ALCOHOL AND OTHER DRUGS PREVENTION, TREATMENT AND RECOVERY SERVICES
DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM (DMC-ODS)
DATA QUALITY MEETING
Friday February 15, 2019
1220 Morello Ave Second Floor – Conference Room
Martinez, CA 94553

Agenda
9:00 AM – 11:00 PM

AODS Staff: Mark Messerer, Marsha Bernstein, Shaunnetta Branham; Amber Forsythe

System of Care Providers: Dennis Pratt, BACR Gateway; Greg Moore, REACH Project; Natalie Pierre, Ujima; Shanna Boulden, Central County Power (ANKA);Michelle Russell, Ujima; Harrison Stewart, Discovery House; Ulrika Williams, BAART; Shirley Marchetti, REACH Project

Handouts: Meeting Minutes 1/24/2019, Agenda 2/15/2019, Level of Care Criteria Chart, Info Notice AODS 18-08 Coordination of Care Procedures

Agenda Item	Discussion	Action/Recommendation
Welcome and Introductions • Approval of January 24th minutes • Purpose of the meeting • Future Topics for discussion	• Mark opened the meeting. Introductions were not necessary. • Group reviewed January Meeting Minutes. • Mark stated that the name of the workgroup will be changed to Data Quality as that is more applicable to the purpose of the meeting. • Natalie mentioned that she never received the perinatal monitoring tool. • Mark asked if everyone is clear on how Corrective Action Plans from the State will be done. It was clarified that the Providers will be working with the County and not the State to resolve deficiencies. • Ulrika has a question regarding time frame for CAP's as there are two different entities from the state that issue Deficiency Reports (PSPP and Licensing and Certification). Mark clarified that the time frame to respond will be 60 days for	-Group agreed to approve the minutes. - Marsha or Mark will email the perinatal monitoring tool. - Questions regarding CAP's will be directed to Shaunnetta and Marsha. Shaunnetta's Phone Number: 925-335-3327

	both.	- Mark or Marsha will send new form out to providers.
	• There was some discussion around new form for CAP and the best way for Mark to fill out the first column.	
	• Ulrika made a suggestion to site the regulation once if it applies to more than one chart. She stated to be sure to say how many charts it applies to. She advised that BAART has been doing it this way for a long time and it has always been sufficient.	- Mark will look into refining this process.
	• Mark advised there is going to be a DMC- ODS Training for line staff. Training will address items such as how to write a treatment plan, progress notes, Notice of Actions, etc….	- Training takes place March 22, 2019.
	• Mark turned the meeting to future topics for this workgroup.	
	• Some topics providers would like to address during this workgroup are:	
	➢ The new forms that just came out especially the ASAM concerning the LPHA narrative and signatures on page 7. A concern is that the language being used is correct.	
	➢ CALOMS pertaining to the admission and discharge form. At this time data is being misreported due to not having the appropriate form.	-AODS is working on having an appropriate form for the CALOMS closing.
	• There was further discussion regarding CALOMS discharge and referral section. The referral section has always meant to a SUD program.	
	• Michelle mentioned that there is a form on the AODS website titled Episode Closing that links to the Admission/ Discharge form. This is misleading.	-It was recommended by providers that AODS look into title of form.
	• Providers requested that they be notified when forms are changed. There was some discussion on which form is correct pertaining to ShareCare Registration and Admission.	- AODS does send out an email when forms change. Providers should only use forms on AODS website or that come from AODS office.
		- Mark will send out an email with the correction regarding the ShareCare forms.
	• There is concern from the providers around the new ASAM and the LPHA signature. It was stated that a client cannot even be registered if an LPHA is not onsite due to LOC. On the registration form a program ID is required which is specific to the LOC.	
	• Mark responded that the LOC can be assigned by a counselor without the diagnosis. There is some confusion as to what happens if a person is admitted under one LOC on the registration in ShareCare and then that LOC changes based on the assessment.	
	• This brought up the topic of workflow changing pertaining to the LPHA. Programs now need to have a full time LPHA.	
	• Contracts will also be changing. Rather than receiving an allocation for beds	

	available programs will only be receiving funding for beds actually being used.
	• Marsha brought up the topic of tracking Medically Assisted Treatment clients. Mark stated at this time we do not have a way to track how many MAT clients are in other Levels of Care as well.
	• Ulrika stated that a MAT client may get referred to Residential, but BAART is unaware of the referral and who is the referring entity.
	• Providers think that maybe this can be resolved at Access. Mark stated that Access does not monitor MAT Referrals. They do however monitor residential and outpatient referrals.
	• This led to discussion on how to collect the data. Some Questions that came up at the EQRO:
	➢ How many beneficiaries are in MAT?
	➢ How many of these beneficiaries are in other levels of care?
	➢ How many beneficiaries get transferred from MAT into other levels of care?
	➢ How many beneficiaries from other levels of care get transferred to MAT?
	• Mark stated that the topic for this discussion at a later meeting could be:
	➢ How can we effectively communicate between all the providers, levels of care, and MAT?
	➢ Where is the data?
	• The discussion led to possibly trying to collect this data at Access. There are pros and cons such as all this information would be solely based on what the beneficiary is telling Access. There needs to be a place where providers can verify this information as well.
	• Michelle brought up the point that if client verifies they are in MAT at point of Access, then provider can establish communication with BAART. She stated data collection could possibly come at reassessments.
	• The question was asked if the counselors at Access have ShareCare accessibility. The reason for this would be so they can look up whether or not the beneficiary is enrolled in another level of care. There is the problem of data not being entered into ShareCare in real time.
	• Mark stated that there is the possibility of creating a smart form with MAT questions at Access.
	• There also needs to be a way for providers to track referrals they are making to MAT. Choosing Change does not have to go through access.

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- It was decided further discuss this topic at a future meeting.

Review of Levels of Care • Group Discussion	• Mark went over the handout taken directly from the ASAM book. It has each level of care along with the dimensions. • Utilization Review Committee will authorize a certain amount of days, but if beneficiary needs to be moved to a different level of care, the assumption is that the provider will do so. • It seems at this time that beneficiaries are not being efficiently moved through the varying levels of care. • This led to discussion of clients being kept in residential for issues other than SUD treatment. Provider concern is that the impact of trauma does affect the length of stay due to the beneficiary not immediately being able to respond to SUD treatment. • AODS counselors responded that clients should be being referred out to appropriate services for the co-occurring disorder. Residential is for stabilization of the SUD.	
Criteria for Level of Care Transition • Group Discussion	• Coordination of Care Procedure- Mark asked if Providers had any questions. • Greg is not familiar with Policy 750 and cannot locate it on AODS website. He spoke with Michelle at AODS who was not sure where to locate this policy either. He also mentioned Policy 706 and 709. These are not on the website, but Mark has 706 and 709. • Care coordination tabled for next meeting due to running out of time.	-Policy 706 and 709 are being revised. These will be sent out to Providers once they are approved. Policy Committee is meeting beginning of March. -Care Coordination tabled for next meeting

Timeline for Level of Care Transition/ What data needs to be captured and how do we capture it?
• Group Discussion
	• There was some discussion around Timely Access Report and how to capture what happens to the client.
	• BACR uses a method where they keep the client on the report until they have missed two or three appointments and have to be referred back to Access.
	• The data that Mark would like to capture is:
	  ➢ Is the level of care correct? Does it match the screening?
	  ➢ Timeframe between call from Access and date client entered treatment.
	• Michelle brought up that there are also the clients that may show up for the initial intake, but then do not come back.
		- This topic was tabled for next meeting

	• Tabled for next meeting.	
Provider Questions and Concerns **Review of Discussion Points and Closing**	• Next Meeting: The third and fourth Friday is not available for the month of March. The fifth Friday does not work for the group either. It was suggested that maybe the group not reconvene until April. The group would still like to meet in the month of March	-AODS will look at dates that may work and send something out to Providers.