

**Please click the Survey Monkey
link in the chat to take a quick
three question survey**

The top half of the image features a vibrant background of yellow and orange. Overlaid on this are several silhouettes of people's heads and shoulders in profile, facing right. The silhouettes are in various shades of purple, blue, and orange, representing a diverse group of individuals. The silhouettes are layered, with some appearing in front of others, creating a sense of depth and community.

Shifting our Focus: Compliance vs. Quality

California Mental Health Services Authority (CaMHS)

May 4, 2022

Introductions

Amie Miller, PsyD
Director - CalMHSA

Dawn Kaiser, LCSW, CPHQ
Director of Managed Care Operations
- CalMHSA

Courtney A. Vallejo, LMFT
Utilization Manager - CalMHSA




Training Objectives

Participants will walk away with:

- Orientation to CalAIM Compliance (Quality Assurance)
- Understanding of Quality of Care (Quality Improvement)
- Real Life Examples

We are Here

Transformation Webinars: For County Leadership and QI Staff

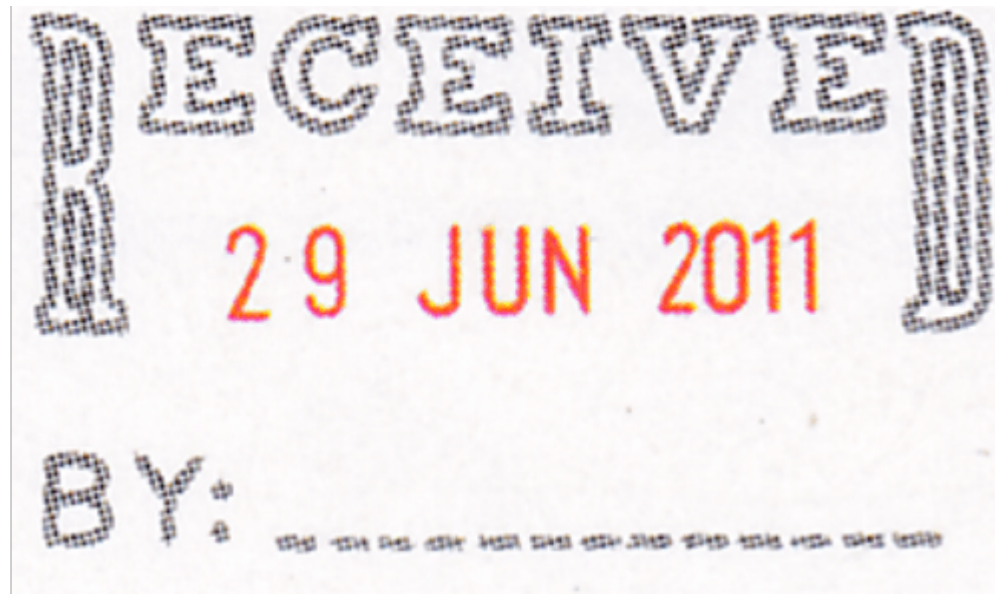


Welcome to CalAIM: Then vs. Now	04/27/22
Shifting our Focus: Compliance vs. Quality	05/04/22
Communication Plans: Change Messaging	05/11/22
Initiating Treatment: No Wrong Door/Treatment Prior to Diagnosis	05/18/22
Standardizing Documentation: Universal Assessment	05/25/22
Identifying Treatment Focus: Problem List	06/01/22
Documenting Care: Progress Notes	06/08/22
No Money, No Mission: Billable vs. Non-Billable Services	06/15/22
Outcomes That Matter: Quality Measurement	06/22/22
You've Got This: CalAIM – A Summary	06/09/22



**WHERE WE
HAVE BEEN
WHERE WE
ARE GOING
HOW TO
GET THERE**

WHERE WE HAVE BEEN:





WITH FINITE RESOURCES

**AND THE NEED TO MITIGATE
RISK**

**COMPLIANCE HAS TAKEN UP
ALL THE SPACE**

**OFTEN WITHOUT BRINGING
VALUE TO OUR SYSTEMS**

OR THE PEOPLE WE SERVE

The Compliance/Quality Continuum



Where We HAVE BEEN



- A Note for Every Service
- Treatment Plan Start and End Dates
- Client Signature Requirements
- Only Select Services Prior to a Treatment Plan
- No Services Prior to a Diagnosis

Where We Are GOING



- A Note for Every Service
- ~~Treatment Plan Start and End Dates~~
- ~~Client Signature Requirements~~
- ~~No Therapy Prior to a Treatment Plan~~
- ~~No Services Prior to a Diagnosis~~

Where We WILL BE GOING

Compliance

Quality

Optimized
Outcomes

Measuring Performance on Key Metrics:

- Follow Up Post Psychiatric Hospitalization
- Initiation and Engagement for Substance Use Treatment
- Follow Up Post ED Visit for Mental Illness (FUM)
- Follow Up Post ED Visit for Substance Use Disorder (FUA)
- Pharmacotherapy for Opioid Use Disorder (POD)

Why We All Got Into This Business



- Increased Life Expectancy
- Reduced Suffering In Response to Early Detection and Treatment
- Recovery
- People
- Place
- Purpose

What Do We Need to Move Forward?

National Committee on Quality Assurance:

NCQA noted multiple challenges for Behavioral Health

- Standardized Metrics
- Meaningful Outcomes Measures
- Harmonized State Reporting Requirements
- Systematized Client to Provider Matching
- Flexible EHRs to meet Enterprise needs

We Are On a Journey:



Special Guest:
Dr. Palav Babaria
Chief Quality Officer
Deputy Director of Quality/Population Health
Management, DHCS

DHCS Focus On Quality

Thinking big: DHCS's New Comprehensive Quality Strategy



BOLD GOALS: 50x2025

STATE LEVEL



Close racial/ethnic disparities in well-child visits and immunizations by 50%



Close maternity care disparity for Black and Native American persons by 50%



Improve maternal and adolescent depression screening by 50%



Improve follow up for mental health and substance use disorder by 50%



Ensure all health plans exceed the 50th percentile for all children's preventive care measures

New Mental Health Plan accountability measures to support CQS goals

#	MEASURE NAME	Measure Steward	Target (MPL)
1	Follow-Up After Emergency Department Visit for Mental Illness	NCQA	1 st year baseline reporting followed by >50 th percentile (or 5% increase over baseline if <50 th percentile)
2	Follow-Up After Hospitalization for Mental Illness	NCQA	As above
3	Antidepressant Medication Management	NCQA	As above
4	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	NCQA	As above
5	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	NCQA	As above

New DMC-ODS Plan accountability measures to support CQS goals

#	MEASURE NAME	Measure Steward	Target (MPL)
1	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence	NCQA	1 st year baseline reporting followed by >50 th percentile (or 5% increase over baseline if <50 th percentile)
2	Pharmacotherapy of Opioid Use Disorder	NCQA	As above
2	Use of Pharmacotherapy for Opioid Use Disorder	CMS	As above
3	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	NQF	As above

What is Needed to Get Us Where We Need to Go?

- Capacity-building
- Technical Expertise
- Outside Consultation
- Statewide Efforts and Supports

**Transitioning from the old way
to the new way can be tricky....**

**Special Guest:
Dr. Shaina Zurlin
Chief Medi-Cal BH Division, DHCS**



Compliance Game Show

CAP vs. No CAP

Intake and Authorization

Issue:

At one agency, clients were consistently enrolled without complete and signed informed consent documentation.

**Compliance/Quality Concern
Corrective Action Plan (CAP)**

**General Concern
Feedback only – No CAP**

Not a Concern

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Compliance Game Show - Assessment

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During a chart review, it is identified that a clinician completed an assessment for a client 90 days after intake.

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Assessment

Issue:

One of the 7 assessment domains is not completed; however, the remainder of the assessment as well as other documentation in the client chart clearly indicates the presenting concerns that are guiding treatment.

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Assessment

Issue:

An assessment was completed, but not marked as “finalized” within the Electronic Health Record. Because it was never finalized, the clinician’s signature is missing from the document. All required elements of the assessment are present and thorough. (This is referring to an assessment document and NOT an assessment progress note)

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Problem List

Issue:

The progress notes indicate that staff are working with a client on family functioning concerns. However, the problem list does not include any reference to family or relational problems.

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Problem List

Issue:

A county has never implemented the problem list

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Not a Concern

Problem List



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Treatment Plan

Issue:

A program is providing case management services without a treatment plan having been completed. The areas in which case management is being provided is present on the problem list.

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Progress Notes

Issue:

During the assessment process, a client received individual rehabilitation, case management and family therapy to address needs. These services were provided and billed for prior to completion of the assessment and establishment of a diagnosis.

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Progress Notes

Issue:

Noted interventions in a variety of progress notes describe case management interventions. However, these notes consistently utilize a collateral service procedure code.

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Progress Notes/Co-Occurring Treatment

Issue:

Clients enrolled in a mental health program are also receiving brief intervention related to their co-occurring substance abuse needs and linkage to more comprehensive substance abuse treatment services through the county's DMC-ODS provider network.

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Feedback? Questions?



Calaim@calmhsa.org



Thank You!

**Please click the NEW Survey
Monkey link in the chat to
complete our post-training
evaluation
THANK YOU!**