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Owner:	Mary Allix
Policy Area:	Quality Improvement
References:	<a href="#">NCQA QI 1</a>

## Quality Assessment Performance Improvement Program (QAPIP)

### POLICY

It is the policy of Detroit Wayne Mental Health Authority (DWMHA) that the DWMHA and its network of Direct Contractors and Managers of Comprehensive Provider Networks (MCPNs) and Direct Contractors, have a written Quality Assessment Performance Improvement Program (QAPIP).

### PURPOSE

The purpose of this policy is to provide direction to ensure that the DWMHA, MCPNs and their subcontractors and Direct Contractors have a written QAPIP that drives the quality improvement process and aligns with the DWMHA's Quality Improvement Plan.

### APPLICATION

1. The following groups are required to implement and adhere to this policy: DWMHA Board, DWMHA Staff, Contractual Staff, Access Center, MCPN Staff, Network Providers, Crisis services vendor, Credentialing Verification Organization (CVO)
2. This policy serves the following populations: Adults, Children, I/DD, SMI/SEI, SED,SUD, Autism
3. This policy impacts the following **contracts/service lines** : MI-HEALTH LINK, Medicaid.SUD, Autism, Grants, General Fund

### KEYWORDS

1. Quality Assessment Performance Improvement Program (QAPIP)

### STANDARDS

1. The Organization must have a written description of its QAPIP that specifies:
  - a. An adequate organizational structure that allows for clear and appropriate administration and evaluation of the QAPIP;
  - b. The components and activities of the QAPIP, including those as required below;
  - c. The role for persons served in the QAPIP; and

- d. The mechanisms or procedures to be used for adopting and communicating process and outcome improvement.
2. The QAPIP must be accountable to the Governing Body that is a Community Behavioral health and intellectual/developmental disabilities Services Program Board of Directors. Responsibilities of the Governing Body for monitoring, evaluating and making improvements to care include:
    - a. Oversight of QAPIP: There is documentation that the Governing Body has approved the overall QAPIP and an annual QI Plan;
    - b. QAPIP progress reports: The Governing Body routinely receives written reports regarding the QAPIP, describing performance improvement projects undertaken, the actions taken and the results of those actions;
    - c. Annual QAPIP review: The Governing Body formally reviews on a periodic basis (but no less frequently than annually), a written report on the operation of the QAPIP.
    - d. The Governing Body approves the written annual reports of the QAPIP for submission to the DWMHA. The report will include a list of the members of the Governing Body.
    - e. There is a designated senior official responsible for the QAPIP implementation.
    - f. There is active participation of providers and persons served in the QAPIP processes.
    - g. The Organization measures its performance using standardized indicators based upon the systematic, ongoing collection and analysis of valid and reliable data.
    - h. The Organization must utilize performance measures established by the DWMHA in the areas of access, efficiency, outcome and quality; and report data to the DWMHA as established in the contract;
    - i. The Organization may establish and monitor other performance indicators specific to its own program for the purpose of identifying process improvement projects.
  3. The Organization utilizes its QAPIP to assure that it achieves minimum performance levels on performance indicators as established by DWMHA, (which are inclusive of MDHHS and the ICOs) defined in the contract, and analyzes the causes of negative statistical outliers when they occur.
  4. The Organization's QAPIP includes support of the DWMHA-wide performance improvement projects that achieve demonstrable and sustained improvement in significant aspects of clinical and non-clinical services that can be expected to have a beneficial effect on health outcomes and consumer satisfaction. The DWMHA will have at least two projects during the contract year.
  5. The QAPIP describes and the Organization implements and participate in the DWMHA's process of peer review and comply with the Clinical Peer Review Policy. This includes:
    - a. Review and follow-up of Sentinel Events and other critical incidents and events that put people at risk of harm. The DWMHA and the provider network must comply with the Clinical Peer Review Policy of the DWMHA.
    - b. Review and follow-up of Behavior Management. The QAPIP quarterly reviews analyses of data from the behavior treatment review committee where intrusive or restrictive techniques have been approved for use with beneficiaries and where physical management or 911 calls to law enforcement have been used in an emergency behavioral crisis. The DWMHA and the provider network must comply with the Behavior Management in a Community-setting Policy of the DWMHA.
    - c. Review and follow-up of the death of persons served. The QAPIP quarterly reviews and analyzes

- data related to deaths in our system. This includes patterns and trends that suggest opportunities for improving care and the outcomes of persons served.
- d. Review and follow-up of the "Vulnerable" population database. The DWMHA and the provider network shall continually evaluate its oversight of "vulnerable" people in order to determine opportunities for improving oversight of their care and their outcomes.
6. The QAPIP includes periodic quantitative (e.g., surveys) and qualitative (e.g., focus groups) assessments of member experiences with its services. These assessments must be representative of the persons served and the services and supports offered.
    - a. The assessments must address opportunities for improving the services delivery system, including but not limited to, the issues of the quality, availability and accessibility of care;
    - b. As a result of the assessments, the Organization:
    - c. Takes specific action on individual cases as appropriate;
    - d. Identifies and investigates sources of dissatisfaction;
    - e. Outlines systemic action steps to follow-up on the findings;
    - f. Informs practitioners, providers, recipients of service and the governing body of assessment results.
    - g. The Organization evaluates the effects of the above activities.
    - h. The Organization insures the incorporation of persons served into the review and analysis of the information obtained from quantitative and qualitative methods.
  7. DWMHA, MCPN's, Network Providers, Crisis Service Vendor's and Access Center assesses the demographic characteristics and health risks of its covered population and all available data (outpatient claims, inpatient claims, demographic data, pharmacy data, survey data, focus groups) to identify relevant clinical, service, coordination of care and operational issues that reflect the health and service needs of significant groups within the population. Conduct annual quantitative and qualitative analysis of data that compares results against goals or benchmarks and conducts a causal analysis if stated goals not met. Analysis results are utilized to prioritize opportunities for improvement, implements interventions and measures effectiveness.
  8. At least annually, DWMHA monitors the following measures: Follow up after hospitalization for mental illness, initiation and engagement of alcohol and other drug dependence, follow up care for children prescribed ADHD medication (continuation and maintenance), depression utilization of the PHQ-9 tool, adherence to antipsychotic medications for individuals with schizophrenia, diabetes screening among people with bipolar disorder and schizophrenia who are on an antipsychotic medication and readmissions.
  9. The QAPIP describes the process for the adoption, development, implementation and continuous monitoring and evaluation of practice guidelines when there are nationally accepted or mutually agreed upon (by the DWMHA, MDHHS/ICO) clinical standards, evidence-based practices, practice-based evidence, best practices or promising practices that are relevant to the persons served.
  10. The QAPIP contains written procedures to determine whether physicians and other health care professionals who are licensed by the state and who are employees of the DWMHA or under contract are qualified to perform their services. The QAPIP also has written procedures to ensure that non-licensed providers of care or support are qualified to perform their jobs. The DWMHA has written policies and procedures for the credentialing and impaneling processes which are in compliance with MDHHS' Credentialing and Re-credentialing processes, and which includes the DWMHA's initial credentialing of practitioners as well as its subsequent re-credentialing, re-certifying and/or reappointment

of practitioners. These proceedings describe how findings of the QAPIP are incorporated into this re-credentialing process. The Organization must also ensure, regardless of funding mechanisms (e.g., voucher):

- a. Staff shall possess the appropriate qualifications as outlined in their job descriptions, including the qualifications for all of the following:
  1. Educational background;
  2. Relevant work experience;
  3. Cultural competence;
  4. Certification, registration and licensure as required by law and appropriate for the position.
  5. Criminal Background Checks: An initial and current criminal background check shall be conducted on all staff.
  6. Staff Orientation: All new personnel are trained with regard to their responsibilities, program policy and operating procedures.
  7. Staff Training: Identification of staff training needs, provide in-service training, continuing education and staff development activities.
11. Claims Verification: the written description of the Organization's QAPIP must address how it will verify whether services reimbursed by Medicaid/Medicare were actually furnished to enrollees by affiliates (as applicable) providers and subcontractors.
  - a. The Organization must comply with the methodology for claims verification established by the DWMHA.
  - b. The Organization must quarterly submit its findings from this process and provide any follow-up actions that were taken as a result of the findings.
12. The Organization monitors its provider network including any affiliates or contractors to which it has delegated or contracted functions, including service and support provisions. The Organization shall review and follow-up on any monitoring of its contractors. The Organization has a written plan for monitoring the network and direct contractors.
13. The Organization shall review and approve plans of correction that result from identified areas of noncompliance and follow up on the implementation of the plans of correction at the appropriate interval. Reports of the Organization's system-wide monitoring and plans of correction shall be subject to DWMHA review.
14. The Organization has a Utilization Management (UM) program that is described in the UM Program Description.
15. The Organization has a Quality Improvement Program Description and work-plan.

## **QUALITY ASSURANCE/IMPROVEMENT**

DWMHA shall review and monitor contractor adherence to this policy as one element in its network management program, and as one element of the QAPIP Goals and Objectives.

The quality improvement programs of MCPNs, their subcontractors, and Direct Contractors must include measures for both the monitoring of and the continuous improvement of the programs or processes described in this policy.

# COMPLIANCE WITH ALL APPLICABLE LAWS

DWMHA staff, MCPNs, Direct Contractors, and subcontractors are bound by all applicable local, state and federal laws, rules, regulations and policies, all federal waiver requirements, state and county contractual requirements, policies, and administrative directives, as amended.

## LEGAL AUTHORITY

- A. Michigan Department of Health and Human Services, Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program FY 17
- B. Pursuant to the requirements of the Balanced Budget Act (BBA) of 1997
- C. Michigan Department of Public Health (MDPH)
- D. External Quality Review (EQR)
- E. Public Law 105-33
- F. 42 Code of Federal Regulations (CFR) 438.358 of 2002
- G. Michigan's 1915(b) specialty Services and Supports Waiver

## RELATED POLICIES

- 1. Reporting of Consumer Critical Event, Sentinel Event, and Death Policy
- 2. Use of Behavior Treatment in Community Mental Health Settings Policy
- 3. Member Experience Policy
- 4. Clinical Practice Guidelines Policy
- 5. Assessment Policy
- 6. CREDENTIALING/RE-CREDENTIALING Policy
- 7. Claims Verification Policy
- 8. Network Monitoring and Management Policy
- 9. DWMHA Utilization Management Program Description Policy

## RELATED DEPARTMENTS

- 1. Administration
- 2. Claims Management
- 3. Clinical Practice Improvement
- 4. Children's Initiative
- 5. Compliance
- 6. Customer Service
- 7. Information Technology
- 8. Integrated Health Care
- 9. Legal

- 10. Managed Care Operations
- 11. Management & Budget
- 12. Purchasing
- 13. Quality Improvement
- 14. Recipient Rights
- 15. Substance Use Disorders
- 16. Utilization Management

## CLINICAL POLICY

YES

## INTERNAL/EXTERNAL POLICY

EXTERNAL

### Attachments:

No Attachments

### Approval Signatures

Approver	Date
Ronald Hocking: Chief Operating Officer	06/2017
Dana Lasenby: Deputy Chief Operating Officer	05/2017
Allison Smith: Project Manager, PMP	05/2017
Lorraine Taylor-Muhammad: Director, Managed Care Operations	05/2017
Kip Kliber: Director, Recipient Rights	05/2017
Stacie Durant: CFO Management & Budget	05/2017
Jody Connally: Director, Human Resources	05/2017
Julia Kyle: Director of Integrated Care	05/2017
Bessie Tetteh: CIO	05/2017
crystal Palmer: Director, Children's Initiatives	05/2017
Rolf Lowe: Assistant General Counsel/HIPAA Privacy Officer	05/2017
Maha Sulaiman	05/2017
Michele Vasconcellos: Director, Customer Service	05/2017
Darlene Owens: Director, Substance Use Disorders, Initiatives	05/2017
William Sabado: Chief of Staff	05/2017
Sarah Sharp: Consultant	05/2017
Diana Hallifield: Consultant	02/2017
Mary Allix	02/2017