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Section: QAPI	Policy Name: Quality Assurance and Performance Improvement	Policy Number: 03.02
Owner: Director of QAPI	Reviewed By: Jonathan Gardner	Total Pages: 6
Required By: <input checked="" type="checkbox"/> BBA <input checked="" type="checkbox"/> MDHHS <input checked="" type="checkbox"/> Other (please specify): NCQA Standards	Final Approval By: <i>Jonathan Gardner</i>	Date Approved: Apr 11, 2022
Application: <input checked="" type="checkbox"/> SWMBH Internal Staff <input checked="" type="checkbox"/> Participant CMHSPs <input type="checkbox"/> SUD Providers <input 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 <input type="checkbox"/> MI Health Link	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 Quality department will promote systemic and system-wide approaches to improving clinical and non-clinical operations, services and outcomes for members, provider quality. The QAPI 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.

Scope: All SWMBH staff

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.



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The QAPI Department is staffed with a Director of Quality Assurance and Performance Improvement, who oversees the QAPI Department consisting of three full-time staff. The QAPI Department also may utilize outside contract consultant for specialty projects and preparation for accreditation reviews. 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).

Definitions: N/A

Standards and Guidelines:

A. Quality Department Structure

1. SWMBH will allocate sufficient human, technical, and analytical resources to meet the needs of the QAPI Program and Plan.
2. The Quality department will be available to assist all SWMBH internal departments and participant organizations for performance improvement support. If an improvement opportunity is identified, quality will assist in implementation of improving performance.
3. The Quality department will conduct analysis of data related to access to services, events, complaints and appeals, Coordination and Continuity of Care, Event Data and Satisfaction.
4. The Quality 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 Quality 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 Improvement Committee with input from members receiving services and providers within the SWMBH network.
 - c. Development of the QAPI Work Program and Plan. 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 Quality 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, Behavior Treatment Committee Data, Jail Diversion Data, and both Member and Provider Satisfaction. The Quality Department will share reports with members, Providers, CMHSPs, Committees and SWMBH staff.
 - e. Development of the Annual Evaluation of the QAPI – UM Programs.



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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, events, complaints, MMBPIS Indicators, Coordination and Continuity of Care, Behavior Treatment Committee Data, Event Data, Jail Diversion Data, 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.
 - e. Review national outcomes and benchmarks and 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 Committee 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 analyzes if performance goals are not met.
 - h. Be involved in the creation and implementation of at least two region-wide Performance Improvement Projects that achieve through ongoing measurement and intervention, demonstrable and sustained improvement and address clinical and non-clinical aspects of care.
 - i. Ensure active participation of providers and members in the QAPIP process.

B. 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 Quality Department role and responsibilities.
 - a. The QAPI Program and Plan specifies the role and structure of the QM function, QMC, the Performance Improvement Philosophy, measurement processes, and program objectives of SWMBH.



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- 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.
 - 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. It will be communicated that the QAPI Program, Plan, and Evaluation is made readily available to members receiving services and other stakeholders; through the SWMBH website, newsletters and other external publications
2. Performance Improvement Project administration criteria:
 3. The expected impact on performance; and the scope of clinical and non-clinical aspects of care expected to be impacted, and the available resources.
 4. 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.
 5. 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.

C. QAPI Participation

1. SWMBH requires compliance and active participation in the QAPI Program. Participation may include but is not limited to:
 - a. Planning, designing, and implementing an internal Performance Improvement Program consistent with SWMBH standards, policies, processes and guiding principles.
 - b. Data collection/analysis for key performance metrics as specified by and for SWMBH.
 - c. Development of internal metrics and benchmarks of performance as needed and expected by members.
 - d. Participation in satisfaction survey and other assessments.
 - e. Participation in adequate capacity/access to care reviews as requested.
 - f. Completion of corrective action plans as required and root cause analysis for any sentinel events, internal and external audits, and MDHHS contractual requirements.
 - g. Implementation and participation in Performance Improvement Projects and Outcome Studies.
 - h. Leads and formulates agendas for the Regional Quality Management Committee (QMC).
 - i. Discussion or development of any patient/customer focused interventions or outreach materials.
 - j. During chart reviews and interventions to understand the differences in care provided and outcomes achieved.
 - k. Data collected on behalf of SWMBH will be forwarded using the mechanisms and timeframes established within the provider contract.
 - l. The process of data collection must be available for review for any data collected on behalf of SWMBH.
 - m. At the time of initial contracting and during subsequent provider monitoring visits, the ability to participate in performance improvement will be assessed.



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- n. Failure to participate or provide timely, accurate data is grounds for elimination from the Provider Network.
- o. Active involvement in the annual Performance Bonus Incentive Program (PBIP) report submission, analysis and performance improvement strategies.
- p. Lead, organize and communicate any external audit/review requests, to relevant SWMBH functional areas and/or Leaders.

D. Member Participation & Experience

1. Reports are made public to stakeholders, advocates, providers, and members at large in multiple media avenues. Members are defined as both internal and external stakeholders including but not limited to other departments, participant departments and members.
 - a. Member feedback on Quality Improvement Activities will be sought and incorporated into the QAPI Plan.
 - b. Customer safety and PHI data protection will be incorporated into all Quality functions.
 - c. The Quality 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.
2. Member feedback will be sought through surveys and complaint and appeals data and incorporated into the QAPI Program and Plan.
3. Quality department will work to improve the safety of services provided to its members.
4. The Director of Quality shall review reports with Management, QMC and other committees for guidance on interventions and improvement recommendations.

References:

2020 PIHP Contract attachment P 7.7.1.1 and P 7.9.1

NCQA, MBHO Standards - QI Standard 1, Quality Improvement Program Structure, Element A;

NCQA, MBHO Standards - QI Standard 10, Clinical Measurement Activities, Element B.

Attachments: See 03.01 Quality Assurance and Performance Improvement Plan






03.02 Quality Assurance and Performance Improvement

Final Audit Report

2022-04-11

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