

DMC-ODS Toolkit for Preparation for External Quality Reviews

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External Quality Review & Toolkit Background

- CMS required of the SUD Waiver that an annual EQR review be conducted;
- The review is based on Federal regulations at 42CFR Part 438, subpart E requirements specific to EQR.
- These regulations are linked to the core federal protocols for Performance Measures, Performance Improvement Projects, Data Integrity, Network Adequacy and client/consumer satisfaction on service quality and outcomes of care.

What is important to prepare?

- Performance Measures for year one and Baselines
 - BHC has posted the 12 Performance Measures for Year One online at www.calegro.com which will be included in each review and brought to the site review by BHC. These are in the County Toolkit and are worth reviewing and considering for your county's QI-related data collection.
 - BHC will produce baseline data for each county and statewide for fiscal years 2013-14 through 2016-17 measuring service volumes and clients served with demographic breakdown; BHC will share these with each DMC-ODS.
- Review Schedule FY 17-18 and FY 18-19
 - Reviews for FY 17-18 will take place between April through June for San Mateo, Riverside, Marin & Santa Clara.
 - Reviews for FY 18-19 will begin in August 2018 and continue through June 2019; all Counties with 10 or more months of services are likely included in the FY18-19 schedule. Schedule will be released at CalQIC meeting in March and distributed. Let us know if you have questions or concerns.
- Training and Feedback
 - BHC is providing technical assistance on many SUD PIP concepts and development activities, data requirements, etc. Share your ideas early for feedback.

Chart with Overview of Timeline for Reviews

60 days to upload docs	1-5 days	30 days	30 day	10 days	20days	Final
90 Day Notice	Review onsite	BHC Drafts Reports	DHCS Review of Draft	County Review of Draft	BHC Final Edits	Submission of Final Report to DHCS & the County
<ul style="list-style-type: none"> * BHC sends DMC-ODS notice at 90 days with required document link for year 1; * County uploads documents 30 days before review to BHC cloud; * BHC uploads PM data and baseline documents to cloud 	<ul style="list-style-type: none"> * Pre-review conference calls with QI Coordinator and BHC result in agenda with sessions focused on access, quality, timeliness, outcomes, data systems, PIPs 	<ul style="list-style-type: none"> * 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 	<ul style="list-style-type: none"> * DHCS SUD reviews drafts and submits questions or clarifications to BHC; * BHC considers questions and makes changes 	<ul style="list-style-type: none"> * County DMC reviews draft and provides comments, clarifications, edits; * BHC considers questions and edits for changes 	<ul style="list-style-type: none"> * BHC makes final edits to report based on feedback from DHCS and County and additional data submitted 	<ul style="list-style-type: none"> * BHC issues final report and posts to web site, send copies to DHCS and County within 90 days after review is completed

Key Events: Preparing for the Review

- Identify County Lead for the Review, who should obtain access to the BHC cloud-based file inventory to upload and download documents and work with BHC staff on agenda development for the review;
- BHC Issues Notification Packet to DMC-ODS Plans at least 60 days (90 days in Year 1 of review) ahead of the scheduled review start date which includes key documents (all are in toolkit) to be submitted for the review and information on accessing the BHC cloud.
- Complete Quality Improvement Plan & Goals related to DMC-ODS including how each goal will be evaluated;
- Complete Cultural Competence Plan and Goals which is a component of Quality Improvement, and specify the implementation actions taken for each goal;
- Complete UCLA Treatment Perception Survey at least annually and review UCLA analysis for potential areas of improvement;
- Implement approved County DMC-ODS Plan and activities linked to Waiver Terms & Conditions;
- Set up program models and data systems to track access, timeliness, quality, outcomes and ASAM assessment and recommended placements;

Key Events: Preparing for the Review (cont'd)

- **Required documents to complete and upload specific to DMC-ODS** include: (1) DMC Timeliness Self Assessment, (2) Access Call Center Critical Indicators, (3) Continuum of Care Form, (4) DMC Information Systems Capability Assessment (ISCA), (5) Key Initiatives & Changes since the last review, (6) Two PIPs (one clinical and one non-clinical), and (7) Response to recommendations from the past year (if appropriate). Additional documents may be requested to review Network Adequacy after July 2018;
- **Other recommended documents to upload related to Quality of Care:** (1) Quality Improvement & Cultural Competence Plan, (2) Organizational Chart, (3) ASAM data summary on assessments, (4) Quality Improvement minutes, (5) Data from outcome or level of care tools in use, any client satisfaction data and related initiatives, (6) Expanded access activities, and analysis of network adequacy (after July 2018), and (7) Other documents the County feels are reflective of their quality efforts in their Drug Medi-Cal Organized Delivery System;
- **Develop with stakeholders 2 conceptual PIPs** and share with BHC review staff for TA well before the review (4-6 months before review is ideal);
- **Implement PIPs** so they are in active status with at least one intervention started and data being collected when the review is scheduled.

Key Events: Preparing for the Review (cont'd)

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

The Onsite Review: Agenda of Activities

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

Post Review Activities

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

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

Forms and Documents in the DMC-ODS Toolkit

- Background and Introduction on EQR requirements of CMS;
- Notice of Review for Counties with instructions on use of the BHC cloud and process;
- Pre-review Call to discuss agenda and logistics with check list;
- **NEW Documents** to complete and upload: (1) Access Call Center Key Indicators; (2) Continuum of Care; (3) DMC Timeliness Self Assessment; (4)DMC-ODS ISCA; (5) Attendance Sheet;
- Other Important Documents to upload that are core to Quality Improvement (QI): DMC-ODS Quality Improvement Plan, Goals and Evaluation Methods; DMC-ODS Cultural Competence (CC) Plan including goals and evaluation methods; Treatment Perception Survey results and DMC-ODS activities linked to improvements; QI and CC minutes; ASAM data summary on assessments and placements from UCLA; other documents the county feels are relevant. Some counties will have integrated mental health and drug Medi-Cal QI and CC Plans, please make sure they are balanced in activities and focus.
- Tom Trabin will walk through some highlights of the toolkit structure and key issues from the Key Components Unique to DMC-ODS. Remember Year One is a baseline year for DMC-ODS Plans and the measures show current status and are to help set benchmarks to improve over time. The toolkit is posted on the CalQIC web site to download and www.CalEQRO.com under Drug Medi-Cal.

EQRO Year 1 Toolkit for Counties Participating in the DMC-ODS Waiver



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Key Components Summary

Access to Care Standards	
1A	Service Accessibility and Availability are Reflective of Cultural Competence Principles and Practices
1B	Manages and Adapts its Capacity to Meet SUD Client Service Needs
1C	Integration and/or Collaboration with Community-Based Services to Improve Access & Care

Timeliness to Services Standards	
2A	Tracks and Trends Access Data from Initial Contact to First Face to Face Appointment
2B	Tracks and Trends Access Data from Initial Contact to First MAT/NTP Appointment
2C	Tracks and Trends Access Data for Timely Appointments for Urgent Conditions
2D	Tracks and Trends Timely Access to Follow-Up Appointments after Residential
2E	Tracks and Trends Data on re-admissions to withdrawal management within 30 days
2F	Tracks and Trends No Shows

Key Components Summary (cont'd)

Quality of Care Standards	
3A	Quality Management and Performance Improvement are Organizational Priorities
3B	Data is Used to Inform Management and Guide Decisions
3C	Evidence of Effective Communication from DMC-ODS Administration and SUD Stakeholder Input and Involvement on System Planning and Implementation
3D	Evidence of an ASAM Continuum of Care
3E	MAT Services both outpatient and NTP exist to Enhance Wellness and Recovery:
3F	ASAM Training and fidelity to core principles is evident in programs within the Continuum of Care
3G	Measures Clinical and/or Functional Outcomes of Clients Served
3H	Utilizes Information from Client Perception of Care Surveys from UCLA to improve care

Training & Technical Assistance Opportunities

- The annual CalQIC Meeting will include presentations from EQRO staff on PIPs and the Toolkit. It is being coordinated by CIBHS and scheduled for March 14-16, 2018 in Monterey. Contact CIBHS for information and registration.
- EQRO staff is planning additional PIP and process-oriented webinars that will be announced to help staff prepare.
- BHC highly recommends and offers technical assistance on PIPs, especially at early stages of formulation and later regarding technical issues or challenges.
- BHC has a web site with useful information to help you prepare including use of forms, YouTube videos, and a PIP library of other county PIPs that are solid examples of work on access, timeliness, quality of care, and outcomes.
www.Caleqro.com
- Other options of training are also available based on individual county needs; please email rama.khalsa@bhceqro.com or tom.trabin@bhceqro.com

QUESTIONS?

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