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FY 2023-24 MEDI-CAL SPECIALTY BEHAVIORAL HEALTH EXTERNAL QUALITY REVIEW

NEVADA FINAL REPORT

☐ MHP

☒ DMC-ODS

Prepared for:

**California Department of Health Care
Services (DHCS)**

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EXECUTIVE SUMMARY

Highlights from the fiscal year (FY) 2023-24 Drug Medi-Cal Organized Delivery System (DMC-ODS) External Quality Review (EQR) are included in this summary to provide the reader with a brief reference, while detailed findings are identified throughout the following report. In this report, “Nevada” may be used to identify the Nevada County DMC-ODS program.

DMC-ODS INFORMATION

Review Type — Virtual

Date of Review — April 3-4, 2024

DMC-ODS Size — Small

DMC-ODS Region — Superior

SUMMARY OF FINDINGS

The California External Quality Review Organization (CalEQRO) evaluated the DMC-ODS on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding Performance Improvement Projects (PIPs); and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	1	4	0

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	4	0	0
Timeliness of Care	6	4	2	0
Quality of Care	8	5	3	0
Information Systems (IS)	6	6	0	0
TOTAL	24	19	5	0

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
"Follow-Up After Emergency Department Visit for Substance Use (FUA)"	Clinical	09/2022	Second Remeasurement	Moderate confidence
"Pharmacotherapy for Opioid Use Disorder (POD)"	Non-Clinical	06/2023	Second Remeasurement	High confidence

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	<input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> Youth <input type="checkbox"/> Residential <input type="checkbox"/> MAT/NTP <input type="checkbox"/> Perinatal	7

*Medication assisted treatment (MAT), Narcotic Treatment Program (NTP)

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The DMC-ODS demonstrated significant strengths in the following areas:

- Members confirmed to CalEQRO their appreciation of the strong support from Nevada and the "the recovery community." This was echoed by system contractors who also acknowledged the communication and transparency of county DMC-ODS staff.
- The DMC-ODS is in negotiations to expand Let's Recover contract services to include in-county Youth MAT and telehealth treatment.
- A new Day Reporting Center for unhoused people is operational and also provides participants with access to SUD and MH services.
- The DMC-ODS reorganized its management team to promote more leadership based on subject matter expertise and has begun to target and review specific service data.
- The DMC-ODS reallocated staff resources and created more intake slots to promote easier access for members which has shown improved access across all demographic groups.

The DMC-ODS was found to have notable opportunities for improvement in the following areas:

- Wait times for the first treatment appointment are lengthy, as members report it is problematic to obtain an urgent appointment when needed. The lag in access is reflected in the timeliness data for Nevada, though the system noted issues with data entry errors which have been addressed through training. Contractors are

frustrated with inefficiencies in the workflow process for data collection regarding timeliness metrics.

- California Outcome Measurement System (CalOMS) successful discharges look strong on paper, but an analysis may prove there are data entry issues there as well. Both the DMC-ODS and several providers stated accurate data is an issue and training has yet to reach all programs. A contractor representative also stated they did not know about the discharge summary form.
- The treatment perception survey (TPS) outcome report has yet to be disaggregated at the provider level, limiting Nevada's ability to identify program level areas that may need improvement.
- The DMC-ODS states they would not be able to fully evaluate the need for more full-time employees (FTEs) until they complete the EHR implementation even as there continues to be a need for more data analytics and Information Systems staff who are understaffed and overwhelmed.
- Challenges with continuum of care include ongoing lack of residential capacity and Intensive outpatient treatment (IOT) data continues to show low utilization rates.

Recommendations for improvement based upon this review include:

- Take meaningful steps to identify barriers to timely intake appointments, develop initiatives to address barriers and assure that programs have protocols for urgent service requests which include messaging to members. Develop and implement standards and training for staff and contractors on the new timeliness forms in the electronic health record (EHR) that will also encourage utilization of the centralized data source location.
- Continue to assist providers with identification of staff who need CalOMS training and to monitor and ensure provider staff attendance at CalOMS trainings.
(This recommendation is a carry-over from FY 2021-22.)
- Engage providers in meaningful discussions focused on areas of improvement identified in the individual provider TPS outcome report.
- Conduct an IS internal analysis to determine the number of FTEs required to adequately support data analytics and IS responsibilities for the DMC-ODS.
(This recommendation was a carryover from FY 2022-23)
- Conduct a root cause analysis of low utilization for intensive outpatient treatment, to better identify solutions to enhance its use – especially in light of the very high ASAM congruence reported. Collaborate and strategize with providers on evidence-based practices (EBP) including motivational interviewing and stages of change. Continue efforts to increase residential services for members.
(This recommendation was a carryover from FY 2022-23)

INTRODUCTION

BASIS OF THE EXTERNAL QUALITY REVIEW

The United States Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS) requires an annual, independent external evaluation of State Medicaid Managed Care Organizations (MCOs) by an External Quality Review Organization (EQRO). The EQRO conducts an EQR that is an analysis and evaluation of aggregate information on access, timeliness, and quality of health care services furnished by Prepaid Inpatient Health Plans (PIHPs) and their contractors to recipients of State Medicaid (Medi-Cal in California) Managed Care Services. The Code of Federal Regulations (CFR) specifies the EQR requirements (42 CFR § 438, subpart E), and CMS develops protocols to guide the annual EQR process; the most recent protocol was updated in February 2023.

The State of California Department of Health Care Services (DHCS) contracts with 31 county DMC-ODSs, comprised of 37 counties, to provide specialty substance use disorder (SUD) treatment services to Medi-Cal Plan members under the provisions of Title XIX of the federal Social Security Act. As PIHPs, the CMS rules apply to each Medi-Cal DMC-ODS. DHCS contracts with Behavioral Health Concepts, Inc., (BHC) the CalEQRO to review and evaluate the care provided to the Medi-Cal Plan members.

DHCS requires the CalEQRO to evaluate DMC-ODSs on the following: delivery of SUD in a culturally competent manner, coordination of care with other healthcare providers, and Plan member satisfaction. CalEQRO also considers the State of California requirements pertaining to Network Adequacy (NA) as set forth in California Assembly Bill (AB) 205 (Section 14197.05 of the California Welfare and Institutions Code [WIC]).

This report presents the FY 2023-24 findings of the EQR for Nevada DMC-ODS by BHC, conducted as a virtual review on April 3-4, 2024.

REVIEW METHODOLOGY

CalEQRO's review emphasizes the DMC-ODS' use of data to promote quality and improve performance. Review teams are comprised of staff who have subject matter expertise in the public SUD system, including former directors, IS administrators, and individuals with lived experience as consumers or family members served by SUD systems of care. Collectively, the review teams utilize qualitative and quantitative techniques to validate and analyze data, review DMC-ODS-submitted documentation, and conduct interviews with key county staff, contracted providers, advisory groups, Plan members, family, and other stakeholders. At the conclusion of the EQR process, CalEQRO produces a technical report that synthesizes information, draws upon prior year's findings, and identifies system-level strengths, opportunities for improvement, and recommendations to improve quality.

Data used to generate Performance Measures (PM) tables and graphs throughout this report, unless otherwise specified, are derived from multiple source files: Monthly Medi-Cal Eligibility Data System Eligibility File; DMC-ODS approved claims; Treatment Perception Survey (TPS); the California Outcomes Measurement System (CalOMS); and the American Society of Addiction Medicine (ASAM) level of care (LOC) data.

CalEQRO reviews are retrospective; therefore, county documentation that is requested for this review covers the time frame since the prior review. As part of the pre-review process, each DMC-ODS is provided a description of the source of data and a summary report of Medi-Cal approved claims data. These worksheets provide additional context for many of the PMs shown in this report. CalEQRO also provides individualized technical assistance (TA) related to claims data analysis upon request.

Findings in this report include:

- Changes and initiatives the DMC-ODS identified as having a significant impact on access, timeliness, and quality of the DMC-ODS service delivery system in the preceding year. DMC-ODSs are encouraged to demonstrate these issues with quantitative or qualitative data as evidence of system improvements.
- DMC-ODS activities in response to FY 2022-23 EQR recommendations.
- Summary of DMC-ODS-specific activities related to the four Key Components, identified by CalEQRO as crucial elements of quality improvement (QI) and that impact Plan member outcomes: Access, Timeliness, Quality, and IS.
- Validation and analysis of the DMC-ODS' two contractually required PIPs as per 42 CFR Section 438.330 (d)(1)-(4) – validation tool included as Attachment C.
- Validation and analysis of PMs as per 42 CFR Section 438.358(b)(1)(ii).
- Validation and analysis of each DMC-ODS' NA as per 42 CFR Section 438.68, including data related to DHCS Alternative Access Standards (AAS) as per California WIC Section 14197.05, detailed in the Access section of this report.
- Validation and analysis of the extent to which the DMC-ODS and its subcontracting providers meet the Federal data integrity requirements for Health Information Systems (HIS), including an evaluation of the county DMC-ODS' reporting systems and methodologies for calculating PMs, and whether the DMC-ODS and its subcontracting providers maintain HIS that collect, analyze, integrate, and report data to achieve the objectives of the quality assessment and performance improvement (QAPI) program.
- Validation and analysis of Plan members' perception of the DMC-ODS' service delivery system, obtained through review of satisfaction survey results and focus groups with Plan members and family members.
- Summary of DMC-ODS strengths, opportunities for improvement, and recommendations for the coming year.

HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY ACT SUPPRESSION DISCLOSURE

To comply with the Health Information Portability and Accountability Act, and in accordance with DHCS guidelines, CalEQRO suppresses values in the report tables when the count is less than 11, and then “<11” is indicated to protect the confidentiality of DMC-ODS members.

Further suppression was applied, as needed, with a dash (-) to prevent calculation of initially suppressed data or corresponding penetration rate (PR) percentages.

DMC-ODS CHANGES AND INITIATIVES

In this section, changes within the DMC-ODS' environment since its last review, as well as the status of last year's (FY 2022-23) EQR recommendations are presented.

ENVIRONMENTAL ISSUES AFFECTING DMC-ODS OPERATIONS

There were no significant environmental issues affecting operations.

SIGNIFICANT CHANGES AND INITIATIVES

Changes since the last CalEQRO review, identified as having a significant effect on service provision or management of those services, are discussed below. This section emphasizes systemic changes that affect access, timeliness, and quality of care, including those changes that provide context to areas discussed later in this report.

- Nevada reports it has experienced workforce turnover, vacancies, challenges in recruitment along with challenges with its primary residential provider, all of which impact service delivery.
- In response to local realities regarding fentanyl, Nevada participated in a community response team pilot to increase naloxone distribution to exceed target levels and uses a nationally recognized overdose detection map to guide response to overdose challenges.
- The DMC-ODS participates in the department's homeless mitigation efforts and provides for member access to the newly purchased homeless resource day center.
- Nevada added a local MAT provider for youth and implemented the 24/7 mobile crisis benefit.
- Nevada increased access to residential beds by supporting additional providers in becoming Medi-Cal certified.
- In July 2023, Nevada implemented a new electronic health record (EHR), SmartCare by Streamline, as part of the California Mental Health Services Authority (CalMHSA) multi-county EHR initiative.

RESPONSE TO FY 2022-23 RECOMMENDATIONS

In the FY 2022-23 EQR technical report, CalEQRO made several recommendations for improvements in the county's programmatic and/or operational areas. During the FY 2023-24 EQR, CalEQRO evaluated the status of those FY 2022-23 recommendations; the findings are summarized below.

Assignment of Ratings

Addressed is assigned when the identified issue has been resolved.

Partially Addressed is assigned when the county has either:

- Made clear plans and is in the early stages of initiating activities to address the recommendation; or
- Addressed some but not all aspects of the recommendation or related issues.

Not Addressed is assigned when the county performed no meaningful activities to address the recommendation or associated issues.

Recommendations not addressed may be presented as a recommendation again for this review. However, if the DMC-ODS has initiated significant activity and has specific plans to continue to implement these improvements, or if there are more significant issues warranting recommendations this year, the recommendation may not be carried forward to the next review year.

Recommendations from FY 2022-23

Recommendation 1: Refresh the DMC-ODS current CalOMS registration process for DHCS training and assist providers with identification of staff training requirements. Continue to monitor and ensure provider attendance at CalOMS trainings and, as a carryover from last year's recommendations, to review Nevada guidelines and billing procedures for recovery services.

(This recommendation is a carry-over from FY 2021-22.)

☐ Addressed ☒ Partially Addressed ☐ Not Addressed

- Nevada has refreshed the DMC-ODS CalOMS registration process for DHCS training since last EQRO period.
- The DMC-ODS has two employees that oversee and track which providers have or have not received necessary training from DHCS. One of these staff is also available to provide live trainings utilizing video conferencing and ensures that each provider is linked to the DHCS website for training.
- Key stakeholders report that complete and accurate CalOMS data remains an area in need of improvement.

Recommendation 2: Conduct an IS internal analysis to determine the number of full-time equivalent (FTE) staff required to adequately support data analytics and IS responsibilities for the DMC-ODS.

☐ Addressed ☒ Partially Addressed ☐ Not Addressed

- Since last year's EQR, Nevada has implemented a new EHR, and transitioned application service providers (ASP) from Kings View to CalMHSA. CalMHSA has provided additional IS and data analytics support for the rollout of the EHR.
- Nevada has also utilized 0.5 FTE for an IS analyst from Nevada County IS who aids in report creation for the new EHR.
- Although IS and data analytic support were improved in these respects, the DMC-ODS was not able to complete an analysis of the data analytics and IS FTE needed to fully support the EHR and reporting needs, but they plan to have the analysis completed in the next year.

Recommendation 3: Conduct a root cause analysis of low utilization for intensive outpatient treatment (IOT), to better identify solutions to enhance its use.

☐ Addressed ☒ Partially Addressed ☐ Not Addressed

- The DMC-ODS reports that it made efforts to support increased utilization of IOT through regular meetings and discussions with their core contractors. However, due to ongoing staffing and capacity challenges with their primary provider, IOT services were not increased.
- Additionally, Nevada notes staff and its capacity to prioritize IOT utilization was impacted by the necessary focus on payment reform, EHR implementation, and the development of strategies to address new quality performance measurements being implemented by DHCS.
- Nevada is currently focused on increasing the scope and capacity of a new treatment provider, Let's Recover, in hopes that they will be better able to provide a variety of treatment options, including IOT.

Recommendation 4: Continue making system adjustments to both policy and workflow to consistently increase expedient admissions for residential, for this more acute ASAM LOC. Coordination of client care impacting time to service with stakeholders and referral sources such as criminal justice, may need inter-agency protocol or workflow adjustments to reduce intake lag time and should include clarification and differentiation of timeliness responsibilities for clients to reduce confusion or frustration.

(This recommendation is a carry-over from FY 2021-22.)

☐ Addressed ☒ Partially Addressed ☐ Not Addressed

- The DMC-ODS notes that they faced extreme challenges regarding this issue over the past year due to significant staffing constraints faced by their main contract provider. For example, for a few months the provider was without any medical providers aside from the medical director, which significantly limited their

ability to conduct intakes. While Nevada created some workarounds, including securing some beds outside of the Medi-Cal system, the same provider also lost 40 beds in an adjoining county, which has again impacted access.

- Nevada reports that it is working on a contract amendment to secure additional residential treatment beds at a facility the County owns.
- The DMC-ODS notes that they are creating “more robust options” for people who can be treated through a combination of MAT services and the provision of stable housing.

Recommendation 5: Continue to provide oversight for medication management and monitoring that follows safety standards and provide evidence-based practice trainings for medication management, clinical skills for a trauma informed approach and interventions, and criminal justice populations.

☒ Addressed

☐ Partially Addressed

☐ Not Addressed

- Nevada has conducted monitoring reviews of all providers and does regular medication monitoring of their county-operated medication room. Findings from these activities indicate that all providers are in compliance with policies and safety standards.
- Nevada reports that they continue to work with providers who have new employees, including one which has had significant staff turnover, to ensure that system staff have relevant training.
- The DMC-ODS has scheduled meetings with system providers to obtain input, share concerns, or identify needs regarding training, and to provide guidance regarding the quality of care being delivered.
- Nevada’s contracts require that providers utilize practices which are evidence-based, including trauma-informed care.

ACCESS TO CARE

CMS defines access as the ability to receive essential health care and services. Access is a broad set of concerns that reflects the degree to which eligible individuals or members are able to obtain needed health care services from a health care system. It encompasses multiple factors, including insurance/plan coverage, sufficient number of providers and facilities in the areas in which Plan members live, equity, as well as accessibility—the ability to obtain medical care and services when needed. The cornerstone of DMC-ODS services must be access or Plan members are negatively impacted.

CalEQRO uses a number of indicators of access, including the Key Components and PMs addressed below.

ACCESSING SERVICES FROM THE DMC-ODS

SUD services are delivered by both county-operated and contractor-operated providers in the DMC-ODS. Regardless of payment source, approximately 89 percent of services were delivered by county-operated sites and 11 percent were delivered by contractor-operated sites. Overall, approximately 99 percent of services provided were claimed to Medi-Cal.

The DMC-ODS has a toll-free Access Line available to members 24-hours, 7-days per week that is operated by contract provider staff; members may request services through the Access Line as well as through the Walk-In Now and Call-In clinic, Monday through Friday, with no appointment necessary. The DMC-ODS also operates a centralized access team that is responsible for linking members to appropriate, medically necessary services. Upon contact, the call center and walk-in clinics complete ASAM brief screenings and referrals to treatment, and SUD care coordinators are assigned to specialty populations that include high utilizers, homeless individuals, persons with co-occurring disorders, and youth. Pre-authorization for entry to residential services is not required and treatment admissions are considered authorized upon provider request.

In addition to clinic-based SUD services, the DMC-ODS provides telehealth services to youth and adults. In FY 2022-23, the DMC-ODS reports having provided telehealth services to 397 adults, <11 youth, and <11 older adults across one county-operated site and six contractor-operated sites. Among those served, no members received telehealth services in a language other than English.

NETWORK ADEQUACY

An adequate network of providers is necessary for Plan members to receive the medically necessary services most appropriate to their needs. CMS requires all states with MCOs and PIHPs to implement rules for NA pursuant to Title 42 of the CFR §438.68. In addition, through WIC 14197.05, California assigns responsibility to the EQRO for review and validation of specific data, by plan and by county, for the purpose

of informing the status of implementation of the requirements of WIC Section 14197, including the information contained in Table 1A and Table 1B.

In May 2023, DHCS issued its FY 2022-23 NA Findings Report for all DMC-ODSs based upon its review and analysis of each DMC-ODS' Network Adequacy Certification Tool and supporting documentation, as per federal requirements outlined in the Annual BHIN.

For Nevada County, the time and distance requirements are 60 miles and 90 minutes for outpatient SUD services, and 45 miles and 75 minutes for Narcotic Treatment Program/ Opioid Treatment Program (NTP/OTP) services. These services are further measured in relation to two age groups – youth (0-17) and adults (18 and over).

Table 1A: DMC-ODS Alternative Access Standards, FY 2022-23

Alternative Access Standards	
The DMC-ODS was required to submit an AAS request due to time and distance requirements	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

- The DMC-ODS met all time and distance standards and was not required to submit an AAS request.

Table 1B: Nevada DMC-ODS Out-of-Network Access, FY 2022-23

Out-of-Network (OON) Access	
The DMC-ODS was required to provide OON access due to time and distance requirements	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
OON Details	
Contracts with OON Providers	
Does the DMC-ODS have existing contracts with OON providers?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

ACCESS KEY COMPONENTS

CalEQRO identifies the following components as representative of a broad service delivery system which provides access to Plan members and their family. Examining service accessibility and availability, system capacity and utilization, integration, and collaboration of services with other providers, and the degree to which a DMC-ODS informs the Medi-Cal eligible population and monitors access, and availability of services form the foundation of access to quality services that ultimately lead to improved Plan member outcomes.

Each access component is comprised of individual subcomponents which are collectively evaluated to determine an overall Key Component rating of Met, Partially Met, or Not Met; Not Met ratings are further elaborated to promote opportunities for QI.

Table 2: Access Key Components

KC #	Key Components – Access	Rating
1A	Service Accessibility and Availability are Reflective of Cultural Competence Principles and Practices	Met
1B	Manages and Adapts Capacity to Meet Member Needs	Met
1C	Integration and/or Collaboration to Improve Access	Met
1D	Service Access and Availability	Met

Strengths and opportunities associated with the access components identified above include:

- The DMC-ODS leads the county’s Stepping Up initiative.
- The DMC-ODS has had significant challenges with its primary residential treatment provider but has been working to access alternate beds.

ACCESS PERFORMANCE MEASURES

The following information provides details on Medi-Cal eligibles and members served by age, race/ethnicity, and eligibility category.

The PR is a measure of the total Plan members served based upon the total Medi-Cal eligible population. It is calculated by dividing the number of unduplicated members served (receiving one or more approved Medi-Cal services) by the monthly average eligible count. The average approved claims per member (AACM) served per year is calculated by dividing the total annual dollar amount of Medi-Cal approved claims by the unduplicated number of Medi-Cal members served per year. Where the median differs significantly from the average, that information may also be noted throughout this report.

The Statewide PR is 0.95 percent, with a statewide average approved claim amount of \$5,998. Using PR as an indicator of access for the DMC-ODS, the PR for Nevada is 2.83 percent, indicating easier access to services for members compared to statewide.

The race/ethnicity data can be interpreted to determine how readily the listed racial/ethnic subgroups comparatively access SUD treatment services through the DMC-ODS. If they all had similar patterns, one would expect the proportions they constitute of the total population of Medi-Cal eligibles to match the proportions they constitute of the total Plan members served.

Table 3: Nevada DMC-ODS Medi-Cal Eligible Population, Members Served, and Penetration Rates by Age, CY 2022

Age Groups	# Members Eligible	# Members Served	County PR	County Size Group PR	Statewide PR
Ages 12-17	2,879	<11	-	0.29%	0.25%
Ages 18-64	17,674	613	3.47%	1.33%	1.19%
Ages 65+	2,611	-	-	0.44%	0.49%
Total	23,164	655	2.83%	1.06%	0.95%

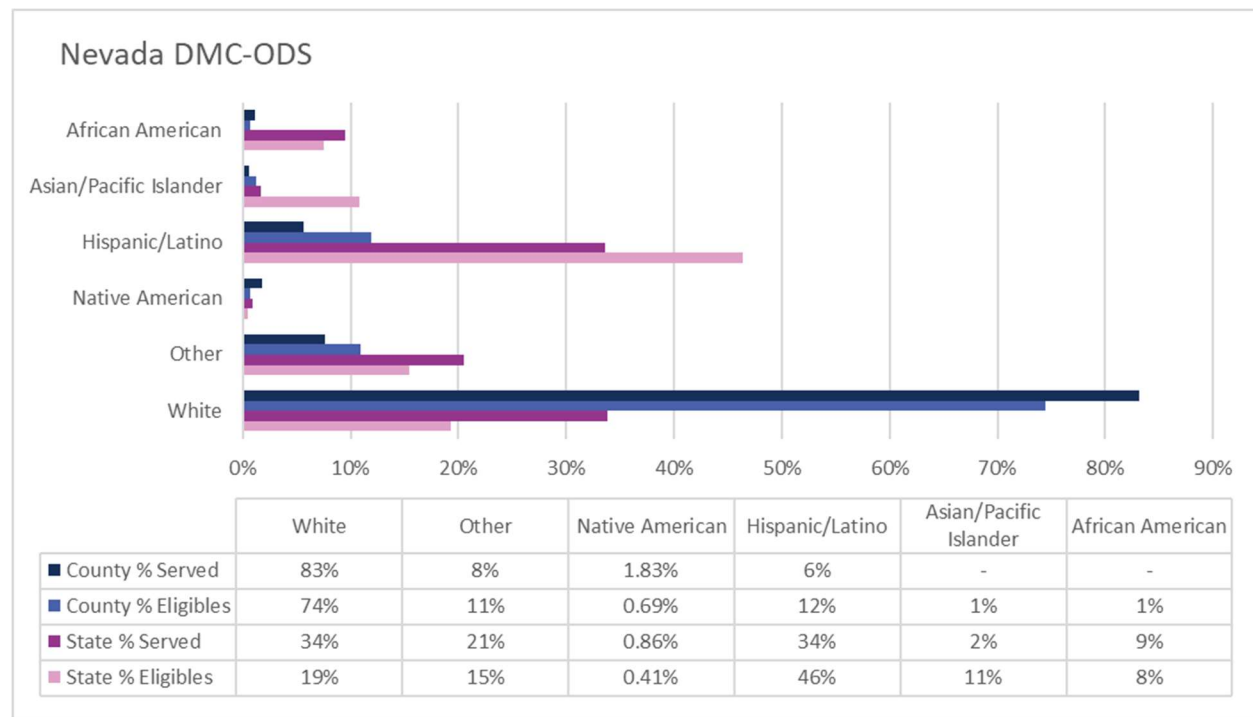
- PRs for all age groups are higher in the DMC-ODS than in similar-sized counties and statewide.

Table 4: Nevada DMC-ODS Medi-Cal Eligible Population, Members Served, and Penetration Rates by Racial/Ethnic Group, CY 2022

Racial/Ethnic Groups	# Members Eligible	# Members Served	County PR	County Size Group PR	Statewide PR
African American	153	<11	-	0.91%	1.19%
Asian/Pacific Islander	297	<11	-	0.23%	0.15%
Hispanic/Latino	2,767	37	1.34%	0.62%	0.69%
Native American	160	12	7.50%	2.14%	2.01%
Other	2,530	50	1.98%	0.90%	1.26%
White	17,257	545	3.16%	1.59%	1.67%

- PR is also higher among all racial/ethnic groups in the DMC-ODS compared to similar-sized counties and statewide.

Figure 1: Percentage of Eligibles and Members Served by Race/Ethnicity, CY 2022



- White members were the most proportionally overrepresented racial/ethnic group (74 percent of Medi-Cal eligibles and 83 percent of members served).
- Similar to statewide eligibility and service utilization percentages, Hispanic/Latino members were the most underrepresented group (12 percent of eligibles and 6 percent of members served).

Table 5: Nevada DMC-ODS Plan Members Served and PR by Eligibility Category, CY 2022

Eligibility Categories	# Members Eligible	# Members Served	County PR	County Size Group PR	Statewide PR
ACA	10,735	448	4.17%	1.76%	1.42%
Disabled	2,722	78	2.87%	1.10%	1.37%
Family Adult	4,708	138	2.93%	0.98%	0.94%
Foster Care	37	0	0.00%	1.37%	1.84%
MCHIP	1,450	<11	-	0.22%	0.18%
Other Adult	1,922	<11	-	0.10%	0.09%
Other Child	1,665	<11	-	0.32%	0.27%

Note: Eligibles may be in more than one aid code category during a year.

- The top three most common eligibility categories in the DMC-ODS are Affordable Care Act (ACA), Family Adult, and Disabled.

- PR for all eligibility categories except for Foster Care and Other Child exceed both similar-sized counties and statewide.

Table 6: Nevada DMC-ODS Average Approved Claims by Eligibility Category, CY 2022

Eligibility Categories	County AACM	County Size Group AACM	Statewide AACM
ACA	\$5,012	\$4,848	\$6,216
Disabled	\$4,080	\$5,028	\$5,707
Family Adult	\$3,475	\$4,475	\$5,296
Foster Care	\$0	\$4,601	\$2,716
MCHIP	\$3,815	\$5,233	\$3,594
Other Adult	\$6,071	\$3,022	\$4,075
Other Child	\$1,083	\$4,913	\$3,194
Total	\$4,749	\$4,984	\$5,998

- AACM is lower in Nevada than statewide in all eligibility categories except for Maternal and Child Health Integrated Program (MCHIP) and Other Adult.
- AACM is lower in the DMC-ODS compared to similar-sized counties for all eligibility categories except for ACA and Other Adult.

Table 7: Nevada DMC-ODS Services Used by Plan Members, CY 2022

County			Statewide	
Service Categories	#	%	#	%
Ambulatory Withdrawal Mgmt	0	0.00%	56	0.04%
Intensive Outpatient	23	2.28%	14,422	9.58%
Narcotic Treatment Program	148	14.70%	37,134	24.67%
Non-Methadone MAT	11	1.09%	7,782	5.17%
Outpatient Treatment	505	50.15%	46,441	30.85%
Partial Hospitalization	0	0.00%	13	0.01%
Recovery Support Services	34	3.38%	6,400	4.25%
Res. Withdrawal Mgmt	84	8.34%	10,429	6.93%
Residential Treatment	202	20.06%	27,841	18.50%
Total	1,007	100.00%	150,518	100.00%

- The majority of members served in the DMC-ODS utilize outpatient treatment (50.15 percent) which is more than 19 percentage points higher than statewide.

- Residential treatment is the next most utilized modality at 20.06 percent, which is nearly 1.50 percentage points higher than statewide.
- Narcotic treatment program (NTP) is the third most accessed service type at 14.70 percent, which is nearly 10 percentage points lower than statewide.
- All service categories except for outpatient treatment, residential withdrawal management, and residential treatment are utilized less than statewide.

Table 8: Nevada DMC-ODS Approved Claims by Service Categories, CY 2022

Service Categories	County AACM	County Size Group AACM	Statewide AACM
Ambulatory Withdrawal Mgmt	\$0	\$0	\$484
Intensive Outpatient	\$1,993	\$3,926	\$1,729
Narcotic Treatment Program	\$4,184	\$5,406	\$4,526
Non-Methadone MAT	\$1,810	\$2,595	\$1,660
Outpatient Treatment	\$2,402	\$3,187	\$2,547
Partial Hospitalization	\$0	\$0	\$2,802
Recovery Support Services	\$886	\$3,117	\$1,669
Res. Withdrawal Mgmt	\$1,091	\$1,122	\$2,392
Residential Treatment	\$5,399	\$3,917	\$10,178
Total	\$4,749	\$4,984	\$5,998

- AACM is lower in Nevada compared to statewide for all service categories except for IOT and non-methadone MAT.
- Residential treatment is the only modality where AACM is higher in the DMC-ODS compared to similar-sized counties, but it is also lower than the statewide amount.

IMPACT OF ACCESS FINDINGS

- The PR for all age groups and racial/ethnic groups are higher than both similar-sized counties and statewide which is an indication that Medi-Cal members are successful in accessing SUD services via the Nevada DMC-ODS.
- Outpatient treatment is utilized at a much higher rate than statewide, likely reflective of the fact that approximately 89 percent of all services are administered by county-operated/staffed clinics.
- Residential treatment is utilized at a higher rate than statewide which is a strength for the DMC-ODS, however, there have been recent closures of residential facilities in the region, along with competition for beds from neighboring counties, which may impact the service utilization of this modality in the short-term.

- IOT is utilized 76.02 percent less than statewide, NTP is utilized 40.41 percent less, and non-methadone MAT is utilized 78.92 percent less. Expansion of these services may be an opportunity for the DMC-ODS to explore over the next few years.

TIMELINESS OF CARE

The amount of time it takes for Plan members to begin treatment services is an important component of engagement, retention, and ability to achieve desired outcomes. Studies have shown that the longer it takes to engage into treatment services, the more likelihood individuals will not keep the appointment. Timeliness tracking is critical at various points in the system including requests for initial, routine, and urgent services. To be successful with providing timely access to treatment services, the county must have the infrastructure to track timeliness and a process to review the metrics on a regular basis. Counties then need to make adjustments to their service delivery system in order to ensure that timely standards are being met. DHCS monitors DMC-ODS' compliance with required timeliness metrics identified in BHIN 22-033. Additionally, CalEQRO uses the following tracking and trending indicators to evaluate and validate DMC-ODS timeliness, including the Key Components and PMs addressed below.

TIMELINESS KEY COMPONENTS

CalEQRO identifies the following components as necessary elements to monitor the provision of timely services to Plan members. The ability to track and trend these metrics helps the DMC-ODS identify data collection and reporting processes that require improvement activities to facilitate improved member outcomes. The evaluation of this methodology is reflected in the Timeliness Key Components ratings, and the performance for each measure is addressed in the PMs section.

Each Timeliness Component is comprised of individual subcomponents, which are collectively evaluated to determine an overall Key Component rating of Met, Partially Met, or Not Met; Not Met ratings are further elaborated to promote opportunities for QI.

Table 9: Timeliness Key Components

KC #	Key Components – Timeliness	Rating
2A	First Non-Urgent Request to First Offered Appointment	Partially Met
2B	First Non-Urgent Request to First Offered MAT Appointment	Met
2C	Urgent Appointments	Partially Met
2D	Follow-Up Appointments after Residential Treatment	Met
2E	Withdrawal Management Readmission Rates	Met
2F	No-Shows/Cancellations	Met

Strengths and opportunities associated with the timeliness components identified above include:

- Overall, the no-show rate for intake is low at just 14 percent, which indicates successful engagement with members that are seeking treatment.

- Follow-up care for members that discharge from residential is consistently high as reported by the DMC-ODS's own assessment of timely services.
- Nevada has worked on a variety of strategies to improve access time to residential or alternative care, despite issues with bed capacity.
- Input during CalEQRO sessions by both Nevada and provider staff indicate that time to service data processes are hampered by transition to EHR and the need for workarounds such as reliance on manual input and use of spreadsheets.

TIMELINESS PERFORMANCE MEASURES

In preparation for the EQR, DMC-ODS completes and submits the Assessment of Timely Access (ATA) form in which they identify DMC-ODS performance across several key timeliness metrics for a specified time period. Counties are also expected to submit the source data used to prepare these calculations. This is particularly relevant to data validation for the additional statewide focused study on timeliness that BHC is conducting.

For the FY 2023-24 EQR, the DMC-ODS reported in its submission of the ATA, representing access to care during the 12-month period of FY 2022-23. Table 10 and Figures 2-4 display data submitted by the DMC-ODS; an analysis follows. These data represent the entire system of care with the exception of first offered non-urgent NTP/OTP which represents contractor-operated services only.

Claims data for timely access to post-residential care and readmissions are discussed in the Quality of Care section.

DMC-ODS-REPORTED DATA

Table 10: FY 2023-24 Nevada DMC-ODS Assessment of Timely Access

Timeliness Measure	Average/Rate	Standard	% That Meet Standard
First Non-Urgent Appointment Offered	5.38 Business Days	10 Business Days*	85.47%
First Non-Urgent Service Rendered	9.10 Business Days	10 Business Days**	72.73%
Non-Urgent MAT Request to First Offered NTP/OTP Appointment	1.43 Business Days	3 Business Days*	94.29%
Urgent Services Offered	112.30 Hours	48 Hours**	53.49%
Follow-up Services Post-Residential Treatment	15.1 Calendar Days	7 Calendar Days	52%
WM Readmission Rates Within 30 Days	2%	n/a	n/a
No-Shows	14%	n/a	n/a
* DHCS-defined timeliness standards as per BHIN 22-033			
** DMC-ODS-defined timeliness standards			
For the FY 2023-24 EQR, the DMC-ODS reported its performance for the following time period: FY 2022-23			

Figure 2: Wait Times to First Service and First MAT Service

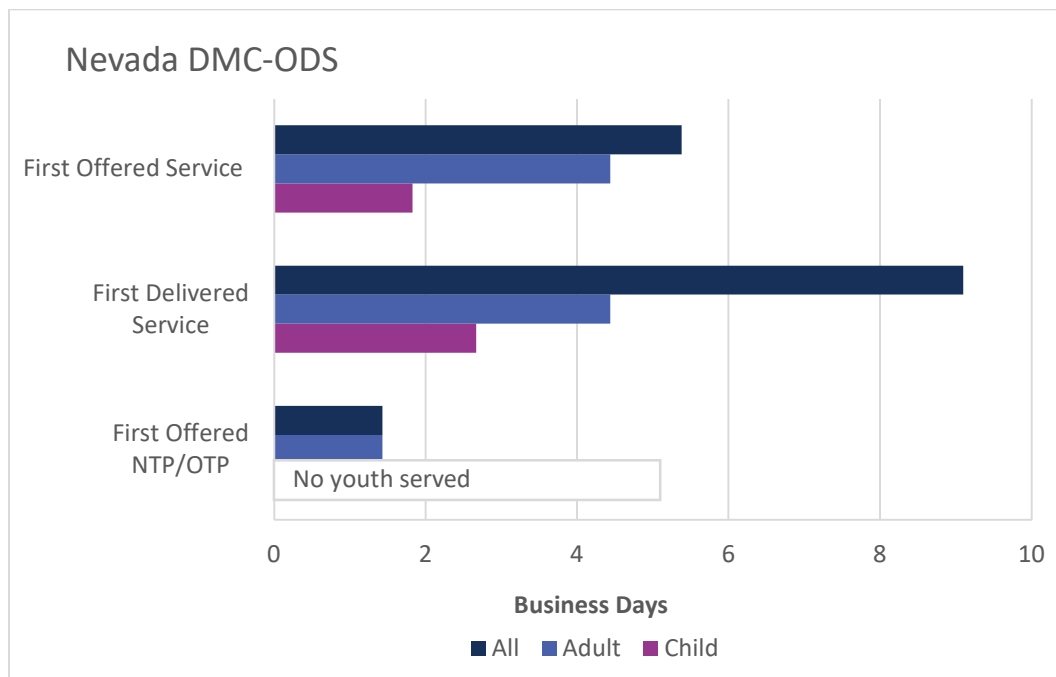


Figure 3: Wait Times for Urgent Services

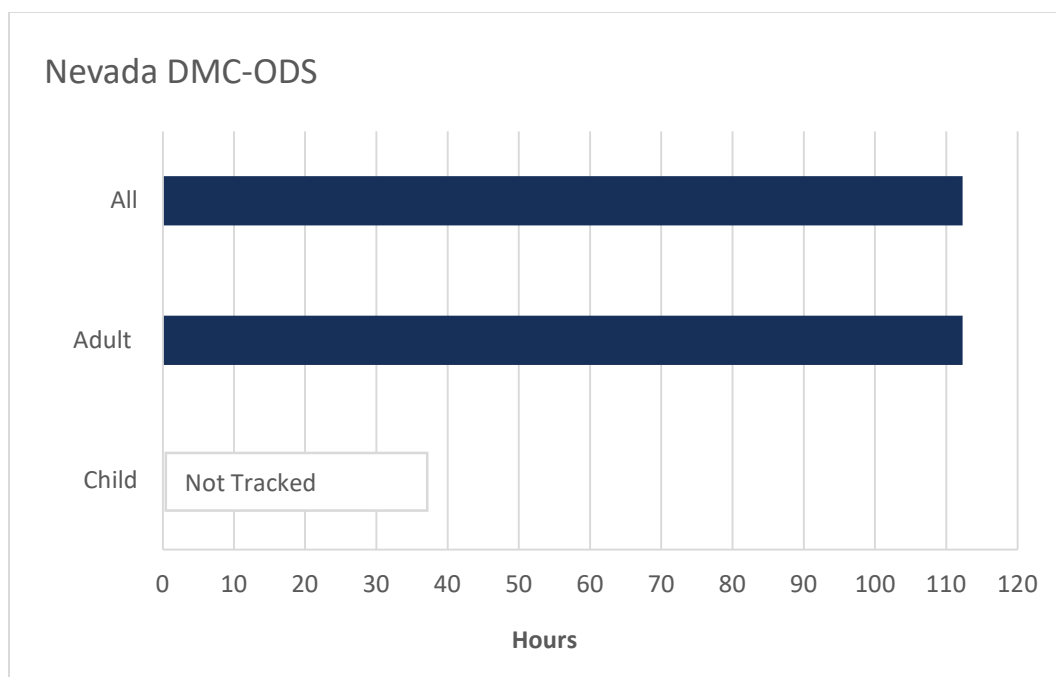
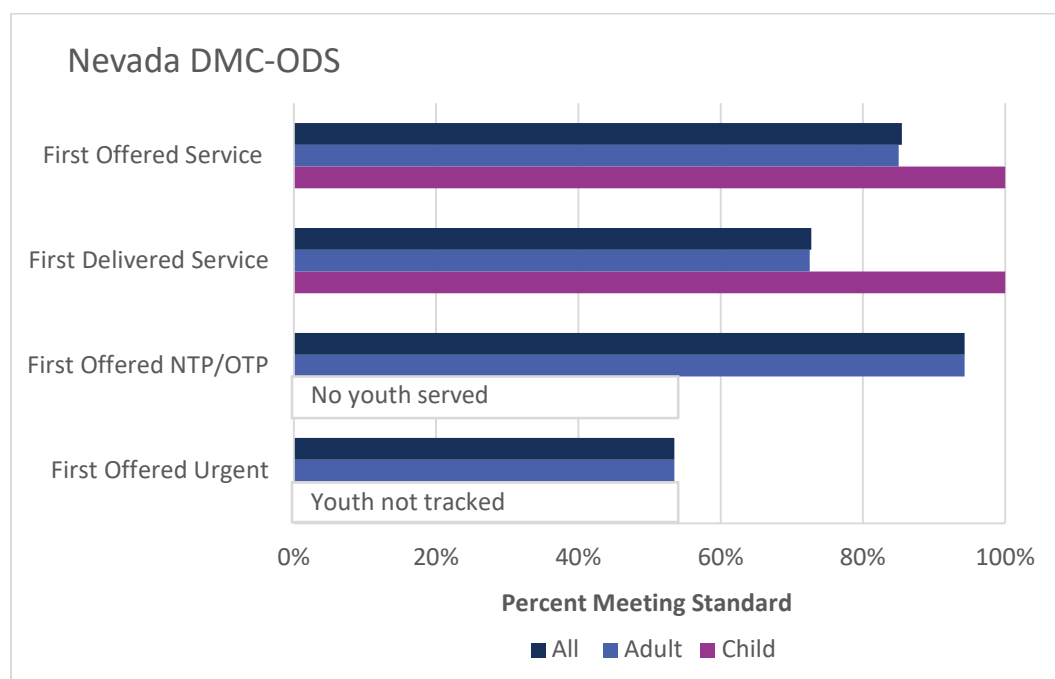


Figure 4: Percent of Services that Met Timeliness Standards



- As noted above, the DMC-ODS acknowledges that their overall system data remains fragmented, and the performance rates reflected here are likely not complete or accurate.

Timeliness from Medi-Cal Claims Data

The following data represents DMC-ODS performance related to methadone access and follow-up post-residential discharge, as reflected in the CY 2022 claims.

Timely Access to Methadone Medication in Narcotic Treatment Programs after First Plan Member Contact

Table 11: Nevada DMC-ODS Days to First Dose of Methadone by Age, CY 2022

County				Statewide		
Age Groups	# of Members	%	Avg. Days	# of Members	%	Avg. Days
12 to 17	<11	-	-	15	0.04%	12.60
18 to 64	125	95.42%	3.42	31,839	87.46%	3.59
65+	<11	-	-	4,551	12.50%	0.56
Total	131	100.00%	3.26	36,405	100%	3.19

- Overall, Nevada has an average total wait time of 3.26 days to first dose of methadone, which is fairly in line with the statewide average of 3.19 days.

- The ATA submitted by the DMC-ODS indicates an average of only 1.43 days to the first offered NTP/OTP appointment, with only 35 initial requests. Nevada discussed some of the challenges they have had with tracking timeliness data, such as data entry errors and EHR functionality issues, which would account for discrepancies between EQRO's data and the data provided by the DMC-ODS.

Transitions in Care

The transitions in care following residential treatment are an important indicator of care coordination.

Table 12: Nevada DMC-ODS Timely Transitions in Care Following Residential Treatment, CY 2022

County	N = 202		Statewide N = 27,232	
Number of Days	125n Admits	Cumulative %	Transition Admits	Cumulative %
Within 7 Days	31	15.35%	3,243	11.91%
Within 14 Days	57	28.22%	4,515	16.58%
Within 30 Days	85	42.08%	5,706	20.95%

- Transitions in care following residential treatment in Nevada exceed transition rates seen statewide for 7-days, 14-days, and 30-days post discharge. This is all the more impressive by the fact that the DMC-ODS exceeds the state as a whole in the percentage of members accessing residential services. However, despite outperforming statewide rates, this still reflects fewer than half of members discharging from residential treatment are receiving a timely transition within 30 days.
- It should be noted that the rates seen in Table 12 include billable services only, so transitions in care to providers outside the DMC-ODS are not included here.

Residential Withdrawal Management Readmissions

Table 13: Nevada DMC-ODS Residential Withdrawal Management Readmissions, CY 2022

County	Statewide			
Total DMC-ODS admissions into WM	98		13,062	
	#	#	#	%
WM readmissions within 30 days of discharge	<11	-	1,148	8.79%

- Of the 98 admissions into WM, less than 11 were readmitted within 30-days of discharge, with a rate significantly lower than the statewide rate.

IMPACT OF TIMELINESS FINDINGS

- Although the ATA shows the first non-urgent appointments offered, first non-urgent services rendered, and non-urgent MAT requests to first offered NTP/OTP appointments all within DHCS standards, the DMC-ODS acknowledged data entry errors that were discovered where staff were entering the date in which members were accepting appointments rather than the first offered appointments. This along with EHR functionality issues and confusion from contractors on timeliness data processes point to an opportunity for Nevada to improve upon how to capture and report on timeliness metrics.
- Urgent services offered are averaging more than 69 hours higher than the DHCS standard of 48 hours, but this is likely due to the issues listed above and may improve after data entry errors are fixed and staff are trained on how to input this data correctly.
- Follow-up rates within 7, 14, and 30 days from residential treatment are higher than statewide, indicating the DMC-ODS is having success in transitioning members to new levels of care post discharge. With residential treatment services in Nevada also exceeding statewide rates, it appears the DMC-ODS has a well-developed process for admitting members to residential services and seeing them through post-discharge as they seek lower levels of care.

QUALITY OF CARE

CMS defines quality as the degree to which the PIHP increases the likelihood of desired outcomes of the Plan members through its structure and operational characteristics, the provision of services that are consistent with current professional, evidenced-based knowledge, and the intervention for performance improvement.

In addition, the contract between the DMC-ODSs and DHCS requires the DMC-ODSs to implement an ongoing comprehensive QAPI Program for the services furnished to members. The contract further requires that the DMC-ODS' quality program "clearly define the structure of elements, assigns responsibility and adopts or establishes quantitative measures to assess performance and to identify and prioritize area(s) for improvement."

QUALITY IN THE DMC-ODS

In the DMC-ODS, the responsibility for QI is with NCBH and the QA/QI/Compliance activities are intertwined. The division is designed to plan and monitor compliance with program goals that include access to services, improvements to service delivery, and enhancements to quality of care. QI follows a planned and systematic process of collecting data, setting objectives, and monitoring both progress and the need to implement novel interventions or changes to the system, thereby contributing to continuous quality improvement. With the MHP and DMC-ODS service delivery systems changing, driven by DHCS through CalAIM initiatives, QA/QI activities now encompass a greater range and variety of projects. NCBH goals are accomplished by realistic and effective quality improvement activities and data-driven decision-making; collaboration amongst staff and stakeholders, including consumers and family members; and utilization of technology for data analysis.

The DMC-ODS monitors its quality processes through the Quality Improvement Committee (QIC), the QAPI workplan, and the annual evaluation of the QAPI workplan. The QIC is scheduled to meet monthly and the DMC-ODS QIC met seven times since the last EQR. The QIC is comprised of staff and stakeholders, including consumers and family members. Of the 21 identified FY 2022-23 QAPI workplan goals, 16 goals are associated to the DMC-ODS and 5 are specific to the MHP. Of the 16 goals 4 goals are specific to DMC-ODS and 12 goals are joint DMC-ODS/MHP. Of the 16 goals 4 are met, 7 partially met, and 5 not met.

QUALITY KEY COMPONENTS

CalEQRO identifies the following components of SUD healthcare quality that are essential to achieve the underlying purpose for the service delivery system – to improve outcomes for Plan members. These key components include an organizational culture that prioritizes quality, promotes the use of data to inform decisions, focused leadership, active stakeholder participation, and a comprehensive service delivery system.

Each Quality Component is comprised of individual subcomponents which are collectively evaluated to determine an overall Key Component rating of Met, Partially Met, or Not Met; Not Met ratings are further elaborated to promote opportunities for QI.

Table 14: Quality Key Components

KC #	Key Components – Quality	Rating
3A	QAPI are Organizational Priorities	Met
3B	Data is Used to Inform Management and Guide Decisions	Partially Met
3C	Communication from DMC-ODS Administration, and Stakeholder Input and Involvement in System Planning and Implementation	Partially Met
3D	Evidence of an ASAM Continuum of Care	Met
3E	MAT Services (both NTP and non-NTP) Exist to Enhance Wellness and Recovery	Met
3F	ASAM Training and Fidelity to Core Principles is Evident in Programs within the Continuum of Care	Met
3G	Measures Clinical and/or Functional Outcomes of Members Served	Met
3H	Utilizes Information from the Treatment Perception Survey to Improve Care	Partially Met

Strengths and opportunities associated with the quality components identified above include:

- CalOMS discharge data indicates that more than 37 percent of members complete treatment and receive referrals for follow-up, well above the statewide rate of 22.03 percent.
- Participants in CalEQRO focus groups indicate high level of support for individual and community-based support systems to reinforce gains in treatment and optimize member recovery.
- Nevada has been working to revamp data dashboards within the new information system, tools which can provide staff, providers, and other authorized stakeholders to review, communicate, and discuss CalOMS trends and to utilize information for QI activities.
- As noted elsewhere in this report, the DMC-ODS and its providers noted issues with data collection, training on CalOMS, ASAM, and other opportunities that would benefit from more analysis and perhaps content-based monitoring at the program and staff level.
- Utilization of TPS results at the provider and program level would benefit system improvement strategies.

QUALITY PERFORMANCE MEASURES

In addition to the Key Components identified above, the following PMs further reflect the Quality of Care in the DMC-ODS:

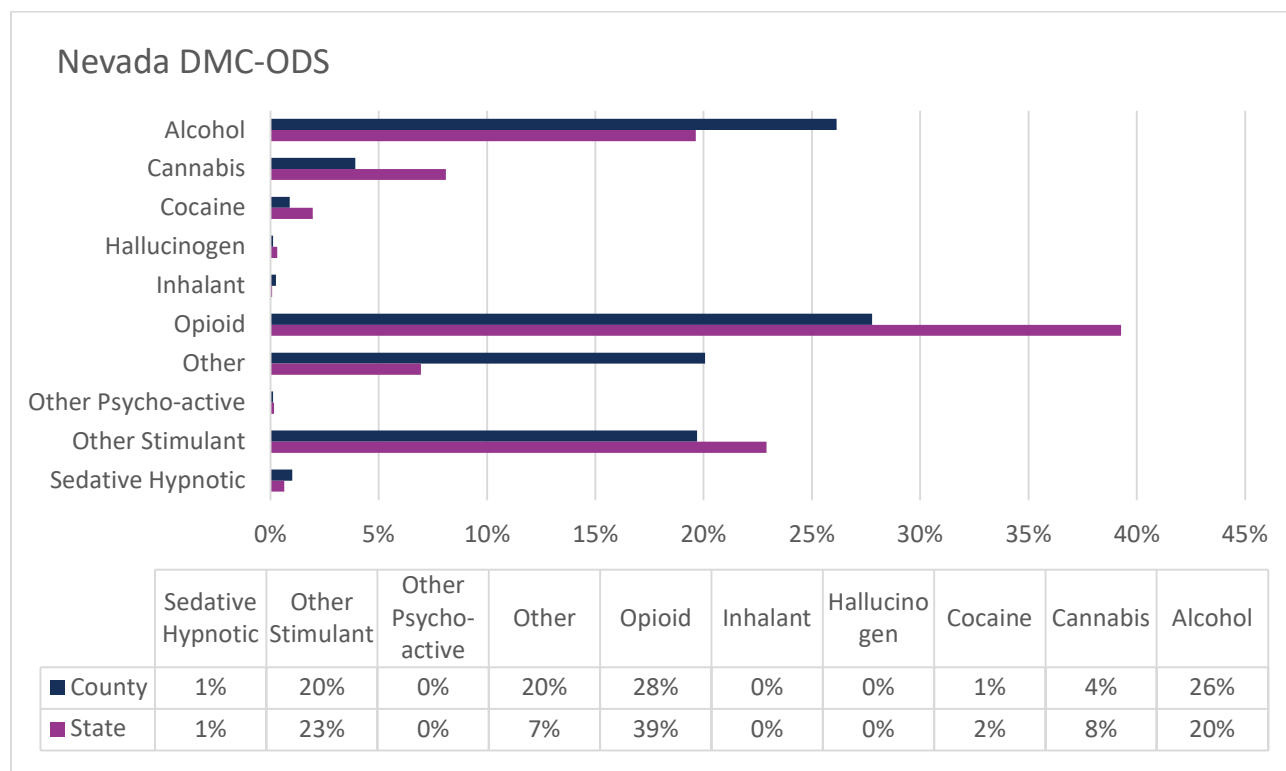
- Members served by Diagnostic Category
- Non-methadone MAT services
- Residential WM with no other treatment
- High-Cost Members (HCM)
- ASAM congruence
- Initiation and Engagement
- Length of Stay (LOS)
- CalOMS admission versus discharge for employment and housing status
- CalOMS Legal Status at Admission
- CalOMS Discharge Status Ratings

DIAGNOSIS DATA

Developing a diagnosis, in combination with level of functioning and other factors associated with medical necessity and eligibility for SUD treatment services, is a foundational aspect of delivering appropriate treatment. Figures 5 and 6 represent the primary diagnosis as submitted with the DMC-ODS' claims for treatment. Figure 5 shows the percentage of DMC-ODS members in a diagnostic category compared to statewide. This is not an unduplicated count as a member may have claims submitted with different diagnoses crossing categories. Figure 6 shows the percentage of approved claims by diagnostic category compared to statewide.

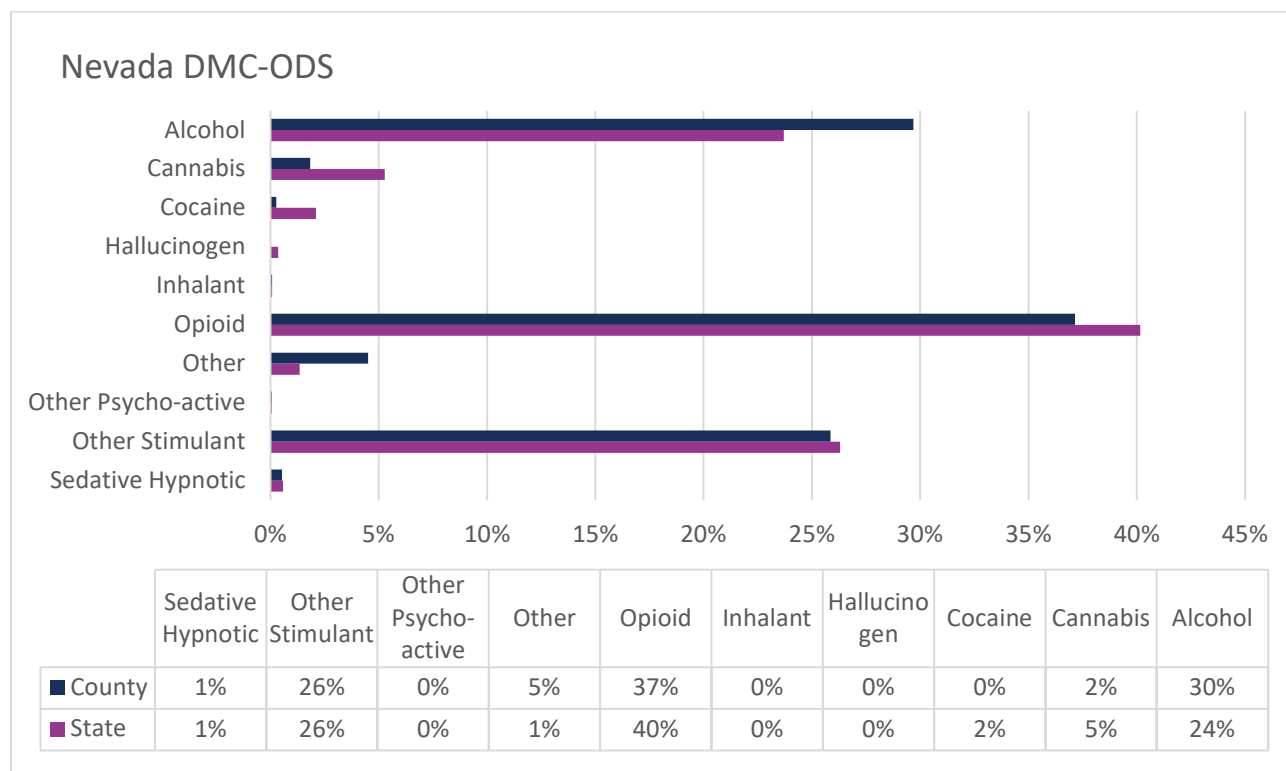
Initial assessment and services provided during the assessment process, except for residential treatment, may be provided without an established diagnosis for DHCS-defined periods of time. These deferred diagnoses are included in "Other."

Figure 5: Percentage of Plan Members by Diagnosis Code, CY 2022



- Opioid use disorder (OUD) is the leading diagnostic category in the DMC-ODS (28 percent), followed by alcohol (26 percent), and other stimulant (20 percent). These diagnoses are also within the top three most common statewide. Nevada shows higher rates of alcohol and lower rates of OUD compared to statewide.
- The Other category is considerably higher than statewide (20 percent vs. 7 percent). A breakdown of diagnosis codes within the Other category reveals mostly mental health diagnoses, including depression, anxiety, post-traumatic stress, bipolar, and schizophrenia. This warrants review by the DMC-ODS.

Figure 6: Percentage of Approved Claims by Diagnosis Code, CY 2022



- Similar to Figure 5, the top three diagnoses as a percentage of claims are OUD, alcohol, and other stimulant, which account for 93 percent of total claims in the DMC-ODS.

NON-METHADONE MAT SERVICES

Table 15: Nevada DMC-ODS Non-Methadone MAT Services by Age, CY 2022

County					Statewide			
Age Groups	At Least 1 Service	% At Least 1 Service	3 or More Services	% 3 or More Services	At Least 1 Service	% At Least 1 Service	3 or More Services	% 3 or More Services
Ages 0-17	0	0.00%	0	0.00%	24	0.56%	13	0.30%
Ages 18-64	<11	-	<11	-	7,473	7.96%	3,881	4.13%
Ages 65+	<11	-	<11	-	428	5.78%	173	2.34%
Total	11	1.68%	<11	-	7,925	7.13%	4,051	3.66%

- There was a total of 11 members receiving at least one non-methadone MAT service aged 18 or older, and less than 11 receiving three or more of these services. Only 1.68 percent of members received at least one service, which is lower than the statewide rate of 7.13 percent.

RESIDENTIAL WITHDRAWAL MANAGEMENT WITH NO OTHER TREATMENT

Table 16: Nevada DMC-ODS 3+ Episodes of Residential WM and No Other Treatment, CY 2022

	#	%
	Members with 3+ Episodes WM & No Other Services	Members with 3+ Episodes WM & No Other Services
County	0	0.00%
Statewide	205	2.00%

- There were no members in Nevada with three or more episodes of residential WM with no other treatment. This compares favorably to the statewide rate of 2 percent.

HIGH-COST MEMBERS

Tracking the HCMs provides another indicator of quality of care. In SUD treatment, this may reflect multiple admissions to residential treatment or residential withdrawal management. HCMs may be receiving services at a level of care not appropriate to their needs. HCMs for the purposes of this report are defined as those who incur SUD treatment costs higher than two standard deviations above the mean, which for CY 2022 equates to claims of \$17,188 or more.

Table 17: Nevada DMC-ODS and Statewide High-Cost Members, CY 2022

	Total Members Served	HCM Count	HCM % by Count	Average Approved Claims per HCM	HCM Total Claims	HCM % by Total Claims
County	655	<11	-	-	\$77,745	2.50%
Statewide	105,657	5,724	5.42%	\$24,551	\$140,532,204	21.84%

- In CY 2022, less than 1 percent of members served were considered HCMs, which is considerably lower than the statewide rate of 5.42 percent.
- HCMs accounted for only 2.50 percent of total claims which is also considerably lower than the statewide rate (21.84 percent).

ASAM LEVEL OF CARE CONGRUENCE

Table 18: Nevada DMC-ODS Congruence of Level of Care Referrals with ASAM Findings, CY 2022 – Reason for Lack of Congruence

ASAM LOC Referrals	Initial Screening		Initial Assessment		Follow-up Assessment	
	#	%	#	%	#	%
Not Applicable /No Difference	668	98.96%	307	99.03%	344	97.73%
Patient Preference	<11	-	<11	-	0	0.00%
Level of Care Not Available	0	0.00%	0	0.00%	<11	-
Clinical Judgement	<11	-	<11	-	<11	-
Geographic Accessibility	0	0.00%	0	0.00%	0	0.00%
Family Responsibility	0	0.00%	0	0.00%	0	0.00%
Legal Issues	0	0.00%	0	0.00%	0	0.00%
Lack of Insurance/Payment	0	0.00%	0	0.00%	0	0.00%
Other	<11	-	0	0.00%	0	0.00%
Actual Level of Care Missing	0	0.00%	0	0.00%	0	0.00%
Total	675	100.00%	310	100.00%	352	100.00%

- There are high levels of ASAM congruence from initial screening through follow-up assessment. On the surface, the high levels of congruence look positive, but an analysis may uncover potential for training improvements, as these percentages at 98 to 99 percent are not commonly seen statewide.

INITIATION AND ENGAGEMENT

An effective system of care helps people who request treatment for their addiction to both initiate treatment services and then continue further to become engaged in them. Table 19 displays results of measures for two early and vital phases of treatment-initiating and then engaging in treatment services. Research suggests that those who can engage in treatment services are likely to continue their treatment and enter into a recovery process with positive outcomes. The method for measuring the number of Plan members who initiate treatment begins with identifying the initial visit in which the member's SUD is identified. Based on claims data, the "initial DMC-ODS service" refers to the first approved or pended claim for a member that is not preceded by one within the previous 30 days. This second day or visit is what in this measure is defined as "initiating" treatment.

CalEQRO's method of measuring engagement in services is at least two billed DMC-ODS days or visits that occur after initiating services and that are between the 14th and 34th day following initial DMC-ODS service.

Table 19: Initiating and Engaging in Nevada DMC-ODS Services, CY 2022

	County				Statewide			
	# Adults		# Youth		# Adults		# Youth	
Members with an initial DMC-ODS service	631		<11		99,855		4,026	
	#	%	#	%	#	%	#	%
Members who then initiated DMC-ODS services	496	79%	<11	-	83,830	84%	3,286	82%
Members who then engaged in DMC-ODS services	401	81%	<11	-	63,753	76%	2,202	67%

- Initiation for adults was 5 percentage points lower in the DMC-ODS than statewide, while adults who engaged was 5 percentage points higher than statewide.
- Although suppressed due to a very small number of members served, initiation and engagement for youth was much lower than statewide.

LENGTH OF STAY

Examining Plan members' LOS in services provides another look at engagement in services and completion of treatment. Table 20 presents the number of members who discharged from treatment in CY 2022, defined as having zero claims for any DMC-ODS services for 30+ days, the average and median LOS for members, and results indicating what proportions of members had accessed services for at least 90, 180, and 270 days, as well as statewide comparisons for reference.

Table 20: Cumulative LOS in Nevada DMC-ODS – Services, CY 2022

	County		Statewide	
Members discharged from care (no treatment for 30+ days)	898		139,688	
LOS for members across the sequence of all their DMC-ODS services	Average	Median	Average	Median
	152	96	158	90
	#	%	#	%
Members with at least a 90-day LOS	465	52%	69,919	50%
Members with at least a 180-day LOS	302	34%	43,096	31%
Members with at least a 270-day LOS	185	21%	27,677	20%

- There were 898 members discharged from care in the DMC-ODS with an average LOS of 152 days and a median of 96 days, closely aligning with statewide metrics.

- The percentage of members with at least a 90-day, 180-day, and 270-day LOS was slightly higher in Nevada than statewide.

CALOMS DATA

CalOMS is one of the few national datasets that asks SUD service users about psychosocial information at both admission and discharge. These are critical outcomes that reflect areas of life functioning expected to be positively influenced by SUD treatment. The measures provided below allow for system evaluation and determine the efficacy of care provided. Additionally, the types of discharges and their ratings reflect the degree to which treatment episodes were considered successful.

Table 21: Nevada DMC-ODS CalOMS Legal Status at Admission, CY 2022

Admission Legal Status	County		Statewide	
	#	%	#	%
No Criminal Justice Involvement	224	47.36%	57,878	65.62%
Under Parole Supervision by CDCR	<11	-	1,675	1.90%
On Parole from any other jurisdiction	<11	-	1,465	1.66%
Post release supervision - AB 109	171	36.15%	20,314	23.03%
Court Diversion CA Penal Code 1000	<11	-	1,326	1.50%
Incarcerated	<11	-	460	0.52%
Awaiting Trial	65	13.74%	5,078	5.76%
Total	473	100.00%	88,196	100.00%

- More than 52 percent of members in Nevada have criminal justice involvement, while the statewide rate is about 35 percent.
- The main three CalOMS admission categories are No Criminal Justice Involvement, Post-release supervision – AB 109, and Awaiting Trial.

Table 22: Nevada DMC-ODS CalOMS Discharge Status Ratings, CY 2022

Discharge Status	County		Statewide	
	#	%	#	%
Completed Treatment – Referred	242	37.35%	22,790	22.03%
Completed Treatment - Not Referred	14	2.16%	7,636	7.38%
Left Before Completion with Satisfactory Progress - Standard Questions	65	10.03%	13,465	13.02%
Left Before Completion with Satisfactory Progress – Administrative Questions	60	9.26%	8,322	8.05%
<i>Subtotal</i>	381	58.80%	52,213	50.48%
Left Before Completion with Unsatisfactory Progress - Standard Questions	36	5.56%	17,832	17.24%
Left Before Completion with Unsatisfactory Progress - Administrative	222	34.26%	32,329	31.26%
Death	<11	-	200	0.19%
Incarceration	<11	-	856	0.83%
<i>Subtotal</i>	267	41.20%	51,217	49.52%
Total	648	100.00%	103,430	100.00%

- Nevada members successfully discharged from services 58.80 percent of the time with “Completed Treatment – Referred” as the most common status at discharge.
- Unsatisfactory discharges occurred 41.20 percent of the time, which is over 7 percent less than statewide. The leading status in the category was “Left Before Completion with Unsatisfactory Progress – Administrative.”

Table 23: Nevada DMC-ODS CalOMS Types of Discharges, CY 2022

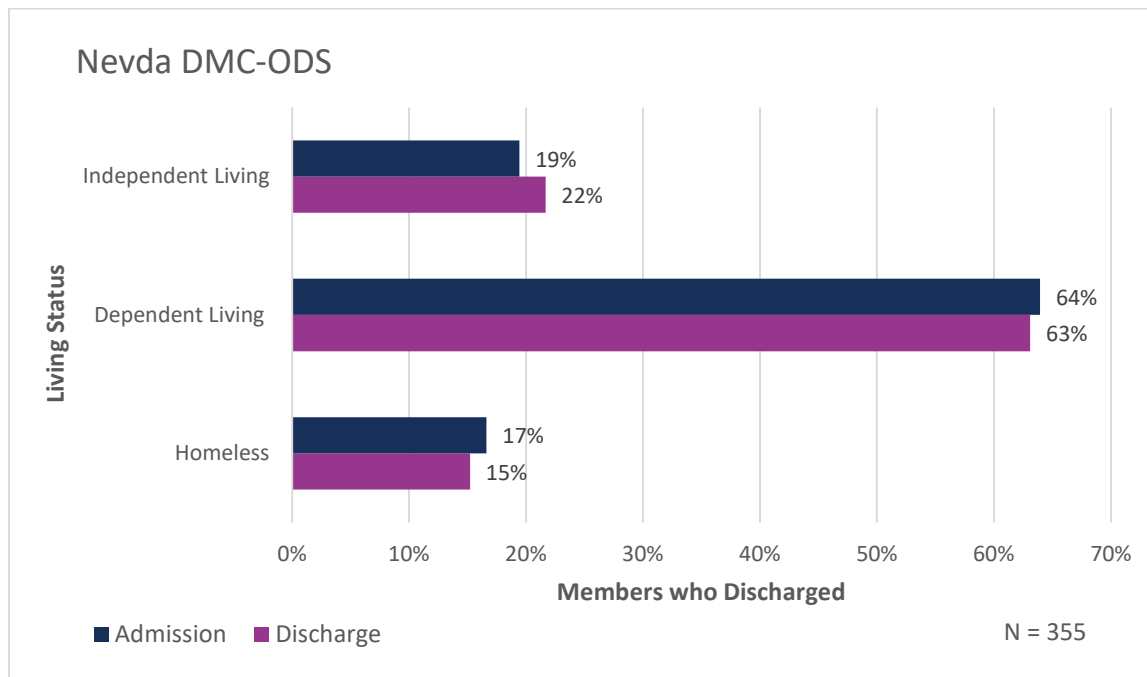
Discharge Types	County		Statewide	
	#	%	#	%
Standard Adult Discharges	328	50.62%	52,677	49.81%
Administrative Adult Discharges	291	44.91%	41,707	40.74%
Detox Discharges	-	-	7,233	7.95%
Youth Discharges	<11	-	1,813	1.50%
Total	648	100.00%	103,430	100.00%

- Standard adult discharges were the leading CalOMS discharge type (50.62 percent), slightly higher than statewide. Administrative adult discharges were the next most prominent discharge type (44.91 percent), also higher than statewide. Only two categories are displayed due to the low number of youth

discharges and the need to suppress another figure to prevent calculation of that number. The number of detox discharges is well below the statewide rate.

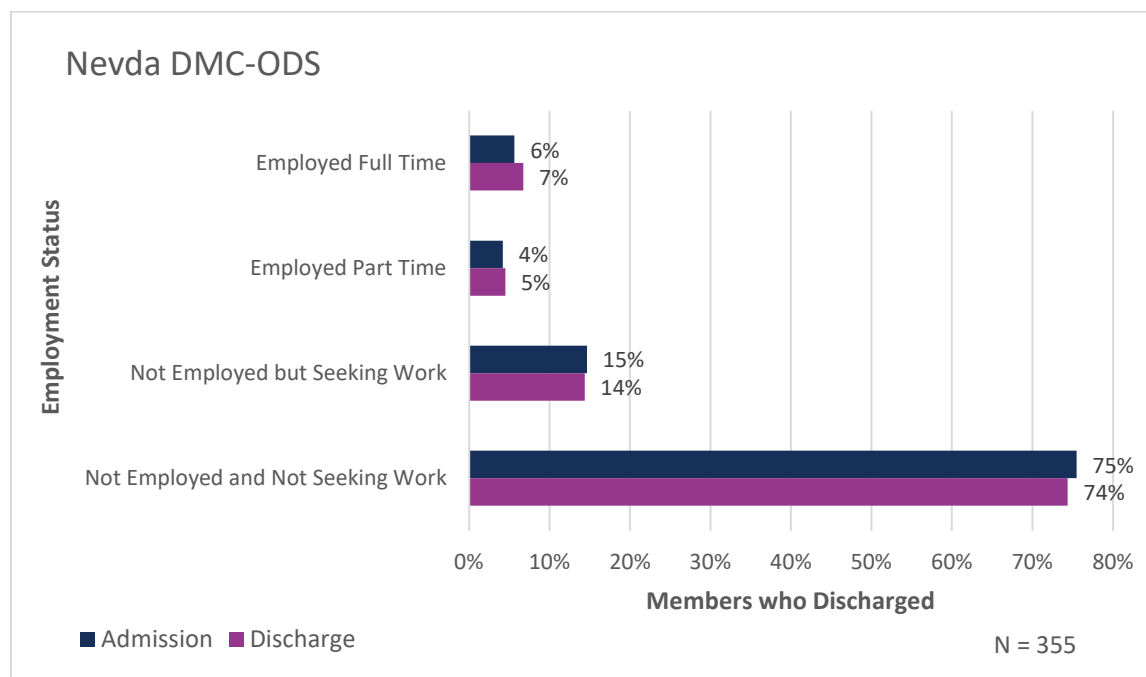
The data presented in Figures 7 and 8 reflect percent change at discharge from admission for both living status and employment status. Both questions are asked in relation to the prior 30 days.

Figure 7: CalOMS Living Status at Admission versus Discharge, CY 2022



- At the time of discharge, homelessness decreased slightly with more members in independent living.

Figure 8: CalOMS Employment Status at Admission versus Discharge, CY 2022



- Members employed full-time and part-time both increased slightly at discharge.

IMPACT OF QUALITY FINDINGS

- Although the number of youth served in the DMC-ODS is low, initiation and engagement levels for this group are considerably lower than statewide. This speaks to an overall limited reach to youth members and provides an opportunity for the DMC-ODS to bolster services to this demographic.
- CalOMS discharge data indicates a very high level of program completion with referral, well above the rate found statewide indicating a high level of clinical efficacy and an ability to engage and retain members. Efforts to decrease administrative discharges might be informed by an analysis regarding commonalities or differences between these two categories of discharge.
- ASAM congruence is high from initial assessment through follow-up assessment. However, considering these levels are much higher than seen statewide, it may lead to an opportunity for the DMC-ODS to analyze ASAM processes to determine whether more training needs to take place. Usually patient preference results in lower, but still high, rates of congruence.
- Successful CalOMS discharges are more than 8 percentage points higher than statewide, which is a notable strength. However, similar to the high level of ASAM congruence, there may be an opportunity for further analysis of CalOMS discharge statuses to determine whether further training is needed for staff in this area.

- The high rate of Other that are actually mental health diagnoses in the claims data (Figure 5) indicates a need for content review for these cases admitted for need of SUD treatment. Some confirmation that these are co-occurring members who are indeed receiving treatment for their substance use would be beneficial.

PERFORMANCE IMPROVEMENT PROJECT (PIP) VALIDATION

All DMC-ODSs are required to have two active and ongoing PIPs, one clinical and one non-clinical, as a part of the plan's QAPI program, per 42 CFR §§ 438.330¹ and 457.1240(b)². PIPs are designed to achieve significant improvement, sustained over time, in health outcomes and Plan member satisfaction. They should have a direct Plan member impact and may be designed to create change at a member, provider, and/or DMC-ODS system level.

CalEQRO evaluates each submitted PIP and provides TA throughout the year as requested by individual DMC-ODSs, hosts quarterly webinars, and maintains a PIP library at www.calegro.com.

Validation tools for each PIP are located in Table C1 and Table C2 of this report. Validation rating refers to the EQRO's overall confidence that the DMC-ODS (1) adhered to acceptable methodology for all phases of design and data collection, (2) conducted accurate data analysis and interpretation of PIP results, and (3) produced significant evidence of improvement.

CLINICAL PIP

GENERAL INFORMATION

Clinical PIP Submitted for Validation: Follow-Up After Emergency Department Visit for Substance Use (FUA)

Date Started: 09/2022

Aim Statement: "Members with ED visits for SUD, implemented interventions will increase the percentage of follow-up SUD services with the Plan within 7 and 30 days by 5% by 02/29/2025."

Target Population: The target population for this project will be operationalized within the parameters of the HEDIS FUA metric. The Plan will focus on members with a qualifying event as defined in the FUA measure. A qualifying event is an ED visit with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, also referred to as SUD.

Status of PIP: Second remeasurement phase

¹ <https://www.govinfo.gov/content/pkg/CFR-2019-title42-vol4/pdf/CFR-2019-title42-vol4-sec438-330.pdf>

² <https://www.govinfo.gov/content/pkg/CFR-2020-title42-vol4/pdf/CFR-2020-title42-vol4-sec457-1260.pdf>

SUMMARY

The FUA tracker identifies members with ED visits who are in need of follow-up services related to the SUD diagnosis after discharge. The existing ED substance use navigator (SUN), through the CA Bridge Program, extends their responsibilities to include entries into the FUA tracker for member referrals. FUA entries are entered weekly. The Plan Care Coordination team contacts the members within 7 and/or 30 days of the ED visit and subsequent referral. The shared approach with data creates an increase in shared responsibility and accountability for both data quality and progress toward member engagement. When a member responds to the referral, the Plan Care Coordinators attempt to connect the member to services, which include screening for the ASAM indicated LOC. Care Coordinators utilize an EBP to engage members.

The assigned FUA analyst sends out monthly key performance indicators (KPIs) that include year to date trends, suggestions, and key observations. Biweekly emails to the hospital Substance Use Navigator (SUN) also inform and ensure that ED discharge data is entered into the shared tracking instrument in a timely manner. The Plan continues to develop and improve policies and strategies focused on building more comprehensive data sets to allow cross-system data analytics that identify patterns, gaps, advocacy needs, and system issues across the two sectors. The current data analysis provides greater insight into the types of ED visits occurring among county members and the kinds of services provided at follow-up. The KPI results are paired with stakeholder input and local data analysis and then used to design and implement data-driven performance improvement project interventions. Estimates of FUA7 and FUA30 are based on a small denominator ($n < 20$) and are unstable and interpreted with caution. The Plan updated and added tables and charts for quarterly tracking of trends and also deleted or re-categorized diagnoses to focus on key takeaways.

The Plan continues to improve data exchange capabilities with external stakeholders and is in the process of executing a contract with CalMHSA to implement Connex, a managed Interoperability Software as a Services (SaaS) solution, with anticipated contract execution date of 02/27/2024. Within the next 12 months the Plan anticipates access to Sierra Nevada Memorial Hospital (Grass Valley) health data and ED admission, discharge, transfer data that will support ongoing improvement with FUA rates and member's overall care.

TA AND RECOMMENDATIONS

As submitted, this clinical PIP was found to have moderate confidence because the interventions and methodology, communications, real time data exchange, and reporting methods and is focused on facilitating systematic learning and improvements to the system. However, the small number of members reflected in the data suggests that the outcome should be monitored for true and sustained improvement.

PIP TA was not requested outside of the EQR.

During the review, CalEQRO provided TA to the DMC-ODS in the form of recommendations for improvement of this clinical PIP:

- Continue with plans to utilize the Model for Improvement (Plan Do Study Act) process as a means of refinements and improvement processes.
- Continue to monitor outcomes as the number of members impacted by the PIP increases over time.

NON-CLINICAL PIP

GENERAL INFORMATION

Non-Clinical PIP Submitted for Validation: Pharmacotherapy for Opioid Use Disorder

Date Started: 09/2022

Aim Statement: “Members initiating Medications for Opioid Use Disorder (MOUD) from the Plan or the Plan’s provider network, implemented interventions will increase the percentage of continuous MOUD events by 5% by February 29, 2025.”

Target Population: The Plan will focus on members such as children aged 0-17 and adults ages 18 and over, with a diagnosis of OUD who initiated MOUD from the Plan and/or the Plan’s provider network.

Status of PIP: Second remeasurement phase

SUMMARY

SUD Care Coordinators make contact with identified members within seven days of MOUD initiation. Staff will make three efforts at contact. Upon contact, staff will attempt to complete an ASAM assessment, build therapeutic relationships to reduce stigma, use motivational interviewing to move the member through the stages of change, refer them to Nevada County SUD and/or MH services, and make other community referrals. Follow-up outreach methods include field outreach and utilization of telehealth. Their NTP contracted provider delivers MAT services, and their staff enter member demographic data weekly into the POD Tracker and log missed doses. The Plan’s Care Coordinators follow-up with members who have two consecutive missed doses to reengage them into treatment.

The weekly POD Tracker reports are used for analysis reports and trends to develop refinements. The shared responsibilities of the POD Tracker support data accuracy and timely entries. Utilizing the POD Tracker uncovered data entry problems, and as of December 2023, entries include only those members with a new initiation of MOUD treatment with missed doses. Additional feedback for this PIP, through member surveys, was conducted January 2024. The POD Tracker and other monitoring reports provide the Plan with KPIs and using the

Plan-Do-Study-Act process identified lessons learned to inform refinements and updates to the interventions and data collection processes. Outcomes show engagement in MOUD that exceeds the initial target.

Lessons learned for this project have included 1) Reliance on outside providers is challenging and requires frequent follow-up. 2) Only 21 percent of MOUD initiations occur at the NTP, but the majority of which occur through managed care providers (MCP) not contracted with the Plan. The local Federally Qualified Health Centers (FQHC) provide a majority of MAT within Nevada County. 3) Outdated member contact information negatively impacted the success of follow-up calls. The Plan may therefore shift from Plan staff to the provider staff for follow-up calls. 4) Most of the project is facilitated through manual data entry and analysis via a tracking tool outside of the Plan EHR. As a small county, there is limited staffing as the project has required significant oversight.

TA AND RECOMMENDATIONS

As submitted, this non-clinical PIP was found to have high confidence because the Plan's data analysis and consistent review and improvement of measurements and interventions demonstrate a significant and continuous improvement process. The overall impact is limited by the large number of MOUD initiations occurring through MCP providers.

PIP TA was not requested outside of the EQR.

During the review, CalEQRO provided TA to the DMC-ODS in the form of recommendations for improvement of this non-clinical PIP:

- Continue the current processes that include “plan/do/study/act” principles to identify and implement refinements and updates.
- Continue to work on engaging support from Plan MAT providers and any willing FQHC partners to improve follow-up in treatment for members.

INFORMATION SYSTEMS

Using the Information Systems Capabilities Assessment protocol, CalEQRO reviewed and analyzed the extent to which the DMC-ODS meets federal data integrity requirements for HIS, as identified in 42 CFR §438.242. This evaluation included a review of the DMC-ODS' EHR, Information Technology (IT), claims, outcomes, and other reporting systems and methodologies to support IS operations and calculate PMs.

INFORMATION SYSTEMS IN THE DMC-ODS

The EHRs of California's DMC-ODSs are generally managed by county, DMC-ODS IT, or operated as an ASP where the vendor, or another third party, is managing the system. The primary EHR system used by the DMC-ODS is SmartCare by Streamline, which was implemented in July 2023 as part of CalMHSA's multi-county EHR initiative. Currently, the DMC-ODS is actively implementing a new system which requires heavy staff involvement to fully develop.

Approximately 1.62 percent of the DMC-ODS budget is dedicated to support the IS (county IT overhead for operations, hardware, network, software licenses, ASP support, contractors, and IT staff salary/benefit costs). The budget determination process for IS operations is a combined process involving DMC-ODS control and Nevada County IS.

The DMC-ODS has 166 named users with log-on authority to the EHR, including approximately 70 county staff and 96 contractor staff. Support for the users is provided by two FTE IS technology positions. Currently all positions are filled.

As of the FY 2023-24 EQR, all contract providers have been offered access to directly enter clinical data into the DMC-ODS' EHR. However, certain functionalities for contractors are still being developed, including billing and reporting. Contractor staff having direct access to the EHR has multiple benefits: it is more efficient, it reduces the potential for data entry errors associated with duplicate data entry, and it provides for superior services for members by having comprehensive access to progress notes and medication lists by all providers to the EHR 24/7.

Contract providers submit member practice management and service data to the DMC-ODS IS as reported in the following table:

Table 24: Nevada DMC-ODS Contract Provider Transmission of Information to DMC-ODS EHR

Submittal Method	Frequency	Submittal Method Percentage
Health Information Exchange (HIE) between DMC-ODS IS	<input type="checkbox"/> Real Time <input type="checkbox"/> Batch	0%
Electronic Data Interchange to DMC-ODS IS	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	0%
Electronic batch file transfer to DMC-ODS IS	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly	50%
Direct data entry into DMC-ODS IS by provider staff	<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	30%
Documents/files e-mailed or faxed to DMC-ODS IS	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly	20%
Paper documents delivered to DMC-ODS IS	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	0%
		100%

PLAN MEMBER PERSONAL HEALTH RECORD

The 21st Century Cures Act of 2016 promotes and requires the ability of members to have both full access to their medical records and their medical records sent to other providers. Having a Personal Health Record (PHR) enhances members' and their families' engagement and participation in treatment. The DMC-ODS does not currently have a PHR but expects to have one in SmartCare within the next six months.

INTEROPERABILITY SUPPORT

The DMC-ODS is a member or participant in an HIE. Nevada will utilize the CalMHSA Connex HIE that will eventually connect to national data exchanges and regional HIEs, with Sac Valley Med Share under consideration. However, no data has been exchanged through the Connex HIE yet, and connections are still being established.

INFORMATION SYSTEMS KEY COMPONENTS

CalEQRO identifies the following Key Components related to DMC-ODS system infrastructure that are necessary to meet the quality and operational requirements to promote positive Plan member outcomes. Technology, effective business processes, and staff skills in extracting and utilizing data for analysis must be present to demonstrate that analytic findings are used to ensure overall quality of the SUD delivery system and organizational operations.

Each IS Key Component is comprised of individual subcomponents which are collectively evaluated to determine an overall Key Component rating of Met, Partially Met, or Not Met; Not Met ratings are further elaborated to promote opportunities for QI.

Table 25: IS Infrastructure Key Components

KC #	Key Components – IS Infrastructure	Rating
4A	Investment in IT Infrastructure and Resources is a Priority	Met
4B	Integrity of Data Collection and Processing	Met
4C	Integrity of Medi-Cal Claims Process	Met
4D	EHR Functionality	Met
4E	Security and Controls	Met
4F	Interoperability	Met

Strengths and opportunities associated with the IS components identified above include:

- The DMC-ODS replaced their legacy EHR system with SmartCare by Streamline in July 2023.
- Nevada offers access to the EHR to all contractors free of charge and maintains a data warehouse that replicates the EHR system to support data analytics.

INFORMATION SYSTEMS PERFORMANCE MEASURES

MEDI-CAL CLAIMING

Table 26 shows the amount of denied claims by denial reason, and Table 27 shows approved claims by month, including whether the claims are either adjudicated or denied. This may also indicate if the DMC-ODS is behind in submitting its claims, which would result in the claims data presented in this report being incomplete for CY 2022.

For the DMC-ODS, Tables 26 and 27 appear to reflect a substantially complete claims data set for the time frame represented.

The DMC-ODS reports that their claiming is current through December 2023. Functionality issues with SmartCare have prevented Nevada from billing directly via the new EHR since its implementation, similar to issues faced by other SmartCare counties. CalMHSA has been providing assistance with claiming while SmartCare's issues are being addressed.

Table 26: Summary of Nevada DMC-ODS Denied Claims by Reason Code, CY 2022

Denial Code Description	Number Denied	Dollars Denied	Percentage of Total Denied
Beneficiary not eligible	39	\$5,239	58.47%
Late claim submission	22	\$2,816	31.43%
Other Healthcare coverage must be billed first	30	\$725	8.09%
Other	1	\$106	1.18%
Service location not eligible	2	\$74	0.83%
Total Denied Claims	94	\$8,960	100.00%
Denied Claims Rate	0.28%		
Statewide Denied Claims Rate	3.64%		

- Denied claims rates are well below statewide (0.28 percent vs. 3.64 percent).

Table 27: Nevada DMC-ODS Claims by Month, CY 2022

Month	# Claim Lines	Total Approved Claims
Jan-22	3,817	\$239,247
Feb-22	3,498	\$223,382
Mar-22	4,058	\$260,441
Apr-22	3,821	\$244,008
May-22	3,700	\$234,841
Jun-22	3,800	\$247,553
Jul-22	4,130	\$275,348
Aug-22	4,341	\$277,201
Sep-22	4,154	\$263,495
Oct-22	4,438	\$293,662
Nov-22	4,192	\$281,508
Dec-22	4,321	\$306,400
Total	48,270	\$3,147,086

- Claim lines were consistent and timely throughout CY 2022.

IMPACT OF INFORMATION SYSTEMS FINDINGS

- Nevada was met with significant challenges in implementing SmartCare due to staffing shortages and functionality issues with the system. The DMC-ODS also

mentioned the transition from ASP Kings View to CalMHSA has been a challenge, in light of the long relationship they had with Kings View and their prior EHR. implementation. However, CalMHSA has been a good partner for Nevada and more functionality is becoming available such as billing and reporting.

- The DMC-ODS brought in 0.5 FTE from Nevada County IT to support IS and data analytics during EHR implementation. Now that they have access to data tables in the system, Nevada is utilizing this IT Analyst for report and dashboard creation. The FY 2022-23 EQRO report recommended an analysis of the appropriate level of IT and data analytics support needed to support the more robust SmartCare system, but Nevada has not performed the analysis yet, and expects to do so once the EHR is fully implemented.
- Nevada is in contract with CalMHSA's Connex HIE product and is currently working on establishing connections. No data has been exchanged at this point, but the belief is that Connex will be the vehicle that will lead to interoperability with HIEs such as Sac Valley Med Share and others.
- Payment reform has been a challenge due to EHR implementation, among other issues. Cash flow is slower due to delays in submitting claims and there have been more denials than usual. There are also more conversations with contractors concerning payment reform, which has further slowed cash flow, according to the DMC-ODS.

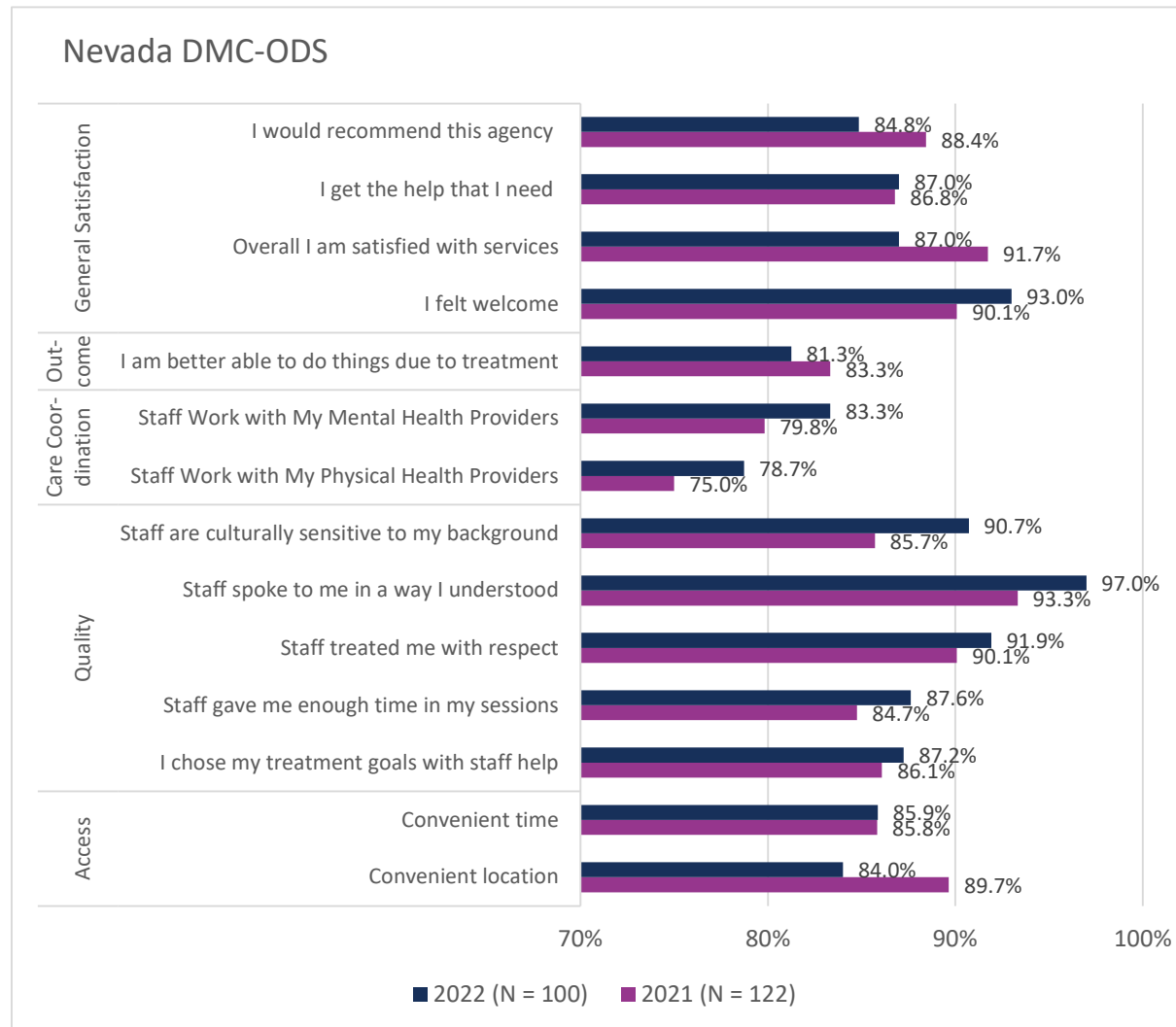
VALIDATION OF PLAN MEMBER PERCEPTIONS OF CARE

TREATMENT PERCEPTION SURVEYS

The Treatment Perception Survey (TPS) consists of ratings from the 14 items yield information regarding five distinct domains: Access, Quality, Care Coordination, Outcome, and General Satisfaction. DMC-ODSs administer these surveys to members once a year in the fall and submit the completed surveys to DHCS. As part of its evaluation of the statewide DMC-ODS Waiver, the University of California, Los Angeles (UCLA) evaluation team analyzes the data and produces reports for each DMC-ODS.

The DMC-ODS saw a decrease from 122 survey responses in CY 2021 to 100 responses in CY 2022. There were a few notable changes in perception among members who took the survey, with changes in results more positive for some questions and less positive for others.

Figure 9: Percentage of Adult Participants with Positive Perceptions of Care, TPS Results from UCLA



* Note that the horizontal axis begins at 70% in order to display small differences in responses from year to year.

- The three largest decreases in positive perception were for “I would recommend this agency,” “Overall I am satisfied with services,” and “Convenient Location.”
- The four largest increases in positive perception were for “Staff work with my mental health providers,” “Staff spoke to me in a way I understood,” “Staff work with my physical health providers,” and “Staff are culturally sensitive to my background.”

PLAN MEMBER/FAMILY FOCUS GROUP

Plan member and family (PMF) focus groups are an important component of the CalEQRO review process; feedback from those who receive services provides

important information regarding quality, access, timeliness, and outcomes. Focus group questions emphasize the availability of timely access to care, recovery, peer support, cultural competence, improved outcomes, and PMF involvement. CalEQRO provides gift cards to thank focus group participants.

As part of the pre-review planning process, CalEQRO requested one 90-minute focus group with Plan members and/or their family, containing 10 to 12 participants each.

PLAN MEMBER/FAMILY FOCUS GROUP ONE SUMMARY

CalEQRO requested a diverse group of adult Plan members who initiated outpatient services in the preceding 12 months. The focus group was held at virtually and included seven participants; a language interpreter was not needed for this focus group. All Plan members participating receive clinical services from the DMC-ODS.

Members found treatment through child welfare, probation, friends, transfers from residential and direct contact with the DMC-ODS. Referring agencies helped with the transition and care coordination was utilized by most of the members. The process from first request to treatment admission ranged from the same day to two weeks. The phone screening was consistent and within 24 hours for all members. The intake average time was two hours; members described it as long and also noted that staff helped to make it comfortable. During the intake everything was reviewed, "they broke it down in simplest terms." Transportation is rated as fair, depending on the referral source, it can be easy. Bus passes are offered, and residential programs do provide transportation to members. There is a vehicle which is available when someone has a wheelchair to transport.

All members signed a release of information so the program and their primary care provider (PCP) and/or other health professionals can communicate with the program. Members stated that they were not aware of any communication between providers. Members all thought it would be helpful if the staff communicated with their health care providers and could see the benefit of this communication for their treatment and recovery. Some members received assistance in finding mental health support and others found mental health services through their own efforts. Participants noted that there is "some stigma around medications" and also said "we do not talk much about medications." Some members were aware of and had been offered telehealth services, while others had not. All members were aware of how to access services for crises but were not aware of what an urgent issue was or that they could make an urgent request. Aftercare is offered, with recovery services seen as aftercare services. Members noted that Nevada has a tight recovery community, "everyone knows what others are up to," and related that "we all come together when someone needs help".

Recommendations from focus group participants included:

- Reduce the intake duration.

- Communicate with member's health care providers to inform and enhance treatment and recovery.
- Provide more information about medications and how they can help or interfere with recovery and other mental health conditions. Help to reduce the stigma surrounding medications to treat addiction and still respect other opinions.
- Talk more about treatments for withdrawal and how to reduce cravings.
- Provide information on urgent requests and the definition of urgent.

CONCLUSIONS

During the FY 2023-24 annual review, CalEQRO found strengths in the DMC-ODS' programs, practices, and IS that have a significant impact on member outcomes and the overall delivery system. In those same areas, CalEQRO also noted challenges that presented opportunities for QI. The findings presented below synthesize information gathered through the EQR process and relate to the operation of an effective SUD managed care system.

STRENGTHS

1. Contractors expressed appreciation for the county DMC-ODS staff in regard to communication and transparency. (Quality)
2. The DMC-ODS is in negotiations to expand Let's Recover contract services to include in-county Youth MAT and telehealth services. (Access, Quality)
3. A new day reporting center for unhoused people is operational and also provides access to SUD and MH services. (Access, Quality)
4. The DMC-ODS reorganized its management team into functional areas in order to promote more leadership by subject matter expertise and has begun to review area-specific service data. (Quality)
5. The DMC-ODS reallocated staff resources and created more intake slots in order to promote easier access; this looks to have improved access across all demographic groups. (Access, Timeliness)

OPPORTUNITIES FOR IMPROVEMENT

1. Wait times until the first treatment appointment can be lengthy and the wait time for urgent admission is longer than the DHCS standard. There are concerns about the integrity of the timeliness data, and training was provided to improve timeliness tracking. Contractors are frustrated with inefficiencies in the process of data collection for timeliness metrics. (Timeliness, IS)
2. CalOMS successful discharges look strong, but an analysis may prove that there are data entry issues there as well. Several providers stated they were offered CalOMS training but also stated they did not need any training. A contractor representative also stated they did not know about the discharge summary form. (Quality)
3. The TPS Outcome Report, analyzed by provider, could help identify areas that are doing well and also areas that need improvement for each provider. (Quality)
4. The DMC-ODS states they would not be able to fully evaluate the need for more FTE to operate the EHR until the implementation is complete. There continues to be a need for more data analytics FTEs. The IS staff are overwhelmed by the demands of the implementation and maintenance of necessary tasks. (Quality, IS)

5. Challenged areas in the continuum of care persist including an ongoing lack of residential capacity and IOT data continues to show low utilization rates. (Quality)

RECOMMENDATIONS

The following recommendations are in response to the opportunities for improvement identified during the EQR and are intended as TA to support the DMC-ODS in its QI efforts and ultimately to improve member outcomes:

1. Improve training and data entry processes around timeliness tracking for internal staff and contractors. EHR functionality needs to be tested to ensure timeliness forms are working correctly, SmartCare needs to be the repository for all timeliness data submitted by Nevada and contractors, and all appointment related dates required by DHCS need to be submitted accurately. Once staff are trained and timeliness data is being entered regularly, routine internal audits should take place to ensure data integrity. An outside consultant may be helpful in implementing the processes that will standardize the capture of timeliness data. (Timeliness, IS)
2. Continue to assist providers with identification of staff who need CalOMS training. Monitor to ensure provider staff attendance at CalOMS trainings. (Quality)
(This recommendation is a carry-over from FY 2021-22 and FY 2022-23.)
3. Engage providers in meaningful discussions focused on areas of improvement identified in the individual provider TPS Outcome Report. (Quality)
4. Conduct an IS internal analysis to determine the number of FTEs required to adequately support data analytics and IS responsibilities for the DMC-ODS, especially with required reporting associated with CalAIM. (Quality, IS)
(This recommendation is a carryover from FY 2022-23.)
5. Conduct a root cause analysis of low utilization for intensive outpatient treatment, to better identify solutions to enhance its use. Collaborate and strategize with providers on evidence-based practices (EBP) including motivational interviewing and stages of change. This should include review of ASAM congruence. Continue efforts to increase residential beds. (Quality)
(This recommendation is a carryover from FY 2022-23.)

EXTERNAL QUALITY REVIEW BARRIERS

The following conditions significantly affected CalEQRO's ability to prepare for and/or conduct a comprehensive review:

There were no barriers to this FY 2023-24 EQR.

ATTACHMENTS

ATTACHMENT A: Review Agenda

ATTACHMENT B: Review Participants

ATTACHMENT C: PIP Validation Tool Summary

ATTACHMENT D: CalEQRO Review Tools Reference

ATTACHMENT E: Letter from DMC-ODS Director

ATTACHMENT A: REVIEW AGENDA

The following sessions were held during the EQR, as part of the system validation and key informant interview process. Topics listed may be covered in one or more review sessions.

Table A1: CalEQRO Review Agenda

CalEQRO Review Sessions - Nevada DMC-ODS
Opening session – Significant changes in the past year, current initiatives, and status of previous year’s recommendations, baseline data trends and comparisons, and dialogue on results of PMs
Access to Care, Timeliness of Services, and Quality of Care
PIP Validation and Analysis
Performance Measure Validation and Analysis
Validation and Analysis of the DMC-ODS Network Adequacy
Validation and Analysis of the DMC-ODS Health Information System
Validation and Analysis of Member Satisfaction
Plan Member/Family Focus Group
Fiscal/Billing
Quality Improvement Plan, implementation activities, and evaluation results
General data use: staffing, processes for requests and prioritization, dashboards, and other reports
DMC-specific data use: TPS, ASAM LOC Placement Data, CalOMS
Disparities: cultural competence plan, implementation activities, evaluation results
Health Plan, primary and specialty health care coordination with DMC-ODS
Medication-assisted treatments
Mental Health coordination with DMC-ODS
Criminal justice coordination with DMC-ODS
Clinic managers group interview – county and contracted
Clinical supervisors group interview – county and contracted
Clinical line staff group interview – county and contracted
Recovery support services group interview including staff with lived experience – county and contracted
Closing session: questions and next steps

ATTACHMENT B: REVIEW PARTICIPANTS

CALEQRO REVIEWERS

Sharon Loveseth, Lead Quality Reviewer
Brian Deen, Information Systems Reviewer
Jon Santoyo, Consumer/Family Member Reviewer

Additional CalEQRO staff members were involved in the review process, assessments, and recommendations. They provided significant contributions to the overall review by participating in both the pre-review and the post-review meetings and in preparing the recommendations within this report.

All sessions were held via video conference.

Table B1: Participants Representing the DMC-ODS and its Partners

Last Name	First Name	Position	County or Contracted Agency
Aloisa	Elizabeth	Forensic Liaison	Nevada County Behavioral Health
Amezcuca	Corinne	Health Education Coordinator	Nevada County Public Health
Artaz	Jenna	Executive Director	Victor Community Support Services
Balderston	Melissa	Program Coordinator	Nevada County Foster Youth Services
Barker	Rob	Behavioral Health Worker/Case Manager	Nevada County Behavioral Health
Bell	Phebe	Behavioral Health Director	Nevada County Behavioral Health
Bullis	Heather	Program Manager Triage	Nevada County Behavioral Health
Chavez	Brianne	Forensic Clinical Supervisor	Nevada County Behavioral Health
Christensen-Gibbons	Ian	Head of Operations	Let's Recover
Christopulos	Heather	Compliance Manager	Granite Wellness Centers
Davey	Casey	Behavioral Health RN	Nevada County Behavioral Health
Cowen	Jeff	Peer	Insight Respite Center
Crow	Mike	IS Analyst	Nevada County Health and Human Services Agency
Davis	Bill	Behavioral Health Worker/Case Manager	Nevada County Behavioral Health
Dobbins	Allison	Administrative Services Officer	Nevada County Health and Human Services Agency
Duff	John	Program Director/President	Common Purpose, Inc
Durham	April	Clinical Director	Turning Point Community Programs

Last Name	First Name	Position	County or Contracted Agency
Ernesto	Dan	Peer	Insight Respite Center
Feiler	Cody	Peer	Turning Point Community Programs
Festersen	Gwen	Administrative Director	Common Purpose, Inc
Ferrer	Rob	Behavioral Health Therapist	Nevada County Behavioral Health – Children’s
Findley	Chris	SUD Line Counselor	Common Purpose, Inc
Gruver	Ryan	Agency Director	Nevada County Health and Human Services Agency
Guevin	Toby	Program Manager, Health and Wellness Division	Nevada County Public Health
Gulino	Nick	Chief Executive Officer	Let’s Recover
Hale	Corie	Executive Director	Aegis Treatment Centers, LLC
Havighurst	Kathy	Peer	Spirit Center
Heirendt	Robert	Behavioral Health Therapist	Nevada County Behavioral Health – Children’s
Hodges	Theresa	Program Director – Insight Respite Center	Turning Point Community Programs
Hoxie	Sara	Behavioral Health Therapist	Nevada County Behavioral Health – Children’s
Hyde	Leo	Behavioral Health Worker/Case Manager	Nevada County Behavioral Health
Jones	Nikolas	QA Therapist	Nevada County Behavioral Health
Kannall	Priya	Program Manager	Nevada County Behavioral Health
Kerschner	Jon	Executive Director	Sierra Mental Wellness Group
Kiley	Kasha	Recovery Residence Manager	Common Purpose, Inc

Last Name	First Name	Position	County or Contracted Agency
Kindschi	Dahlia	Behavioral Health Therapist	Nevada County Behavioral Health
Leshner	Georgina	Peer	Turning Point Community Programs
Liu	Connie	Admirative Analyst	Nevada County Behavioral Health
Long	Amanda	Supervising Health Technician	Nevada County Behavioral Health
McMullan	Curtis	Clinical Supervisor	Nevada County Behavioral Health – Children’s
Miner-Gann	Kelly	Program Manager – SUD/Forensics	Nevada County Behavioral Health
Morgan	Cindy	Program Manager – Children’s	Nevada County Behavioral Health – Children’s
Nerelli	Katherine	Clinical Director	Stanford Sierra Youth & Family Services
Norwood	Christine	SUN Navigator	Sierra Mental Wellness Group
Papke	Laura	SUD Line Counselor	Common Purpose, Inc
Petersen	Jeffery	Clinical Supervisor	Nevada County Behavioral Health
Phenix	Diane	Program Director – Odyssey House	Nevada County Behavioral Health
Phillips	Brendan	Program Manager Homeless Services	Nevada County Health and Human Services
Placide	Onston	Chief Program Officer	Stanford Sierra Youth & Family Services
Posada	Peter	Head of Partnerships	Let’s Recover
Robinson	Erin	Peer	Victor Community Support Services
Rudkin	Amy	Regional Director	Victor Community Support Services

Last Name	First Name	Position	County or Contracted Agency
Rudolph	Barbara	Client Relations Manager	Granite Wellness Centers
Seloas	Kelly	Behavioral Health Therapist	Nevada County Behavioral Health – Children’s
Stoenner	Thaddeus	Peer	Spirit Center
Vallin	Jennifer	Regional Director	Turning Point Community Programs
Vanaman	Danielle	Program Director	Stanford Sierra Youth & Family Services
Vannemen	Nicole	Staff Clinician	Sierra Mental Wellness Group
Vance	Heather	Program Director	Turning Point Community Programs
Walden	Katherine	Clinical Supervisor	Nevada County Behavioral Health
Warten	Anna	Peer	Insight Respite Center
Wilkins	Bethany	Contractor – AOD Prevention	Nevada County Public Health
Willis	Matteo	Behavioral Health Worker/Case Manager	Nevada County Behavioral Health
Wood	Alisa	Clinical Supervisor	Nevada County Behavioral Health – Children’s
Yardley	Cari	Clinical Administrator	Nevada County Behavioral Health
Zaporteza	Carla	Community Support Specialist	Victor Community Support Services

ATTACHMENT C: PIP VALIDATION TOOL SUMMARY

CLINICAL PIP

Table C1: Overall Validation and Reporting of Clinical PIP Results

PIP Validation Rating (check one box)	Comments
<input type="checkbox"/> High confidence <input checked="" type="checkbox"/> Moderate confidence <input type="checkbox"/> Low confidence <input type="checkbox"/> No confidence	As submitted, this clinical PIP was found to have moderate confidence because the interventions and methodology, communications, real time data exchange, and reporting methods and is focused on facilitating systematic learning and improvements to the system. Low numbers of members suggest the need to continue to monitor for true and sustained improvement.
General PIP Information	
MHP/DMC-ODS Name: Nevada DMC-ODS	
PIP Title: Follow-Up After Emergency Department Visit for Substance Use	
PIP Aim Statement: "Members with ED visits for SUD, implemented interventions will increase the percentage of follow-up SUD services with the Plan within 7 and 30 days by 5% by 02/29/2025."	
Date Started: 09/2022	
Date Completed: TBD	
Was the PIP state-mandated, collaborative, statewide, or MHP/DMC-ODS choice? (check all that apply) <input type="checkbox"/> State-mandated (state required MHP/DMC-ODSs to conduct a PIP on this specific topic) <input type="checkbox"/> Collaborative (MHP/DMC-ODS worked together during the Planning or implementation phases) <input checked="" type="checkbox"/> MHP/DMC-ODS choice (state allowed the MHP/DMC-ODS to identify the PIP topic)	
Target age group (check one): <input type="checkbox"/> Children only (ages 0–17)* <input checked="" type="checkbox"/> Adults only (age 18 and over) <input type="checkbox"/> Both adults and children *If PIP uses different age threshold for children, specify age range here:	

<p>Target population description, such as specific diagnosis (please specify):</p> <p>The target population for this project will be operationalized within the parameters of the HEDIS FUA metric. The Plan will focus on members with a qualifying event as defined in the FUA measure. A qualifying event is an ED visit with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, also referred to as SUD.</p>						
<p>Improvement Strategies or Interventions (Changes in the PIP)</p>						
<p>Member-focused interventions (member interventions are those aimed at changing member practices or behaviors, such as financial or non-financial incentives, education, and outreach):</p> <p>Receive education and intervention solicitations for follow-up care</p>						
<p>Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach):</p> <p>Facilitate engagement and solicitation along with care coordination, inter-agency communications and data collection</p>						
<p>MHP/DMC-ODS-focused interventions/system changes (MHP/DMC-ODS/system change interventions are aimed at changing MHP/DMC-ODS operations; they may include new programs, practices, or infrastructure, such as new patient registries or data tools):</p> <p>Oversee PIP workflow and ensure adherence to PIP design; establish venues for inter-agency communications; review and analyze data</p>						
PMs (be specific and indicate measure steward and National Quality Forum number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
KPI 1: % of beneficiaries with a contact attempt within 7 days of discharge from the ED (# of beneficiaries with a contact attempt within 7 days of discharge from the ED/ total # of beneficiaries discharged from the ED)	March-August 2023	12/15 80%	<input type="checkbox"/> Not applicable—PIP is in planning or implementation phase, results not available March 2023 - January 2024	16/20 80%	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify P-value: <input type="checkbox"/> <.01 <input type="checkbox"/> <.05 Other (specify):

PMs (be specific and indicate measure steward and National Quality Forum number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
KPI 2: % of beneficiaries who were successfully contacted (# of beneficiaries who were successfully contacted/ total # of beneficiaries discharged from the ED)	March-May 2023	6/8 75%	<input type="checkbox"/> Not applicable—PIP is in planning or implementation phase, results not available October 2023- January 2024	11/20 55%	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify P-value: <input type="checkbox"/> <.01 <input type="checkbox"/> <.05 Other (specify):
KPI 3: % of beneficiaries who engaged in followup face-to - face services (# of beneficiaries who engaged in followup-face-to - face services/ total # of beneficiaries discharged from the ED)	March-May 2023	6/8 75%	<input type="checkbox"/> Not applicable—PIP is in planning or implementation phase, results not available October 2023-January 2024	11/20 55%	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify P-value: <input type="checkbox"/> <.01 <input type="checkbox"/> <.05 Other (specify):

PIP Validation Information

Was the PIP validated? ☒ Yes ☐ No

“Validated” means that the EQRO reviewed all relevant part of each PIP and made a determination as to its validity. In many cases, this will involve calculating a score for each relevant stage of the PIP and providing feedback and recommendations.

Validation phase (check all that apply):

☐ PIP submitted for approval
☐ Planning phase
☐ Implementation phase
☐ Baseline year
☐ First remeasurement
☒ Second remeasurement
☐ Other (specify):

Validation rating:
☐ High confidence
☒ Moderate confidence
☐ Low confidence
☐ No confidence

“Validation rating” refers to the EQRO’s overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, conducted accurate data analysis and interpretation of PIP results, and produced significant evidence of improvement.

EQRO recommendations for improvement of PIP:

TA was not provided outside of the EQR.

CalEQRO supports Nevada’s ongoing Plan Do Study Act activities to align workflows and data analysis as needed.

NON-CLINICAL PIP

Table C2: Overall Validation and Reporting of Non-Clinical PIP Results

PIP Validation Rating (check one box)	Comments
<input checked="" type="checkbox"/> High confidence <input type="checkbox"/> Moderate confidence <input type="checkbox"/> Low confidence <input type="checkbox"/> No confidence	As submitted, this non-clinical PIP was found to have high confidence because the interventions and methodology, communications, real time data exchange, and reporting methods and is focused on facilitating systematic learning and improvements to the system.
General PIP Information	
MHP/DMC-ODS Name: Nevada DMC-ODS	
PIP Title: Pharmacotherapy for Opioid Use Disorder	
PIP Aim Statement: “Members initiating MOUD from the Plan or the Plan’s provider network, implemented interventions will increase the percentage of continuous MOUD events by 5% by February 29, 2025.”	
Date Started: 09/2022	
Date Completed: TBD	
Was the PIP state-mandated, collaborative, statewide, or MHP/DMC-ODS choice? (check all that apply) <input type="checkbox"/> State-mandated (state required MHP/DMC-ODSs to conduct a PIP on this specific topic) <input type="checkbox"/> Collaborative (MHP/DMC-ODS worked together during the Planning or implementation phases) <input checked="" type="checkbox"/> MHP/DMC-ODS choice (state allowed the MHP/DMC-ODS to identify the PIP topic)	
Target age group (check one): <input type="checkbox"/> Children only (ages 0–17)* <input checked="" type="checkbox"/> Adults only (age 18 and over) <input type="checkbox"/> Both adults and children *If PIP uses different age threshold for children, specify age range here:	

Target population description, such as specific diagnosis (please specify): The Plan will focus on members such as children aged 0-17 and adults ages 18 and over, with a diagnosis of OUD who initiated MOUD from the Plan and/or the Plan's provider network.						
Improvement Strategies or Interventions (Changes in the PIP)						
Member-focused interventions (member interventions are those aimed at changing member practices or behaviors, such as financial or non-financial incentives, education, and outreach): Receive education, accept solicitation for care coordination						
Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach): Facilitate engagement and coordination between partner entities to assure follow-up care; collect and report data						
MHP/DMC-ODS-focused interventions/system changes (MHP/DMC-ODS/system change interventions are aimed at changing MHP/DMC-ODS operations; they may include new programs, practices, or infrastructure, such as new patient registries or data tools): Oversee PIP design, assure communication and data share, author data reports that include analysis and make adjustments to maintain adherence with goals of PIP						
PMs (be specific and indicate measure steward and National Quality Forum number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
KPI 1: % of beneficiaries with a contact attempt within 7 days of missed treatment (# of beneficiaries with a contact attempt within 7 days/# of beneficiaries identified in the POD Tracker)	March-August 2023	1/5 20%	<input type="checkbox"/> Not applicable—PIP is in planning or implementation phase, results not available March 2023-August 2023	15/16 94%	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify P-value: <input type="checkbox"/> <.01 <input type="checkbox"/> <.05 Other (specify): small N

PMs (be specific and indicate measure steward and National Quality Forum number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
KPI 2: % of beneficiaries who were successfully contacted within 30 days. (# of beneficiaries successfully contacted/ # of beneficiaries identified in the POD Tracker)	March-August 2023	0/3 0%	<input type="checkbox"/> Not applicable—PIP is in planning or implementation phase, results not available March 2023 – January 2024	8/16 50%	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify P-value: <input type="checkbox"/> <.01 <input type="checkbox"/> <.05 Other (specify):
KPI 3: % of beneficiaries who successfully maintained a new episode of MAT for at least 30 days. (# of beneficiaries who successfully maintained a new episode of MAT for at least 30 days/# of beneficiaries identified in the POD Tracker)	March- August 2023	10/11 91%	<input type="checkbox"/> Not applicable—PIP is in planning or implementation phase, results not available March 2023 – January 2024	5/10 60%	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify P-value: <input type="checkbox"/> <.01 <input type="checkbox"/> <.05 Other (specify):

PIP Validation Information

Was the PIP validated? ☒ Yes ☐ No

“Validated” means that the EQRO reviewed all relevant part of each PIP and made a determination as to its validity. In many cases, this will involve calculating a score for each relevant stage of the PIP and providing feedback and recommendations.

Validation phase (check all that apply):

☐ PIP submitted for approval
☐ Planning phase
☐ Implementation phase
☐ Baseline year

☐ First remeasurement
☒ Second remeasurement
☐ Other (specify):

Validation rating: ☒ High confidence
☐ Moderate confidence
☐ Low confidence
☐ No confidence

“Validation rating” refers to the EQRO’s overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, conducted accurate data analysis and interpretation of PIP results, and produced significant evidence of improvement.

PIP Validation Information

EQRO recommendations for improvement of PIP:

TA was not provided outside of the EQR.

During the review, CalEQRO provided TA to the DMC-ODS in the form of recommendations for improvement of this clinical PIP:

The Plan will continue to utilize the Plan Do Study Act process as a means of refinements and improvement processes.

Also, Nevada should continue its work to secure any willing FQHC or primary care providers to improve access/coordination for members who need MAT treatment.

ATTACHMENT D: CALEQRO REVIEW TOOLS REFERENCE

All CalEQRO review tools, including but not limited to the Key Components, Assessment of Timely Access, PIP Validation Tool, and CalEQRO Approved Claims Definitions are available on the CalEQRO website: www.calegro.com

ATTACHMENT E: LETTER FROM DMC-ODS DIRECTOR

A letter from the DMC-ODS Director was not required for this report.