Advice (835) are analyzed for accuracy and/or completeness?  (Be prepared to present and discuss this during the DMC-EQRO review.)

☐ Yes  ☐ No
C.7. Do you have the capability to perform end-to-end (837/835) claims reconciliation to validate the adjudication of submitted claims?

☐ Yes  ☐ No

C.7.1. If Yes, identify the type of product or application used:

- Local Excel Worksheet or Access Database
- Local SQL Database, supported by DMC-ODS/Health/County staff
- Web-based application, supported by DMC-ODS staff
- Web-based application, including your Electronic Health Record system, supported by Vendor or ASP Staff
- Outside consultant

C.7.2. What is the name of the product or application?
SECTION D.  Information Systems Security and Controls

D.1.  Indicate the frequency of back-ups that are required to protect your primary information systems and data. (Check all that apply)

<table>
<thead>
<tr>
<th>Back-up Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>□  Daily full back-up</td>
</tr>
<tr>
<td>□  Weekly full back-up</td>
</tr>
<tr>
<td>□  Other:</td>
</tr>
</tbody>
</table>

D.1.1.  Where is the back-up media stored? (Check all that apply)

<table>
<thead>
<tr>
<th>Back-up location</th>
</tr>
</thead>
<tbody>
<tr>
<td>□  DMC-ODS site</td>
</tr>
<tr>
<td>□  Health Department site</td>
</tr>
<tr>
<td>□  Data Security Vendor</td>
</tr>
</tbody>
</table>

D.1.2.  How often do you require passwords to be changed?

<table>
<thead>
<tr>
<th>Password Change Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>□  ≤ 60 days</td>
</tr>
<tr>
<td>□  91 – 180 days</td>
</tr>
<tr>
<td>□  &gt; 365 days</td>
</tr>
</tbody>
</table>

D.1.3.  Have you adopted guidelines or a local policy for password management?
□ Yes □ No

D.1.4.  Do you require passwords to contain a combination of alphabetic characters, numbers, and/or special characters?
□ Yes □ No

D.2.  Do you have policies and procedures that describe the provisions in place for the following? Be prepared to discuss during the DMC-EQRO interview, if requested.

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical security of the computer system(s) and hardcopy files</td>
<td>□ Yes  □ No</td>
</tr>
<tr>
<td>Security of laptops and other portable storage devices</td>
<td>□ Yes  □ No</td>
</tr>
<tr>
<td>Management of user access</td>
<td>□ Yes  □ No</td>
</tr>
<tr>
<td>Termination of user access</td>
<td>□ Yes  □ No</td>
</tr>
</tbody>
</table>
D.3. Do you have policies and procedures that describe the privacy provisions for release of information in 42CFR, Part 2?

☐ Yes ☐ No

D.3.1. Do you have “break-the-glass” capability in your EHR system that records release of information?

☐ Yes ☐ No

D.4. Do you require encryption for laptops or other portable storage devices that contain consumers Protected Health Information (PHI)?

☐ Yes ☐ No

D.5. Does your network employ intrusion detections methodologies to protect consumer data?

☐ Yes ☐ No

D.6. Has your network experienced cyberattack or other data breach attempts within the past year? If so, be prepared to discuss while DMC-EQRO is onsite.

☐ Yes ☐ No

D.7. Does the County or DMC-ODS have a Business Continuity Plan for critical business functions that is compiled and maintained in readiness for use in the event of an emergency or disaster? If so, be prepared to discuss while DMC-EQRO is onsite.

☐ Yes ☐ No

D.7.1. Does the County or DMC-ODS have an exercise and testing program to ensure staff have good understanding of their roles and responsibilities to effectively implement the business continuity plan?

☐ Yes ☐ No
SECTION E.  Data Access, Usage and Analysis

E.1.  Who are the people most responsible for analyzing data from your information system?

<table>
<thead>
<tr>
<th>Staff Name/Title</th>
<th>Organization/Department/Division</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
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</tr>
</tbody>
</table>

E.2.  Describe two examples of data analyses performed in the last year that were used in quality improvement or business process improvement activities. Be prepared to discuss during the DMC-EQRO review, if requested.

E.3.  Indicate the reporting tools used by your staff to create reports from the IS.

☐ Microsoft Excel  ☐ Microsoft Access  ☐ Other
☐ Crystal Reports  ☐ SPSS
☐ SAS  ☐ Cognos
☐ Dashboard Software  ☐ Vendor-supplied Report Writer

E.4.  What percentage of clients with a substance use disorder diagnosis are indicated in your EHR System as also having a co-occurring mental health disorder diagnosis?

%  

E.4.1.  What do you estimate is the actual percentage of clients with a substance use disorder who also have a co-occurring mental health disorder?

%  

E.5.  Does the system capture ASAM recommended Level of Care recommendations, referrals and admissions for clients?

☐ Yes  ☐ No
E.5.1. What percentage of clients who request treatment through the DMC-ODS are screened for referrals using ASAM criteria?

%  

E.6. Does the system track reasons for referrals that do not match the ASAM Criteria-based recommendation for level of care placement?

☐ Yes  ☐ No

E.6.1. Does the EHR System track whether the person requesting treatment was eventually admitted into a treatment program?


E.7. How frequently do you calculate Drug Medi-Cal beneficiary penetration rates? (Note: Please coordinate with QI in responding to this question as this may be separately tracked.)

☐ Monthly  ☐ Quarterly  
☐ Annually  ☐ Rely on DMC-EQRO data

E.7.1. What are the data sources for the numerator and denominator of your DMC-ODS’s penetration rate?


E.7.2. For what specific purposes are the penetration rate data used?


E.8. Do you use prevalence data to measure your potential unmet service needs? (Note: Please coordinate with QI in responding to this question as this may be separately tracked.)

☐ Yes  ☐ No

E.8.1. If Yes, what are the data sources for estimating the potential unmet service needs?

☐ CHIS  ☐ Special Studied  
☐ NSDUH  ☐ If other, specify below

E.8.2. For what specific purposes are the unmet needs data used?
Performance Improvement Project (PIP)
Implementation & Submission Tool for DMC-ODS Initial Submissions

Planning Template to develop a successful conceptual pip:
Introduction & Instruction

This tool provides a structure for development and submission of Performance Improvement Projects (PIPs). It is based on EQR Protocol 3: Validating Performance Improvement Projects (PIPs), as a mandatory protocol delivered by the Centers for Medicare & Medicaid Services (CMS) in September of 2012.

The use of this format for organizing your PIP submission will assure that the DMC-ODS addresses all the required elements of a PIP. If the DMC-ODS uses another format, they must ensure that all the required elements of the PIP are addressed and included in their submission. PLEASE fully complete each section and answer ALL questions. Technical help is available at BHC from the DMC EQRO Project Director and staff, Rama Khalsa, rama.khalsa@bhceqro.com and 855-385-3776, ext 136.

- The PIP should target improvement that benefits clients in either a clinical or non-clinical service delivered by the DMC-ODS.
- The PIP process is not used to evaluate the effectiveness of a specific program operated by the DMC-ODS. If a specific program is experiencing identified problems, changes and interventions can be studied using the PIP process. This can be done to create improvements in the program and should be included in the narrative. The goal is to have improvements that can be generalized to the system or a set of clients.
- The narrative should explain how addressing the study issue will also address a broad spectrum of consumer care and services over time. If the PIP addresses a high-impact or high-risk condition, it may involve a smaller portion of the DMC-ODS consumer population, so the importance of addressing this type of issue must be detailed in the study narrative. In other words, start small and manageable and bring to scale across the organization if the intervention(s) work(s).
- Each year a PIP is evaluated, is separate and specific. Although topic selection and explanation may cover more than one PIP year (and in some cases more than one target issue), every section should be reviewed and updated, as needed, each year to ensure continued relevance and to address on-going and new interventions or changes to the study based on knowledge gained so far.
- If sampling methods are used, the PIP plan presented must include the appropriateness and validity of the sampling method, the type of sampling method used and why, and what statistical subset of the consumer population was used.
- General information about the use of sampling methods and the types of sampling methods to use to obtain valid and reliable information can be found in Appendix II of the EQR Protocols.³

Identification of DMC-ODS performance improvement Plan/Project

DMC Name: __________________________

Project Title: __________________________

Check One: Clinical Non-Clinical

Project Leader: __________________________

Title: __________________________

Role: __________________________

Start Date (MM/DD/YY): __________________________

Completion Date (MM/DD/YY): __________________________

Projected Study Period (# of months): __________________________

Brief Description of PIP:

( Please include the GOAL of the PIP and what the PIP is attempting to accomplish.)

Step 1: Select & Describe the Study Topic

1. The PIP Study Topic selection narrative should include a description of stakeholders involved in developing and implementing the PIP. DMCs are encouraged to seek input from consumers and all stakeholders who are users of, or are concerned with specific areas of service.

2. Define the problem.

   The problem to be addressed should be clearly stated with narrative explanation including what brought the problem to the attention of the DMC-ODS.
Step 2: Define & Include the DMC-ODS Study Question

The study question must be stated in a clear, concise and answerable format. It should identify the focus of the PIP. The study question establishes a framework for the goals, measurement, and evaluation of the study. *Technical assistance is available to help with this formulation as needed.*

Step 3: Identify DMC-ODS Study Population

Clearly identify the SUD client population included in the study.
Step 4: Select & Explain the DMC-ODS Study Indicators

“A study indicator is a measurable characteristic, quality, trait, or attribute of a particular individual, object, or situation to be studied.” Each Performance Improvement Project must include one or more measurable indicators to track performance and improvement over a specific period of time.

The indicators will be evaluated based on:
- Why they were selected;
- How they measure performance;
- How they measure change in mental health status, functional status, beneficiary satisfaction; and/or
- Have outcomes improved that are strongly associated with a process of care;
- Do they use data available through administrative, medical records, or another readily accessible source; and
- Relevance to the study question and goal.

For example, reducing the “no show” rate of clients for Medication Assisted Treatment is a measurable indicator which relates to the process of care and access to care. Reducing “no show” rates also relates to efficiency and clinical outcomes, i.e. not accessing regularly prescribed medications for treatment and recovery.

Specify the performance indicators in a Table with as much detail as possible

Example:

<table>
<thead>
<tr>
<th></th>
<th>Describe Performance Indicator</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Baseline for Performance Indicator (number)</th>
<th>Goal (number)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
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<td>3</td>
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<td></td>
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</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

3 EQR Protocol 3, Validation of Performance Improvement Project, Sept. 2012, DHHS, Centers for Medicare & Medicaid Services (CMS), OMB Approval No. 0938-0786
Step 5: Sampling Methods (if applicable)

The DMC must provide the study description and methodology. SAMPLING is not required. Instead the DMC could pick a single program site or whole group such as youth 0-18 with specific diagnoses. SAMPLING methods are very technical statistically and can create problems with strong research support. It is therefore encouraged that DMCs not start with sampling methods without strong research and statistical capacity in their departments.

______ N of enrollees in sampling frame
______ N of sample
______ N of participants (i.e. - return rate)
A study design must be developed that will show the impact of all planned interventions. Client interventions should have some client input into their selection and relevance to the issues at hand.
Step 7: Develop & Describe Study Interventions

The DMC must develop reasonable interventions that address causes/barriers identified through data analysis and QI processes.

Example:

<table>
<thead>
<tr>
<th>Number of Intervention</th>
<th>List each Specific Intervention</th>
<th>Barriers/Causes Intervention Designed to Target</th>
<th>Corresponding Indicator</th>
<th>Date Applied</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Data analysis begins with examining the performance of each intervention, based on the defined indicators and anticipated goals. (For detailed guidance, follow the criteria outlined in Protocol 3, Activity 1, Step 8.)

Present objective data analysis results for each performance indicator. A Table can be included (see example), and attach all supporting data, tables, charts, or graphs as appropriate.

**Example:**

<table>
<thead>
<tr>
<th>Performance Indicator</th>
<th>Date of Baseline Measurement</th>
<th>Baseline Measurement (numerator/denominator)</th>
<th>Goal for % Improvement</th>
<th>Intervention Applied &amp; Date</th>
<th>Date of Re-measurement</th>
<th>Results (numerator/denominator)</th>
<th>% Improvement Achieved</th>
</tr>
</thead>
</table>
Step 9: Assess Whether Improvement is “Real” improvement

Real and sustained improvement are the result of a continuous cycle of measuring and analyzing performance, thoroughly analyzing results, and ensuring implementation of appropriate solutions.

It is essential to determine if the reported change is “real” change, or the result of an environmental or unintended consequence, or random chance.
## General Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>DMC-ODS</td>
<td>☐ Clinical PIP ☐ Non-Clinical PIP</td>
</tr>
<tr>
<td>PIP Title</td>
<td></td>
</tr>
<tr>
<td>Start Date (MM/DD/YY)</td>
<td></td>
</tr>
<tr>
<td>Completion Date (MM/DD/YY)</td>
<td></td>
</tr>
<tr>
<td>Projected Study Period (No of Months):</td>
<td></td>
</tr>
<tr>
<td>Completed</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Date(s) of On-Site Review (MM/DD/YY):</td>
<td></td>
</tr>
<tr>
<td>Name of Reviewer</td>
<td></td>
</tr>
</tbody>
</table>

### Status of PIP (Only Active and ongoing, and completed PIPs are rated):
- Active and ongoing (baseline established and interventions started)
- Completed since the prior External Quality Review (EQR)
- Not rated. Comments provided in the PIP Validation Tool for technical assistance purposes only.
- Concept only, not yet active (interventions not started)
- Inactive, developed in a prior year
- Submission determined not to be a PIP

### Brief Description of PIP (including goal and what PIP is attempting to accomplish):
### ACTIVITY 1: ASSESS THE STUDY METHODOLOGY

#### STEP 1: Review the Selected Study Topic(s)

<table>
<thead>
<tr>
<th>Component/Standard</th>
<th>Score</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Was the PIP topic selected using stakeholder input? Did the DMC-ODS develop a multi-functional team compiled of stakeholders invested in this issue?</td>
<td>☐ Met</td>
<td>2</td>
</tr>
<tr>
<td>1.2 Was the topic selected through data collection and analysis of comprehensive aspects of enrollee needs, care, and services?</td>
<td>☐ Met</td>
<td>3</td>
</tr>
</tbody>
</table>

#### Select the category for each PIP:

- **Clinical:**
  - Prevention of an acute or chronic condition
  - Care for an acute or chronic condition

- **Non-Clinical:**
  - Process of accessing or delivering care

- **Demographics:**
  - Age Range
  - Race/Ethnicity
  - Gender
  - Language
  - Other

| 1.3 Did the Plan’s PIP, over time, address a broad spectrum of key aspects of enrollee care and services? | ☐ Met | 4 |
| 1.4 Did the Plan’s PIPs, over time, include all enrolled populations (i.e., did not exclude certain enrollees such as those with special health care needs)? | ☐ Met | 5 |

#### Totals

<table>
<thead>
<tr>
<th>☑ Met</th>
<th>☞ Partially Met</th>
<th>☑ Not Met</th>
<th>☐ UTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;#&gt;</td>
<td>&lt;#&gt;</td>
<td>&lt;#&gt;</td>
<td>&lt;#&gt;</td>
</tr>
</tbody>
</table>
### STEP 2: Review the Study Question(s)

2.1 Was the study question(s) stated clearly in writing?
- Does the question have a measurable impact for the defined study population?

*Include study question as stated in narrative:*

<table>
<thead>
<tr>
<th></th>
<th>Met</th>
<th>Partially Met</th>
<th>Not Met</th>
<th>Unable to Determine</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>6</td>
</tr>
</tbody>
</table>

### STEP 3: Review the Identified Study Population

3.1 Did the Plan clearly define all Medi-Cal enrollees to whom the study question and indicators are relevant?

*Demographics:*
- Age Range
- Race/Ethnicity
- Gender
- Language
- Other

<table>
<thead>
<tr>
<th></th>
<th>Met</th>
<th>Partially Met</th>
<th>Not Met</th>
<th>Unable to Determine</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>7</td>
</tr>
</tbody>
</table>

3.2 If the study included the entire population, did its data collection approach capture all enrollees to whom the study question applied?

*Methods of identifying participants:*
- Utilization data
- Referral
- Self-identification
- Other: <Text if checked>

<table>
<thead>
<tr>
<th></th>
<th>Met</th>
<th>Partially Met</th>
<th>Not Met</th>
<th>Unable to Determine</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>8</td>
</tr>
</tbody>
</table>

### STEP 4: Review Selected Study Indicators

4.1 Did the study use objective, clearly defined, measurable indicators?

*List indicators:*

<Text>

<table>
<thead>
<tr>
<th></th>
<th>Met</th>
<th>Partially Met</th>
<th>Not Met</th>
<th>Unable to Determine</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
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</tbody>
</table>
4.2 Did the indicators measure changes in: health status, functional status, or enrollee satisfaction, or processes of care with strong associations with improved outcomes? All outcomes should be client focused.

- ☐ Health Status
- ☐ Functional Status
- ☐ Member Satisfaction
- ☐ Provider Satisfaction

Are long-term outcomes clearly stated? ☐ Yes  ☐ No

Are long-term outcomes implied?  ☐ Yes  ☐ No

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**STEP 5: Review Sampling Methods**

5.1 Did the sampling technique consider and specify the:

- a) True (or estimated) frequency of occurrence of the event?
- b) Confidence interval to be used?
- c) Margin of error that will be acceptable?

- ☐ Met
- ☐ Partially Met
- ☐ Not Met
- ☐ Not Applicable
- ☐ Unable to Determine

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5.2 Were valid sampling techniques that protected against bias employed?

*Specify the type of sampling or census used:*

<Text>

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- ☐ Partially Met
- ☐ Not Met
- ☐ Not Applicable
- ☐ Unable to Determine

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5.3 Did the sample contain a sufficient number of enrollees?

- _____N of enrollees in sampling frame
- _____N of sample
- _____N of participants (i.e. – return rate)

- ☐ Met
- ☐ Partially Met
- ☐ Not Met
- ☐ Not Applicable
- ☐ Unable to Determine

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<tr>
<td>6.1</td>
<td>Did the study design clearly specify the data to be collected?</td>
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<td>Did the study design clearly specify the sources of data?</td>
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<td>- Member</td>
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<td>- Claims</td>
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<td>- Provider</td>
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<td>- Other: &lt;Text if checked&gt;</td>
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<tr>
<td>6.3</td>
<td>Did the study design specify a systematic method of collecting valid and reliable data that represents the entire population to which the study’s indicators apply?</td>
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<tr>
<td>6.4</td>
<td>Did the instruments used for data collection provide for consistent, accurate data collection over the time periods studied?</td>
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<td></td>
<td>- Medical record abstraction tool</td>
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<td>- Outcomes tool</td>
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<td>- Level of Care tools</td>
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<td>6.5</td>
<td>Did the study design prospectively specify a data analysis plan?</td>
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<td></td>
<td>Did the plan include contingencies for untoward results?</td>
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<td>6.6</td>
<td>Were qualified staff and personnel used to collect the data?</td>
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**Totals:**

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- Partially Met
- Not Met
- Unable to Determine
- Total
### STEP 7: Assess Improvement Strategies

1. Were reasonable interventions undertaken to address causes/barriers identified through data analysis and QI processes undertaken?

   **Describe Interventions:**
   
   [Text]

2. Were reasonable interventions undertaken to address causes/barriers identified through data analysis and QI processes undertaken?

   [Box]
   - Met
   - Partially Met
   - Not Met
   - Unable to Determine

   **Totals:**
   - Met
   - Partially Met
   - Not Met
   - NA
   - UTD

### STEP 8: Review Data Analysis and Interpretation of Study Results

1. Was an analysis of the findings performed according to the data analysis plan?

   This element is “Not Met” if there is no indication of a data analysis plan (see Step 6.5)

2. Were the PIP results and findings presented accurately and clearly?

   Are tables and figures labeled?  
   - Yes
   - No

   Are they labeled clearly and accurately?  
   - Yes
   - No

3. Did the analysis identify: initial and repeat measurements, statistical significance, factors that influence comparability of initial and repeat measurements, and factors that threaten internal and external validity?

   Indicate the time periods of measurements:

   Indicate the statistical analysis used:

   Indicate the statistical significance level or confidence level if available/known:

   **Totals:**
   - Met
   - Partially Met
   - Not Met
   - Not Applicable
   - Unable to Determine

   **Totals:**
   - Met
   - Partially Met
   - Not Met
   - NA
   - UTD
### 8.4 Did the analysis of the study data include an interpretation of the extent to which this PIP was successful and recommend any follow-up activities?

Limitations described:

Conclusions regarding the success of the interpretation:

Recommendations for follow-up:

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### STEP 9: Assess Whether Improvement is “Real” Improvement

#### 9.1 Was the same methodology as the baseline measurement used when measurement was repeated?

Ask: At what interval(s) was the data measurement repeated?

- Were the same sources of data used?
- Did they use the same method of data collection?
- Were the same participants examined?
- Did they utilize the same measurement tools?

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#### 9.2 Was there any documented, quantitative improvement in processes or outcomes of care?

Was there:

- Improvement
- Deterioration

Statistical significance:

- Yes
- No

Clinical significance:

- Yes
- No

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#### 9.3 Does the reported improvement in performance have internal validity; i.e., does the improvement in performance appear to be the result of the planned quality improvement intervention?

Degree to which the intervention was the reason for change:

- No relevance
- Small
- Fair
- High

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#### 9.4 Is there any statistical evidence that any observed performance improvement is true improvement?

- Weak
- Moderate
- Strong

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</table>
9.5  Was sustained improvement demonstrated through repeated measurements over comparable time periods?

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**ACTIVITY 2: VERIFYING STUDY FINDINGS (OPTIONAL)**

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<th>Component/Standard</th>
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<tbody>
<tr>
<td>Were the initial study findings verified (recalculated by CalEQRO) upon repeat measurement?</td>
<td>☐ Yes</td>
<td>☐ No</td>
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</table>

**ACTIVITY 3: OVERALL VALIDITY AND RELIABILITY OF STUDY RESULTS: SUMMARY OF AGGREGATE VALIDATION FINDINGS**

<table>
<thead>
<tr>
<th>Conclusion/Recommendations</th>
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</thead>
</table>

33  Conclusions:
34  <Text>
35
36
37
38

39  Recommendations:
40  <Text>
41
42
43
44

45  Check one:
☐ High confidence in reported Plan PIP results
☐ Low confidence in reported Plan PIP results

46  ☐ Confidence in reported Plan PIP results
☐ Reported Plan PIP results not credible

47  ☐ Confidence in PIP results cannot be determined at this time
Quality Management

The core of the county DMC-ODS quality management efforts is its Annual Quality Management (QM) Plan. The county may decide to develop its DMC-ODS Quality Management Plan separately from its MHP Quality Management Plan, or develop both within a single integrated document. The Annual QM Plan should include goals and measurable objectives for that year, which should be updated each year. The focus of the Evaluation of the Annual QM Plan is on how the Plan’s goals and objectives were addressed, and the extent to which those goals and objectives were achieved.

The County’s DMC-ODS Quality Improvement Committee (QIC) is delegated with the responsibility for overseeing and further reshaping the Quality Management Plan. The Committee may be a separate DMC-ODS Quality Improvement Committee, or it may be conjoined with the MHP’s QIC Committee into an integrated Behavioral Health QIC. The QIC maintains and disseminates the minutes of its monthly meetings. The EQRO refers to the CalCIQ minutes for evidence of whether the County focused on implementing its Annual QM Plan. The minutes are also used by the EQRO team for reference purposes to determine whether the QM Plan was actually monitored and evaluated.

When submitting documents to the EQRO in preparation for the annual site visit review, please remember to upload: Annual QM Plan, Annual Evaluation of the QM Plan, and monthly QIC meeting minutes.

* Other Documents to be Uploaded
  - Cultural Competence Plan
  - Approved DMC-ODS Implementation Plan