



Health Care Agency Behavioral Health Services Policies and Procedures	Section Name:	Care and Treatment
	Sub Section:	CalOptima
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	SIGNATURE	DATE APPROVED
Director of Operations Behavioral Health Services	<u>Signature on File</u>	<u>4/12/19</u>

SUBJECT: Quality Improvement for Mental Health and Substance Use Disorder Treatment Coordination with CalOptima

PURPOSE:

To establish a process for ongoing collaboration between the Health Care Agency (HCA) Behavioral Health Services (BHS) and CalOptima to address quality improvement requirements for Medi-Cal beneficiaries who are eligible for mental health services (MHS) and substance use disorder (SUD) services through HCA.

POLICY:

BHS shall participate in ongoing collaboration with CalOptima to ensure Medi-Cal beneficiaries who are eligible to receive MHS and SUD services through HCA receive proper screening, assessment, referral and care coordination.

SCOPE:

This policy covers BHS in its delivery of MHS through the Mental Health Plan (MHP) and SUD services through the Drug Medi-Cal Organized Delivery System (DMC-ODS) to Medi-Cal beneficiaries who are also members of CalOptima.

REFERENCES:

- [Quality Assessment and Performance Improvement \(QAPI\) Work plan](#)
- [Memorandum of Understanding for the Coordination of Behavioral Health Services](#)
- [BHS 01.01.04 Continuity of Care and Referral in SUD programs](#)
- [DMC-ODS Special Terms and Conditions](#)
- [Specialty Mental Health Special Terms and Conditions](#)

DEFINITIONS:

CalOptima – The entity which is the single county operated health plan for Medi-Cal managed care in Orange County. CalOptima provides for Medi-Cal covered physical health care services

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and for mental health services to beneficiaries whose mental health related impairment is in the mild to moderate range.

Drug Medi-Cal - Medicaid funding for services for eligible persons with SUD.

Substance Use Disorder (SUD) services - an array of substance use disorder services as defined in the federally approved State Medicaid waiver 1115, also known as “DMC-ODS Special Terms and Conditions”.

Specialty Mental Health Services (SMHS) - an array of mental health service as described in regulations (Title IX) and under the authority of the federally approved State Medi-Cal 1915(b) waiver, also known as the Specialty Mental Health Special Terms and Conditions.

PROCEDURE:

- I. Quality Improvement requirements and reporting
 - A. BHS shall implement continuous quality improvement processes to ensure compliance with quality improvement requirements for MHS and SUD services in coordination with CalOptima including, but not limited to:
 - 1. Regular meetings with CalOptima to review referral and care coordination processes, to monitor beneficiary engagement and utilization and to review information exchange protocols and processes.
 - 2. No less than semi-annual calendar year review and care coordination process to improve quality of care; and at least semi-annual reports summarizing quality findings, as determined in collaboration with the Department of Health Care Services (DHCS). Reports summarizing findings of the review shall address the systemic strengths and barriers for effective collaboration between HCA and CalOptima.
 - 3. Review of reports that track cross-system referrals, beneficiary engagement and service utilization are to be determined in collaboration with DHCS, including but not limited to:
 - a) The number of disputes between HCA and CalOptima and the dispositions/outcomes of those disputes.
 - b) The number of grievances related to referrals and network access and the dispositions/outcomes of those grievances.
 - c) Utilization of mental health services by beneficiaries receiving such services from CalOptima and HCA.
 - d) Quality strategies to address duplication of services.

4. Performance measures and quality improvement initiatives will be determined in collaboration with DHCS.

II. CalOptima/HCA Collaboration Committee

A. The CalOptima/HCA Collaboration Committee shall function as the HCA and CalOptima's joint MHS and DMC-ODS oversight and multi-disciplinary clinical team that ensures that quality improvement requirements and reports are met. The committee includes representatives from HCA and CalOptima, including the following key members.

1. HCA BHS Director of Authority and Quality Improvement Services
2. HCA BHS Director of Adult and Older Adult Behavioral Health
3. HCA BHS Director of Children, Youth and Prevention Services
4. HCA BHS Medical Director or designee
5. CalOptima Medical Director for Behavioral Health
6. CalOptima Director of Behavioral Health Services
7. CalOptima Manager of Behavioral Health
9. CalOptima Behavioral Health Clinician

III. CalOptima/HCA collaboration Committee Functions

A. The Committee shall:

1. Ensure effective mechanisms are in place for reporting, reviewing, analyzing and addressing quality of care occurrences.
2. Provide oversight and monitoring, which includes:
 - a) Program Oversight
 - b) Quality Improvement
 - c) Utilization Management Program
 - d) Problem and dispute resolution
 - e) Ongoing management of Memorandum of Understanding (MOU)
 - f) Oversight for clinical operations, including:

- i) Screenings
- ii) Assessments
- iii) Referrals
- iv) Care management
- lv) Care coordination
- vi) Exchange of medical information

IV. Meetings shall occur no less frequently than quarterly at a location mutually agreed upon by CalOptima and BHS.