

**California Advancing and Innovating Medi-Cal (CalAIM)  
Behavioral Health Quality Improvement Program  
(BHQIP)**

**September 2023 Reporting Template**

**Deliverables Due Date: September 29, 2023**

## Section 1: Submission Instructions

**Please read all submission guidelines carefully. Submissions that do not follow the Section 1 requirements will be returned with a request for corrections.**

1. Complete Sections 2-4 of this Reporting Template. Submit the completed Reporting Template and accompanying documentation to the BHQIP inbox at [BHQIP@dhcs.ca.gov](mailto:BHQIP@dhcs.ca.gov). Submissions are due by Friday, September 29, 2023 at 11:59pm.
2. In Section 4, list all deliverables from your Implementation Plan due for the current reporting period. Indicate if they are completed or not completed, and provide details about the status and progress to date.
3. Include and list all relevant supporting documentation, including policies and procedures and/or provider guidance documents. **All supporting documentation must meet the following submission requirements:**
  - a. **File Naming Convention:** All files emailed to the BHQIP inbox must use the following naming convention:
    - b. [Milestone#]\_[CountyName]\_[Document#]of[Total#ofDocuments] for the Milestone
      - i. Example: Milestone1a\_CaliforniaCounty\_1of3
    - c. **File Type:** All supporting documentation must be submitted in either an Excel or PDF format (dependent on the type of deliverable).
    - d. **Zip File:** All supporting documentation can be emailed to DHCS as a Zip file.
      - i. To save a document as a Zip file, save it with the extension .ZIP or .zip.
      - ii. For guidance on how to save a file as a Zip file, please visit this [Microsoft Support Page](#).
4. The deliverables for Milestones 3a, Option 1, 3b and 3d were extended from March 1, 2023 to September 29, 2023. If the participating entity did not submit the extended deliverables in the March 2023 report, the entity must submit the deliverables in this September 2023 report to satisfy those deliverable requirements and to be eligible for the deliverables' incentive payments.
5. Any incomplete deliverable must provide a description explaining why the deliverable was not completed and a new target date for the deliverable's completion. Deliverables that are in the final submission period in the September 2023 Reporting Period do not require a new target date for completion.
6. Late submissions are eligible for partial incentives payments as noted below. Refer to "Refer to 'Funding Allocation Schedule,'" on page 7 of the BHQIP Program Implementation Plan (IP) for details.
  - a. 100% of the incentive funds allocated for this period will be available if all deliverables for this period in the IP are submitted on time and approved by DHCS. If DHCS determines, in its sole discretion, that all deliverables are not approved, a participating entity will receive a percentage of funds commensurate with the percentage of total deliverables that are approved.
    - i. Participants can submit the September 2023 report by the due date regardless of missing deliverables, however, DHCS payment will be commensurate with the proportion of the deliverables that have been submitted and approved.
  - b. If the September report is not submitted by the deadline, the available incentive payment allocation is as follows:
    - i. 95% of the incentive funds allocated are available if all deliverables are completed and reported to DHCS within 3 months of the original due date (October through December 2023).

- ii. 90% of incentive funds allocated are available if all September 2023 deliverables are completed and approved by the end of February. DHCS will not accept any September 2023 deliverables received after the last day of February 2024.
- 7. Please e-mail the BHQIP inbox [BHQIP@dhcs.ca.gov](mailto:BHQIP@dhcs.ca.gov) if you have any questions.

## Section 2: Participating Entity Information

<b>Entity Name</b>	
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### Primary Contact

<b>Name</b>	
<b>Title</b>	
<b>Telephone Number</b>	
<b>Email Address</b>	
<b>Mailing Address</b>	

### Backup Contact

<b>Name</b>	
<b>Title</b>	
<b>Telephone Number</b>	
<b>Email Address</b>	
<b>Mailing Address</b>	

Section 3: Program Participation & Funds

- 1. I hereby certify that all information provided in this CalAIM BHQIP September 2023 Reporting Template is true and accurate to the best of my knowledge, and that this report and its deliverables have been completed based on a thorough understanding of program participation requirements as specified by the Department.
- 2. I have included a fully filled and signed [DHCS Form 8760](#) in the reporting package.
- 3. I understand that the acceptance of the BHQIP funds shall constitute acceptance of the terms and conditions imposed by the Department. The terms of the BHQIP award include the completion of the participating entities’ milestone deliverables as approved by the Department.

Certification Signature (Required):

Behavioral Health Plan Director’s Name Or Designee (Name & Title):	
Signature:	
Date Signed:	

Section 4: September 2023 Reporting Template Deliverables

Goal 1: Payment Reform

Milestone 1a: Implement new Current Procedural Technology/Healthcare Common Procedure Coding System (CPT/HCPCS) procedure codes, modifiers, place of service codes, and taxonomy codes.

DHCS Required Deliverable: Minimum submissions:

- At least 10 claims that are accepted by the Strategic National Implementation Process (SNIP) edit.
- At least 10 Specialty Mental Health Services (SMHS) claims that are approved.
- At least 10 Drug Medi-Cal claims that are approved [Including DMC/DMC-ODS County claims].

All claims submitted for this deliverable must meet SNIP edit requirements.

Deliverable Completed: ☐ Yes ☐ No

If the entity stated “No,” designating that the deliverable is incomplete, describe:

- The deliverable’s current status and the progress made
- Pending action steps
- Anticipated completion date
- Planned next steps to complete this deliverable:

List the deliverable(s) the participating entity developed for this milestone:

Document Title	Effective Date

**Milestone 1b: Update participating entity claiming systems and successfully submit 837 transactions to the Short-Doyle Medi-Cal (SD/MC) claiming system for entity-operate and subcontracted SMHS and DMC/DMC-ODS County services.**

**DHCS Required Deliverable:**

- Submit documentation that all new claiming rates have been loaded into participating entity systems.
- Submit contract execution schedules for all network providers requiring contract updates, which may occur on a rolling basis through FY 2024-25.

**Deliverable Completed:**    ☐ Yes    ☐ No

**If the entity stated “No,” designating that the deliverable is incomplete, describe:**

- The deliverable’s current status and the progress made
- Pending action steps
- Anticipated completion date
- Planned next steps to complete this deliverable:

**List the deliverable(s) the participating entity developed for this milestone:**

Document Title	Effective Date

**Optional:** Participating entities shall complete the optional attestation table if attestations are required to satisfy the deliverable’s requirements in addition to providing any necessary supporting documentation.

<b>Milestone:</b>	
<b>Attestation:</b>	

**Milestone 1c: Implement new Intergovernmental Transfer (IGT) agreement protocol.**

**DHCS Required Deliverable:** Submit documentation that all IGT agreement protocols have been implemented including the [Intergovernmental Transfer Options form DHCS 7210](#) and the appropriate IGT agreements for both Specialty Mental Health and Drug Medi-Cal delivery systems.

**Deliverable Completed:**     ☐ Yes     ☐ No

If the entity stated “No,” designating that the deliverable is incomplete, describe:

- The deliverable’s current status and the progress made
- Pending action steps
- Anticipated completion date
- Planned next steps to complete this deliverable:

**List the deliverable(s) the participating entity developed for this milestone:**

Document Title	Effective Date

**Optional:** Participating entities shall complete the optional attestation table if attestations are required to satisfy the deliverable’s requirements in addition to providing any necessary supporting documentation.

<b>Milestone:</b>	
<b>Attestation:</b>	



## Goal 2: Implementation of CalAIM Behavioral Health Policy Changes

**Milestone 2a: Implement standardized screening tool in compliance with DHCS guidance.**

**DHCS Required Deliverable:** Submit reports showing outcome of screening tool [e.g., percentage of callers referred to the Mental Health Plan (MHP), Drug Medi-Cal State Plans (DMCSP), Drug Medi-Cal Organized Delivery Systems (DMC-ODS) vs Managed Care Plan (MCP)].

**Participating entities are required to submit reports showing outcomes from use of the Screening Tools. For DHCS approval, this deliverable must include the following information, at minimum:**

- Total number of times that the MHP administered the Adult Screening Tool (January – August 2023).
- Of the total number of adults that the MHP administered the Adult Screening Tool to:
  - The percent of adults referred to MCPs (those with a screening score of 0 – 5).
  - The percentage of adults referred to the MHP (those with a screening score of 6 or above).
- Total number of times that the MHP administered the Youth Screening Tool (January – August 2023).
- Of the total number of youths that the MHP administered the Youth Screening Tool to:
  - The percent of youths referred to a MCP (those with a screening score of 0 – 5).
  - The percentage of youths referred to the MHP (those with a screening score of 6 or above).
- Total number of screenings that resulted in a referral for DMC/DMC-ODS services.
- Narrative description of whether the Screening Tools are working as intended to direct beneficiaries to the most appropriate Medi-Cal mental health delivery system for clinical assessment.

In addition, the following data elements **may** be included in those reports. The inclusion of these data elements in the participating entity's deliverable is **optional**. Entities may choose to submit the following additional data elements:

- Of the total number of adults referred to a MCP after administration of the Adult Screening Tool, the percent of adults referred back to the MHP following clinical assessment by the MCP.
- Of the total number of adults referred to the MHP after administration of the Adult Screening Tool by MCPs, the percent of adults referred back to MCPs following clinical assessment by the MHP.
- Total number of times that the MHP administered the Youth Screening Tool (January – August 2023).
- Of the total number of youths that the MHP administered the Youth Screening Tool to:
  - The percent of youths referred to a MCP (those with a screening score of 0 – 5).
  - The percentage of youths referred to the MHP (those with a screening score of 6 or above).
- Of the total number of youths referred to a MCP after administration of the Youth Screening Tool by the MHP, the percent of youths referred back to the MHP following clinical assessment by the MCP.
- Of the total number of youths referred to the MHP after administration of the Youth Screening Tool by MCPs, the percent of youths referred back to MCPs following clinical assessment by the MHP.
- Narrative description of whether the Screening Tools are working as intended to direct beneficiaries to the most appropriate Medi-Cal mental health delivery system for clinical assessment.

**Deliverable Completed:**    ☐ Yes    ☐ No

**If the entity stated “No,” designating that the deliverable is incomplete, describe:**

- The deliverable's current status and the progress made
- Pending action steps
- Anticipated completion date
- Planned next steps to complete this deliverable:

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**List the title and effective date of any supporting documentation attached for this deliverable:**

Document Title	Effective Date

**Milestone 2b: Implement standardized transition tool in compliance with DHCS guidance.**

**DHCS Required Deliverable: Submit reports showing tracking of referrals to and from MCPs, using the transition tool, and showing completed referrals.**

**Participating entities are required to submit tools showing tracking of referrals to and from MCPs, using the Transition of Care Tool. For DHCS approval, this deliverable must include the following information, at minimum:**

- Total number of times that the MHP administered the Transition of Care Tool (January – August 2023).
- Total number of beneficiaries referred to the MHP after administration of the Transition of Care Tool by MCPs (January – August 2023).
- Narrative description of the MHP's processes for completing and tracking referrals **to and from** MCPs using the Transition of Care Tool, including steps to coordinate with MCPs to confirm the beneficiary has been connected with a provider and services have been made available to the beneficiary.
- Narrative description of successes and challenges related to completing, receiving, and tracking referrals to MCPs.

In addition, the following data elements **may** be included in those reports. The inclusion of these data elements in the participating entity's deliverable is **optional**. Entities may choose to submit the following additional data elements:

- (Attachment): Referral tracking tool (if applicable) that:
  - Identifies when the MHP sends a referral to an MCP.
  - Confirms that the beneficiary has been connected to a provider that accepts their care.
  - Confirms that services have been made available to the beneficiary (e.g., appointment(s) have been offered).
- (Attachment): Internal reports that track average time to complete referrals to a MCP (including average time to make initial contact, to confirm connection with a provide and that services have been made available to the beneficiary).
  - For example, the number of days from referral initiation (when the MHP refers the member to an MCP) to referral completion (when the MHP confirms that the MCP has connected the beneficiary with a provider and services have been made available to the beneficiary).
- (Attachment): Referral tracking tool (if applicable) that:
  - Identifies when the MHP receives a referral from an MCP.
  - Confirms that the beneficiary has been connected to a provider that accepts the beneficiary's care.
  - Confirms that services have been made available to the beneficiary (e.g., appointment(s) have been offered).
- (Attachment): Internal reports that track average time to process referrals from a MCP (including average time to confirm connection to a provider and that services have been made available to the beneficiary).
  - For example, the number of days from receipt of referral (when the MHP receives a referral from an MCP) to referral completion (when the MHP has connected the beneficiary with a provider and made services available to the beneficiary).

**Deliverable Completed:**    ☐ Yes    ☐ No

**If the entity stated "No," designating that the deliverable is incomplete, describe:**

- **The deliverable's current status and the progress made**
- **Pending action steps**
- **Anticipated completion date**

• **Planned next steps to complete this deliverable:**

**List the title and effective date of any supporting documentation attached for this deliverable:**

Document Title	Effective Date

**Milestone 2c: For Drug Medi-Cal (DMC) State Plan Counties Only: Implement American Society of Addiction Medicine (ASAM) criteria to determine level of care in compliance with DHCS guidance.**

**DHCS Required Deliverable:** Submit updated reports showing use of ASAM criteria to determine appropriate level of care (e.g., using scores from the University of California, Los Angeles ASAM Assessment Tool to determine placement).

**Deliverable Completed:**     ☐ Yes     ☐ No

**If the entity stated “No,” designating that the deliverable is incomplete, describe:**

- The deliverable’s current status and the progress made
- Pending action steps
- Anticipated completion date
- Planned next steps to complete this deliverable:

**List the title and effective date of any supporting documentation attached for this deliverable:**

Document Title	Effective Date

**Milestone 2d: Implement revised documentation standards, including but not limited to, assessment domains, problem lists, progress notes, and applicable timeliness standards. Participating entities shall refer to Behavioral Health Information Notice (BHIN) [22-019](#) and its subsequent updates for the revised documentation standards.**

**DHCS Required Deliverable:** Submit a high-level summary of provider audit results, including total funding amounts recouped from providers by reason for recoupment (per DHCS policy, limited to evidence of fraud waste and/or abuse; with corrective action plans and/or other administrative sanctions used for non-compliance with documentation and other compliance standards).

If an entity did not perform any recoupments, the entity shall provide an explanation for how noncompliance with documentation requirements and other compliance standards was handled through a mechanism other than recoupment.

**Deliverable Completed:**     ☐ Yes     ☐ No

If the entity stated “No,” designating that the deliverable is incomplete, describe:

- The deliverable’s current status and the progress made
- Pending action steps
- Anticipated completion date
- Planned next steps to complete this deliverable:

List the title and effective date of any supporting documentation attached for this deliverable:

Document Title	Effective Date

**Milestone 2e: Provide guidance and training to county-operated and county-contracted providers on all new behavioral health policies, as outlined by DHCS in Behavioral Health Information Notices:**

- Criteria for DMC and DMC-ODS services, including use of ASAM criteria in DMC counties, changes to diagnostic, eligibility, and medical necessity requirements, and new processes to claim Medi-Cal reimbursement for early intervention services for youth and for specified Early and Periodic Screening, Diagnostic, and Treatment substance use disorder services in DMC counties.
- Criteria to access SMHS for adults and for children (including criteria related to trauma, child welfare involvement, and homelessness)
- Mandatory screening and transition tools for specialty and non-specialty mental health
- Documentation requirements and assessment standards (SMHS and DMC, DMC-ODS)
- No Wrong Door (SMHS)
- Co-occurring diagnoses (SMHS and DMC, DMC-ODS)
- Treatment during assessment period, prior to diagnosis (SMHS and DMC, DMC-ODS)

**DHCS Required Deliverable:**

- **Submit updated quality improvement plan or other evidence to demonstrate how the MHP, DMC or DMC-ODS will provide ongoing training, support, and monitoring to implement the CalAIM policies under Milestone 2e.**

**For DHCS approval, this deliverable must include the following information, at minimum:**

- A narrative description of how the MHP is educating and training providers on the Adult and Youth Screening and Transition of Care Tools.
- A sample of materials used to educate and train providers. For example, attachments of relevant education and training materials such as county bulletins or communications to providers, informational one-pagers, pamphlets, manuals, presentations, webinars, or training videos.

In addition, the following components **may** be included in the updated quality improvement plan or other evidence. The inclusion of these components in the participating entity's deliverable is **optional**.

- (Attachment): Documentation of provider participation in educational and/or training events (if applicable). For example, attachment of attendee lists for educational or training.
- **Submit updated policies and procedures (P&Ps) reflecting all CalAIM behavioral health policy changes listed under Milestone 2e.** For DHCS approval, participating entities shall revise and resubmit all P&Ps DHCS deemed to be incomplete from any of the previous reporting periods. P&Ps that have been deemed complete are not required to be resubmitted. September 29, 2023 shall be the final deadline for participating entities to submit revised P&Ps that DHCS had previously deemed incomplete.

**Deliverable Completed:**    ☐ Yes    ☐ No

**If the entity stated “No,” designating that the deliverable is incomplete, describe:**

- **The deliverable's current status and the progress made**
- **Pending action steps**
- **Anticipated completion date**
- **Planned next steps to complete this deliverable:**

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List the title and effective date of any supporting documentation attached for this deliverable:

Document Title	Effective Date

**Optional:** Participating entities shall complete the optional attestation table if attestations are required to satisfy the deliverable’s requirements in addition to providing any necessary supporting documentation.

Milestone:	
Attestation:	



Goal 3: Data Exchange

Milestone 3a: Demonstrate improved data exchange capabilities.

Select only one option for Milestone 3a that the participating entity is participating in and complete the corresponding Option’s deliverables:

- ☐ Option 1: Demonstrate direct sharing of data with Medi-Cal Managed Care Plans (MCP).
- ☐ Option 2: Demonstrate onboarding to a Health Information Exchange (HIE).

Milestone 3a – Option 1

DHCS-Required Deliverable:

- Signing the California Health and Human Services Data Exchange Framework (CalHHS DxF) Data Sharing Agreement (DSA). This deliverable was extended from March 1, 2023
- Submit a written report using the specific prompts below outlining how the participating entity is leveraging direct data exchange with MCPs (Option 1) to improve care coordination and/or to implement CalAIM or other population health management programs.
  - Please note that to meet the requirements for Milestone 3a, Option 1, participating entities must complete the attestation portion separately and completely with **every** Medi-Cal MCP operating in their County.

Milestone 3a – Option 2

DHCS Required Deliverable:

- Submit a written report using the specific prompts below outlining how the participating entity is leveraging direct data exchange with HIE participation (Option 2) to improve care coordination and/or to implement CalAIM or other population health management programs.

Deliverable Completed:    ☐ Yes    ☐ No    ☐ Submitted in March 2023 Report

If the entity stated “No,” designating that the deliverable is incomplete, describe:

- The deliverable’s current status and the progress made
- Pending action steps
- Anticipated completion date
- Planned next steps to complete this deliverable:

List the title and effective date of any supporting documentation attached for this deliverable:

Document Title	Effective Date

- 1. Describe the Participating Entity's efforts in exchanging data with one or more Managed Care Plan Partners that allow the calculation of quality measures for all Medi-Cal beneficiaries, as identified in the DHCS Comprehensive Quality Strategy. Responses must identify the types, methods, and frequencies of data exchange, as well as the directionality of data exchange (250 words or less).**

Participating Entities must describe how they are exchanging data with MCPs or otherwise obtaining all necessary data to enable calculation of quality measure performance, as outlined in the DHCS Comprehensive Quality Strategy and a forthcoming BHIN. If a Participating Entity believes that direct data exchange with a MCP is not necessary for performance measure calculation, state this directly and explain the reasons why direct data exchange are not necessary, i.e., how the Participating Entity has access to complete and timely data.

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- 2. Describe the Participating Entity's efforts in data exchange with MCP Partners that allow coordination of care for Medi-Cal beneficiaries who are transitioning across behavioral health care delivery systems in accordance with DHCS's No Wrong Door policy. Responses must identify the types, methods, and frequencies of data exchange, as well as the directionality of data exchange. Entities must address how data from the DHCS Transition Tool are bidirectionally exchanged with Managed Care Plans, how completion and transmission of the Transition Tool are tracked, and how data received from Managed Care Plans are used after receipt (250 words or less).**

Participating Entities must describe how they are exchanging data with MCPs to identify and coordinate care for Medi-Cal beneficiaries that begin treatment in one system of care and appropriately transition to another system of care after further evaluation, as specified by DHCS's No Wrong Door Policy. Directly address the movement of beneficiaries between Non-Specialty Mental Health Services delivery systems and SMHS delivery systems in both directions. Provide any available performance data available at the time of submission on the successful completion, transition, and receipt of Transition Tools.

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- 3. Describe the Participating Entity's efforts to exchange data with MCPs to coordinate care for beneficiaries who may benefit from substance use disorder services that are provided in general care settings within the care networks of MCPs. Such services may include but are not limited to buprenorphine services in primary care settings and "Bridge Clinics" that are often located in general hospital settings (250 words).**

Participating Entities must address: (1) What services for substance use disorders, if any, are available in general care settings within the covered care networks of MCP Partners and (2) What data exchange and care coordination efforts exist to link beneficiaries to such care, if available.

The following representatives from the Participating Entity and a Partnering Managed Care Plan attest to the data exchange efforts described in this document in Questions 1-3 regarding quality performance rate calculations and care coordination.

<b>Behavioral Health Plan Representative</b>	<b>Managed Care Plan Representative</b>
<b>Signature and Date</b>	<b>Signature and Date</b>

**Additional requirements for this deliverable follow:**

1. In the future, Participating Entities will calculate and submit performance rate quality measurements identified by DHCS's Comprehensive Quality Strategy. Describe the Participating Entity's readiness to comply with reporting requirements by completing the following table referencing capacity as of the time of submission:

This Question assesses the Participating Entity's current readiness to calculate HEDIS measure performance rates as of the time of submission. HEDIS measure rate calculation submissions are no longer required for BHQP. For this Question, Participating Entities will be evaluated on full completion of the Readiness Table, regardless of whether the responses are "Yes" or "No."

<b>Readiness Element</b>	<b>Yes</b>	<b>No</b>
<b>Measure Specifications and Value Sets:</b> Does the Participating Entity or a contractor of the Participating Entity have access to the measure specifications and associated value sets? Specifications are often proprietary and require licensing.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Measure Calculation Responsibility:</b> Has the Participating Entity identified an internal or external team that will calculate quality performance rates using these specifications?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Measure Calculation Infrastructure:</b> Does the Participating Entity or a contractor have the technical infrastructure, programming capacity, and quality assurance capacity for measure calculations?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Data Identification:</b> Has the Participating Entity identified which data elements are required for measure performance calculation and where these data can be obtained?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Internal Data Collection:</b> Does the Participating Entity have access to its <b>internal</b> data from contracted providers in a usable form for quality performance rate calculation for measures?	<input type="checkbox"/>	<input type="checkbox"/>
<b>External Data Collection:</b> Does the Participating Entity have access to <b>external</b> data in a usable form required for quality performance rate calculations for measures?	<input type="checkbox"/>	<input type="checkbox"/>

<b>Consent Management:</b> Has the Participating Entity identified and addressed consent management issues regarding data on substance use disorder treatment (regarding 42 CFR Part 2)?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Data Stratification:</b> Has the Participating Entity identified a method to stratify performance data by age, race, ethnicity, and language for both internal monitoring and reporting purposes?	<input type="checkbox"/>	<input type="checkbox"/>

**2. For any responses of “No” in Question 4 above, address how the Plan intends to address this aspect of measure calculation readiness (250 words).**

Participating Entities should address how they will develop capacity to calculate the quality measurements identified by DHCS’s Comprehensive Quality Strategy for Measurement Year 2023/Reporting Year 2024. Guidance for rate calculation expectations will be finalized in a forthcoming BHIN. DHCS expects that county Behavioral Health Plans will be required to submit measure performance rates inclusive of all Medi-Cal beneficiaries living in the Counties or Regions in which they operate.

## September 2023 BHQIP Goal 3b Reporting Template

**Milestone 3b: Demonstrate an active Fast Healthcare Interoperability Resources (FHIR) Application Programming Interface (API) that will allow the Mental Health Plans (MHP), Drug Medi-Cal (DMC), and Drug Medi-Cal Organized Delivery Systems (DMC-ODS) to be compliant with Center for Medicare and Medicaid Services (CMS) mandated interoperability regulations.**

### **DHCS Required Deliverable:**

- Signed attestation form from the county that certifies the implementation of the FHIR API and description of the status of the API implementation using the prompts included in Section 2 below.

**Deliverable Completed:**    ☐ Yes    ☐ No    ☐ Submitted in March 2023 Report

**If the entity stated “No,” designating that the deliverable is incomplete, describe:**

- The deliverable’s current status and the progress made
- Pending action steps
- Anticipated completion date
- Planned next steps to complete this deliverable:

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## Section 1: Attestation

Attest to the Participating Entity’s implementation of a FHIR API meeting the technology, content, and vocabulary standards included in the CMS Interoperability and Patient Access Final Rule and ONC 21<sup>st</sup> Century Cures Act Final Rule.

**Guidance:** In signing below, Participating Entities attest that they have the capability to exchange via a CMS compliant FHIR API, upon request by an external entity to include Third-Party Applications (TPAs).

*“Implementation” is defined as having a FHIR API that has been validated, tested, deployed to production, and published. The California Department of Health Care Services (DHCS) recognizes that Participating Entities’ opportunities to engage in data exchange are dependent on external demand for data. For this attestation, Participating Entities may attest based on their internal capability to engage in FHIR API data exchange, irrespective the frequency of external requests for data exchange.*

<b>Behavioral Health Plan Representative</b>
<b>Signature and Date</b>

## Section 2: API Implementation

Completion of the questions in Section two is required for incentive payment for BHQIP Goal 3b. Participating Entities will be evaluated on full completion of Questions one and two, regardless of the indicated stages of implementation, dates of implementation, and narrative responses.

1. **Indicate the Participating Entity's stage of implementation regarding and date of launch (either actual or anticipated launch dates) the following use cases for FHIR APIs to exchange data at the time of submission.**

Use Case	Stage of Implementation	Date of Implementation
Patient Access API		
Provider Directory API		
Payer to Payer Exchange API		
Health Information Exchange API		
Other use case(s)		

**Guidance:** *All use cases must include the use of a FHIR API. CMS interoperability APIs must comply with the CMS final rule. In the field for "Stage of Implementation," specify whether the Participating Entity is: (1) Currently implementing, (2) Planning to implement, or (3) Does not currently plan to implement FHIR-compliant data exchanges with the indicated use case. Requirements can be found in the [CMS Final Rule](#) and [CMS Proposed Rule](#). Use cases can be found in the HL7 FHIR Implementation Guides (IGs). Provided below are example use cases and links to the FHIR IGs. If the Participating Entity wishes to specify additional use cases, it should do so in the "other use case(s)" row.*

Example Use Cases		Supporting IGs
<b>Patient Access API</b>	<i>Members can authorize the health plan to allow retrieval of their health record by a Third-Party Application (TPA), via a FHIR-based API.</i>	<ul style="list-style-type: none"> <li>• <a href="#">The CARIN Consumer Directed Payer Data Exchange IG (also referred to as the CARIN IG for Blue Button®)</a></li> <li>• <a href="#">HL7 FHIR Da Vinci PDex IG</a></li> <li>• <a href="#">HL7 US Core IG</a></li> <li>• <a href="#">HL7 FHIR Da Vinci - PDex US Drug Formulary IG</a></li> </ul>
	<i>Personal representatives can be identified to act on behalf of the member to retrieve patient data from the plan.</i>	
	<i>Personal representatives can authorize the health plan to allow retrieval of a member's health record by a TPA, via a FHIR-based API.</i>	
	<i>Members/Personal representatives can search for specific information contained within the health record, requiring the plan's FHIR API to allow for limited data responses based on the FHIR profiles and member/personal representative selection.</i>	

<b>Provider Directory API</b>	<i>Consumers can search/view provider information based on the required and must-support elements of provider name, specialty, address, and telephone # of providers via an FHIR-based API.</i>	<ul style="list-style-type: none"> <li>• <a href="#">HL7 FHIR Da Vinci PDex Plan Net IG</a></li> </ul>
<b>Payer-to-Payer Exchange API</b>	<i>Members can authorize the exchange of their health record between prior and current Plans, i.e., Payer-to-Payer Exchange, via a FHIR-based API when the member has moved enrollment in one health plan to another.</i>	<ul style="list-style-type: none"> <li>• See Above IGs for Patient Access API</li> <li>• <a href="#">HL7 FHIR Bulk Data Access (Flat FHIR) Specification</a></li> </ul>
	<i>Health plan is capable of exporting FHIR-based bulk data sets from a FHIR server to a pre-authorized client.</i>	

*In addition, Participating Entities must provide the actual or anticipated future dates of implementation for FHIR API transactions for any uses cases that they have already implemented or plan to implement. Regarding anticipated future dates of implementation, DHCS requires Participating Entities to engage in good-faith efforts to identify these dates. DHCS reserves the right to reference provided information in other Departmental efforts to monitor compliance with CMS requirements.*

2. **Narrative Response:** Describe the Participating Entity's experience in the implementation of FHIR APIs. Address barriers experienced and lessons learned. (250 words)

**Guidance:** *Participating Entities must identify one or more barriers in implementation of data exchange via FHIR APIs and one or more lessons learned that will inform future work in interoperability and data exchange. DHCS reserves the right to reference provided information in other Departmental efforts to monitor compliance with CMS requirements.*

**Milestone 3c: Demonstrate that the participating entity has mapped data elements to the United States Core Data for Interoperability (USCDI) standard set.**

**DHCS Required Deliverable:**

- Signed attestation (below) certifying that data elements have been successfully mapped to USCDI and submit Documentation outlining the mapped data elements. This documentation shall include a description of what data elements were successfully mapped to USCDI standard set and how this mapping will impact care for beneficiaries of the Participating Entity.

**Deliverable Completed:**    ☐ Yes    ☐ No    ☐ Submitted in March 2023 Report

**If the entity stated “No,” designating that the deliverable is incomplete, describe:**

- The deliverable’s current status and the progress made
- Pending action steps
- Anticipated completion date
- Planned next steps to complete this deliverable:

**List the title and effective date of any supporting documentation attached for this deliverable:**

Document Title	Effective Date

**Participating entities are required to complete this attestation to satisfy this deliverable’s requirements in addition to providing any necessary supporting documentation.**

<b>Milestone:</b>	<b>Milestone 3c: Demonstrate that the participating entity has mapped data elements to the USCDI standard set.</b>
<b>Attestation:</b>	



**Milestone 3d: Leverage improved data exchange capabilities to improve quality and coordination of care. Use FUA, FUM and POD.****Reporting Templates, Cover Page****DHCS highlights the following elements for these Templates:**

- DHCS is no longer requiring HEDIS quality measure performance rates for BHQIP submissions.
- DHCS has provided detailed question guidance specifying minimum reporting requirements.
- DHCS expects Entities to focus responses on local experiences, data collected, building on prior submissions.
- Elements of the Improvement Plan template reference the structure of a Plan-Do-Study-Act (PDSA) cycle.
- Significant portions of each template focus on collaborations between Participating Entities and external stakeholders. Entities are encouraged to engage stakeholders as soon as possible given the time needed for this process.
- DHCS will review each template holistically, considering whether Participating Entities provide a logical and cohesive quality improvement plan. A Checklist (Question 19) is provided for Participating Entities to complete illustrating some of the logical connections between Questions.

**When completing templates, all questions must be answered prior to DHCS review. In particular:**

- **Participating Entities must have implemented one or more interventions in a template to receive incentive payment for that respective BHQIP Goal 3d deliverable (Question 7).** Entities may report on pilots of interventions to meet the requirements of this question. DHCS expects Participating Entities to engage in good-faith efforts to pilot and scale interventions as quickly as appropriate and feasible to achieve their aim statements.
- **Participating Entities must have completed an updated Equity Analysis as part of their intervention planning and implementation (Question 6).** DHCS anticipates that all Participating Entities will need to submit information to meet the requirements for this question given the expectation that Entities directly address items such as the Cultural Competency Plan (CCP) and threshold languages. DHCS expects attention to identified or potential disparities as a key element of continuous quality improvement.

**Questions about reporting requirements for BHQIP Milestone 3d should be submitted directly to DHCS:**

**[BHQIP@dhcs.ca.gov](mailto:BHQIP@dhcs.ca.gov)**

## Template A

**Clinical Area of Focus:** Follow-Up After Emergency Department Visit for Alcohol Use Disorder or Other Substance Use Disorder

### Section 1: Progress Report for Quality Improvement Project

Participating Entities may have revised or modified their quality improvement plans since the 9/30/2022 submission for BHQIP. In your responses, state your previous submission information and describe any changes the Participating Entity has made since the last submission. Address any clarifications previously sought by DHCS in responses.

- 1. Problem Statement: What is the problem this performance improvement plan proposes to solve?**  
(One Sentence, Reference: Submission for 9/30/2022, Question #3)

**Guidance:** If no changes were made since the previous submission, simply copy the previous response. If changes were made, provide both the previous and modified responses.

- 2. Aim Statement: What is the aim/goal for this performance improvement project?** (One Sentence for each element, Reference: Submission for 9/30/2022, Question #9)

**Guidance:** This Aim Statement must contain all elements of a “SMART” goal format. It must also be logically related to Entity’s root cause analysis and resulting Problem Statement (Question 1).

<b>Aim Statement</b>	
<b>How the Aim Statement is</b>	
Specific	
Measurable	
Achievable	
Relevant	
Time-Bound	

If no changes were made since the previous submission, copy the previous response and provide one sentence each specifying how the Aim Statement fits the SMART format: **Specific, Measurable, Achievable, Relevant, and Time-bound.**

If changes were made since the previous submission, provide both the previous response, modified response, and one-sentence descriptions on how the Aim Statement addresses all elements of the SMART goal format.

**DHCS is no longer requiring that Participating Entities calculate HEDIS measure performance rates for Goal 3 of BHQIP. DHCS encourages Participating Entities to focus Aim Statements on quality improvement efforts to address associated Problem Statements, not HEDIS performance rate calculation.**

<p><b>3. Narrative Description of Changes:</b> Briefly describe any changes the Participating Entity has made to the Problem Statement and Aim Statement in this improvement plan. Address sources of information used to inform these changes, such as local data and stakeholder engagement. Identify challenges and lessons learned in this process (250 words or less).</p>	<p><i>Participating Entities may revise their Aim Statements to capture a scope of work that is narrower than a HEDIS measure.</i></p> <p><b>Guidance:</b> <i>DHCS is no longer requiring that Participating Entities calculate HEDIS measure performance rates for Goal 3 of BHQIP. DHCS encourages Participating Entities to focus Aim Statements on quality improvement efforts to address associated Problem Statements, not HEDIS performance rate calculation. Participating Entities may revise their Aim Statements to capture a scope of work that is narrower than a HEDIS measure.</i></p> <p><i>Participating Entities that change either or both their Problem Statement (Question 1) and Aim Statement (Question 2) must ensure that:</i></p> <ul style="list-style-type: none"> <li><i>The Problem Statement by the Participating Entity's Root Cause Analysis</i></li> <li><i>The Problem Statement and Aim Statement are logically related</i></li> </ul>
<p><b>4. Selected Interventions:</b> State the selected intervention(s) for this quality improvement project (250 words or less, Reference: Submission for 9/30/2022, Question #10).</p>	<p><b>Guidance:</b> <i>If no changes were made since the previous submission, simply copy the previous response. If changes were made, provide both the previous and modified responses.</i></p>
<p><b>5. Narrative Description of Changes:</b> Briefly describe any revisions to selected interventions since the last submission for BHQIP. Address the reasons leading to any changes, as well as the data or evidence considered leading to these changes (250 words or less).</p>	<p><b>Guidance:</b> <i>Participating Entities that did not specify interventions in their previous submissions or have changed their interventions must respond to this question.</i></p> <p><i>In this response, Entities should aim to facilitate DHCS' understanding of the decision process around intervention selection and/or changes made. The interventions selected must be logically related to the Aim Statement (Question 2) and address the Problem Statement (Question 1).</i></p>

**6. Equity Analysis:** Participating Entities are required to complete an Equity Analysis as part of their quality improvement plans for BHQIP Goal 3. Describe how the intervention(s) identified in Question 4 consider and address disparities faced by Medi-Cal beneficiaries who have alcohol use disorder or substance use disorders in the Participating Entity's service area.

In this response, Entities **must** address the following questions (500 words total):

- What county-specific data sources were utilized to attempt to identify disparities?
- How does the Entity's equity analysis consider its current Cultural Competence Plan?
- How does the Entity consider threshold languages and language accessibility within its quality improvement plan?
- What existing and/or potential disparities were identified?
- How will the Entity consider and address any identified disparities?
- How does the Entity plan to monitor the identified disparities and/or potential disparities in its ongoing work?

**Guidance:** *DHCS anticipates that all Participating Entities will need to submit information to meet the requirements for this question given the expectation that Entities directly address items such as the Cultural Competency Plan and threshold languages.*

*For this Question:*

- *Participating Entities must identify and use not only data provided by DHCS but also internal data and/or data from external stakeholders (e.g. data from public health departments, managed care partners, health care delivery partners, DHCS, or other sources) to conduct an Equity Analysis. Entities are encouraged to use data from other efforts to identify health needs and health disparities, including community-based and population-based information.*
- *Responses must specifically describe how the Equity Analysis provided considers an Entity's Cultural Competency Plan (CCP). If an Entity believes that its current CCP is not relevant to this quality improvement project, it must state this directly and address the reasons why.*
- *Responses must specifically address threshold languages of the service areas of the Entity and how the selected interventions might impact health equity for beneficiaries that speak threshold languages.*
- *Disparities monitoring strategies must specify what data will be monitored and the frequency of monitoring.*

*The Entity's analysis for this question may focus on any beneficiary characteristic(s) that may lead to differential care engagement, experience, and outcomes. DHCS has outlined its approach towards health equity in its [Comprehensive](#)*

	<p><a href="#">Quality Strategy</a> and Health Equity Roadmap (<a href="#">Comprehensive Quality Strategy</a>, pg. 78).</p> <p><i>If the Participating Entity has analyzed multiple data internal and external data sources and could not identify a disparity, instead identify what data were reviewed, any data gaps, and how the Entity will monitor for potential disparities in its ongoing quality improvement efforts. In this situation, such monitoring data will be required for the 3/1/2024 BHQIP Goal 3d deliverable.</i></p>
<p><b>7. Implementation Steps Completed:</b> Describe steps completed as of 9/29/2023 to implement the interventions identified, including time periods or dates of action (250 words or less, Reference: Submission for 9/30/2022, Question #12).</p>	<p><b>Guidance:</b> <i>Implementation of interventions is aligned with the Do portion of a PDSA cycle. Participating Entities must have implemented one or more interventions to be eligible for the associated deliverable payment for BHQIP Milestone 3d in 9/29/2023 submissions.</i></p> <p><i>Entities may report on pilot efforts to implement interventions to meet the requirements of this question. DHCS expects Participating Entities to engage in good-faith efforts to pilot and scale interventions as quickly as appropriate and feasible to achieve their aim statements. Limitations in the scope of intervention implementation must be explained in a subsequent question.</i></p> <p><i>Example: A Participating Entity's selected intervention proposes using behavioral health navigators to improve follow-up after emergency room visits. In this case, DHCS would require the Participating Entity to have implemented at least a pilot program with behavioral health navigators working with appropriate beneficiaries in order to qualify for incentive payment for the associated BHQIP Goal 3d deliverable.</i></p>

<p><b>8. Challenges Faced:</b> For all implementation steps identified in the 9/30/2022 submission that did not occur as anticipated, address reasons why. (125 words or less)</p>	<p><b>Guidance:</b> <i>Participating Entities’ responses should facilitate DHCS’ understanding of the scope of the interventions completed. In this response, Participating Entities must address any limitations to the implementation and scaling of pilot interventions.</i></p> <p><i>DHCS expects Participating Entities to engage in good-faith efforts to pilot and scale interventions as quickly as appropriate and feasible to achieve their aim statements.</i></p>
<p><b>9. Key Performance Indicators (KPI):</b> Report out regarding the performance of the selected interventions using the performance indicators selected by the Participating Entity in the 9/30/2022 submission.</p> <p>In this response, Participating Entities must specify</p> <ul style="list-style-type: none"> <li>• At least one KPI for each Selected Intervention</li> <li>• The Participating Entity’s actual measured performance on the KPI(s) at the time of reporting</li> <li>• An assessment of how this performance compares to the Participating Entity’s expectations</li> </ul> <p>(250 words or less, Reference: Submission for 9/30/2022, Question #13).</p>	<p><b>Guidance:</b> <i>Analysis of performance using KPIs is aligned with the Study portion of a PDSA cycle. Participating Entities specified KPIs in their September 2022 submissions for BHQIP Goal 3d.</i></p> <p><i>Participating Entities may have selected or changed interventions since September 2022, leading to changes in performance evaluation. In this case, state this directly within the response.</i></p> <p><i>KPIs are often, but not necessarily, process measures that assess the completion or success of steps in a quality improvement plan. The functional question “How would we know that this intervention or implementation step was successful before the next reporting period?” can be used to identify these KPIs.</i></p> <p><i>For example:</i></p> <ul style="list-style-type: none"> <li>• <i>Assume that a Participating Entity’s quality improvement plan has an Aim Statement that focuses on improving follow-up visit completion after emergency department presentation and a Selected Intervention of care navigation outreach calls from health workers.</i></li> </ul>

	<ul style="list-style-type: none"> <li>• <i>One potential KPI would be the number and/or percentage unique beneficiaries for whom outreach calls were made.</i></li> <li>• <i>Another potential KPI would be the number and/or percentage of unique beneficiaries who were successfully contacted by a navigator through outreach calls.</i></li> <li>• <i>A Participating Entity could anticipate 50% successful health worker contact based on its experience with other telephonic outreach and then measure its actual performance against this expectation.</i></li> </ul>
<p><b>10. Lessons Learned:</b> Provide a brief reflective summary of the improvement plan implementation process. In this response, identify <b>at least 2 lessons learned</b> for the next phase of improvement plan implementation. (125 words or less)</p>	<p><b>Guidance:</b> <i>This narrative is analogous to the Act portion of a PDSA cycle. Participating Entities must identify 2 lessons that can improve their continued work in the clinical area of focus of this Template. This reflective learning process is a key element of continuous quality improvement.</i></p>

## Section 2: Next Steps for Improvement Plan

The following section focuses on further implementation of the Participating Entity's improvement plan. This section is analogous to the Act portion of a PDSA cycle, leading to the Plan portion of the next PDSA cycle.

<p><b>11. Implementation Steps, Planning for the Future:</b> Describe at least <b>3 concrete steps</b> that the Participating Entity will carry forth in the following 6 months to implement the interventions specified in Question 4 and to assess performance on the key performance indicators specified in Question 12. Provide time frames or dates for each step identified. (250 words or less)</p>	<p><b>Guidance:</b> <i>Participating Entities must specify 3 concrete steps that will be performed during the next 6 months for this quality improvement project. Identified steps may address implementation or assessment of performance, including collaborative efforts with other stakeholders. Participating Entities will be expected to report out on their success in carrying out these implementation steps in the next submissions for BHQIP Goal 3d.</i></p>
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**12. Key Performance Indicators (KPI), Future:** Identify at least 2 key performance indicators that will be used to assess the implementation and success of each intervention (process or outcome, [Science of Improvement: Establishing Measures](#)) identified in Question 4 above during the upcoming reporting period. For each indicator, indicate target performance. These KPIs may (but do not have to) differ from those identified in Question 9 based on the Participating Entity's implementation plan. (250 words or less)

**Guidance:** Interventions selected must be reportable by the time of the next BHQIP reporting period, or “studied” within the PDSA framework. KPIs should be scoped accordingly so they are meaningful for the intervention and measurable between 9/29/2023 and 3/1/2024. These KPIs may be similar or identical to KPIs reported on for this submission in Question 9.

*Participating Entities can pick from the 3 required implementation steps to identify 2 KPIs that would measure the success of the implementation of these steps. KPIs are often, but not necessarily, process measures that assess the completion or success of steps in a quality improvement plan. The functional question “How would we know that this intervention or implementation step was successful before the next reporting period?” can be used to identify these KPIs.*

### Section 3: Beneficiary Identification, Data Exchange, and Stakeholder Engagement

Managed Care Plans and Behavioral Health Plans are jointly responsible for improving follow-up after emergency department presentation for alcohol use disorder or other substance use disorder for the entire Medi-Cal covered population. The following section focuses on collaborations and data exchange efforts between Participating Entities and other stakeholders to facilitate implementation of Selected Interventions and evaluation.

**13. Collaborations with Managed Care Plans:** What collaborations has the Participating Entity engaged in with Managed Care Plan partners to identify Medi-Cal beneficiaries who present to the emergency department for alcohol use disorder or other substance use disorder? DHCS **requires** that Behavioral Health Plans engage in good faith efforts collaborate with Managed Medi-Cal Plans.

**Guidance:** DHCS **requires** Participating Entities to engage in good faith efforts to work with MCP stakeholders as part of BHQIP given extensive feedback that we have received from numerous stakeholders regarding opportunities of improvement in collaborations across these specific stakeholders.

*If the Participating Entity believes that collaboration with MCPs has been unsuccessful or is not necessary based on their specific intervention plans, DHCS expects that Participating Entities*



<ul style="list-style-type: none"> <li>• <b>Part A, Description of Collaboration (125 words):</b> Describe <b>existing and future</b> collaborations with Managed Care Plan partners in this clinical area of focus.</li> <li>• <b>Part B, Description of Data Exchange (125 words):</b> Identify and describe data exchange efforts between the Participating Entities and other stakeholders to identify beneficiaries eligible for treatment after presenting to an emergency department for alcohol use disorder or other substance use disorder. In this response, identify the Entity's ability to access data to drive change towards its Aim Statement. <b>While no specific type of data exchange is required, Entities are required describe whether and how they are exchanging data in the following ways:</b> (1) Receiving data from Managed Care Plan partners and (2) Sending data to Managed Care Plan partners.</li> </ul>	<p>(1) Describe this situation in their response and (2) Contact DHCS, as helpful, to request assistance in coordinating with MCP partners on efforts.</p>
<p><b>14. Collaborations with Health Care Delivery Partners:</b> What collaborations has the Participating Entity engaged in with Health Care Delivery Partners (e.g. hospitals or clinics) to identify Medi-Cal beneficiaries who present to the emergency department for alcohol use disorder or other substance use disorder? DHCS <b>does not require but strongly encourages</b> collaborative relationships of Participating Entities with health delivery partners.</p> <ul style="list-style-type: none"> <li>• <b>Part A, Description of Collaboration (125 words):</b> Describe <b>existing or future</b> collaborations with Health Delivery Partners in this clinical area of focus.</li> <li>• <b>Part B, Description of Data Exchange (125 words):</b> Identify and describe data exchange efforts between the Participating Entities and other stakeholders to identify beneficiaries eligible for treatment after</li> </ul>	<p><b>Guidance:</b> DHCS strongly encourages but does not require Participating Entities to work with health care delivery partners in their quality improvement plans. If a Participating Entity does not or does not plan to collaborate with or exchange data with any health care delivery partners, state this directly.</p>

presenting to an emergency department for alcohol use disorder or other substance use disorder. In this response, identify the Entity's ability to access data to drive change towards its Aim Statement. **While no specific type of data exchange is required, Entities are specifically required to describe whether and how they are exchanging data in the following ways:** (1) Receiving data from Health Delivery Partners and (2) Sending data to Health Delivery Partners.

**15. Data Exchange Strategy:** Identify and describe data exchange efforts between the Participating Entities and other stakeholders to identify beneficiaries eligible for treatment after presenting to an emergency department for alcohol use disorder or other substance use disorder and to assess performance via Key Performance Indicators and drive change towards its Aim Statement. (250 words or less, Reference: Submission for 9/30/2022, Question #17).

Data Element	Source of Data	Method of Exchange	Function of Data

**Guidance:** DHCS requires Participating Entities to have a cohesive and logical Data Exchange **Strategy** on how to identify beneficiaries in need of services and to deliver services within their Counties or Regions for submitted quality improvement plans. Participating Entities are **not** required to engage in any specific type of data exchange for Goal 3d templates for September 2023 in terms of evaluation for incentive payment. However, Participating Entities **are** required to account for how they will access data instrumental to the implementation and evaluation of their quality improvement plans.

DHCS expects Participating Entities to utilize data-sharing agreements and/or health information exchanges to obtain patient information to drive improvement in receipt of appropriate services. Each Entity's data strategy must address how they have obtained or will have obtained data to calculate performance on Key Performance Indicators and whether they have made progress towards their Aim Statements.

For example:

- Assume that a Participating Entity has specified an Aim of improving ED follow-up rates by 10% among

	<p><i>individuals presenting to emergency departments within a pilot program in a 6-month time period. Further assume that this Participating Entity's selected intervention uses behavioral health navigator calls to improve follow-up after emergency room visits and that a Key Performance Indicator has been selected of the number and/or percentage of beneficiaries successfully contacted by a navigator among eligible beneficiaries.</i></p> <ul style="list-style-type: none"> <li>• <i>This Participating Entity's Data Exchange Strategy must address how it obtains accurate and timely data regarding whether a beneficiary has presented to an ED for conditions of focus, whether the selected intervention of a behavioral health navigator call occurred, and whether that beneficiary successfully received follow-up services—as some of those data may be held by external stakeholders or may not be evident to the Participating Entity in a timely fashion through administrative claims.</i></li> </ul>
<p><b>16. Data Exchange, Narrative:</b> Briefly describe the Participating Entity's experience since the last BHQIP submission regarding data exchange. Identify any challenges faced and lessons learned specific to the implementation of the improvement plan (125 words or less).</p>	<p><b>Guidance:</b> <i>Describe data-exchanged focused collaborations, which stakeholders were involved, any meetings that have occurred, and any lessons learned regarding obtaining necessary data to implement and assess interventions. Include any information that would be useful for DHCS to consider for further projects involving data exchange.</i></p>
<p><b>17. Care Navigation:</b></p> <ul style="list-style-type: none"> <li>• <b>Part A:</b> Is the Entity collaborating with <a href="#">CA Bridge</a> or another stakeholder that receives funding from CA Bridge? (Yes/No)</li> <li>• <b>Part B:</b> Describe any engagement of the Participating Entity with the CA Bridge Program or other efforts to</li> </ul>	<p><b>Guidance:</b> <i>Specify the role of the Participating Entity, Managed Care Plan Partners, and Health Care Delivery Partners, or other programs. <b>Specific reference should be made to any collaborations with the CA Bridge Program.</b> Examples of other programs include embedded navigators, health workers, or other Participating Entity or Health Plan staff in care settings.</i></p>

improve care navigation for people who have a substance use disorder. (125 words or less)	
<b>18. Beneficiary Engagement:</b> Address when and how beneficiaries will be engaged in the period prior to the next reporting period in 9/29/2023. Specifically address how beneficiaries will be engaged (125 words or less).	<b>Guidance:</b> <i>DHCS expects identification of opportunities during the implementation timeline to gather stakeholder input.</i>

#### Section 4: Submission Checklist

<p><b>19. Submission Checklist:</b> Attest that the following DHCS requirements have been met for this Template at the time of submission. The below checklist is intended to help Entities to ensure the <b>completeness</b> of their submissions. DHCS will evaluate the submitted template holistically, with specific attention to the logical relationship between the Participating Entity's Problem Statement, Aim Statement, Selected Interventions, Completed Intervention Steps, Key Performance Indicators, Equity Analysis, Stakeholder Engagement, and Data Exchange.</p>	<p><b>Guidance:</b> <i>This Checklist illustrates some of the logical connections between Questions across each quality improvement Template. DHCS expects Participating Entities to ensure that the responses provided are cohesive across each submitted Template.</i></p>
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Submission Requirement	Yes	No
Do the Problem Statement (Question 1), Aim Statement (Question 2), and Selective Interventions (Question 5) have a clear and logical relationship between one another?	<input type="checkbox"/>	<input type="checkbox"/>
Does the provided Equity Analysis (Question 6) directly address required data elements (e.g. Cultural Competency Plan and threshold languages) and how the Entity will consider equity in an ongoing manner?	<input type="checkbox"/>	<input type="checkbox"/>
Do the Implementation Steps Completed (Question 7), Description of Challenges (Question 8), and Evaluation of Key Performance Indicator performance (Question 9) logically relate to the Lessons Learned for the next submission (Question 10)?	<input type="checkbox"/>	<input type="checkbox"/>
Are the provided Key Performance Indicators for the next submission (Question 12) reasonable, feasible measurements for the identified Future Implementation Steps (Question 11)?	<input type="checkbox"/>	<input type="checkbox"/>
Do the Entity's efforts around Stakeholder Collaboration and Data Exchange (Questions 13 and 14) address how to identify beneficiaries in need of services in the clinical area of focus?	<input type="checkbox"/>	<input type="checkbox"/>
Does the Data Exchange Strategy of the Entity (Question 15) provide the Participating Entity with all data required to implement Future Intervention Steps for the target population identified (Question 11)?	<input type="checkbox"/>	<input type="checkbox"/>
Does the Data Exchange Strategy of the Entity (Question 15) provide the Participating Entity with all data required to calculate Key Performance Indicators (Question 12) and performance towards the Aim Statement (Question 2)?	<input type="checkbox"/>	<input type="checkbox"/>

**Note:** Question 17 for Template C is distinct from Question 17 in Templates A and B. The templates are otherwise significantly similar.

## Template B

### Clinical Area of Focus: Follow-Up After Emergency Department Visit for Mental Illness

#### Section 1: Progress Report for Quality Improvement Project

Participating Entities may have revised or modified their quality improvement plans since the 9/30/2022 submission for BHQIP. In your responses, state your previous submission information and describe any changes the Participating Entity has made since the last submission. Address any clarifications previously sought by DHCS in responses.

- 1. Problem Statement: What is the problem this performance improvement plan proposes to solve?** (One Sentence, Reference: Submission for 9/30/2022, Question #3)

**Guidance:** If no changes were made since the previous submission, simply copy the previous response. If changes were made, provide both the previous and modified responses.

- 2. Aim Statement: What is the aim/goal for this performance improvement project?** (One Sentence for each element, Reference: Submission for 9/30/2022, Question #9)

**Guidance:** This Aim Statement must contain all elements of a “SMART” goal format. It must also be logically related to Entity’s root cause analysis and resulting Problem Statement (Question 1).

<b>Aim Statement</b>	
<b>How the Aim Statement is</b>	
<b>Specific</b>	
<b>Measurable</b>	
<b>Achievable</b>	
<b>Relevant</b>	
<b>Time-Bound</b>	

If no changes were made since the previous submission, copy the previous response and provide one sentence each specifying how the Aim Statement fits the SMART format: **Specific, Measurable, Achievable, Relevant, and Time-bound.**

If changes were made since the previous submission, provide both the previous response, modified response, and one-sentence descriptions on how the Aim Statement addresses all elements of the SMART goal format.

**DHCS is no longer requiring that Participating Entities calculate HEDIS measure performance rates for Goal 3 of BHQIP.** DHCS encourages Participating Entities to focus Aim Statements on quality improvement efforts to address associated Problem Statements, not HEDIS performance rate calculation.

<p><b>3. Narrative Description of Changes:</b> Briefly describe any changes the Participating Entity has made to the Problem Statement and Aim Statement in this improvement plan. Address sources of information used to inform these changes, such as local data and stakeholder engagement. Identify challenges and lessons learned in this process (250 words or less).</p>	<p><i>Participating Entities may revise their Aim Statements to capture a scope of work that is narrower than a HEDIS measure.</i></p> <p><b>Guidance:</b> <i>DHCS is no longer requiring that Participating Entities calculate HEDIS measure performance rates for Goal 3 of BHQIP. DHCS encourages Participating Entities to focus Aim Statements on quality improvement efforts to address associated Problem Statements, not HEDIS performance rate calculation. Participating Entities may revise their Aim Statements to capture a scope of work that is narrower than a HEDIS measure.</i></p> <p><i>Participating Entities that change either or both their Problem Statement (Question 1) and Aim Statement (Question 2) must ensure that:</i></p> <ul style="list-style-type: none"> <li><i>The Problem Statement and Aim Statement are supported by the Participating Entity's Root Cause Analysis</i></li> <li><i>The Problem Statement and Aim Statement are logically related</i></li> </ul>
<p><b>4. Selected Interventions:</b> State the selected intervention(s) for this quality improvement project (250 words or less, Reference: Submission for 9/30/2022, Question #10).</p>	<p><b>Guidance:</b> <i>If no changes were made since the previous submission, simply copy the previous response. If changes were made, provide both the previous and modified responses.</i></p>
<p><b>5. Narrative Description of Changes:</b> Briefly describe any revisions to selected interventions since the last submission for BHQIP. Address the reasons leading to any changes, as well as the data or evidence considered leading to these changes (250 words or less).</p>	<p><b>Guidance:</b> <i>Participating Entities that did not specify interventions in their previous submissions or have changed their interventions must respond to this question.</i></p> <p><i>In this response, Entities should aim to facilitate DHCS' understanding of the decision process around intervention selection and/or changes made. The interventions selected must be logically related to the Aim Statement (Question 2) and address the Problem Statement (Question 1).</i></p>



**6. Equity Analysis:** Participating Entities are required to complete an Equity Analysis as part of their quality improvement plans for BHQIP Goal 3. Describe how the intervention(s) identified in Question 4 consider and address disparities faced by Medi-Cal beneficiaries who have a mental illness in the Participating Entity's service area.

In this response, Entities **must** address the following questions (500 words total):

- What county-specific data sources were utilized to attempt to identify disparities?
- How does the Entity's equity analysis consider its current Cultural Competence Plan?
- How does the Entity consider threshold languages and language accessibility within its quality improvement plan?
- What existing and/or potential disparities were identified?
- How will the Entity consider and address any identified disparities?
- How does the Entity plan to monitor the identified disparities and/or potential disparities in its ongoing work?

**Guidance:** *DHCS anticipates that all Participating Entities will need to submit information to meet the requirements for this question given the expectation that Entities directly address items such as the Cultural Competency Plan and threshold languages.*

*For this Question:*

- *Participating Entities must identify and use not only data provided by DHCS but also internal data and/or or data from external stakeholders (e.g. data from public health departments, managed care partners, health care delivery partners, DHCS, or other sources) to conduct an Equity Analysis. Entities are encouraged to use data from other efforts to identify health needs and health disparities, including community-based and population-based information.*
- *Responses must specifically describe how the Equity Analysis provided considers an Entity's Cultural Competency Plan (CCP). If an Entity believes that its current CCP is not relevant to this quality improvement project, it must state this directly and address the reasons why.*
- *Responses must specifically address threshold languages of the service areas of the Entity and how the selected interventions might impact health equity for beneficiaries that speak threshold languages.*
- *Disparities monitoring strategies must specify what data will be monitored and the frequency of monitoring.*

*The Entity's analysis for this question may focus on any beneficiary characteristic(s) that may lead to differential care engagement, experience, and outcomes. DHCS has outlined its approach towards health equity in its [Comprehensive](#)*



	<p><a href="#">Quality Strategy</a> and Health Equity Roadmap (<a href="#">Comprehensive Quality Strategy</a>, pg. 78).</p> <p><i>If the Participating Entity has analyzed multiple data internal and external data sources and could not identify a disparity, instead identify what data were reviewed, any data gaps, and how the Entity will monitor for potential disparities in its ongoing quality improvement efforts. In this situation, such monitoring data will be required for the 3/1/2024 BHQIP Goal 3d deliverable.</i></p>
<p><b>7. Implementation Steps Completed:</b> Describe steps completed as of 9/29/2023 to implement the interventions identified, including time periods or dates of action (250 words or less, Reference: Submission for 9/30/2022, Question #12).</p>	<p><b>Guidance:</b> <i>Implementation of interventions is aligned with the Do portion of a PDSA cycle. Participating Entities must have implemented one or more interventions to be eligible for the associated deliverable payment for BHQIP Milestone 3d in 9/29/2023 submissions.</i></p> <p><i>Entities may report on pilot efforts to implement interventions to meet the requirements of this question. DHCS expects Participating Entities to engage in good-faith efforts to pilot and scale interventions as quickly as appropriate and feasible to achieve their aim statements. Limitations in the scope of intervention implementation must be explained in a subsequent question.</i></p> <p><i>Example: A Participating Entity's selected intervention proposes using behavioral health navigators to improve follow-up after emergency room visits. In this case, DHCS would require the Participating Entity to have implemented at least a pilot program with behavioral health navigators working with appropriate beneficiaries in order to qualify for incentive payment for the associated BHQIP Goal 3d deliverable.</i></p>

<p><b>8. Challenges Faced:</b> For all implementation steps identified in the 9/30/2022 submission that did not occur as anticipated, address reasons why. (125 words or less)</p>	<p><b>Guidance:</b> <i>Participating Entities’ responses should facilitate DHCS’ understanding of the scope of the interventions completed. In this response, Participating Entities must address any limitations to the implementation and scaling of pilot interventions.</i></p> <p><i>DHCS expects Participating Entities to engage in good-faith efforts to pilot and scale interventions as quickly as appropriate and feasible to achieve their aim statements.</i></p>
<p><b>9. Key Performance Indicators (KPI):</b> Report out regarding the performance of the selected interventions using the performance indicators selected by the Participating Entity in the 9/30/2022 submission.</p> <p>In this response, Participating Entities must specify</p> <ul style="list-style-type: none"> <li>• At least one KPI for each Selected Intervention</li> <li>• The Participating Entity’s actual measured performance on the KPI(s) at the time of reporting</li> <li>• An assessment of how this performance compares to the Participating Entity’s expectations</li> </ul> <p>(250 words or less, Reference: Submission for 9/30/2022, Question #13).</p>	<p><b>Guidance:</b> <i>Analysis of performance using KPIs is aligned with the Study portion of a PDSA cycle. Participating Entities specified KPIs in their September 2022 submissions for BHQIP Goal 3d.</i></p> <p><i>Participating Entities may have selected or changed interventions since September 2022, leading to changes in performance evaluation. In this case, state this directly within the response.</i></p> <p><i>KPIs are often, but not necessarily, process measures that assess the completion or success of steps in a quality improvement plan. The functional question “How would we know that this intervention or implementation step was successful before the next reporting period?” can be used to identify these KPIs.</i></p> <p><i>For example:</i></p> <ul style="list-style-type: none"> <li>• <i>Assume that a Participating Entity’s quality improvement plan has an Aim Statement that focuses on improving follow-up visit completion after emergency department presentation and a Selected Intervention of care navigation outreach calls from health workers.</i></li> </ul>

	<ul style="list-style-type: none"> <li>• <i>One potential KPI would be the number and/or percentage unique beneficiaries for whom outreach calls were made.</i></li> <li>• <i>Another potential KPI would be the number and/or percentage of unique beneficiaries who were successfully contacted by a navigator through outreach calls.</i></li> <li>• <i>A Participating Entity could anticipate 50% successful health worker contact based on its experience with other telephonic outreach and then measure its actual performance against this expectation.</i></li> </ul>
<p><b>10. Lessons Learned:</b> Provide a brief reflective summary of the improvement plan implementation process. In this response, identify <b>at least 2 lessons learned</b> for the next phase of improvement plan implementation. (125 words or less)</p>	<p><b>Guidance:</b> <i>This narrative is analogous to the Act portion of a PDSA cycle. Participating Entities must identify 2 lessons that can improve their continued work in the clinical area of focus of this Template. This reflective learning process is a key element of continuous quality improvement.</i></p>

## Section 2: Next Steps for Improvement Plan

The following section focuses on further implementation of the Participating Entity's improvement plan. This section is analogous to the Act portion of a PDSA cycle, leading to the Plan portion of the next PDSA cycle.

<p><b>11. Implementation Steps, Planning for the Future:</b> Describe at least <b>3 concrete steps</b> that the Participating Entity will carry forth in the following 6 months to implement the interventions specified in Question 4 and to assess performance on the key performance indicators specified in Question 12. Provide time frames or dates for each step identified. (250 words or less)</p>	<p><b>Guidance:</b> <i>Participating Entities must specify 3 concrete steps that will be performed during the next 6 months for this quality improvement project. Identified steps may address implementation or assessment of performance, including collaborative efforts with other stakeholders. Participating Entities will be expected to report out on their success in carrying out these implementation steps in the next submissions for BHQIP Goal 3d.</i></p>
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**12. Key Performance Indicators (KPI), Future:** Identify at least 2 key performance indicators that will be used to assess the implementation and success of each intervention (process or outcome, [Science of Improvement: Establishing Measures](#)) identified in Question 4 above during the upcoming reporting period. For each indicator, indicate target performance. These KPIs may (but do not have to) differ from those identified in Question 9 based on the Participating Entity's implementation plan. (250 words or less)

**Guidance:** Interventions selected must be reportable by the time of the next BHQIP reporting period, or “studied” within the PDSA framework. KPIs should be scoped accordingly so they are meaningful for the intervention and measurable between 9/29/2023 and 3/1/2024. These KPIs may be similar or identical to KPIs reported on for this submission in Question 9.

*Participating Entities can pick from the 3 required implementation steps to identify 2 KPIs that would measure the success of implementation of these steps. KPIs are often, but not necessarily, process measures that assess the completion or success of steps in a quality improvement plan. The functional question “How would we know that this intervention or implementation step was successful before the next reporting period?” can be used to identify these KPIs.*

### Section 3: Beneficiary Identification, Data Exchange, and Stakeholder Engagement

Managed Care Plans and Behavioral Health Plans are jointly responsible for improving follow-up after emergency department presentation for mental illness for the entire Medi-Cal covered population. The following section focuses on collaborations and data exchange efforts between Participating Entities and other stakeholders to facilitate implementation of Selected Interventions and evaluation.

**13. Collaborations with Managed Care Plans:** What collaborations has the Participating Entity engaged in with Managed Care Plan partners to identify Medi-Cal beneficiaries who present to the emergency department for mental illness? DHCS **requires** that Behavioral Health Plans engage in good faith efforts collaborate with Managed Medi-Cal Plans.

- **Part A, Description of Collaboration (125 words):** Describe existing and future collaborations with

**Guidance:** DHCS **requires** Participating Entities to engage in good faith efforts to work with MCP stakeholders as part of BHQIP given extensive feedback that we have received from numerous stakeholders regarding opportunities for improvement in collaborations across these specific stakeholders.

*If the Participating Entity believes that collaboration with MCPs has been unsuccessful or is not necessary based on their specific intervention plans, DHCS expects that Participating Entities*

<p>Managed Care Plan partners in this clinical area of focus.</p> <ul style="list-style-type: none"> <li>• <b>Part B, Description of Data Exchange (125 words):</b> Identify and describe data exchange efforts between the Participating Entities and other stakeholders to identify beneficiaries eligible for treatment after presenting to the emergency department for mental illness. In this response, identify the Entity's ability to access data to drive change towards its Aim Statement. <b>While no specific type of data exchange is required, Entities are required describe whether and how they are exchanging data in the following ways:</b> (1) Receiving data from Managed Care Plan partners and (2) Sending data to Managed Care Plan partners.</li> </ul>	<p><i>(1) Describe this situation in their response and (2) Contact DHCS, as helpful, to request assistance in coordinating with MCP partners on efforts.</i></p>
<p><b>14. Collaborations with Health Care Delivery Partners:</b> What collaborations has the Participating Entity engaged in with Health Care Delivery Partners (e.g. hospitals or clinics) to identify Medi-Cal beneficiaries who present to the emergency department for mental illness? DHCS <b>does not require but strongly encourages</b> collaborative relationships of Participating Entities with health delivery partners.</p> <ul style="list-style-type: none"> <li>• <b>Part A, Description of Collaboration (125 words):</b> Describe <b>existing or future</b> collaborations with Health Delivery Partners in this clinical area of focus.</li> <li>• <b>Part B, Description of Data Exchange (125 words):</b> Identify and describe data exchange efforts between the Participating Entities and other stakeholders to identify beneficiaries eligible for treatment after presenting to the emergency department for mental illness. In this response, identify the Entity's ability to</li> </ul>	<p><b>Guidance:</b> <i>DHCS strongly encourages but does not require Participating Entities to be work with health care delivery partners in their quality improvement plans. If a Participating Entity does not or does not plan to collaborate with or exchange data with any health care delivery partners, state this directly.</i></p>

access data to drive change towards its Aim Statement. **While no specific type of data exchange is required, Entities are specifically required to describe whether and how they are exchanging data in the following ways:** (1) Receiving data from Health Delivery Partners and (2) Sending data to Health Delivery Partners.

**15. Data Exchange Strategy:** Identify and describe data exchange efforts between the Participating Entities and other stakeholders to identify beneficiaries eligible for treatment after presenting to the emergency department for mental illness and to assess performance via Key Performance Indicators and drive change towards its Aim Statement. (250 words or less, Reference: Submission for 9/30/2022, Question #17).

Data Element	Source of Data	Method of Exchange	Function of Data

**Guidance:** DHCS requires Participating Entities to have a cohesive and logical Data Exchange **Strategy** on how to identify beneficiaries in need of services and to deliver services within their Counties or Regions for submitted quality improvement plans. Participating Entities are **not** required to engage in any specific type of data exchange for Goal 3d templates for September 2023 in terms of evaluation for incentive payment. However, Participating Entities **are** required to account for how they will access data instrumental to the implementation and evaluation of their quality improvement plans.

DHCS expects Participating Entities to utilize data sharing agreements and/or health information exchanges to obtain patient information to drive improvement in receipt of appropriate services. Each Entity's data strategy must address how they have obtained or will have obtained data to calculate performance on Key Performance Indicators and whether they have made progress towards their Aim Statements.

For example:

- Assume that a Participating Entity has specified an Aim of improving ED follow-up rates by 10% among individuals presenting to emergency departments within a pilot program in a 6-month time period. Further

	<p><i>assume that this Participating Entity’s selected intervention uses behavioral health navigator calls to improve follow-up after emergency room visits and that a Key Performance Indicator has been selected of the number and/or percentage of beneficiaries successfully contacted by a navigator among eligible beneficiaries.</i></p> <ul style="list-style-type: none"> <li>• <i>This Participating Entity’s Data Exchange Strategy must address how it obtains accurate and timely data regarding whether a beneficiary has presented to an ED for conditions of focus, whether the selected intervention of a behavioral health navigator call occurred, and whether that beneficiary successfully received follow-up services—as some of those data may be held by external stakeholders or may not be evident to the Participating Entity in a timely fashion through administrative claims.</i></li> </ul>
<p><b>16. Data Exchange, Narrative:</b> Briefly describe the Participating Entity’s experience since the last BHQIP submission regarding data exchange. Identify any challenges faced and lessons learned specific to implementation of the improvement plan (125 words or less).</p>	<p><b>Guidance:</b> <i>Describe data-exchanged focused collaborations, which stakeholders were involved, any meetings that have occurred, and any lessons learned regarding obtaining necessary data to implement and assess interventions. Include any information that would be useful for DHCS to consider for further projects involving data exchange.</i></p>
<p><b>17. Care Navigation:</b></p> <ul style="list-style-type: none"> <li>• <b>Part A:</b> Is the Entity collaborating with <a href="#">CA Bridge</a> or another stakeholder that receives funding from CA Bridge? (Yes/No)</li> <li>• <b>Part B:</b> Describe any engagement of the Participating Entity with the CA Bridge Program or other efforts to improve care navigation for people who have a mental illness. (125 words or less)</li> </ul>	<p><b>Guidance:</b> <i>Specify the role of the Participating Entity, Managed Care Plan Partners, and Health Care Delivery Partners, or other programs. <b>Specific reference should be made to any collaborations with the CA Bridge Program.</b> Examples of other programs include embedded navigators, health workers, or other Participating Entity or Health Plan staff in care settings.</i></p>



**18. Beneficiary Engagement:** Address when and how beneficiaries will be engaged in the period prior to the next reporting period in 9/29/2023. Specifically address how beneficiaries will be engaged (125 words or less).

**Guidance:** *DHCS expects identification of opportunities during the implementation timeline to gather stakeholder input.*

## Section 4: Submission Checklist

**19. Submission Checklist:** Attest that the following DHCS requirements have been met for this Template at the time of submission. The below checklist is intended to help Entities to ensure the **completeness** of their submissions. DHCS will evaluate the submitted template holistically, with specific attention to the logical relationship between the Participating Entity's Problem Statement, Aim Statement, Selected Interventions, Completed Intervention Steps, Key Performance Indicators, Equity Analysis, Stakeholder Engagement, and Data Exchange.

**Guidance:** *This Checklist illustrates some of the logical connections between Questions across each quality improvement Template. DHCS expects Participating Entities to ensure that the responses provided are cohesive across each submitted Template.*



Submission Requirement	Yes	No
Do the Problem Statement (Question 1), Aim Statement (Question 2), and Selective Interventions (Question 5) have a clear and logical relationship between one another?	<input type="checkbox"/>	<input type="checkbox"/>
Does the provided Equity Analysis (Question 6) directly address required data elements (e.g., Cultural Competency Plan and threshold languages) and how the Entity will consider equity in an ongoing manner?	<input type="checkbox"/>	<input type="checkbox"/>
Do the Implementation Steps Completed (Question 7), Description of Challenges (Question 8), and Evaluation of Key Performance Indicator performance (Question 9) logically relate to the Lessons Learned for the next submission (Question 10)?	<input type="checkbox"/>	<input type="checkbox"/>
Are the provided Key Performance Indicators for the next submission (Question 12) reasonable, feasible measurements for the identified Future Implementation Steps (Question 11)?	<input type="checkbox"/>	<input type="checkbox"/>
Do the Entity's efforts around Stakeholder Collaboration and Data Exchange (Questions 13 and 14) address how to identify beneficiaries in need of services in the clinical area of focus?	<input type="checkbox"/>	<input type="checkbox"/>
Does the Data Exchange Strategy of the Entity (Question 15) provide the Participating Entity with all data required to implement Future Intervention Steps for the target population identified (Question 11)?	<input type="checkbox"/>	<input type="checkbox"/>
Does the Data Exchange Strategy of the Entity (Question 15) provide the Participating Entity with all data required to calculate Key Performance Indicators (Question 12) and performance towards the Aim Statement (Question 2)?	<input type="checkbox"/>	<input type="checkbox"/>

## Template C

### Clinical Area of Focus: Pharmacotherapy for Opioid Use Disorder

#### Section 1: Progress Report for Quality Improvement Project

Participating Entities may have revised or modified their quality improvement plans since the 9/30/2022 submission for BHQIP. In your responses, state your previous submission information and describe any changes the Participating Entity has made since the last submission. Address any clarifications previously sought by DHCS in responses.

- 1. Problem Statement: What is the problem this performance improvement plan proposes to solve?**  
(One Sentence, Reference: Submission for 9/30/2022, Question #3)

**Guidance:** If no changes were made since the previous submission, simply copy the previous response. If changes were made, provide both the previous and modified responses.

- 2. Aim Statement: What is the aim/goal for this performance improvement project?** (One Sentence for each element, Reference: Submission for 9/30/2022, Question #9)

**Guidance:** This Aim Statement must contain all elements of a “SMART” goal format. It must also be logically related to Entity’s root cause analysis and resulting Problem Statement (Question 1).

<b>Aim Statement</b>	
<b>How the Aim Statement is</b>	
Specific	
Measurable	
Achievable	
Relevant	
Time-Bound	

If no changes were made since the previous submission, copy the previous response and provide one sentence each specifying how the Aim Statement fits the SMART format: **Specific, Measurable, Achievable, Relevant, and Time-bound.**

If changes were made since the previous submission, provide both the previous response, modified response, and one-sentence descriptions on how the Aim Statement addresses all elements of the SMART goal format.

**DHCS is no longer requiring that Participating Entities calculate HEDIS measure performance rates for Goal 3 of BHQIP.** DHCS encourages Participating Entities to focus Aim Statements on quality improvement efforts to address associated Problem Statements, not HEDIS performance rate calculation.

<p><b>3. Narrative Description of Changes:</b> Briefly describe any changes the Participating Entity has made to the Problem Statement and Aim Statement in this improvement plan. Address sources of information used to inform these changes, such as local data and stakeholder engagement. Identify challenges and lessons learned in this process (250 words or less).</p>	<p><i>Participating Entities may revise their Aim Statements to capture a scope of work that is narrower than a HEDIS measure.</i></p> <p><b>Guidance:</b> <i>DHCS is no longer requiring that Participating Entities calculate HEDIS measure performance rates for Goal 3 of BHQIP. DHCS encourages Participating Entities to focus Aim Statements on quality improvement efforts to address associated Problem Statements, not HEDIS performance rate calculation. Participating Entities may revise their Aim Statements to capture a scope of work that is narrower than a HEDIS measure.</i></p> <p><i>Participating Entities that change either or both their Problem Statement (Question 1) and Aim Statement (Question 2) must ensure that:</i></p> <ul style="list-style-type: none"> <li><i>The Problem Statement and Aim Statement are supported by the Participating Entity's Root Cause Analysis</i></li> <li><i>The Problem Statement and Aim Statement are logically related</i></li> </ul>
<p><b>4. Selected Interventions:</b> State the selected intervention(s) for this quality improvement project (250 words or less, Reference: Submission for 9/30/2022, Question #10).</p>	<p><b>Guidance:</b> <i>If no changes were made since the previous submission, simply copy the previous response. If changes were made, provide both the previous and modified responses.</i></p>
<p><b>5. Narrative Description of Changes:</b> Briefly describe any revisions to selected interventions since the last submission for BHQIP. Address the reasons leading to any changes, as well as the data or evidence considered leading to these changes (250 words or less).</p>	<p><b>Guidance:</b> <i>Participating Entities that did not specify interventions in their previous submissions or have changed their interventions must respond to this question.</i></p> <p><i>In this response, Entities should aim to facilitate DHCS' understanding of the decision process around intervention selection and/or changes made. The interventions selected must be logically related to the Aim Statement (Question 2) and address the Problem Statement (Question 1).</i></p>

**6. Equity Analysis:** Participating Entities are required to complete an Equity Analysis as part of their quality improvement plans for BHQIP Goal 3. Describe how the intervention(s) identified in Question 4 consider and address disparities faced by Medi-Cal beneficiaries who have opioid use disorder or substance use disorders in the Participating Entity's service area.

In this response, Entities **must** address the following questions (500 words total):

- What county-specific data sources were utilized to attempt to identify disparities?
- How does the Entity's equity analysis consider its current Cultural Competence Plan?
- How does the Entity consider threshold languages and language accessibility within its quality improvement plan?
- What existing and/or potential disparities were identified?
- How will the Entity consider and address any identified disparities?
- How does the Entity plan to monitor the identified disparities and/or potential disparities in its ongoing work?

**Guidance:** *DHCS anticipates that all Participating Entities will need to submit information to meet the requirements for this question given the expectation that Entities directly address items such as the Cultural Competency Plan and threshold languages.*

*For this Question:*

- *Participating Entities must identify and use not only data provided by DHCS but also internal data and/or or data from external stakeholders (e.g. data from public health departments, managed care partners, health care delivery partners, DHCS, or other sources) to conduct an Equity Analysis. Entities are encouraged to use data from other efforts to identify health needs and health disparities, including community-based and population-based information.*
- *Responses must specifically describe how the Equity Analysis provided considers an Entity's Cultural Competency Plan (CCP). If an Entity believes that its current CCP is not relevant to this quality improvement project, it must state this directly and address the reasons why.*
- *Responses must specifically address threshold languages of the service areas of the Entity and how the selected interventions might impact health equity for beneficiaries that speak threshold languages.*
- *Disparities monitoring strategies must specify what data will be monitored and the frequency of monitoring.*

*The Entity's analysis for this question may focus on any beneficiary characteristic(s) that may lead to differential care engagement, experience, and outcomes. DHCS has outlined its approach towards health equity in its [Comprehensive](#)*

	<p><a href="#">Quality Strategy</a> and Health Equity Roadmap (<a href="#">Comprehensive Quality Strategy</a>, pg. 78).</p> <p><i>If the Participating Entity has analyzed multiple data internal and external data sources and could not identify a disparity, instead identify what data were reviewed, any data gaps, and how the Entity will monitor for potential disparities in its ongoing quality improvement efforts. In this situation, such monitoring data will be required for the 3/1/2024 BHQIP Goal 3d deliverable.</i></p>
<p><b>7. Implementation Steps Completed:</b> Describe steps completed as of 9/29/2023 to implement the interventions identified, including time periods or dates of action (250 words or less, Reference: Submission for 9/30/2022, Question #12).</p>	<p><b>Guidance:</b> <i>Implementation of interventions is aligned with the Do portion of a PDSA cycle. Participating Entities must have implemented one or more interventions to be eligible for the associated deliverable payment for BHQIP Milestone 3d in 9/29/2023 submissions.</i></p> <p><i>Entities may report on pilot efforts to implement interventions to meet the requirements of this question. DHCS expects Participating Entities to engage in good-faith efforts to pilot and scale interventions as quickly as appropriate and feasible to achieve their aim statements. Limitations in the scope of intervention implementation must be explained in a subsequent question.</i></p> <p><i>Example: A Participating Entity's selected intervention proposes using behavioral health navigators to improve follow-up after emergency room visits. In this case, DHCS would require the Participating Entity to have implemented at least a pilot program with behavioral health navigators working with appropriate beneficiaries in order to qualify for incentive payment for the associated BHQIP Goal 3d deliverable.</i></p>

<p><b>8. Challenges Faced:</b> For all implementation steps identified in the 9/30/2022 submission that did not occur as anticipated, address reasons why. (125 words or less)</p>	<p><b>Guidance:</b> <i>Participating Entities’ responses should facilitate DHCS’ understanding of the scope of the interventions completed. In this response, Participating Entities must address any limitations to the implementation and scaling of pilot interventions.</i></p> <p><i>DHCS expects Participating Entities to engage in good-faith efforts to pilot and scale interventions as quickly as appropriate and feasible to achieve their aim statements.</i></p>
<p><b>9. Key Performance Indicators (KPI):</b> Report out regarding performance of the selected interventions using the performance indicators selected by the Participating Entity in the 9/30/2022 submission.</p> <p>In this response, Participating Entities must specify</p> <ul style="list-style-type: none"> <li>• At least one KPI for each Selected Intervention</li> <li>• The Participating Entity’s actual measured performance on the KPI(s) at the time of reporting</li> <li>• An assessment of how this performance compares to the Participating Entity’s expectations</li> </ul> <p>(250 words or less, Reference: Submission for 9/30/2022, Question #13).</p>	<p><b>Guidance:</b> <i>Analysis of performance using KPIs is aligned with the Study portion of a PDSA cycle. Participating Entities specified KPIs in their September 2022 submissions for BHQIP Goal 3d.</i></p> <p><i>Participating Entities may have selected or changed interventions since September 2022, leading to changes in performance evaluation. In this case, state this directly within the response.</i></p> <p><i>KPIs are often, but not necessarily, process measures that assess the completion or success of steps in a quality improvement plan. The functional question “How would we know that this intervention or implementation step was successful before the next reporting period?” can be used to identify these KPIs.</i></p> <p><i>For example:</i></p> <ul style="list-style-type: none"> <li>• <i>Assume that a Participating Entity’s quality improvement plan has an Aim Statement that focuses on improving follow-up visit completion after emergency department presentation and a Selected Intervention of care navigation outreach calls from health workers.</i></li> </ul>

	<ul style="list-style-type: none"> <li>• <i>One potential KPI would be the number and/or percentage unique beneficiaries for whom outreach calls were made.</i></li> <li>• <i>Another potential KPI would be the number and/or percentage of unique beneficiaries who were successfully contacted by a navigator through outreach calls.</i></li> <li>• <i>A Participating Entity could anticipate 50% successful health worker contact based on its experience with other telephonic outreach and then measure its actual performance against this expectation.</i></li> </ul>
<p><b>10. Lessons Learned:</b> Provide a brief reflective summary of the improvement plan implementation process. In this response, identify <b>at least 2 lessons learned</b> for the next phase of improvement plan implementation. (125 words or less)</p>	<p><b>Guidance:</b> <i>This narrative is analogous to the Act portion of a PDSA cycle. Participating Entities must identify 2 lessons that can improve their continued work in the clinical area of focus of this Template. This reflective learning process is a key element of continuous quality improvement.</i></p>

## Section 2: Next Steps for Improvement Plan

The following section focuses on further implementation of the Participating Entity's improvement plan. This section is analogous to the Act portion of a PDSA cycle, leading to the Plan portion of the next PDSA cycle.

<p><b>11. Implementation Steps, Planning for the Future:</b> Describe at least <b>3 concrete steps</b> that the Participating Entity will carry forth in the following 6 months to implement the interventions specified in Question 4 and to assess performance on the key performance indicators specified in Question 12. Provide time frames or dates for each step identified. (250 words or less)</p>	<p><b>Guidance:</b> <i>Participating Entities must specify 3 concrete steps that will be performed during the next 6 months for this quality improvement project. Identified steps may address implementation or assessment of performance, including collaborative efforts with other stakeholders. Participating Entities will be expected to report out on their success in carrying out these implementation steps in the next submissions for BHQIP Goal 3d.</i></p>
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**12. Key Performance Indicators (KPI), Future:** Identify at least 2 key performance indicators that will be used to assess the implementation and success of **each intervention** (process or outcome, [Science of Improvement: Establishing Measures](#)) identified in Question 4 above during the upcoming reporting period. For each indicator, indicate target performance. These KPIs may (but do not have to) differ from those identified in Question 9 based on the Participating Entity's implementation plan. (250 words or less)

**Guidance:** Interventions selected must be reportable by the time of the next BHQIP reporting period, or “studied” within the PDSA framework. KPIs should be scoped accordingly so they are meaningful for the intervention and measurable between 9/29/2023 and 3/1/2024. These KPIs may be similar or identical to KPIs reported on for this submission in Question 9.

*Participating Entities can pick from the 3 required implementation steps to identify 2 KPIs that would measure the success of implementation of these steps. KPIs are often, but not necessarily, process measures that assess the completion or success of steps in a quality improvement plan. The functional question “How would we know that this intervention or implementation step was successful before the next reporting period?” can be used to identify these KPIs.*

### Section 3: Beneficiary Identification, Data Exchange, and Stakeholder Engagement

Managed Care Plans and Behavioral Health Plans are jointly responsible for improving longitudinal receipt of pharmacotherapy for opioid use disorder for the entire Medi-Cal covered population. The following section focuses on collaborations and data exchange efforts between Participating Entities and other stakeholders to facilitate the implementation of Selected Interventions and evaluation.

**13. Collaborations with Managed Care Plans:** What collaborations has the Participating Entity engaged in with Managed Care Plan partners to identify Medi-Cal beneficiaries who may benefit from longitudinal receipt of pharmacotherapy for opioid use disorder? DHCS **requires** that Behavioral Health Plans engage in good faith efforts collaborate with Managed Medi-Cal Plans.

- **Part A, Description of Collaboration (125 words):** Describe **existing and future** collaborations with

**Guidance:** DHCS **requires** Participating Entities to engage in good faith efforts to work with MCP stakeholders as part of BHQIP given extensive feedback that we have received from numerous stakeholders regarding opportunities for improvement in collaborations across these specific stakeholders.

*If the Participating Entity believes that collaboration with MCPs has been unsuccessful or is not necessary based on their specific intervention plans, DHCS expects that Participating Entities*



Managed Care Plan partners in this clinical area of focus.

**Part B, Description of Data Exchange (125 words):**

Identify and describe data exchange efforts between the Participating Entities and other stakeholders to identify beneficiaries eligible for treatment from longitudinal receipt of pharmacotherapy for opioid use disorder. In this response, identify the Entity's ability to access data to drive change towards its Aim Statement. **While no specific type of data exchange is required, Entities are required describe whether and how they are exchanging data in the following ways:** (1) Receiving data from Managed Care Plan partners and (2) Sending data to Managed Care Plan partners.

*(1) Describe this situation in their response and (2) Contact DHCS, as helpful, to request assistance in coordinating with MCP partners on efforts.*

**14. Collaborations with Health Care Delivery Partners:**

What collaborations has the Participating Entity engaged in with Health Care Delivery Partners (e.g. hospitals or clinics) to identify Medi-Cal beneficiaries who may benefit from longitudinal receipt of pharmacotherapy for opioid use disorder? DHCS **does not require but strongly encourages** collaborative relationships of Participating Entities with health delivery partners.

- **Part A, Description of Collaboration (125 words):**  
Describe **existing or future** collaborations with Health Delivery Partners in this clinical area of focus.
- **Part B, Description of Data Exchange (125 words):**  
Identify and describe data exchange efforts between the Participating Entities and other stakeholders to identify beneficiaries eligible for treatment with pharmacotherapy for opioid use disorder. In this

**Guidance:** *DHCS strongly encourages but does not require Participating Entities to work with health care delivery partners in their quality improvement plans. If a Participating Entity does not or does not plan to collaborate with or exchange data with any health care delivery partners, state this directly.*

response, identify the Entity's ability to access data to drive change towards its Aim Statement. **While no specific type of data exchange is required, Entities are specifically required to describe whether and how they are exchanging data in the following ways:** (1) Receiving data from Health Delivery Partners and (2) Sending data to Health Delivery Partners.

**15. Data Exchange Strategy:** Identify and describe data exchange efforts between the Participating Entities and other stakeholders to identify beneficiaries eligible for treatment with longitudinal receipt of pharmacotherapy for opioid use disorder and to assess performance via Key Performance Indicators and drive change towards its Aim Statement. (250 words or less, Reference: Submission for 9/30/2022, Question #17).

Data Element	Source of Data	Method of Exchange	Function of Data

**Guidance:** DHCS requires Participating Entities to have a cohesive and logical Data Exchange **Strategy** on how to identify beneficiaries in need of services and to deliver services within their Counties or Regions for submitted quality improvement plans. Participating Entities are **not** required to engage in any specific type of data exchange for Goal 3d templates for September 2023 in terms of evaluation for incentive payment. However, Participating Entities **are** required to account for how they will access data instrumental to the implementation and evaluation of their quality improvement plans.

DHCS expects Participating Entities to utilize data-sharing agreements and/or health information exchanges to obtain patient information to drive improvement in receipt of appropriate services. Each Entity's data strategy must address how they have obtained or will have obtained data to calculate performance on Key Performance Indicators and whether they have made progress towards their Aim Statements.

For example:

- Assume that a Participating Entity has specified an Aim of improving ED follow-up rates by 10% among individuals presenting to emergency departments within a pilot program in a 6-month time period. Further

	<p><i>assume that this Participating Entity’s selected intervention uses behavioral health navigator calls to improve follow-up after emergency room visits and that a Key Performance Indicator has been selected of the number and/or percentage of beneficiaries successfully contacted by a navigator among eligible beneficiaries.</i></p> <ul style="list-style-type: none"> <li>• <i>This Participating Entity’s Data Exchange Strategy must address how it obtains accurate and timely data regarding whether a beneficiary has presented to an ED for conditions of focus, whether the selected intervention of a behavioral health navigator call occurred, and whether that beneficiary successfully received follow-up services—as some of those data may be held by external stakeholders or may not be evident to the Participating Entity in a timely fashion through administrative claims.</i></li> </ul>
<p><b>16. Data Exchange, Narrative:</b> Briefly describe the Participating Entity’s experience since the last BHQIP submission regarding data exchange. Identify any challenges faced and lessons learned specific to the implementation of the improvement plan (125 words or less).</p>	<p><b>Guidance:</b> <i>Describe data-exchanged focused collaborations, which stakeholders were involved, any meetings that have occurred, and any lessons learned regarding obtaining necessary data to implement and assess interventions. Include any information that would be useful for DHCS to consider for further projects involving data exchange.</i></p>
<p><b>17. MOUD Treatment Access:</b> Identify engagement of the Participating Entity with the initiatives of the <a href="#">MAT Expansion Project</a> or other efforts to improve care access to pharmacotherapy for opioid use disorder. (250 words or less)</p> <ul style="list-style-type: none"> <li>• <b>Part A:</b> Is the Entity collaborating with entities funded by the <a href="#">MAT Expansion Project</a>? (Yes/No)</li> </ul>	<p><b>Guidance:</b> <i>For Template C, specific reference should be made to any collaborations with initiatives of the California MAT Expansion Project, which include the Addiction Treatment Starts Here Equity-Centered Community Learning Collaborative and Learning Network and Tribal MAT Project. Specify the role of the Participating Entity, Managed Care Plan Partners, and Health Care Delivery Partners, or other programs,</i></p>

<ul style="list-style-type: none"> <li>• <b>Part B:</b> Describe any engagement of the Participating Entity with MAT Expansion Project-funded projects or other efforts to improve access to medications for addiction treatment (MAT), also known as medications for opioid use disorder (MOUD). (125 words or less)</li> </ul>	
<b>18. Beneficiary Engagement:</b> Address when and how beneficiaries will be engaged in the period prior to the next reporting period in 9/29/2023. Specifically, address how beneficiaries will be engaged (125 words or less).	<b>Guidance:</b> DHCS expects identification of opportunities during the implementation timeline to gather stakeholder input.

## Section 4: Submission Checklist

<b>19. Submission Checklist:</b> Attest that the following DHCS requirements have been met for this Template at the time of submission. The below checklist is intended to help Entities to ensure the <b>completeness</b> of their submissions. DHCS will evaluate the submitted template holistically, with specific attention to the logical relationship between the Participating Entity's Problem Statement, Aim Statement, Selected Interventions, Completed Intervention Steps, Key Performance Indicators, Equity Analysis, Stakeholder Engagement, and Data Exchange.	<b>Guidance:</b> This Checklist illustrates some of the logical connections between Questions across each quality improvement Template. DHCS expects Participating Entities to ensure that the responses provided are cohesive across each submitted Template.
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Submission Requirement	Yes	No
Do the Problem Statement (Question 1), Aim Statement (Question 2), and Selective Interventions (Question 5) have a clear and logical relationship between one another?	<input type="checkbox"/>	<input type="checkbox"/>
Does the provided Equity Analysis (Question 6) directly address required data elements (e.g., Cultural Competency Plan and threshold languages) and how the Entity will consider equity in an ongoing manner?	<input type="checkbox"/>	<input type="checkbox"/>
Do the Implementation Steps Completed (Question 7), Description of Challenges (Question 8), and Evaluation of Key Performance Indicator performance (Question 9) logically relate to the Lessons Learned for the next submission (Question 10)?	<input type="checkbox"/>	<input type="checkbox"/>
Are the provided Key Performance Indicators for the next submission (Question 12) reasonable, feasible measurements for the identified Future Implementation Steps (Question 11)?	<input type="checkbox"/>	<input type="checkbox"/>
Do the Entity's efforts around Stakeholder Collaboration and Data Exchange (Questions 13 and 14) address how to identify beneficiaries in need of services in the clinical area of focus?	<input type="checkbox"/>	<input type="checkbox"/>
Does the Data Exchange Strategy of the Entity (Question 15) provide the Participating Entity with all data required to implement Future Intervention Steps for the target population identified (Question 11)?	<input type="checkbox"/>	<input type="checkbox"/>
Does the Data Exchange Strategy of the Entity (Question 15) provide the Participating Entity with all data required to calculate Key Performance Indicators (Question 12) and performance towards the Aim Statement (Question 2)?	<input type="checkbox"/>	<input type="checkbox"/>