



INTERNAL (SWMBH STAFF ONLY)

EXTERNAL (SWMBH STAFF, PARTNERS, PUBLIC)

Section: QAPI	Policy Name: Quality Assurance and Performance Improvement	Policy Number: 03.02
Owner: Director of QAPI	Reviewed By: Jonathan Gardner	Total Pages: 8
Required By: <input checked="" type="checkbox"/> BBA <input checked="" type="checkbox"/> MDHHS <input type="checkbox"/> Other (please specify):	Final Approval By: <i>Jonathan Gardner</i>	Date Approved: Apr 14, 2023
Application: <input checked="" type="checkbox"/> SWMBH Internal Staff <input checked="" type="checkbox"/> Participant CMHSPs <input checked="" type="checkbox"/> SUD Providers <input checked="" type="checkbox"/> MH/IDD Providers <input type="checkbox"/> Other (please specify): _____	Line of Business: <input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> Other (please specify): <input checked="" type="checkbox"/> Healthy Michigan _____ <input checked="" type="checkbox"/> SUD Block Grant <input checked="" type="checkbox"/> SUD Medicaid	Effective Date: 9/24/14

Policy:

SWMBH will establish and maintain an internal Quality Assurance and Performance Improvement (QAPI) Program and Plan with assigned structures and processes that are coordinated by and integrated between Southwest Michigan Behavioral Health (SWMBH) and its participant organizations and involves the input of staff, members, community partners, providers, and other stakeholders as appropriate.

The SWMBH QAPI department will promote systemic and system-wide approaches to improving clinical and non-clinical operations, services and outcomes for members, provider quality. The QAPI department will incorporate applicable Michigan Department of Health and Human Services (MDHHS), State of Michigan, NCQA, contractual, and Federal laws and regulations (BBA, 42 CFR, etc.).

SWMBH will allocate sufficient human, technical, and analytical resources to meet the needs of the QAPI Program. The Quality Director is responsible for updating and implementing the QAPI Program and will periodically report to provider, customer, and governance groups as appropriate describing performance improvement projects undertaken and the results of those activities. The Board shall act as the designated authority for governance oversight of the QAPI Program.

Purpose:

To outline SWMBH’s commitment and systematic approach to quality management. The Quality Assurance and Performance Improvement (QAPI) department of Southwest Michigan Behavioral Health (SWMBH) is designed to monitor, evaluate, and improve access, outcomes, efficiency, and appropriateness of the services provided to consumers, and the administrative functions supporting that care.

Scope: All SWMBH staff, SWMBH CMHSP participants, subcontracted providers



INTERNAL (SWMBH STAFF ONLY)

EXTERNAL (SWMBH STAFF, PARTNERS, PUBLIC)

Definitions:

CMHSP: Community Mental Health Service Program

Critical Incidents: Specific events requiring analysis and reporting to MDHHS. These events include suicides, non-suicide deaths, emergency medical treatment or hospitalizations due to injury or medication error, and arrests of consumers. The population on which these events must be reported differs slightly by type of event (MDHHS Contract, Attachment.). Physical management and/or involvement of law enforcement, permitted for intervention in emergencies only, are considered critical events.

Members: Persons receiving services via any of SWMBH’s business lines. This word is largely interchangeable with “consumers”, “individuals served”, “persons served”, “patients”.

MDHHS: Michigan Department of Health and Human Services

PBIP: Performance Bonus Incentive Program

PIHP: Prepaid Inpatient Health Plan

PIP: performance improvement plan

Provider Network: refers to SWMBH CMHSP Participants and SUD providers directly under contract with the SWMBH PIHP to provide/arrange for behavioral health services and/or supports. Services and supports may be provided through direct operations or through subcontract arrangements.

RCP: Regional Clinical Practices Committee

RITC: Regional Information Technology Committee

RUMC: Regional Utilization Management Committee

Risk Events: Additional events that put individuals, in the same population categories as the critical events above, at risk of harm. These events minimally include actions taken by consumers that cause harm to themselves or to others, and two or more unscheduled admissions to a medical hospital, not due to planned surgery or the natural course of a chronic illness, within a 12-month period (MDHHS Contract). These events require analysis. Reporting to MDHHS occurs upon MDHHS request.

Sentinel Events: Unexpected occurrences involving death, serious psychological or physical injury (specifically loss of limb or function) or the risk thereof. This includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. Such events are called sentinel because they signal the need for immediate investigation and response (CARE; Joint Commission.). Also included is injury or death that occurs as a result of the use of a behavioral intervention (MDHHS Contract.). Sentinel Events require root cause analysis and reporting to MDHHS and accrediting entities in accordance with established procedures.

SUD: Substance Use Disorder

SUD Provider Network: Refers to substance use disorder providers that are directly under contract with SWMBH to provide services and/or supports.

QAPI Department: Quality Assessment and Performance Improvement department at SWMBH

QAPI Evaluation: Annual evaluation of the QAPI

QAPIP: Annual Quality Assessment and Performance Improvement Plan

QMC: Quality Management Committee

Responsibilities: The SWMBH QAPI Department is charged to develop and manage the QAPI program. This program plan outlines the current relationships and structures that exist to promote performance improvement goals and objectives while maintaining compliance with various oversight entities. The QAPI Department is staffed with a Director of Quality Assurance and Performance Improvement, who oversees the QAPI Department consisting of three



INTERNAL (SWMBH STAFF ONLY)

EXTERNAL (SWMBH STAFF, PARTNERS, PUBLIC)

full-time staff. The QAPI Department also may utilize outside contract consultant for specialty projects. The QAPI Director collaborates on many of the QAPI goals and objectives with the SWMBH Senior Leadership team and SWMBH Regional Committees, such as the Quality Management Committee (QMC), Regional Information Technology Committee (RITC), Regional Utilization Management Committee (RUMC), and the Regional Clinical Practices Committee (RCP).

Standards and Guidelines:

A. QAPI Department Structure

1. SWMBH will allocate sufficient human, technical, and analytical resources to meet the needs of the QAPI Program and Plan.
2. The QAPI department will be available to assist all SWMBH internal departments and its provider network for performance improvement support. If an improvement opportunity is identified, quality will assist in implementation of improving performance.
3. The QAPI department will conduct analysis of data related to access to services, sentinel events, complaints and appeals, Coordination and Continuity of Care, Event Data and Satisfaction.
4. The QAPI Director is responsible for updating and implementing the QAPI Program and Plan. The Quality Director will periodically share information with providers, Community Mental Health Service Providers (CMHSP), Members and Committees as appropriate describing performance improvement projects undertaken and the results of those activities.
5. The QAPI department will ensure that standards of staff, program, and management performance exist, are complied with, and ongoing improvements are introduced, monitored, and assessed. Activities include, but are not limited to:
 - a. Establishment and maintenance of quality management and related SWMBH policies and procedures.
 - b. Development of a SWMBH Quality Management Committee (QMC) with input from members receiving services and providers within the SWMBH network.
 - c. Development of the QAPI Work Program and Plan in compliance with MDHHS specifications. This will include implementation of surveys and quality measures, ongoing monitoring of metrics, monitoring of provider performance and follow up with providers, oversight and monitoring of Performance Improvement Projects, and performance reporting.
 - d. The QAPI Department will review, and conduct analysis of data related to access to services, critical and sentinel events, Member complaints, Grievance and Appeals, MMBPIS Indicators, Coordination and Continuity of Care, and both Member and Provider Satisfaction.
 - e. The QAPI Department will regularly share metrics and QAPI initiative outcomes with members, Providers, CMHSPs, and SWMBH staff regularly via regional committees, presentations to the SWMBH Board, quarterly highlights in provider and member newsletters, and postings on the SWMBH website.
 - f. Development of the Annual Evaluation of the QAPI Plan – UM Programs.
6. A SWMBH Quality Management Committee (QMC) will be established and involved in the development, execution and maintaining of the overall Quality system for SWMBH. The SWMBH QMC will:
 - a. Meet on a regular basis (at a minimum quarterly) to inform QAPI activities and to demonstrate follow-up on all findings and to approve required actions, such as the QAPI Evaluation, QAPI Plan, and Corrective Action/Quality Improvement Plans. Oversight is defined as reviewing data and approving projects including but not limited to clinical practices, grievances and appeals, events, surveys, access metrics, audit results and denials for service requests.
 - b. Review and discuss results of audits, reports, surveys related to access to services, complaints, MMBPIS Indicators, Coordination and Continuity of Care, Behavior Treatment Committee Data, Event Data, Jail



INTERNAL (SWMBH STAFF ONLY)

EXTERNAL (SWMBH STAFF, PARTNERS, PUBLIC)

Diversion Data as available, Grievance and Appeals and Member Satisfaction survey results and other relevant survey results to drive regional improvement strategies.

- c. Identify opportunities for improvement in the systems and identify opportunities for efficiencies throughout the organization. QMC will recommend policy, promote common policies and procedures throughout the region and suggests standards or administrative adjustments.
- d. Monitor the overall performance of the program and educates staff about the QAPI Plan and their responsibilities related to quality care and services. Responsibility for providing training to the provider network is delegated to the CMHSP participants, with oversight and monitoring by SWMBH. Assurance for uniformity and reciprocity shall be established in SWMBH provider network policies and procedures.
- e. Review national outcomes, benchmarks, and feedback from audits to promote quality assurance procedures that can be applied to SWMBH performance.
- f. Ensure performance will be measured using standardized indicators based upon the systematic, ongoing collection and analysis of valid and reliable data. The QMC will utilize performance measures established by the MDHHS and other key clients. Baseline data will be collected and analyzed; re-measurements will be taken and discussed in the Committee.
- g. Establish and monitor other performance indicators specific to its own program for the purpose of identifying process improvement projects. Including but not limited to setting benchmarks and conducting analysis if performance goals are not met.
- h. Ensure active participation of providers and members in the QAPIP process.
- i.

B. Performance Improvement Projects

1. MDHHS requires that the Prepaid Inpatient Health Plan (PIHP) conduct and submit performance improvement projects (PIPs) annually to meet the requirements of the Balanced Budget Act of 1997 (BBA), Public Law 105-33. According to the BBA, the quality of health care delivered to Medicaid members in PIHPs must be tracked, analyzed, and reported annually. PIPs provide a structured method of assessing and improving the processes, and thereby the outcomes, of care for the population that SWMBH serves.
2. PIP effectiveness is evaluated using Plan – Do – Study – Act (PDSA) cycles.
3. The SWMBH QAPI and Clinical Quality departments work together for the creation and implementation of at least two regionwide Performance Improvement Projects per year.
4. PIPs are achieved through ongoing measurement and intervention, demonstrable and sustained improvement, and address both clinical and non-clinical aspects of care.
5. PIP progress and outcomes will be reported by the Clinical Quality department at least quarterly to the Quality Management Committee

C. QAPI Program, Plan & Evaluation

1. The SWMBH QAPI Program, Plan and Evaluation encompass all requirements of the Centers of Medicare and Medicaid Services (CMS) within its Code of Federal Regulations (CFRs); and MDHHS within its PIHP Medicaid Contract and serves as the written description of the QAPI Department role and responsibilities.
 - a. The QAPI Program and Plan specifies the role and structure of the QAPI function, QMC, the Performance Improvement Philosophy, measurement processes, and program objectives of SWMBH.
 - b. The QAPI Program, Plan and Evaluation will be reviewed at least annually by the QMC. The PIHP Board shall annually approve the QAPI Plan, as required by MDHHS contract 42 CFR. The annual QAPI-UM Evaluation report is shared with the SWMBH Board for educational purposes on an annual schedule. These reports will be submitted as required and made available internally.



INTERNAL (SWMBH STAFF ONLY)

EXTERNAL (SWMBH STAFF, PARTNERS, PUBLIC)

- c. The QAPI Program and Plan will include goals and measurable objectives for the Fiscal Year, and the QAPI Evaluation will report on results of measurable objectives.
- d. The QAPI Plan and Evaluation are made readily available to members receiving services and other stakeholders; through the SWMBH website, newsletters, and other external publications. Both the QAPI Plan and Evaluation are available to members upon request.

D. Performance Improvement Project (PIP):

- a. At least two projects will be in process at any given time that meets the State and Federal requirements for performance improvement projects. These projects may be largely guided by MDHHS and HSAG criteria and specifications.
- b. PIP administration criteria will be based on the expected impact on performance; and the scope of clinical and non-clinical aspects of care expected to be impacted, and the available resources. The prevalence of the condition or issue, the need for an intervention, any related demographic characteristics that may impact the study, and the interest of the members will likewise be taken into consideration.
- c. Responsibility for the adoption, development, implementation, and continuous monitoring and evaluation of practice guidelines is delegated to the CMHSP participants, with oversight and monitoring by the SWMBH Clinical Quality Department.

E. QAPI Participation

1. SWMBH requires compliance and active participation in the QAPI Program. Participation may include but is not limited to:
 - a. Regular and dependable representation at QMC meetings as requested. If a member of QMC cannot attend, notification will be made to the QAPI director, and a proxy will be arranged if possible. Members who cannot attend a QMC meeting will be made aware of the meeting's details such as; to meeting minutes, documents, presentations and agenda's which are saved and accessible on the SWMBH portal. Generally, the meeting agenda will be distributed 2 days prior to scheduled meeting the, meeting minutes will be posted within 1 week of the conclusion of the meeting.
 - b. Planning, designing, and implementing the QAPI Plan so that it is both meaningful and consistent with SWMBH standards, policies, processes, and guiding principles.
 - c. Data collection/analysis for key performance metrics as specified by and for SWMBH.
 - d. Development of internal metrics and benchmarks of performance as needed.
 - e. Participation in and promotion of satisfaction surveys and other assessments or initiatives as determined by the QAPI department and QMC.
 - f. Participation in adequate capacity/access to care reviews as requested.
 - g. Completion of corrective action plans as required with follow up and capacity to show proof of compliance.
 - h. Root cause analysis for any sentinel events, internal and external audits, and MDHHS contractual requirements as needed.
 - i. Implementation and participation in Performance Improvement Projects and other quality improvement initiatives.
 - j. Leads and formulates agendas for the Regional Quality Management Committee (QMC).
 - k. Discussion or development of any member focused interventions or outreach materials as needed.
 - l. Candid discussion and troubleshooting, chart reviews and interventions as needed to understand the differences in care provided and outcomes achieved.
 - m. Data collected on behalf of SWMBH will be communicated and made available using the mechanisms and timeframes established within the provider contract and by the QMC.



INTERNAL (SWMBH STAFF ONLY)

EXTERNAL (SWMBH STAFF, PARTNERS, PUBLIC)

- n. The process of data collection must be available for review for any data collected on behalf of SWMBH.
- o. At the time of initial contracting and during subsequent provider monitoring visits, the ability to participate in performance improvement will be assessed.
- p. Failure to participate or provide timely, accurate data is grounds for elimination from the Provider Network.
- q. Active involvement in the annual Performance Bonus Incentive Program (PBIP) report submission, analysis and performance improvement strategies is required. Each CMHSP will be required to submit no less than a 2-page narrative encompassing their calendar year activities in the following areas: Comprehensive Care, Patient-Centered, Coordination of Care, Accessibility to Services and Quality and Safety. Report Submission dates will be communicated well in advance by the SWMBH Quality Director. This is also driven by the SWMBH approved 2023-2024 Board Ends metrics (#4).
- r. Lead, organize and communicate any external audit/review requests, to relevant SWMBH functional areas and/or Leaders. SWMBH retains responsibility for, in collaboration with the CMHSP participants, for managing outside entity review processes, including but not limited to, external quality review.

F. Member Participation & Experience

- 1. Reports are made public to stakeholders, advocates, providers, and members at large in multiple media avenues including but not limited to member newsletters, the SWMBH website, and provider newsletters. The QAPI Plan and Eval are always available to members upon request by calling SWMBH's Customer Service line.
 - a. Member feedback on Quality Improvement Activities will be sought and incorporated into the QAPI Plan.
 - b. Customer safety and PHI data protection according to HIPAA guidelines and 42 CFR Part II will be incorporated into all Quality functions.
 - c. The QAPI Director will update the status of projects and review any final reports on the overall effectiveness of the QAPI Program with the Customer Advisory Council and will seek input for future improvement recommendations on a quarterly basis.
- 2. Member feedback will be sought through surveys and grievance and appeals data and incorporated into the QAPI Program and Plan.
- 3. The QAPI department will work to improve the safety of services provided to its members.
- 4. The Director of Quality Assurance and Performance Improvement shall review metrics, performance indicators, and reports with SWMBH senior leadership, QMC and other committees for guidance on interventions and improvement recommendations.

References:

BBA 438.240: Quality Assessment and Performance Improvement Program

MDHHS/PIHP contract

MDHHS Quality Assessment and Performance Improvement Program Technical Requirement

SWMBH 2023 QAPI Plan www.swmbh.org

SWMBH 2022 QAPI Evaluation Report www.swmbh.org

Attachments: See 03.01 Quality Assurance and Performance Improvement Plan



- INTERNAL (SWMBH STAFF ONLY)
- EXTERNAL (SWMBH STAFF, PARTNERS, PUBLIC)

Revision History

Revision #	Revision Date	Revision Location	Revision Summary	Revisor
Initial	4/10/20	Entire document Scope Responsibilities References	Moved to updated template Updated scope Added responsibilities from 2019 QAPI UM Evaluation Updated NCQA reference	Alona Wood
1	3/7/22	Entire Document	Formatting Scope Clarifications	Ellie DeLeon Jonathan Gardner
2	3/13/23	Entire document.	Added definitions, updated references, process clarifications, PIP section	Jonathan Gardner



- INTERNAL (SWMBH STAFF ONLY)
- EXTERNAL (SWMBH STAFF, PARTNERS, PUBLIC)






03.02 Quality Assurance and Performance Improvement

Final Audit Report

2023-04-14

Created:	2023-04-14
By:	Megan O'Dea (megan.odea@swmbh.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAA7muJajx2CdE63JG4KFxK6ZU00QVXjI0X

"03.02 Quality Assurance and Performance Improvement" History

-  Document created by Megan O'Dea (megan.odea@swmbh.org)
2023-04-14 - 12:26:51 PM GMT
-  Document emailed to Jonathan Gardner (jonathan.gardner@swmbh.org) for signature
2023-04-14 - 12:27:23 PM GMT
-  Email viewed by Jonathan Gardner (jonathan.gardner@swmbh.org)
2023-04-14 - 12:48:28 PM GMT
-  Document e-signed by Jonathan Gardner (jonathan.gardner@swmbh.org)
Signature Date: 2023-04-14 - 12:49:01 PM GMT - Time Source: server
-  Agreement completed.
2023-04-14 - 12:49:01 PM GMT

Names and email addresses are entered into the Acrobat Sign service by Acrobat Sign users and are unverified unless otherwise noted.