



Quality Assurance Bulletin

Quality Assurance Unit

County of Los Angeles – Department of Mental Health

Lisa H. Wong, Psy.D., Director

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QUALITY MEASURES AND PERFORMANCE IMPROVEMENT REQUIREMENTS

This Bulletin is to notify providers of updated policy from the State Department of Health Care Services (DHCS) on Quality Measures and Performance Improvement requirements as a result of the California Advancing and Innovating Medi-Cal (CalAIM) Act and detailed in DHCS Behavioral Health Information Notice 24-004. The goals of CalAIM include improving quality outcomes, reducing health disparities, and driving delivery system transformation and innovation. In addition, the Medicaid and Children’s Health Insurance Program (CHIP) Managed Care Final Rule requires each state Medicaid agency to produce a written quality strategy to assess and improve the quality of health care services by all Medicaid managed care entities. To meet these goals and requirements, DHCS has identified five quality performance measures that County Mental Health Plans (MHPs) must report to DHCS annually as part of their Quality Improvement Systems starting with measurement year 2023 (January through December). Counties are expected to meet a Minimum Performance Level (MPL) on each of the measures. If a County fails to meet the MPL on any measure, the County will be subject to a Corrective Action Plan. The first year is considered a baseline year. During this period, Counties are not subject to enforcement by DHCS but may be required to engage in additional quality improvement projects should they fall short on any measure.

Quality Performance Measures

Below are the five DHCS quality performance measures, along with a definition, MPL, the Baseline Year results from 2022, and current activities occurring related to the measure.

Measure Name	Measure Acronym	Definition	Minimum Performance Level (MPL)	2022 DMH Results (Baseline)	Current Activities
Follow-Up After Emergency Department Visit for Mental Illness	FUM	% of Emergency Department visits for individuals 6+ years of age with a principal diagnosis of mental illness or intentional self-harm who had a mental health follow-up visit, within 7 days and within 30 days. <i>*Does not include clients who are admitted to the hospital as a result of the ED visit.</i>	>50th percentile (or 5% increase over baseline if <50 th percentile)	7 day follow-up: 41% 30 day follow-up: 53.6%	<ul style="list-style-type: none"> Conducting a Performance Improvement Project (PIP) PIP will inform systemic interventions that could be applied
Follow-Up After Hospitalization for Mental Illness	FUH	% of individuals 6+ years of age who had a follow up visit with 7 and 30 days of discharge.	>50th percentile (or 5% increase over baseline if <50 th percentile)	7 day follow-up: 66% 30 day follow-up: 75.4%	<ul style="list-style-type: none"> Reports provided to Directly Operated clinics to monitor their clients who are hospitalized For existing clients, monitored for Directly Operated during All Programs for Excellence (APEX)
Antidepressant Medication Management	AMM	% of adults 18+ years of age with a diagnosis of Major Depression and treated with an antidepressant for minimum of 3 months and for 6+ months.	>50th percentile (or 5% increase over baseline if <50 th percentile)	3 months (Acute): 55.5% 6 months (Continuation): 31.9%	<ul style="list-style-type: none"> Pharmacy services is monitoring for Directly Operated clinics Twelve Legal Entities providers are submitting data to Pharmacy services manually
Use of First Line Psychosocial Care for Children and Adolescents on Antipsychotics	APP	% of children and adolescents 1–17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.	>50th percentile (or 5% increase over baseline if <50 th percentile)	67.8%	<ul style="list-style-type: none"> Pharmacy services is monitoring for Directly Operated clinics Twelve Legal Entities providers are submitting

Measure Name	Measure Acronym	Definition	Minimum Performance Level (MPL)	2022 DMH Results (Baseline)	Current Activities
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	SAA	% of adults 18+ years of age with Schizophrenia or Schizoaffective Disorder who were dispensed and remained on an antipsychotic medication at least 80% of the treatment period.	>50th percentile (or 5% increase over baseline if <50 th percentile)	62.7%	<ul style="list-style-type: none"> data to Pharmacy services manually Pharmacy services is monitoring for Directly Operated clinics Twelve Legal Entities providers are submitting data to Pharmacy services manually

Data Collection and Reporting

In order to report on the above measures, the Department of Mental Health (DMH) will utilize the Plan Data Feed from DHCS which provides 12 months of historical Medi-Cal utilization data including paid pharmacy, dental, specialty mental health, Fee-For-Service (FFS) medical claims, and encounters from other Managed Care Plans. Currently, DMH is analyzing if any additional data sources, including manual submission by Legal Entity providers, are needed to monitor the above measures.

Performance Expectations and Next Steps

Achieving and exceeding the MPL for each measure will require a systemwide commitment to collecting and utilizing data and implementing new workflows and processes to improve the quality of our care in the above identified critical areas of measurement. DMH is currently evaluating each of the above measures and validating data sources. Once that is complete, DMH will be exploring workflows and process that may need to be implemented to improve in each area.

Current activities in each area will continue while evaluating and exploring these processes. At this time, DMH recommends Legal Entities explore utilizing Health Information Exchanges (HIEs), such as Los Angeles Network for Enhanced Services (LANES) or Point Click Care, to assist in identifying clients who have had contact with an emergency room or hospital in order to improve performance on FUM and FUH in particular. DMH directly-operated providers should continue to utilize the IBHIS – Clients by Program – Recent Hospitalizations report to identify clients who have recently been hospitalized and should be seen.

If DMH directly-operated or contracted providers have questions related to this Bulletin, please contact the QA Policy & Technical Development team at QAPolicy@dmh.lacounty.gov.

cc: DMH Executive Management
DMH Administration Managers
DMH QA Liaisons
Legal Entity Executive Management

DMH Clinical Operations Managers
DMH Quality, Outcomes & Training Division
DMH CIOB Managers
Legal Entity QA Contacts