

**North Country Community Mental Health
Northern Affiliation
Quality Assessment and Performance Improvement Program**

Introduction

North Country Community Health Services Board is the Medicaid specialty prepaid inpatient health plan (PIHP) for an affiliation of three community mental health boards serving the northern lower peninsula of Michigan. This affiliation is collectively referred to as the Northern Affiliation. The member Boards are: AuSable Valley Community Mental Health (AVCMH), serving Iosco, Ogemaw and Oscoda Counties; Northeast Michigan Community Mental Health (NEMCMH), serving Alcona, Alpena, Montmorency and Presque Isle Counties; and North Country Community Mental Health (NCCMH), serving Antrim, Charlevoix, Cheboygan, Emmet, Kalkaska and Otsego Counties. The managed care activities are the responsibility of the Affiliation Services division of NCCMH.

The mission of NCCMH is to assure the provision of behavioral health services that improve the quality of life in our communities. As the PIHP for the thirteen County Northern Affiliation, this mission guides the activities of the Affiliation Services division. The Quality Assessment and Performance Improvement Program (QAPIP) is intended to serve several functions, including but not limited to:

- ◆ Serve as the quality improvement structure for the managed care activities of the Northern Affiliation;
- ◆ Provide oversight of the CMHSP provider quality improvement structures and assure coordination with PIHP activities as appropriate;
- ◆ Provide leadership and coordination for the PIHP Performance Improvement Projects;
- ◆ Coordinate with the Regional Compliance Coordinator and Regional Compliance Committee for the verification of Medicaid claims submitted; and
- ◆ Work with the Improving Practices Leadership Team to assure implementation of evidence based practices throughout the region.

This written plan describes how these functions are accomplished. It also describes the organizational structure and responsibilities relative to these functions.

Authority

The QAPIP is reviewed and approved on an annual basis by the North Country Community Mental Health Board. Through this process, the governing body gives authority for implementation of the plan and all of its components. This authority is essential to the effective execution of the plan.

Consistent with the structure of North Country Community Mental Health, and the governance structure of the Board, this authority is discharged through the Director of NCCMH. In turn, the Director discharges this authority through the Director of Affiliation Services with implementation responsibility charged to the Services Quality and Innovation Manager.

Operations Committee Approval: February 11, 2009
Board Approval: February 19, 2009

Structure

Provider/Consumer Involvement

The involvement of provider and consumer representatives is essential to comprehensiveness of the QAPIP. As such, this involvement is sought, encouraged and supported at several levels, including:

- ◆ The North Country Community Mental Health Board has consumers as members.
- ◆ The Northern Affiliation has a consumer advisory panel, the Partners In Care Committee, which provides input to most managed care activities.
- ◆ The Quality Oversight Committee is comprised of staff from the comprehensive provider organizations as well as consumer representatives
- ◆ Each member Board has a consumer council and consumer representation on the governing body and on various committees.
- ◆ A regional stakeholder group has been established to provide additional input to the Improving Practices Leadership Team.

PIHP Quality Improvement Committee (PIHP QI)

The PIHP Quality Improvement Committee has central responsibility for the implementation of the QAPIP. The membership consists of staff from the Northern Affiliation division of NCCMH and includes:

- ◆ Service Quality and Innovation Manager, as Committee Chair
- ◆ Director of Affiliation Services
- ◆ Medical Director
- ◆ Access Center Director
- ◆ Consumer Relations Specialist
- ◆ Regulatory Compliance Coordinator
- ◆ Regional IS Director
- ◆ Provider Network Specialist
- ◆ Financial Analyst

Provider Quality Oversight Committee (QOC)

The Quality Oversight Committee is primarily responsible for assuring that the provider network has appropriate quality improvement structures and activities necessary to monitor the provision of quality services and to meet federal and state requirements. This group provides the primary link between the quality improvement structure of the Boards and the PIHP. To create this link, the Director of each Board appoints one representative from that Board's QI structure to serve as a member of the QOC. Additional membership includes:

- ◆ Minimum of two primary or secondary consumer representatives from appropriate service populations, including persons with developmental disabilities, adults with mental illness, children with severe emotional disturbances and persons with substance use disorders.
- ◆ A representative from the quality improvement structure for the substance abuse coordinating agency,
- ◆ Service Quality and Innovation Manager, and
- ◆ Provider Network Specialist.

Improving Practices Leadership Team (IPLT)

The Improving Practices Leadership Team was implemented as part of the System Transformation Block Grant and is particularly interested in the selection and implementation of evidence based, best, and promising practices. Membership, as prescribed by the Michigan Department of Community Health, includes:

- ◆ IPLT Team Leader (Director of Affiliation Services)
- ◆ FPE Program Leader
- ◆ IDDT-COD Program Leader
- ◆ Program Specialist serving adults with mental illness
- ◆ Program Specialist serving persons with developmental disabilities
- ◆ Program Specialist serving children with Severe Emotional Disturbance, also PMTO Program Leader
- ◆ Program Specialist serving persons with substance use disorders
- ◆ Finance representative (PIHP Financial Analyst)
- ◆ Data Specialist (PIHP Information Specialist)
- ◆ Evaluation Specialist (PIHP Service Quality and Innovation Manager)
- ◆ PIHP Employed Consumer (Consumer Relations Specialist)
- ◆ Peer Support Specialist
- ◆ Program Leader, Peer Program
- ◆ Family member of child receiving services

Board QI Processes

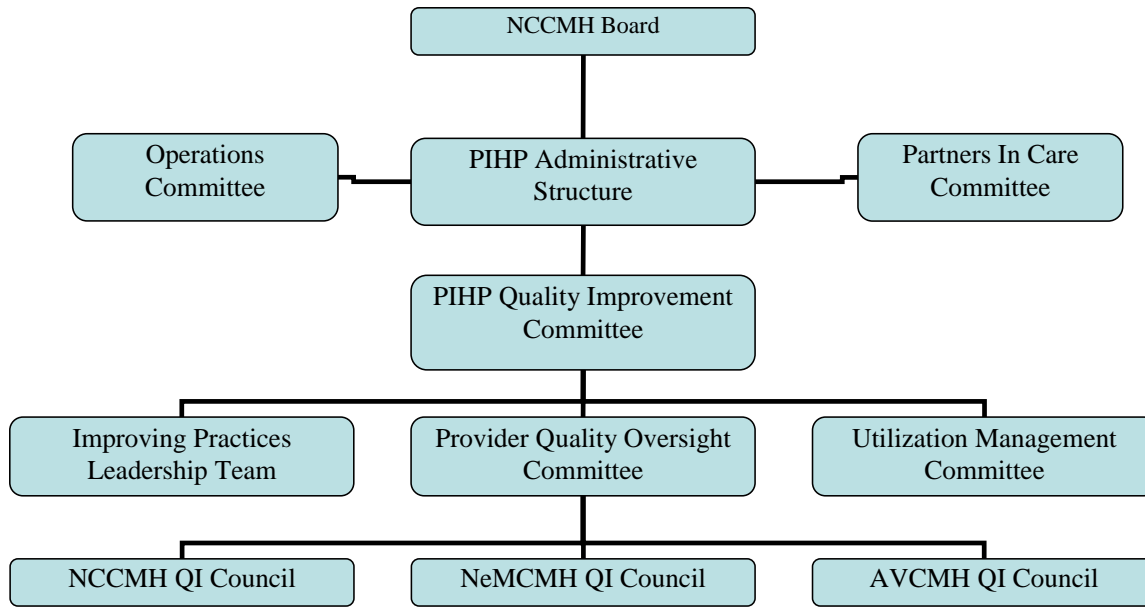
Each member Board, and the substance abuse coordinating agency (CA), has a quality improvement process in place. Consistent with the philosophy of the PIHP, it is within these existing structures that the Boards and CA best address quality issues within their operations. Each of these organizations must have a quality improvement structure meeting the requirements of the Michigan Department of Community Health. As noted above, one representative from this structure is appointed to the Quality Oversight Committee. This provides coordination and oversight appropriate to the needs of the PIHP.

Accountability

One of the basic tenets of quality improvement, and a key element of all successful teams, is accountability. Consequently, the success of this plan is dependent on each component understanding, and meeting, its accountabilities. This begins with the basic premise that each employee and/or agent of each organization, whether the PIHP, comprehensive provider, substance abuse coordinating agency, contract agency or subcontract agency, is accountable for the quality and integrity of his/her work: accountable to the consumer, the coworker, various committees to which they belong, and to the organization.

The following table displays the reporting accountability of the various formal components of the quality assessment program.

Northern Affiliation
Quality Assessment and Performance Improvement Program



Responsibilities

Each of the components of the QAPIP structure has specific responsibilities. These various tasks, when taken in whole, assure that the PIHP and the provider panel are providing quality services, effectively managing and protecting the available resources, protecting the rights of service recipients and identifying opportunities to improve.

PIHP QI Committee

The PIHP QI Committee, consisting of staff from the managed care unit of NCCMH, has the lead role in implementing this QAPIP. This begins with responsibility for the quality, efficacy and efficiency of the managed care activities. In addition to managing the “QI” function for the managed care administrative structure, the PIHP QI Committee also has responsibility for the following:

Claims Verification

The verification of Medicaid claims is required both by federal regulation and state contract. Primary responsibility for this activity, as specified in the *Verification of Delivery of Medicaid Services Claimed*, Attachment A, is assigned to the Regulatory Compliance Coordinator.

Practice Guidelines

The process for developing, reviewing, adopting and disseminating practice guidelines is specified in the Northern Affiliation procedure for Practice Guidelines. The PIHP QI Committee has responsibility for assuring the procedure is implemented appropriately.

Sentinel Events

Primary responsibility for review of sentinel events is vested in the provider organizations. The Service Quality and Innovation Manager is responsible for assuring that this occurs, with proper reporting, as specified in Northern Affiliation procedure. The PIHP QI Committee has responsibility for assuring the procedure is implemented appropriately.

Credentialing

The PIHP credentials organizations as providers. Each provider organization completes it's own credentialing. This credentialing must be done in a manner consistent with Northern Affiliation procedures.

Utilization Management

The Utilization Management Committee is responsible for implementation of the Northern Affiliation Utilization Management Plan. This committee provides information to the Quality Oversight Committee and is accountable to the PIHP QI Committee.

Provider Quality Oversight Committee

The Quality Oversight Committee is the PIHP's primary connection to the quality improvement activities and structures of the comprehensive provider organizations and the substance abuse coordinating agency. This committee is also a vehicle for consumer input, as it includes consumer members. The primary responsibilities of the QOC include:

Coordination with CMHSP Structures

An inherent principle of quality improvement is that improvement is best addressed by the individuals involved in the systems to be improved. Consequently, those best equipped to improve the various functions of the provider organizations are those within the organizations. For this reason, the Northern Affiliation has taken a position of supporting the existing QI structures within the various provide organizations.

It is the responsibility of the PIHP, however, to assure that each of these structures meets the requirements of federal and state regulations. Oversight of these structures is a primary role of the QOC. For this reason, the membership of the QOC includes a member of the QI Structure from each of the comprehensive providers and the coordinating agency. In addition to oversight, this relationship also facilitates opportunities for each of the organizations to benefit from the efforts and experiences of the other organizations.

Performance Indicators

The Michigan Department of Community Health has established performance indicators for CMHSP, PIHP and CA. Each member Board reports performance indicators for all services populations to the MDCH. Additionally, the PIHP reports performance indicators for Medicaid recipients only. This information includes persons served by the PIHP, whether for mental health, developmental disability or substance abuse conditions. The QOC monitors the PIHP performance in this area. When standards are not met, the QOC requires corrective action initiatives from those organizations failing to meet the standard.

Consumer Satisfaction and Outcome Measures

The QOC is responsible for conducting surveys of consumers to assess their degree of satisfaction with services. This includes several surveys and techniques. Specifics are found in the annual work plan for the QOC. Additionally, the QOC will advance the implementation of outcome measurement as appropriate.

Performance Improvement Projects

Federal regulation requires that each PIHP conduct at least two Performance Improvement Projects each year. Currently, the MDCH mandates the topic of one of the two projects. The QOC, working with the Service Quality and Innovation Manager, is responsible for these projects.

Analysis of Behavior Treatment Data

On a quarterly basis, the QOC reviews analysis of data from each CMSHP behavior treatment review process. This review includes any intrusive or restrictive techniques that have been approved or used with consumers where physical management was necessary in an emergency situation. At a minimum, this review will include: number of incidents and duration of intervention, by person, as well as evidence that the CMHSP is examining possible changes in treatment.

Improving Practices Leadership Team

The Improving Practices Leadership Team, as described above, has been established to evaluate the existing service array and the available “promising,” “best,” and “evidence based” practices. The intent, of course, is to identify potential opportunities to improve the service array through the implementation of these services.

Additionally, the IPLT assists in the implementation of new promising, best, or evidence based practices when selected. This includes providing a link to the provider organizations, identifying potential barriers to implementation, and measuring model fidelity. It is also responsible for ongoing monitoring of practices standards relative to evidence based practices, promising and best practices.

Service Quality and Innovation Manager

This PIHP staff position is the individual with primary responsibility for implementation of the QAPIP. This includes providing appropriate staff support to the various committees and structures. This individual coordinates with the substance abuse coordinating agency, attending that organization’s quality improvement committee meetings and providing the link between the structures.

On an annual basis, this individual works with the various committees to conduct a review and assessment of the quality assessment and performance improvement activities of the PIHP. This includes a review of the annual work plan, development of a work plan for the coming year, review of the written QAPIP, and recommending changes as needed.

Provider Quality Improvement

Each comprehensive provider organization is required to maintain an appropriate quality improvement program sufficient to meet the requirement of federal regulations and national accreditation. Summary reports of the quality improvement activities, minutes of quality improvement meetings, revised Quality Improvement Plans, as well as annual evaluations of the Quality Improvement Plan/Program will be submitted to the Northern Affiliation Service Quality and Innovation Manager. All quality improvement programs and activities must be consistent with the standards and requirements for Medicaid Specialty PIHP, as specified in federal regulation and state contract. Reporting to the QOC shall be sufficient to assure compliance with these requirements.

Substance Abuse Coordinating Agency

Northern Michigan Substance Abuse Services, the coordinating agency serving all thirteen counties in the Northern Affiliation, maintains a quality improvement structure for its provider network. Summary reports of the quality improvement activities, minutes of quality improvement meetings, revised Quality Improvement Plans, as well as annual evaluations of the Quality Improvement Plan/Program will be submitted to the Northern Affiliation Service Quality and Innovation Manager as appropriate.