

SCC SUTS DMC ODS Waiver: Quality Improvement Plan Specifications

I. **QI – OUTPUTS**

1. **Access**

- a. Gateway gives initial Authorization for all clients entering TX - All Levels of Care
- b. Post-Auth sites may screen, but must refer to GW for Authorization
- c. Metrics:
 - i. ***OP:** Date of Screening to First Offered Appt.
 - ii. ***OP:** Date of Screening to initial appointment (intake) at the appropriate LOC (reporting requirement in DMC – ODS waiver 1115)
 - iii. ***OP:** % of clients with 3 additional AOD services in first 30 days from the date of intake (4 in 30 metric, including intake as 1st service. Listed as reporting requirement of Quality Measures (CMS letter July 27, 2015)
 - iv. ***RES:** Date of Screening to First Placement attempt (Program receives name of client from QI)
 - v. ***RES:** Date of first Placement attempt to date of Intake (Intakes should occur 24/7)
 - vi. **RES:** Goal is to a 10% maximum vacancy rate
 - vii. **RES and DTOX:** re-admissions defined as “avoidable” (see **Attachment #7 High Utilizer Definition**).
 - viii. **AMT:** Date of Screening to Induction
 - ix. **AMT:** Date of Walk-in appt to Induction
 - x. **IOP from Res Or other transfer:** Date referral is received by provider to IOP Intake

*** Includes No Show data**

2. **Engagement**

- a. OP/IOP/AMT: 4/30 Includes Intake and Assessment, TX Plan, TX Service(s), and Customer Service KPI's
- b. Residential and PHP: Intake, Assessment and TX Plan by 9 days, TX Services and Customer Service KPI's
- c. % clients utilizing multiple step down components of the COC

3. **Outcome**

Frequency of data collection to be determined for these metrics. (At this time we have not decided on a system-wide outcomes tool. Our System Practice Standards commit us to a tool that relies on both clinician and client measurements of outcome. We are looking at standardizing the ASAM 6 DIM as one option)

4. **Care coordination**

- a. Tracking of populations within the ODS (e.g. frequent utilizers of high intensity services) and outcomes of care coordination to improve treatment outcomes for this group (see Attachments #7 and #5).

5. **Communication (intra-system & MH & Phys. Med.):**

Establish formal tracking and reporting of various system communication and utilization processes, e.g. COC, TSR, CSR forms, Clinical-Sup meeting, Criminal Justice meeting, Medi-Cal Collaborative meeting, DWC /QI weekly meeting, Drug TX Court weekly meeting, IP meeting, THU providers meeting, QICs on-call log, QIs attending assigned provider's staff meetings.

II. **QA – INPUTs**

1. **Audits**

- Add PCP interface criteria from VHP audits to DMC audits
- Add MHD coordination of services criteria

2. **System monitoring**

Quality Improvement efforts are focused on maintaining client flow through the system of care and customizing care based on individual clients' needs as determined using ASAM criteria. QICs monitor LOS for all treatment modalities (current status):

- **Detox** stays over 7 days: Detox services provider submits monthly DADS7003 report. QI monitors the report monthly for data quality and LOS, and follows up with providers as needed. Monitoring record kept in data monitoring folder on S drive.
- **Residential** stays over 45 days: Residential providers request extension on behalf of the clients, QI provides authorization based on clinical needs.
- Flag Detox and Residential "avoidable admissions"
- **THU** stays over 90 days (over 180 days for DWC beds): OP provider request extension on behalf of the client, QI approves extension based on client needs.
- **OP** LOS over 180 days and **IOP/PHP** stays over 90 days: OP provider submits justification for extended LOS with monthly DADS7003 report. QI monitors the report monthly for data quality and LOS, and follows up with providers as needed. Monitoring record kept in data monitoring folder on S drive.
- **No Show** metrics

3. **Utilization Management (authorization specific)**

QI will track following UM metrics in regards to authorization of DMC-ODS services:

Residential

- Initial authorization of residential services:
 - o Number of authorization requests submitted and processed.
 - o % denied.
 - o Timelines of authorization:
 - % of initial authorizations provided within 24 hrs after request submitted

- Re-authorization of residential services (i.e. extension authorization)
 - o Number of authorization requests submitted and processed.
 - o % denied.
 - o Timelines of re-authorization:
 - % re-authorizations provided within 3 business days after request submitted.

THU

- Initial authorization of THU services:
 - o Number of authorization requests submitted and processed.
 - o % denied.
 - o Timelines of authorization:
 - % of initial authorizations provided over specified time period
- Re-authorization of THU services (i.e. extension authorization)
 - o Number of authorization requests submitted and processed.
 - o % denied.
 - o Timelines of re-authorization:
 - % re-authorizations provided within X business days after request submitted.

4. Service Quality

Customer Service based Performance Indicators – TBD (consumer rated feedback of treatment experience and outcomes)