Behavioral Health Quality Improvement Plan (BHQIP)

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Goal 1: Payment Reform

Instructions

Please provide key deliverables and the action steps necessary to achieve each deliverable using the tables below.

Deliverables: DHCS includes deliverables as examples; a participating entity may replace these with their own deliverables, or add new deliverables, as long as they lead to meeting the goal by the deadline. Deliverables labeled **required** are required for all participating entities.

Action Steps: These are to be defined by the participating entity – what tasks need to be completed to meet the deadline for the deliverable?

Milestone 1a:
Implement new CPT/HCPCS procedure codes, modifiers, place of service codes, and taxonomy codes.

Due Date	Required Deliverables (as developed by DHCS)	Deliverables Developed by Entity	Action Steps
9/30/22	*Participating entity to provide own deliverable Example: Contract amendments completed with vendor(s); implementation plan complete.*	Begin process of implementing CPT coding into Epic (aka ccLink) and provide attestation that work is in process.	• Notify EHR vendor of code set changes and go-live date. • Examine whether staffing changes are needed to accomplish CPT code implementation. • Inform and educate relevant stakeholders (including Board of Supervisors) and prepare additional budget requests as needed. • Submit signed attestation to DHCS.
3/1/23	**Required** Submit boilerplate		• Identify categories of contract boilerplates

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	contracts for subcontracted providers that reflect the new code set and claiming requirements		impacted by CPT code set and claiming requirement changes (i.e., inpatient vs outpatient vs residential, etc.).
			
			• Identify areas of relevant subcontractor boilerplates impacted by CPT code set and claiming requirement changes.
			
			• Identify disseminated guidance on CPT code set and claiming requirement changes (including CalMHSA documentation guides, CPT coding guide, Coding Q&A webinars) and populate into relevant boilerplates.
			
			• Distribute resulting draft boilerplates to relevant stakeholders (compliance, counsel, contractors) for review and revision.
			
			• Finalize drafts and submit to DHCS.
			
			• Leverage material from CalMHSA:
			  ○ CPT Documentation Guide (7/31/22)
			  ○ Role-Specific CPT Guides (10/31/22)
			  ○ CPT Q&A Webinars (12/31/22)
			
			• Utilize CalMHSA boilerplate drafts outlining updated code sets and claiming requirements to amend subcontracted provider boilerplate and

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			submit to DHCS.

3/1/23	**<u>Required</u>**
	Submit CPT code training plan, including information on availability of training for subcontracted providers and county staff.
			• Create a training plan, utilizing CalMHSA role-specific CPT code training materials and/or create/obtain alternate training materials. Plan to include county and contracted staff.
			
			• Match staff and contractor to the relevant CalMHSA training resources (i.e. clinical training vs technical training) or alternate training and communicate attendance requirement to staff/contractors.
			
			• Follow up with staff/contractors to ensure compliance with training requirement.
			
			• Leverage material from CalMHSA:
			   o CPT Documentation Guide (7/31/22)
			   o Role-Specific CPT Guides (10/31/22)
			   o CPT Q&A Webinars (12/31/22)
			• Utilize CalMHSA Learning Management System (LMS) to obtain reporting on training completion rates for staff/contractors. CalMHSA will provide trainings on LMS system and county specific reports of who has attended.

9/29/23	**<u>Required</u>** **Minimum submissions:** 1. At least 10 claims that		1 • Identify period for submitting test claims system and alert vendor to timeframe.

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	pass the Strategic National Implementation Process (SNIP) edit.
	2. At least 10 DMC claims that are approved. (including DMC-ODS or DMC claims).
	3. At least 10 SMHS claims that are approved.
			• Ensure loading of CPT codes and other relevant changes have occurred in ccLink prior to testing.
			
			• Assign relevant staff to SNIP trouble shooting and error correction tasks.
			
			• Submit no fewer than ten claims during testing period.
			
			• Work any resulting errors in coordination with ccLink staff and DHCS until successful submission of ten claims.
			
			2.
			  • Identify period for submitting test claims system and alert vendor to timeframe.
			
			  • Ensure loading of CPT codes and other relevant changes have occurred in the EHR prior to testing.
			
			  • Assign relevant staff to DMC claim trouble shooting and error correction tasks.
			
			  • Submit no fewer than ten claims during testing period.
			
			   • Work any resulting errors in coordination with ccLink support staff

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			and DHCS until successful submission of ten claims. 3. • Identify period for submitting test claims system and alert vendor to timeframe. • Ensure loading of CPT codes and other relevant changes have occurred in the EHR prior to testing. • Assign relevant staff to SMHS claim trouble shooting and error correction tasks. • Submit no fewer than ten claims during testing period. • Work any resulting errors in coordination with ccLink support staff and DHCS until successful submission of ten claims.

Milestone 1b:

Update county claiming systems and successfully submit 837 transactions to the Short-Doyle Medi-Cal (SD/MC) claiming system for county-operated and subcontracted SMHS and DMC-SP/DMC-ODS services.

Due Date	Required Deliverables (as developed by DHCS)	Deliverables Developed by Entity	Action Steps
9/30/22	*Participating entity to provide own deliverable Example: Assess changes*	Assess changes needed to claiming system and incorporate in IT project with ccLink support staff	• Review current procedures, modifier, place of service codes and taxonomies loaded in EHR

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	needed to claiming system and incorporate in I.T. contract	and consultants.	to validate initial code set. • Evaluate ccLink capability to accomplish CPT code change within the required timeline and remediate if needed. • Establish plan with ccLink consultants to implement new code set including project timeline, potential contract scope and budget enhancements. • Initiate revisions to ccLink consultant contracts as needed.
3/1/23	**Required** Document or attest to analysis of new rates and progress on rate/contract negotiations with providers.		• Participate in CalMHSA Cost Survey effort by: o completing cost surveys for directly operated services o collaborating with relevant contractors to complete contracted cost surveys o utilizing relevant CalMHSA technical assistance (training documents, webinars, etc.). • Utilize above information and cost reports to analyze impact of new CPT code rates on revenue and other relevant metrics. • Establish new codes and rates for subcontractors. • Initiate conversations socializing new

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			codes/rates.
			• Initiate contract negotiations.
			• Analyze Rates Using 837/CPT Code/Rate Analysis
9/29/23	**<u>Required</u>** Submit documentation that all new claiming rates have been loaded into county systems		• Establish and implement timeline for loading new rates into ccLink in collaboration with ccLink support staff and consultants.
			• Establish and implement quality assurance and testing strategies.
			• Load new rates into ccLink
			• Submit attestation to DHCS that all new claiming rates have been loaded into county system.
9/29/23	**<u>Required</u>** Submit contract execution schedules for all network providers requiring contract updates which may occur on a rolling basis through FY 2024-25.		• Identify all contracts to update/amend to implement updated codes and rates.
			• Identify contract end dates for all relevant contracts and determine priority ranking for executing updated contracts.
			• Liaise with contractors, Board of Supervisors and other relevant parties to establish contract execution schedule.
			• Submit schedule to DHCS.

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Milestone 1c:
Implement new Intergovernmental Transfer (IGT) agreement protocol

Due Date	Required Deliverables (as developed by DHCS)	Deliverables Developed by Entity	Action Steps
9/30/22	*Participating entity to provide own deliverable*	Develop IGT training plan for all relevant stakeholders.	• Identify county staff and contractors to be trained on IGT Protocols. • Create a training plan, utilizing CalMHSA IGT training and/or create/obtain alternate training materials. • Communicate training requirement to staff.
3/1/23	**Required** Submit Policies & Procedures and/or BHP guidance for county fiscal staff to support new IGT protocol.		• Review standardized IGT P&P developed and provided by CalMHSA. • Identify County procedures that require updating and assign resources and a responsible party to enacting the changes. • Revise standardized P&P to conform with County preference and route to relevant parties for review (Compliance, Counsel). • Submit finalized IGT P&P to DHCS.
9/29/23	**Required** Submit documentation that all IGT agreement protocols have been implemented.		• Ensure relevant staff have been trained in IGT protocols. • Ensure accounting systems and budgets have been updated as needed to implement IGT protocols.

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			• Ensure IGT P&Ps have been enacted.
			• Submit attestation that IGT agreement protocols have been implemented.

Section 3:

Goal 2: Implementation of CalAIM Behavioral Health Policy Changes

Instructions

Please provide key deliverables and the action steps necessary to achieve each deliverable using the tables below.

Deliverables: DHCS includes deliverables as examples; a participating entity may replace these with their own deliverables, or add new deliverables, as long as they lead to meeting the goal by the deadline. Deliverables labeled **required** are required for all participating entities.

Action Steps: These are to be defined by the participating entity

Milestone 2a:
Implement standardized screening tool in compliance with DHCS guidance.

Due Date	Required Deliverables (as developed by DHCS)	Deliverables Developed by Entity	Action Steps
9/30/22	**Required** Document training plan for all relevant MHP, DMC, or DMC-ODS staff (e.g., access line and MHP intake staff) on screening tool.		• Identify staff that will utilize the standardized screening tools and that require training. • Arrange for all applicable staff to attend the trainings provided by CalMHSA (including subcontract providers). • Provide anticipated completion dates that staff will access/complete trainings.

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			• Utilize CalMHSA LMS based training
3/1/23	**Required** Submit records documenting percentage of relevant staff trained on use of the standardized screening tool.		• Identify the preferred method for tracking staff training attendance. • Track and retain documentation of all screening tools training attendance (county provider and subcontract provider). • Ensure a training plan is in place for any staff who have not received screening tools training.
3/1/23	**Required** Submit policies and procedures that describe use of standardized screening tools.		• Review standardized screening tools P&P developed and provided by CalMHSA. • Ensure the standardized screening tools P&P is stored in accordance with all other county P&Ps. • Ensure the P&P is accessible to all stakeholders, including subcontract providers. • DMC-ODS- distribution of relevant policies and standardized tools to community-based providers and posting on provider homepage
9/29/23	**Required** Submit reports showing outcome of screening tool (e.g., percentage of callers referred to the MHP,		• Submit work request to CCHS IT identifying development needed for new screening tools • Establish plan with ccLink

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Due Date	Required Deliverables (as developed by DHCS)	Deliverables Developed by Entity	Action Steps
	DMC- SP, DMC-ODS vs MCP)		• support staff to create standardized screening tools forms in the system and identify a project timeline/go-live date. • Coordinate with ccLink staff to address any applicable ASAM implementation challenges. • Conduct testing of ccLink reports to ensure accuracy of standardized screening tools data.

Milestone 2b:
Implement standardized transition tool in compliance with DHCS guidance.

Due Date	Required Deliverables (as developed by DHCS)	Deliverables Developed by Entity	Action Steps

9/30/22	**Required**
	Document training plan for all relevant MHP, DMC or DMC-ODS staff and subcontracted providers.
			• Identify staff that will utilize the standardized transition tools and require training.
			
			• Arrange for all applicable staff to attend the trainings provided by CalMHSA (including subcontract providers).
			
			• Provide anticipated completion dates that staff will access/complete trainings.
			
			• Leverage training material developed by CalMHSA:
			    o Documentation Manuals (3/31/22)
			    o Web-Based Trainings

			(5/31/22) • Utilize CalMHSA LMS if available for training
3/1/23	**<u>Required</u>** Submit records documenting percentage of relevant staff and providers trained on use of the standardized transition tool. Attestations from subcontractors will suffice as evidence of training participation.		• Identify the best method for tracking staff training attendance. • Track and retain documentation of all transition tools training attendance (county provider and subcontract provider). • Ensure a training plan is in place for any staff who have not received transition tools training. • Submit training compliance records for training on the standardized transition tool.
3/1/23	**<u>Required</u>** Submit initial reports showing tracking of referrals to and from MCPs, using the transition tool, showing closed-loop referrals.		• Initiate project with CCHS IT Business Intelligence (BI) to develop referral tracking report for referrals to and from the Contra Costa Health Plan (CCHP) and Anthem Blue Cross • County to identify if vendor has ability to support electronic standardized transition tools and reporting of data. • Establish plan with ccLink support staff and consultants to create standardized transition tools forms in the system and identify a project timeline/go-live date.

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| | | | • County to conduct testing of ccLink reports to ensure accuracy of standardized transition tools data. |
| 9/29/23 | **Required** Submit reports showing tracking of referrals to and from MCPs, using the transition tool, showing closed-loop referrals. | | • BHS to validate report with CCHS BI team • Submit production reports showing closed loop referrals to and from the CCHP and Anthem Blue Cross |

Milestone 2c:

For DMC Only: Implement ASAM criteria to determine level of care in compliance with DHCS guidance.

Due Date	Required Deliverables (as developed by DHCS)	Deliverables Developed by Entity	Action Steps
9/30/22	**Required** Document training plan for all relevant DMC staff and subcontracted providers.		N/A -- Contra Costa is a DMC-ODS county
3/1/23	**Required** Submit records documenting percentage of providers trained on use of the ASAM criteria. Include information about how the county partnered with its subcontractors to support and monitor timely participation in		N/A -- Contra Costa is a DMC-ODS county

Due Date			
	trainings.		
3/1/23	**Required** Submit initial reports showing tracking use of ASAM criteria to determine appropriate level of care (example using scores from the UCLA ASAM Assessment Tool to determine placement).		N/A -- Contra Costa is a DMC-ODS county
9/29/23	**Required** Submit updated reports showing tracking use of ASAM criteria to determine appropriate level of care (example using scores from the UCLA ASAM Assessment Tool to determine placement).		N/A -- Contra Costa is a DMC-ODS county .

Milestone 2d:

Implement revised documentation standards, including but not limited to, assessment domains, problem lists, progress notes, and applicable timeliness standards

Due Date	Required Deliverables (as developed by DHCS)	Deliverables Developed by Entity	Action Steps
9/30/22	**Required** Submit evidence of EHR changes that support documentation reform, such as vendor contracts.		County: • Initiate project with ccLink support staff and consultants • Formalize documentation content and changes to workflow • UAT • Training and implementation • Test validity • Optimize Sub-contractors:

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			• Notify sub-contractors of changes to documentation • Modify contracts if necessary • Train subcontractors on new documentation.
9/30/22	**<u>Required</u>** Submit updated excerpts from documentation manuals, list of updated county Policies and Procedures, or similar evidence that counties and subcontractors have adopted the MHP, DMC or DMC-ODS revised documentation standards (which include but are not limited to assessment domains, problem lists, progress notes, and applicable timeliness standards).		• Review documentation manuals and documentation standards P&Ps developed and provided by CalMHSA. • Ensure all documentation standards P&Ps are stored in accordance with all other county P&Ps. • Ensure all documentation standards P&Ps are accessible to all stakeholders, including subcontract providers.
9/30/22	**<u>Required</u>** Document training plan inclusive of the new CalAIM policies listed above, and participation of MHP, DMC or DMC-ODS staff and providers in training: • Include information on training made available to subcontracted providers and		• Notice all stakeholders of upcoming documentation reform trainings. Notification will be to both county and sub-contractors. • Arrange for all applicable staff to attend the trainings provided by CalMHSA. • Provide anticipated completion dates that

	describe how the county has supported and monitored timely participation in trainings for its subcontractors.		staff will access/complete trainings.
			
			• Ensure a training plan is in place for any staff who have not completed training (including new hires who arrive after implementation and initial training).
			
			• Leverage training provided by CalMHSA:
			   ○ Documentation Manuals (3/31/22)
			   ○ Web-Based Trainings (5/31/22)
			   ○ Office Hours (9/30/22)
			   ○ P&Ps (3/31/22) {County to train on provided P&Ps}
			• Utilize CalMHSA LMS based training

3/1/23	**<u>Required</u>** • Updated utilization management policies • Updated audit, oversight and recoupment policies, procedures and protocols to comply with new specialty mental health services criteria, assessment domains, documentation standards and other CalAIM behavioral health		• Review P&Ps developed and provided by CalMHSA. • Ensure P&Ps are stored in accordance with all other county P&Ps. • Ensure all relevant P&Ps are accessible to stakeholders, including subcontract providers. • Provide anticipated completion dates that staff will access/complete trainings.

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	policies, aligned with new DHCS auditing and recoupment standards • Documentation of communication/ training with providers.		• Ensure a training plan is in place for any staff who have not completed training (including new hires who arrive after implementation and initial training). • DMC-ODS- ensure that relevant P&P are widely distributed to subcontractors and posted on SUD provider homepage
9/29/23	**<u>Required</u>** High-level summary of audit results, including total funding amounts recouped from providers, by reason for recoupment (per DHCS policy, limited to evidence of fraud waste and/or abuse; with corrective action plans and/or other administrative sanctions used for noncompliance with documentation and other compliance standards).		• Notice stakeholders who will be responsible for revising UR business rules and audit protocols/tools and prepare to report on all internal audit findings following the most recent DHCS Annual Review Protocol guidelines with focus on fraud, waste and abuse and with corrective action plans and/or other administrative sanctions used for noncompliance with documentation and other compliance standards • Stakeholders to collaborate to determine the preferred method of ensuring audit feedback is provided

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			expeditiously to providers (including subcontract providers) and shall ensure that corrective action plans are implemented and monitored.

Milestone 2e:

Provide guidance and training to county-operated and county-contracted providers on all new behavioral health policies, as outlined by DHCS in Behavioral Health Information Notices:

- Criteria for DMC and DMC-ODS services, including use of ASAM criteria in DMC counties, changes to diagnostic, eligibility, and medical necessity requirements, and new processes to claim Medi-Cal reimbursement for early intervention services for youth and for specified EPSDT SUD services in DMC counties.
- Criteria to access Specialty Mental Health Services (SMHS) for adults and for children (including criteria related to trauma, child welfare involvement, and homelessness)
- Mandatory screening and transition tools for specialty and non-specialty mental health
- Documentation requirements and assessment standards (SMHS and DMC, DMC-ODS)
- No wrong door (SMHS)
- Co-occurring diagnoses (SMHS and DMC, DMC-ODS)
- Treatment during assessment period, prior to diagnosis (SMHS and DMC, DMC-ODS)

Due Date	Required Deliverables (as developed by DHCS)	Deliverables Developed by Entity	Action Steps
9/30/22	**Required** Submit updated policies and procedures reflecting all CalAIM behavioral health policy changes listed under milestone 2e.		• Review all new behavioral health P&Ps developed and provided by CalMHSA. • Ensure all new behavioral health P&Ps are stored in accordance with all other county P&Ps. • Ensure all behavioral health P&Ps are accessible to all

			stakeholders, including subcontract providers.
9/30/22	**<u>Required</u>** Document training plan inclusive of the new CalAIM policies in milestone 2e, including participation of staff in training • Include information on training made available to subcontract ed providers and describe how the MHP, DMC, or DMC- ODS has supported and monitored timely participation in trainings for its subcontractors.		• Inform staff of CalAIM P&P changes. • Identify staff that will require CalAIM P&P training. • Arrange for all applicable staff to attend the trainings provided by CalMHSA (including subcontract providers). • Provide anticipated completion dates that staff will access/complete trainings. • Ensure a training plan is in place for any staff who have not completed training (including new hires who arrive after implementation and initial training). Leverage materials available from CalMHSA: • Documentation Manuals (3/31/22) • Web-Based Trainings (5/31/22)
3/1/23	**<u>Required</u>** Describe how new providers will be trained in CalAIM policies under milestone 2e, through training manuals and/or asynchronous on-line learning.		• Review current new employee training checklists and ensure that all CalAIM related trainings are added and that new providers (including subcontract providers) complete trainings provided by CalMHSA. • Ensure a training plan is in place for any staff who

			have not completed training (including new hires who arrive after implementation and initial training).
9/29/23	**<u>Required</u>** Submit updated quality improvement plan or other evidence to demonstrate how the MHP, DMC or DMC-ODS will provide ongoing training, support, and monitoring to implement the CalAIM policies under milestone 2e.		• Notice stakeholders who will be responsible for updating the county's QI Plan and/or developing documentation that will outline the strategy for training/support /monitoring. • Stakeholders to collaborate to determine the preferred method of ensuring ongoing training, support and monitoring of new CalAIM policies. • Stakeholders to begin process of revising QI Plan and/or developing written plan for training/support/monitoring.

Section 4:

Goal 3: Data Exchange

Please provide key deliverables and the action steps necessary to achieve each deliverable using the tables below.

Deliverables: DHCS includes deliverables as examples; a participating entity may replace these with their own deliverables, or add new deliverables, as long as they lead to meeting the goal by the deadline. Deliverables labeled **<u>required</u>** are required for all participating entities.

Action Steps: These are to be defined by the participating entity – what tasks need to be completed to meet the deadline for the deliverable?

Milestone 3a: Demonstrate improved data exchange capabilities.

Option 1:

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Demonstrate direct sharing of data with MCPs

Due Date	Required Deliverables (as developed by DHCS)	Deliverables Developed by Entity	Action Steps
9/30/22	**Required** A copy of signed data-sharing agreement between the participating entity and the MCP(s).		• Review status of current data sharing agreements with Contra Costa Health Plan (CCHP) and Anthem Blue Cross. • Engage CCHP and Anthem Blue Cross to update agreements as necessary. • Engage technical teams from BHP and CCHP/Anthem Blue Cross to identify and problem-solve technical gaps and remediate to achieve data sharing agreement aims. • Engage data teams from BHP and CCHP/Anthem Blue Cross to identify and problem-solve data gaps (dictionaries, etc.) and remediate to achieve data sharing agreement aims.
3/1/23	**Required** A copy of a data-sharing transaction log or a de- identified HL7 message (or other equivalent documentation) to and from the MCPs and participating entity.		• Identify specific HL7 message type(s) (ADT, etc.) to exchange between BHP and CCHP/Anthem Blue Cross. • Identify project plan and timeline for exchanging HL7 messages. • Identify resource challenges and remediate (staffing, software, etc.).

Due Date	Required Deliverables (as developed by DHCS)	Deliverables Developed by Entity	Action Steps
			• Identify technical challenges to exchanging messages and remediate. • Test HL7 message exchange capabilities and produce transaction log or de-identified HL7 message and submit to DHCS.
9/29/23	**Required** Submit a written report (DHCS to provide a template) outlining how the participating entity is leveraging direct data exchange with MCPs to improve care coordination and/or to implement CalAIM or other population health management programs.		• Identify target care coordination/CalAIM/PHM goals to improve via direct data exchange. • Collaborate with CCHP/Anthem Blue Cross to identify baseline data and improvement goals. • Design intervention(s) to reach improvement goals. • Submit written report to DHCS documenting efforts.

Option 2:
Demonstrate onboarding to a Health Information Exchange (HIE)

Due Date	Required Deliverables (as developed by DHCS)	Deliverables Developed by Entity	Action Steps
9/30/22	**Required** A copy of signed California Data Use and Reciprocal Support Agreement (CalDURSA) and California Trusted Exchange Network (CTEN) to onboard with HIE that has done the same.		N/A
3/1/23	**Required** A copy of a transaction log or a de-identified HL7		N/A

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	message (or other equivalent documentation) to and from the HIE and county		
9/29/23	**Required** Submit a written report (DHCS to provide a template) outlining how the county is leveraging HIE participation to improve care coordination and/or to implement CalAIM or other population health management programs.		N/A

Milestone 3b:

Demonstrate an active Fast Healthcare Interoperability Resources (FHIR) application programming interface (API) that will allow the participating entity to be compliant with CMS-mandated interoperability rules

Due Date	Required Deliverables (as developed by DHCS)	Deliverables Developed by Entity	Action Steps
9/30/22	*Participating entity to determine deliverable*	Signed attestation from CalMHSA that FHIR API implementation is underway.	• Convene meeting with appropriate ccLink staff to review FHIR API requirements • Identify status of FHIR API implementation, including applications in place and data sharing entities. • Identify external trading partners for FHIR API testing/exchange if necessary.

Due Date	Required Deliverables (as developed by DHCS)	Deliverables Developed by Entity	Action Steps
			• Submit attestation to DHCS that FHIR API implementation is underway.
3/1/23	**Required** Signed attestation form from the county that certifies the implementation of the FHIR API.		• Initiate testing of FHIR API. • Initiate use of FHIR API in production. • Submit attestation of FHIR API implementation to DHCS.
9/29/23	**Required** Submit a log of successful FHIR transactions (de-identified) over a six month period in 2023.		• Collaborate with ccLink staff to pull FHIR transaction log • De-identify FHIR transaction log to remove PHI/PII/sensitive data. • Submit de-identified transaction log covering a six-month period in 2023.

Milestone 3c:

Demonstrate that the participating entity has mapped data elements to the United States Core Data for Interoperability (USCDI) standard set

Due Date	Required Deliverables (as developed by DHCS)	Deliverables Developed by Entity	Action Steps
9/30/22	**Required** Signed attestation form and other supporting documentation from the participating entity that certifies that the county has begun the process of mapping data elements to the USCDI		• Review current EHR data structure and mapping with ccLink staff. • Draft project plan to update mapping of data elements to UCSDI. • With ccLink staff and consultants, identify deliverables and budget needed and execute

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			updated agreement.
			• Identify county resources needed to achieve updated mapping, if any, and remediate.
			• Submit attestation that USCDI mapping process has begun.
3/1/23	*Participating entity to determine deliverable*	Signed attestation form and other supporting documentation from the participating entity certifying that county has begun documentation outlining mapped data elements to the USCDI.	• Begin documentation of new mapping including crosswalks, technical specifications and/or other related documents.
			• Submit attestation that USCDI documentation has begun.
9/29/23	**<u>Required</u>** Signed attestation form from the participating entity that certifies that data elements have been successfully mapped to USCDI AND Submit documentation outlining the mapped data elements.		• Ensure mapping and documentation have been completed.
			• Complete quality assurance/testing of the USCDI data mappings.
			• Submit completed documentation and attestation to DHCS.

Milestone 3d:
Leverage improved data exchange capabilities to improve quality and coordination of
care.
This milestone relates to the following measures:
- [Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)](#)
  - o Measure specification can be found on [page 63](#)
- [Follow-up After Emergency Department Visit for Mental Illness (FUM)](#)
  - o Measure specification can be found on [page 70](#)

- Pharmacotherapy for Opioid Use Disorder (POD)
  - o [Example measure specification can be found here](#).

Due Date	Required Deliverables (as developed by DHCS)	Deliverables Developed by Entity	Action Steps
9/30/22	**Required** Submit a quality improvement plan (DHCS to provide template and assist with the provision of data to achieve this deliverable) to improve performance on FUA, FUM, and POD during the measurement period of July 1, 2022 – June 30, 2023. Quality improvement plans should include how the participating entity will leverage improved data exchange capabilities to achieve improved performance.		• Generate Finder File and submit to DHCS • Receive retrospective data from DHCS and analyze performance on FUA, FUM and POD • Establish baseline performance on the above measures. • Convene workgroup to identify performance goals and related interventions. • Create Quality Improvement Plan documenting goals and interventions outlining use of improved data exchange.

3/1/23	**Required** In collaboration with DHCS, report baseline performance rate (July 1, 2021 – June 30, 2022) for FUA, FUM, and POD and provide updated narratives on projects, challenges, lessons learned, and next steps related to quality improvement on these measures during the measurement period (DHCS to provide template).		• Implement identified interventions in QI Plan. • Identify data collection and analysis strategy to test interventions. • Test performance and update interventions at intervals using Plan Do Study Act (PDSA) cycles. • Submit report outlining baseline performance and updated performance as relevant, including challenges, lessons learned and next steps.
9/29/23	**Required** Submit final performance rate (July 1, 2022 – June 30, 2023) for FUA, FUM, and POD and provide updated narrative on projects, challenges, lessons learned, and next steps related to quality improvement on these measures (DHCS to provide template).		• Identify method for obtaining FY2022/2023 FUA, FUM, POD data (DHCS data warehouse/Finder File or direct exchange with CCHP/Anthem Blue Cross with a preference for real time exchange. • Analyze measure performance for FY2022/2023. • Update interventions as needed. • Provide updated narrative to DHCS.

Section 5: Technical Assistance and Training

All BHQIP participating entities are required to complete virtual trainings and technical assistance provided by DHCS or designees to support implementation of CalAIM

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policies. The training schedule will be communicated to counties in a separate BHIN.

DHCS will run reports of each participating entity participation in trainings. Participating entities are eligible to receive 100% of the available incentive per reporting period, based on completion of milestones, if at least one staff from the MHP and at least one staff from the DMC or DMC-ODS (the same individual who attended the MHP training can attend the DMC and DMC-ODS trainings) are documented to have attended at least one webinar for each BHQIP goal (either synchronously, or asynchronously). If DHCS is unable to verify attendance, the participating entity will be required to submit documentation of which staff attended on which date. If no attendance can be verified, DHCS reserves the option to deduct 5% from the incentive payment.

Please acknowledge your understanding and acceptance of this responsibility below.

☒ I understand and accept the responsibility to participate in all three webinar trainings run by DHCS or their designees.

Section 6: Certification

☒ I hereby certify that all information provided in this IP is true and accurate to the best

of my knowledge, and that this plan has been completed based on a thorough
understanding of program participation requirements as specified in BHIN No. 21- 074

Behavioral Health Director's Name:	Suzanne Tavano, PhD
Signature:	*Suzanne Tavano, PhD*
Date Signed:	2/15/2022

Acceptance of a BHQIP award shall constitute acceptance of the terms and conditions described herein. The terms of the BHQIP award include the participating entity's IP, as approved by DHCS.