



ALCOHOL AND OTHER DRUGS PREVENTION, TREATMENT AND RECOVERY SERVICES
 DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM (DMC-ODS)
 DATA MANAGEMENT MEETING
Thursday January 24, 2019
1220 Morello Ave Second Floor – Conference Room
Martinez, CA 94553

Agenda

10:00 AM – 12:00 PM

AODS Staff: Mark Messerer, Marsha Bernstein, Amber Forsythe

System of Care Providers: Dennis Pratt, BACR Gateway; Greg Moore, REACH Project; Ronald Martin, BACR Gateway; Natalie Pierre, Ujima; Joni Lacy, Bi-Bett; Vernessa Jones, West County Power (ANKA) ; Shanna Boulden, Central County Power (ANKA); Adilene Rodriguez, BAART Antioch; Chantal Gonzales, BAART Antioch; Michelle Russell, Ujima; Juli Torok, Discovery House; Harrison Stewart, Discovery House

Handouts: Inter-Governmental Agreement (IA); DHCS Alcohol and Other Drug Program Certification Standards; Minimum Quality Drug Treatment Standards for DMC; Site Review Notification Letter with attachments; Onsite Monitoring Visit Protocol: Monitoring and Compliance; Client Chart Monitoring Tools; Outpatient Monitoring Tool; Residential Monitoring Tool; Template for Provider Performance Corrective Action Plan (CAP); Example of a Completed CAP; Example of Site Review.

Agenda Item	Discussion	Action/Recommendation
Welcome and Introductions: <ul style="list-style-type: none"> • Purpose of Meeting 	Mark welcomed everyone to the meeting and introductions were made. <ul style="list-style-type: none"> • Mark explained the purpose of having this meeting. It is going to be an ongoing work group for staff that is involved in the quality of care at each program. • Mark provided an overview of Quality Management which includes Quality Improvement and Quality Assurance. • Quality Improvement is looking at how System of Care can be improved based on quality of care, data management, looking at statistics etc... • Quality Assurance is monitoring the changes that were implemented based on 	

	<p>Quality Improvement.</p> <ul style="list-style-type: none"> • This work group is going to be looking at data and how it can be used inform decisions. • The work group is based on a recommendation that came from the EQRO. 	
<p>Program Monitoring</p>	<ul style="list-style-type: none"> • County has to conduct both a Fiscal and Programmatic Monitoring review. • The Fiscal component is not a full fiscal audit, but to ensure that the allocations the County has provided match the services being rendered. • There are several requirements the County must adhere to pertaining to the Monitoring component. They include: <ul style="list-style-type: none"> ➤ The Intergovernmental Agreement: This is a State/County contract. This supersedes Title 22. ➤ Certification Standards: These can be voluntary, however in Contra Costa County even if a Provider chooses not to certify, the County will still monitor to these standards. ➤ Minimum Quality Drug Treatment Standards. This is a regulatory piece that the State is requiring. ➤ Code of Federal Regulations: CCR and CFR 42 and 45. • The County uses all of these components to create the Monitoring Tools. • Mark went over the Monitoring Tools. <ul style="list-style-type: none"> ➤ Admin Monitoring Tool. ➤ Client Chart Review Monitoring Tool. ➤ Providers should always follow County Policy. • There was some discussion regarding how often Providers are monitoring their client charts. Mark advised that if charts are monitored regularly this could allow time for corrections. He emphasized that if providers get outside of the timeframes allotted for certain documentation they cannot go back and alter already signed documentation. • Harrison mentioned that Discovery House was told by the State to have a binder that contains Chart Reviews and how they are doing their audits. The binder needs to be centrally stored and also needs to contain how they are doing their corrections. Harrison had a question as to if this needed to be done weekly, monthly etc... • Mark replied that he is not familiar with the internal binder that Harrison mentioned. 	<p>-Inter-Governmental Agreement can be found at dhcs.ca.gov website.</p>

- Mark provided an example of the letter that is sent out by the County prior to the Site Monitoring Review. Attached to the letter is a check list for Providers to get ready for their site visit.
 - Completed Provider Staff Information Form: The County is keeping track of these. These are critical. There is a regulation stating that 30 percent of staff needs to be credentialed.
 - County now has to see proof of counselor certifications.
 - Marsha advised that there now has to be a copy of a signed Code of Conduct attached to the counselor certification in the file.

- The State is now requiring the County to monitor the state issued Deficiency Reports. This can be for a Compliance review or a Post Service Post Payment (PSPP) review.

- Joni would like to receive the Perinatal Monitoring Tool. She also would like to receive documentation in digital form.
- Joni asked if providers will be receiving verification from the State as well as the County that the deficiencies have been corrected. Mark replied that the Providers will receive verification from the County. He is unsure how it will work with the State as he has not monitored a State Deficiency Report as of yet.
- There are two different State reviews.
 - Compliance Review: This unit is monitoring Certification Standards, Drug Medi-Cal Standards etc...
 - Post Service Post Payment Review (PSPP): The State comes in to recoup dollars after a service has been rendered.

- Mark introduced the new Corrective Action Plan (CAP) Template. This will be a living document that can go back and forth.
- If a deficiency came up that is not in the Inter-Governmental Agreement it could refer back to Title 22 or other regulations. These could include Title 9 and the Minimum Quality Drug Treatment Standards.

-Code of Conduct can be found on CCAPP website. Providers will have to download a copy and sign to attach to certification in Personnel file.

-The new workflow will be to get a hold of AODS Quality Management Team rather than the State regarding State Deficiency Reports.

-Mark will make sure that the Providers receive all the Monitoring Tools.

State Monitoring	<ul style="list-style-type: none"> The State will come out and conduct their own reviews. At this time the State is not looking so much to recoup money, but more at getting Providers in compliance with regulations pertaining to Drug Medi-Cal. In the future they will issue PSPP's. 	
Provider Questions and Concerns	<ul style="list-style-type: none"> Natalie had a question regarding the Bed App. What happens if beds are showing as available, but Access has already provided referrals for these beds? Mark responded that Access would then send referrals to the next program that has availability. If client is referred to residential 3.1 LOC and residential has no availability they will then be referred to outpatient. Mark stated that this is why more 2.1 LOC is needed. Natalie had a question regarding the time frame for documentation submission to UM/UR that is stated in the Plan Practice Guidelines. The Plan states 10 business days, but UM/UR is holding the Providers accountable to 7 business days. Mark responded that UM/UR is following the Policy. Mark is unable to update the Policy until some of the forms have been completed and approved. He also had to wait for the Plan Practice Guidelines to update the Policy. 	
Closing and Next Steps <ul style="list-style-type: none"> Next Meeting 	<ul style="list-style-type: none"> It was agreed that the group will meet once a month on the third Friday from 9am to 11am. Some topics of interest are: <ul style="list-style-type: none"> ➤ Case Management: How and when is case management going to pass on to the next LOC? ➤ How number of Evidence Based Practices and types of Evidence Based Practices are being utilized can be documented? ➤ The speed and length of time it takes to see a physician. ➤ How many clients are on Medication Assisted Treatment? ➤ Compliance with time frames. ➤ Length of stay. 	-AODS will send out an invitation.