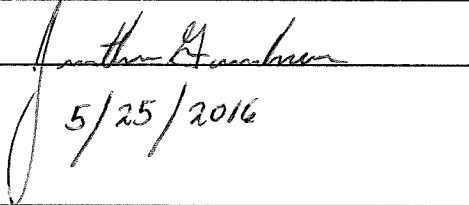


SWMBH Operating Policy 3.2

Subject: Quality Assurance and Performance Improvement		Accountability: Quality Management	Effective Date: 10/03/14	Pages: 4
REQUIRED BY: BBA Section <u>438.200-438.242 (Subpart D- QAPI)</u> PIHP Contract Section <u>6.9.1.</u> NCQA/URAC Standard <u>QI Standard 1, Element A & QI Standard 2, Element A; QI Standard 11, Element B</u> SA SARF _____ Other _____		Last Reviewed Date: 5/13/16	Past Reviewed Dates: 4/22/16	
LINE OF BUSINESS: <input checked="" type="checkbox"/> Specialty Waiver (B/C) <input type="checkbox"/> I Waiver <input type="checkbox"/> Healthy Michigan <input type="checkbox"/> SUD Medicaid <input type="checkbox"/> SUD CA Block Grant <input type="checkbox"/> OTHER: _____	APPLICATION: <input checked="" type="checkbox"/> SWMBH Staff and Ops <input checked="" type="checkbox"/> Participant CMHSPs <input type="checkbox"/> SUD Providers <input type="checkbox"/> MH / DD providers <input type="checkbox"/> DD providers <input type="checkbox"/> Other: _____	Last Revised Date: 5/13/16	Past Revised Dates: 4/22/16	
Approved:  Date: <u>5/25/2016</u>		Required Reviewer: Director of QAPI		

I. Purpose

To outline Southwest Michigan Behavioral Health’s (SWMBH) commitment and systematic approach to quality management.

II. 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 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 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.

III. Standards and Guidelines

A. Quality Department Structure

SWMBH Operating Policy 3.2

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, CMHSPs, 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. Oversight and monitoring of Performance Improvement Projects and performance reporting.
 - e. The Quality Department will review and conduct analysis of data related to access to services, events, complaints, MMBPIS Indicators, Coordination and Continuity of Care, Behavior Treatment Committee Data, Event Data, Jail Diversion Data, and Satisfaction. The Quality Department will share reports with members, Providers, CMHSPs, Committees and SWMBH staff.
 - f. Annual Evaluation of the QAPI Program
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. 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, and denials.
 - b. QMC will 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, and Satisfaction.
 - 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.

SWMBH Operating Policy 3.2

- 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.
 - 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 and QAPI Evaluation. These reports will be submitted external as required and made available internally.
 - c. The QAPI Program and Plan will include goals and measureable objectives for the Fiscal Year, and the QAPI Evaluation will report on results of measureable objectives.
 - d. The QAPI Program, Plan and Evaluation will be readily available to members receiving services and other stakeholders.
 2. Performance Improvement Project administration criteria:
 - a. The expected impact on performance; and the scope of clinical and non-clinical aspects of care expected to be impacted, and the available resources.
 - b. 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.
 - c. At least two projects will be in process at any given time that meets the State and Federal requirements for performance improvement projects.
- C. QAPI Participation
1. SWMBH requires compliance and 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.
 - b. Data collection as specified by and for SWMBH.

SWMBH Operating Policy 3.2

- c. Development of internal indicators of performance as needed and expected by members.
- d. Participation in satisfaction assessments.
- e. Participation in adequate capacity reviews as requested.
- f. Completion of corrective action plans as required and root cause analysis for any sentinel events.
- g. Implementation and participation in Performance Improvement Projects and Outcome Studies.
- h. Participation on the 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.
- n. Failure to participate or provide timely, accurate data is grounds for elimination from the Provider Network.

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 will work to improve the safety of services provided to its members. Member safety and PHI data protection will be incorporated into all Quality functions.
4. The Director of Quality shall review reports with Management, QMC and other committees for guidance on interventions and improvement recommendations.

IV. Definitions

None

V. References

2015 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 2, Program Operations, Element A; QI Standard 11;

Clinical Measurement Activities, Element B.

VI. Attachments

None