DMC-ODS Medication Monitoring
Reporting Instructions

Contents

Background

The County of San Diego DMC-ODS (Drug Medi-Cal Organized Delivery System) Intergovernmental Agreement (IA) requires the County to implement a process to monitor certain medication practices. These instructions should help your program to complete the BHS process of Medication Monitoring for DMC-ODS providers at Narcotics Treatment Programs (NTP), Additional Medication Assistance Treatment (MAT) Programs and for Ambulatory Withdrawal Management (AWM).

Process

- The Medication Monitoring process is done quarterly and there are 3 forms for the process:

  1) The Medication Monitoring Tool,

  2) The Medication Monitoring Submission Form, and

  3) The Medication Monitoring Feedback Loop (McFloop) Form

- The Medication Monitoring Tool is for the Physician, Nurses and other members of the Medication Monitoring Committee* to complete and review. Question #4 must be reviewed by a physician. Only a Physician may sign the Medication Monitoring Review Tool.

- The Medication Monitoring Submission Form is for summarizing the findings from the Medication Monitoring Tool(s) and McFloop forms, if any.

- The McFloop Form is only completed for feedback from the Medication Monitoring Tool that requires follow up due to variances. All responses due to variances and action required should be documented on the McFloop Form.

- Submit the Medication Monitoring Submission Form to the SUD QA unit by fax at 619-236-1953 or by email to QIMatters.HHSA@sdcounty.ca.gov by the required due date for the quarter as documented on the form.

- Do not submit your Medication Monitoring Tools and any approved McFloop forms to the SUD QA unit. Keep these forms on file at your program as they may be requested for review.

- If you have any unapproved McFloop forms, send these forms to SUD QM by secure email to QI Matters at QIMatters.HHSA@sdcounty.ca.gov or by fax (619) 236-1953) as they contain PHI.

- During the QAPR fiscal year review, QA Specialists will review your Medication Monitoring policy, procedures and process.

- Programs are required to monitor at least 1% of all BHS Medi-Cal clients** enrolled at their program quarterly.

*The Medication Monitoring Committee may be comprised of two or more representatives from different disciplines but at least one of the members must be a physician

**Within the County of San Diego BHS system of care, programs are required to review one percent (1 %) of their active medication caseload each quarter, with a minimum of one chart reviewed.

Medication Monitoring Submission Form Instructions

Please use naming convention when emailing to QI Matters:
DMC-ODS Medication Monitoring for Quarter # - *(your program name)*

County of San Diego DMC-ODS
QA Medication Monitoring Submission Form

PROGRAM NAME:

- Your Program Name

DATE:	CONTRACT #:	DMC PROVIDER #:

- The date this form was completed (must be after the end of the reporting period)
- Six-digit Contract number
- Four-digit numeric or alpha numeric DMC Provider number

● QUARTER 1	○ QUARTER 2	○ QUARTER 3	○ QUARTER 4
Jul 1 – Sep 30	Oct 1 – Dec 31	Jan 1 – Mar 31	Apr 1 – Jun 30
Due Oct 15	*Due Jan 15*	*Due Apr 15*	*Due Jul 15*

- Select dot point for Quarter being reported

Committee Member:	Discipline:	Committee Member:	Discipline:

- Committee Member and Discipline.
  The Medication Monitoring Committee may be comprised of two or more representatives from different disciplines but at least one of the members must be a physician.
- If you do not have clients at this time, please enter 'No Staff nor Services Provided'

Description of Activities:

	Total number of records screened this quarter	# McFloops Approved/Completed
	Total number of variances identified	# McFloops Outstanding
	Total # of open charts receiving medication at clinic	Total number of McFloops required
	# McFloops Disapproved	*Disapproved McFloop forms must be faxed in to 619-236-1953*

- The total number of records screened for Quarter reported
  **Within the County of San Diego BHS system of care, programs are required to review one percent (1 %) of their active medication caseload each quarter, with a minimum of one chart reviewed.
- The total number of variances identified.
  Refer to the Medication Monitoring Tool, the number of questions marked 'No'.
- The total number of open charts receiving medication at program.
- The number of McFloops Disapproved.
- The number of McFloops Approved/Completed.
- The number of McFloops Outstanding.
- The total number of McFloops required.

Total number of variances for all records screened this quarter, listed by item:

1	2	3	4	5	6	7	8	9	10	11

12	13	14	15

- Total number of variances corresponding to the questions on the Medication Monitoring Tool
- If there are no variances, please enter zero (0). Blanks are reviewed as being overlooked

Variances are totaled by type of variance on the report. For example, if you reviewed 3 charts, and 1 chart had a variance (e.g., "no") for Q2 on the Medication Monitoring Tool, then a "1" would be entered in the variance #2 box. If 3 charts had a variance for Q6 on the tool, then a "3" would be entered in the variance #6 box.

For Narcotic Treatment Programs (NTPs), please note if the treatment plan is still within the 28-day timeline, this would be mark as "NA," since there is still time to complete the treatment plan and document the diagnosis on the form.

Program Attestation: All prescribers are included in the quarterly sample? ☐ Yes ☐ No		
If no, please explain:		

Programs are required to attest that all prescribers are included in the quarterly sample or to explain why not.

Email this form to: QIMatters.hhsa@sdcounty.ca.gov

<mark>Do not email Medication Monitoring Tools
Do not email McFloop Forms unless a McFloop has been disapproved.</mark>

This form may also be faxed to the QI Unit at 619-236-1953

- Email Submission form to QIMatters.hhsa@sdcounty.ca.gov
  Disapproved McFloops must be secure emailed or faxed in to 619-236-1953

Time Saving Tips: Keep a template of the Medication Monitoring Submission Form on your computer. Information that does not change can be "prefilled" on this template (program name, Contract #, DMC Provider #, phone number, etc.). When Medication Monitoring is due, simply open the form, complete updates for the quarter and email to QI Matters.

*Note: The Medication Monitoring Committee may be comprised of two or more representatives from different disciplines but at least one of the members must be a physician. Physicians may not review their own prescribing practices. It is the program's responsibility to assure that there is another physician to review the charts.

The medication monitoring committee function shall be under the supervision of a person licensed to prescribe or dispense prescription drugs. Medication Monitoring process requires that a staff physician not review their own charts. For programs that have only one physician, contact your COR for approval to have the staff physician review their own chart and CC QI Matters.

The Medication Monitoring process is to be done only on BHS Medi-Cal clients.

Resources:

DMC-ODS Med Monitoring Tool

DMC-ODS Medication Monitoring Submission Form

DMC-ODS Medication Monitoring McFloop Form