Drug Medi-Cal Organized Delivery System (DMC-ODS)
External Quality Review (EQR) Overview

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External Quality Review Organization (EQRO) Requirements

- CMS requires that EQRs be conducted by an independent, external contractor pursuant to 42, CFR Part 438.
- EQRO requirements were spelled out in the DMC-ODS Special Terms and Conditions (STCs).
- Federal EQR requirements for mental health plans are similar to the EQR requirements for the DMC-ODS.
- Access, timeliness, quality and outcomes are the core values and requirements related to the review.
- DHCS has contracted with Behavioral Health Concepts (BHC) to conduct EQR activities for the DMC-ODS Waiver.
- EQR requirements must be phased in within 12 months of the county's commencement of Waiver services.

EQRO Key Activities

- Conduct annual on-site reviews of DMC-ODS counties.
  - The review is founded on 42 CFR Part 438, subpart E protocols:
    - Performance Measures (PMs) evaluate clinical effectiveness and service activity.
    - Performance Improvement Projects (PIPs) focus on clinical and administrative processes.
    - Information System Capacity Assessments (ISCAs) focus on billing integrity, care management and delivery systems.
    - Client satisfaction (experience of care) survey use and validation.

- Train and provide technical assistance to DMC-ODS counties.

- Connect and collaborate with UCLA evaluation and Mental Health EQR efforts.

- Complete annual reports and presentations based on EQRs.

DMC-ODS PMs Background

- PMs are a core component of the EQR, linked to access, timeliness and outcomes.

- Six mandated PMs and six flexible PMs are required during the first year's EQR of the Waiver. Sixteen PMs will be required for subsequent EQRs.

- A clinical committee, which included representatives from DHCS, UCLA, BHC, and CA counties worked together to identify useful PMs used by a wide range of organizations.

- DHCS has set the Year One PMs. Core elements of the PMs include requirements set forth in the DMC-ODS STCs, as well as, metrics linked to timely access to care, positive outcomes, initiation, engagement, retention, and recovery supports.

- EQRO will track these PMs and bring the data sets to the county to discuss on reviews.

- BHC will complete annual aggregate statewide PM reports.

DMC-ODS EQRO REVIEWS:
Performance Measure Overview & How to Prepare for Review

Presented by:

Rama Khalsa, PhD, Director DMC-ODS EQRO, Behavioral Health Concepts, Inc.

Year 1 DMC-ODS Performance Measures

1. **Total Beneficiaries Served:** With demographic breakdown, compared to baseline data and each year of the DMC-ODS.

2. **Timely Access:** As measured from the first face-to-face visit (usually the assessment or Withdrawal Management) to the first treatment/service visit.

3. **Total and average costs per year per beneficiaries:** With demographic breakdown for all years of DMC-ODS.

4. **Access to Culturally Competent Services:** Using a variety of measures including, the Federal Cultural and Linguistic Appropriate Services standards (CLAS), and an evaluation of Cultural Competence Plan and Activities.

5. **Penetration Rate:** With demographic breakdown for access to care including diagnosis, ethnic groups, sex, age, preferred language.

6. **Coordination of Care:** With physical health and mental health to meet needs of beneficiaries including the Treatment Perception Survey Results.

Year 1 DMC-ODS Performance Measures

7. Timely Access to Narcotic Treatment Program (NTP) Treatment: For those with opioid disorders, the average number of days from assessment/triage to the beneficiary's first dose at an NTP, including the percentage of clients accessing NTP.

8. Expanded Medication Assisted Treatment (MAT) Access: Number and percentage of clients receiving three of more MAT or NTP visits per year provided through the DMC-ODS.

9. Transitions in Care from Residential Treatment to Other DMC-ODS Services: Within 7, 14, and 30 Days: percentage of clients discharged from residential and linked to other treatment.

10. Access Call Center Critical Indicators: Volume of calls, dropped calls, referrals to treatment services by type, ability to track phone requests for services, and linkage of client to DMC-ODS funded services.

11. Percentage of High Cost Complex beneficiaries: Compared to statewide and regional counties.

12. Three or more Withdrawal Management Episodes: With no other treatment, case management or recovery services.

What data sources are used?

- **Eligibility Data** for the baseline and each year of the Waiver (MMEF file)

- **Claims Data** for the baseline and each year of the Waiver (from billing)

- **CalOMS Data** for the baseline and each year of the Waiver

- **Provider File Data** for the baseline and each year of the Waiver

- **ASAM Data** for the level of care recommended to match client needs

- **Treatment Perception Survey**

- **Other Data Used:** client & family focus groups, county reports and data, stakeholder focus groups, PIPS, Health Plans' MOUs, etc.

What is the schedule for Fiscal Year 17-18?

- BHC has developed a toolkit with forms and key documents for the DMC-ODS reviews.

- BHC will test the tools and process in two volunteer counties to get their feedback and make refinements to tools and processes (Riverside and Santa Clara).

- Training in February 2018 to share the documents, resources, and conduct a solid overview of EQR processes including the PIP library and other supports. CalQIC in March will also include training.

What is the schedule for Fiscal Year 17-18?

- FY 17-18 formal DMC-ODS EQRs include:
    April 17-18 San Mateo
    May 15-18 Riverside
    June 5-6 Marin
    June 12-14 Santa Clara

- The FY 18-19 formal DMC-ODS EQR schedule will be distributed at CalQIC meeting. It would be helpful for all counties starting in 2017-18 to identify their preferred month. Data is compiled for PMs and it is critical to know start dates.

Getting Ready For Your First EQR Review

1. Develop a Quality Improvement and Cultural Competence Plan using your county data. Set goals and evaluation methods.

2. Based on DMC-ODS challenges or problems linked to quality of care, access, timeliness, or outcomes: develop two "concept" PIPs. BHC staff will help review and assist if there are any deficiencies related to the federal protocols. Training tools are on the www.Caleqro.com site, including through video presentations using tools specifically for the DMC-ODS.

3. Create solid feedback loops to leadership related to quality of care challenges and issues. Share data to identify problems and track interventions to create improvements.

4. Hire and train key staff in ASAM and Quality Methods. Participate in BHC training events.

5. Let BHC know what you need from us to be successful, we are here to help!!!

Resources

Visit www.caleqro.com for more information.

Contact us at DMCODSWAIVER@dhcs.ca.gov

Questions?

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