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Policy:

The Michigan Department of Health and Human Services (MDHHS) requires that each specialty Prepaid Inpatient Health Plan (PIHP) has a documented Quality Assurance and Performance Improvement Program (QAPIP) that meets the required federal regulations: the Medicaid Managed Care rules, 42 CFR § 438, and requirements outlined in the PIHP/MDHHS contract.

Southwest Michigan Behavioral Health (SWMBH) uses the QAPIP Plan and Evaluation to assure all contractual and regulatory standards required of the Regional Entity, including its PIHP responsibilities and oversight of the eight Community Mental Health Service Partners (CMHSPs) in the region, are met. The QAPIP Plan describes the organizational structure for the SWMBH’s administration and evaluation of the QAPIP, the elements, components, and activities of the QAPIP, the role of recipients of service in the QAPIP, the mechanisms used for adopting and communicating process and outcome improvement, and to implement improvement strategies to meet and exceed best practice performance levels.

SWMBH will allocate sufficient human, technical, and analytical resources to meet the needs of the QAPI Program. The Chief Clinical Officer is responsible for updating and implementing the QAPI Program and will periodically report to providers, customers, and governance groups as appropriate to describe performance improvement projects undertaken and the results of those activities. The Board shall act as the designated authority for governance oversight of the QAPIP.

Purpose:

The QAPIP Plan delineates the features of the SWMBH Quality Management program. The QAPIP promotes high quality health care services and outcomes for beneficiaries through systematic monitoring of key performance elements, integrated with system-wide approaches to continuous quality improvement.



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The SWMBH QAPIP spans across clinical and non-clinical service delivery within the network as well as the benefit management processes within SWMBH. Populations served by SWMBH and the CMHSPs within the region include eligible individuals and their families who experience mental illnesses, developmental disabilities, and substance use disorders.

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

Definitions:

CMHSP: Community Mental Health Service Provider

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.

HSAG: Health Services Advisory Group

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.

SWMBH Commons: Secure SharePoint sites on SWMBH's network used for internal and external collaboration. May be used for uploading and downloading work files and Protected Health Information.

SUD: Substance Use Disorder



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

QAPI Evaluation: Annual evaluation of the QAPIP

QAPIP: Quality Assurance and Performance Improvement Program

QMC: Quality Management Committee

Responsibilities: The general oversight of the development and implementation of the QAPIP is given to SWMBH's Quality Management and Clinical Outcomes (QMCO) Department. The Chief Clinical Officer is the designated senior official responsible for overseeing the department and QAPIP implementation. The QMCO Department is additionally staffed with a Quality Assurance and Performance Improvement Manager, Data Analytics and Strategy Lead, Clinical Quality Specialists, Health Care Data Analyst, a Health Equity Project Coordinator, Integrated Healthcare Specialist, and Clinical Operations Specialist. Together, the department monitors and evaluates the overall effectiveness of the QAPIP, assesses its outcomes, provides periodic reporting on the program (including Performance Improvement Projects), and chairs and facilitates the Quality Management Committee (QMC) and Regional Clinical Practices (RCP) Committee. Additionally, the Chief Clinical Officer collaborates on many of the QAPIP goals and objectives with the SWMBH Senior Leadership team and with SWMBH Regional Committees including QMC, RCP, Regional Information Technology (RIT) Committee, Regional Utilization Management (RUM) Committee, Regional Provider Network Management Committee (RPNMC), and the Regional Compliance Committee.

Standards and Guidelines:

A. QMCO Department Structure

1. SWMBH will allocate sufficient human, technical, and analytical resources to meet the needs of the QAPIP.
2. The QMCO 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 QMCO department will conduct analysis of data related to access to services, sentinel events, grievances and appeals, Coordination and Continuity of Care, Event Data and Member Satisfaction.
4. The QMCO Department will utilize both quantitative and qualitative data to continuously monitor, identify trends, improve the effectiveness of services, ensure that improvement efforts are targeted, and provide measurable outcomes that inform decisions tailored to organizational and regional needs.
5. The QMCO Department will regularly share metrics and QAPI initiative outcomes with members, Providers, CMHSPs, and SWMBH staff via regional committees, presentations to the SWMBH Board, quarterly highlights in provider and member newsletters, and postings on the SWMBH website.
6. The Chief Clinical Officer is responsible for updating and implementing the QAPI Program and Plan and 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.
7. The QMCO 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 the QAPIP Plan and Evaluation in compliance with MDHHS specifications.



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8. A Regional Quality Management Committee (QMC) will be established and involved in the development, implementation and maintenance of the overall Quality system for SWMBH. The SWMBH QMC will:
 - a. Meet on a regular basis (at least quarterly) to inform QAPI activities, to demonstrate follow-up on findings and to approve required actions included in the QAPI, QAPI Plan, QAPI Effectiveness Review/Evaluation, and Performance Improvement Projects (PIPs).
 - b. Review and discuss results of audits, reports, complaints, Performance Indicators, Coordination and Continuity of Care, Behavior Treatment Committee Data, Event Data, Jail Diversion Data, as available, Grievance and Appeals and Member Experience Survey results to drive regional improvement strategies.
 - c. Identify opportunities for improvement in the systems and efficiencies throughout the organization. QMC will review and provide feedback related to quality policy and tool development.
 - d. Monitor the overall performance of the program and educates staff about the QAPI 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.
 - e. Ensure performance will be measured using standardized indicators based upon the systematic, ongoing collection and analysis of valid and reliable data. Baseline data will be collected and analyzed; re-measurements will be taken and discussed in the Committee.
 - f. Review national outcomes, benchmarks, and feedback from audits to promote best practice can be applied to SWMBH performance.
 - g. Establish and monitor other performance indicators specific to their own program for the purpose of identifying improvement projects.
 - h. Ensure active participation of providers and members in the QAPI process.

B. Performance Improvement Projects (PIPs)

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 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. These projects may be largely guided by MDHHS and HSAG criteria and specifications.
3. The SWMBH QMCO is responsible for the creation and implementation of at least two regionwide Performance Improvement Projects per year. 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 QMCO.
4. PIPs are achieved through ongoing measurement and intervention, demonstrable and sustained improvement, and address both clinical and non-clinical aspects of care. PIP effectiveness is evaluated using Plan – Do – Study – Act (PDSA) cycles.
5. PIP progress and outcomes will be reported by the QMCO department at least quarterly to the Quality Management Committee.



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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 Plan and Evaluation will be reviewed at least annually by the QMC. The PIHP Board shall annually approve the QAPI, as required by MDHHS contract 42 CFR. The annual QAPI Evaluation report is shared with the SWMBH Board for educational purposes annually. These reports will be submitted as required and made available internally.
 - c. The QAPI will include goals and measurable objectives for the Fiscal Year, and the QAPI Evaluation will report on results of measurable objectives.
 - d. The QAPI 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 and Evaluation are available to members upon request.
 - e. The QAPI Evaluation written report will be provided to the compliance officer, the Compliance Committee and appropriate senior management. The report(s) must contain findings, recommendations and proposed corrective actions that are discussed with the compliance officer and senior management.

D. QAPI Participation

1. SWMBH requires compliance and active participation in the QAPI Program and Plan. Participation may include but is not limited to:
 - a. Regular and dependable representation at QMC meetings, as requested. Members who cannot attend a QMC meeting will be made aware of the meeting's details such as the meeting minutes, documents, presentations and agendas which are saved and accessible on the SWMBH Commons.
 - b. Planning, designing, and implementing the QAPI 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. Participation in and promotion of satisfaction surveys and other assessments or initiatives as determined by the QMCO Department and QMC.
 - e. Completion of corrective action plans as required with follow up and capacity to show proof of compliance.
 - f. Root cause analysis for any sentinel events, internal and external audits, and MDHHS contractual requirements as needed.
 - g. Implementation and participation in Performance Improvement Projects and other quality improvement initiatives.
 - h. 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.
 - i. The process of data collection must be available for review for any data collected on behalf of SWMBH.
 - j. At the time of initial contracting and during subsequent provider monitoring visits, the ability to participate in performance improvement will be assessed.
 - k. Active involvement in the annual Performance Bonus Incentive Program (PBIP) narrative report submission regarding increased participation in patient-centered medical homes. Each CMHSP will be required to submit a 1-page narrative encompassing their calendar year activities in the following areas:



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Comprehensive Care, Patient-Centered, Coordination of Care, Accessible Services and Quality and Safety. Report Submission dates will be communicated well in advance by the SWMBH QAPI Manager.

- I. Lead, organize and communicate any external audit requests to relevant SWMBH functional areas and/or leaders. SWMBH retains responsibility for, in collaboration with the CMHSP participants, managing outside entity review processes, including but not limited to, HSAG external quality review activities.

E. Member Participation & Experience

1. SWMBH engages stakeholder groups through surveys, committee meetings, and other collaborative discussions to ensure that improvements align with regional needs and goals.
 - a. Reports are made public to stakeholders, advocates, providers, and members at large in multiple media avenues such as member newsletters, the SWMBH website, and provider newsletters.
 - b. Customer safety and PHI data protection according to HIPAA guidelines and 42 CFR Part II will be incorporated into all Quality functions.
 - c. QMCO leadership will update the status of projects, review overall effectiveness of the QAPIP with the Customer Advisory Council and will seek input for future improvement recommendations on a quarterly basis.
2. The QMCO Department will work to improve the safety of services provided to its members.

References:

BBA 438.240: Quality Assessment and Performance Improvement Program
 MDHHS/PIHP contract
 MDHHS Quality Assessment and Performance Improvement Program Technical Requirement
 Annual QAPI Plan
 Annual QAPI Evaluation Report

Revision History

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



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2	3/13/23	Entire document	Added definitions, updated references, process clarifications, PIP section	Jonathan Gardner
3	3/3/26	Throughout	Updated language to align with current contract and QAPIP	Alison Strasser, Cate Pederson, and Alena Lacey

03.02 Quality Assurance and Performance Improvement

Final Audit Report

2026-03-12

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