



# Mariposa County Human Services

*Growing Strong, Safe, Healthy Communities*

**Mariposa County Behavioral Health and Recovery Services**

**QUALITY IMPROVEMENT WORKPLAN**

**Fiscal Year 2016 - 2017**

## **Quality Assurance Program**

### **Required Elements for the Quality Assurance Program**

Mariposa County Behavioral Health and Recovery Services has developed a QA work plan to meet the criteria outlined in the Department of Health Care Services Contract. The QA Program's structure and elements are outlined in this document. The QA Program assigns responsibility to appropriate individuals, adopts or establishes quantitative measures to assess performance and to identify and prioritize area(s) for improvement. The QA Program shall be evaluated annually and updated as necessary per Title 9, CCR, Section 1810.440(a)(6) and Title 42, CFR, Section 438.240(e).

MCBHRS shall set standards and implement processes that will support understanding of, and compliance with, documentation standards set forth in the State Department of Health Care Services contract.

The QA Program shall:

- Conduct performance monitoring activities throughout its operations.
- Activities shall include, but not be limited to;
  - Client and system outcomes,
  - Utilization management,
  - Utilization review,
  - Provider appeals,
  - Credentialing and monitoring, and
  - Resolution of beneficiary grievances.
- Ensure continuity and coordination of care with physical health care providers.
- Coordinate with other human services agencies used by its beneficiaries.
- Assess the effectiveness of any MOU with a physical health care plan.
- Have mechanisms to detect both underutilization of services and overutilization of services, as required by Title 42, CCR, Section 438.240(b)(3).
- Implement mechanisms to assess beneficiary/family satisfaction. The Mental Health Provider (MHP) shall assess beneficiary/family satisfaction by:
  - Surveying beneficiary/family satisfaction with the MHP's services at least annually;
  - Evaluating beneficiary grievances, appeals and fair hearings at least annually; and
  - Evaluating requests to change persons providing services at least annually.
  - Inform providers of the results of beneficiary/family satisfaction activities.
- Implement mechanisms to monitor the safety and effectiveness of medication practices.
  - The monitoring mechanism shall be under the supervision of a person licensed to prescribe or dispense prescription drugs.
  - Monitoring shall occur for five percent of medication charts.
- Implement mechanisms to address meaningful clinical issues affecting beneficiaries system-wide.
  - Monitor appropriate and timely intervention of occurrences that raise quality of care concerns.
  - Take appropriate follow-up action when such an occurrence is identified.
  - Results of the intervention shall be evaluated by the MCBHRS annually.

## **Quality Assurance Unit (QA)**

The QA unit is charged with conducting and overseeing the elements of the QA program. The QA unit will also provide guidance and support in the implementation of the QI work plan. MCBHRS will utilize the QI Work Plan covering the current contract cycle with documented annual evaluations and documented revisions as needed. The QI Work Plan supporting evidence shall include:

- Evidence of the monitoring activities including, but not limited to,
  - Review of beneficiary grievances, appeals, expedited appeals, fair hearings, expedited fair hearings, provider appeals, and clinical records review as required by Title 9, CCR, Section 1810.440(a)(5) and Title 42, CFR, section 438.416;
  - Evidence that QA activities, including performance improvement projects, have contributed to meaningful improvement in clinical care and beneficiary service;
- A description of completed and in-process QA activities, including performance improvement projects. The description shall include:
  - Monitoring efforts for previously identified issues, including tracking issues over time;
  - Objectives, scope, and planned QA activities for each year; and,
  - Targeted areas of improvement or change in service delivery or program design.
- A description of mechanisms MCBHRS has implemented to assess the accessibility of services within its service delivery area. This shall include;
  - Goals for responsiveness for the MCBHRS's 24-hour toll-free telephone number,
  - Timeliness for scheduling of routine appointments,
  - Timeliness of services for urgent conditions, and
  - Access to after-hours care.
- Evidence of compliance with the requirements for cultural competence and linguistic competence specified in Title 9, CCR, Section 1810.410.

## **Quality Improvement Committee (QIC)**

The QIC shall be accountable to the Mental Health Director as described in Title 9 CCR, Section 1810.440(a) (1). Operation of the QIC shall include substantial involvement by a licensed mental health staff person, as described in Title 9 CCR, Section 1810.440(a)(4).

The QIC shall include active participation by practitioners and providers, as well as consumers and family members in the planning, design and execution of the QI Work Plan, as described in Title 9 CCR, Section 1810.440(a)(2)(A-C).

There shall be a minimum of two active Performance Improvement Projects (PIPs) that meet the criteria in Title 42, CFR, Section 438.240(b)(1) and (d). Each performance improvement projects shall focus on a clinical area, as well as one non-clinical area.

## **QIC Activities**

The QI Committee shall monitor the service delivery system with the aim of improving the processes of providing care and better meeting the needs of its clients. The QI Program Committee shall;

- Review the quality of specialty mental health services provided to beneficiaries.
- Recommend policy decisions;
- Review and evaluate the results of QI activities, including;
  - Performance improvement projects;
  - Institute needed QI actions;
  - Ensure follow-up of QI processes; and
  - Document QI Committee meeting minutes regarding decisions and actions taken.

QI activities shall include:

- Collecting and analyzing data to measure against the goals stated in the QI annual work plan, which prioritized areas of improvement that have been identified;
- Identifying opportunities for improvement and deciding which opportunities to pursue;
- Identifying relevant committees internal or external to ensure appropriate exchange of information with the QI Committee;
- Obtaining input from providers, consumers and family members in identifying barriers to delivery of clinical care and administrative services;
- Designing and implementing interventions for improving performance;
- Measuring effectiveness of the interventions;
- Incorporating successful interventions into the MCBHRS operations as appropriate;
- Reviewing beneficiary grievances, appeals, expedited appeals, fair hearings, expedited fair hearings, provider appeals, and clinical records review as required by Title 9, CCR Section 1810.440(a)(5)

QIC meeting agendas may include, but are not limited to, the following agenda items:

- Capacity and Service Delivery - Reviewing the utilization of services, assess the number of assessments monthly, identifying gaps in services in outlying areas or to underserved populations, and monitoring of penetration rates for medi-cal beneficiaries.
- Accessibility-Identify barriers to access of services, monitoring of afterhours access, 24/7 access components (see 24/7 Access P&P), and monitoring of threshold languages.
- Satisfaction- Identify areas for improvement by reviewing beneficiary surveys, reviewing reports on client “no shows”, change of provider requests, and grievance/appeal summaries.
- Process Service Delivery- review and evaluate Policy and Procedures and compare current services with previous year’s utilization.
- Continuity of Care- Design, implement and measure effectiveness of interventions for coordination of care with Primary Care Physicians and partner agencies.
- PIP Committee- Assign projects for evaluation of improving potential. Incorporate successful interventions into MCBHRS practices. Ensure completion of annual reports.
- Cultural Responsiveness Committee- Review implementation of Cultural Competence Plan to assure culturally competent practices and trainings are occurring.

The QIC meets at least quarterly and consists of the following individuals:

- MCBHRS Deputy Director
- Quality Improvement/Assurance Supervisor
- All Supervisors
- MHSA Coordinator
- QA staff
- Committee Chairs
- Beneficiaries
- Mental Health Board Members
- Community Service Providers
- Contract Providers
- Other MCBHRS leadership and direct provider staff

MCBHRS Communication of QI Activities:

The Division supports QI activities through the planned coordination and communication of the results of measurement of QI Goals. There are overall efforts to continually improve the quality of care provided. The planned communication may take place through the following methods:

- Recipients participating in the QI Committee report back to recipient groups

- Emails
- Presentations to the Mental Health Board
- Posters, brochures, notices and surveys displayed in common areas
- Sharing of the Department's annual QI Plan
- Distribution of meeting minutes

#### Other Division QI Activities/Committees

The Department has other standing committees where QI/UM activities occur. These include the Performance Improvement Project (PIP) committees, Compliance Committee, Cultural Competency Committee, and Primary Care Provider sub-committee (PCP). Other committees or work groups are created as necessary to resolve quality improvement issues.

#### **Utilization Management (UM) Program**

The Utilization Management Program shall;

- Be responsible for assuring that beneficiaries have appropriate access to specialty mental health services as required in Title 9, CCR, Section 1810.440(b)(1-3).
- Evaluate medical necessity, appropriateness and efficiency of services provided to Medi-Cal beneficiaries prospectively or retrospectively.
- Implement mechanisms to assess the capacity of service delivery for its beneficiaries. This includes monitoring the number, type, and geographic distribution of mental health services within the Department's delivery system.
- Implement mechanisms to assess the accessibility of services within its service delivery area. This shall include the assessment of responsiveness of the MHP's 24 hour toll-free telephone number, timeliness of scheduling routine appointments, timeliness of services for urgent conditions, and access to after-hours care.
- Implement mechanisms to assure authorization decision standards are met. In instances where services are reduced, denied or terminated a Notice of Action (NOA) will be sent to client.

#### **Evaluation**

An evaluation is completed at the end of each fiscal year. The annual evaluation is conducted by the MHP and kept on file, along with the Quality Improvement Plan. These documents will be reviewed by the Leadership and others as appropriate.

The evaluation summarizes the following:

- The goals and objectives of the programs/service's Quality Improvement Plan;
- The quality improvement activities conducted during the past year;
- The performance indicators utilized;
- The findings of the measurement, data aggregation, assessment and analysis processes;
- The quality improvement initiatives taken in response to the findings;
- Recommendations: Based upon the evaluation, the actions deemed necessary to improve the effectiveness of the Department's/program services.

OBJECTIVE	ACTIVITY	PERSON(S) RESPONSIBLE OR PROGRAM	AUDITING TOOL	TIMELINES/ COMPLETION DATE
<b>Goal #1: Monitor and Ensure Service Delivery Capacity</b>				
<p><b>Objective A:</b></p> <p>Obtain on a semi-annual basis reports from EHR regarding the following;</p> <ul style="list-style-type: none"> <li>• Location of clients receiving services by zip code / residential area</li> <li>• Demographics of clients receiving services</li> <li>• Types of services clients are receiving</li> <li>• Client diagnoses</li> </ul>	<p>Monitor data collected on Medi- Cal beneficiaries in Mariposa County and beneficiaries in treatment with MCBHRS.</p> <p>Trending of the data on a semi- annual basis.</p> <p>Data to be presented to MCBHRS and stakeholders on a semi-annual basis with analysis to established goal.</p> <p>Data to be analyzed by QIC and Leadership to determine areas of deficiencies.</p>	<p>QA Staff Analyst QA Supervisor QIC Leadership</p>	<p>Anasazi Reports</p> <ul style="list-style-type: none"> <li>• Client roster report</li> <li>• Client diagnosis report</li> <li>• Client services report</li> </ul>	<p>Semi-annual July 2016-June 2017</p>
<p><b>Objective B:</b></p> <p>Monitor Productivity</p> <p>Staff will be productive 90% of the time that they are available to see clients, resulting in an overall productivity rate of 65%.</p>	<p>Staff will enter all services into Anasazi.</p> <p>Staff productivity will be evaluated by productivity reports generated by the Client services report.</p> <p>Supervisors will monitor reports.</p>	<p>QA Supervisor QA Analyst MCBHRS staff MCBHRS Leadership</p>	<p>Anasazi Reports Productivity spreadsheet</p>	<p>Monthly July 2016 – June 2017</p>

OBJECTIVE	ACTIVITY	PERSON(S) RESPONSIBLE OR PROGRAM	AUDITING TOOL	TIMELINES/ COMPLETION DATE
<b>Goal #2: Ensure Accessibility to Services</b>				
<b>Objective A:</b> Monitor timeliness of routine initial mental health assessment to ensure compliance with the 30 calendar day standard.	Timeliness of assessments will be tracked from date of request to first offered appointment.	QA Analyst QA Supervisor	Timeline to services spreadsheet	Monthly July 2016 – June 2017
<b>Objective B:</b> Monitor timeliness of routine initial medication appointments from the date of request to the first offered appointment within 30 calendar days.	Timeliness of Medication Evaluations will be tracked from date of request to first offered appointment.	QA Analyst QA Supervisor	Dr. Tracking Spreadsheet	Monthly July 2016 – June 2017
<b>Objective C:</b> Define Urgent Condition Develop tracking mechanism for utilization of Urgent appointments.	Research how DHCS defines urgent conditions. Develop tracking mechanism.	QA Analyst QA Supervisor		July 2016-June 2017
<b>Objective D:</b> Monitor post hospitalization follow up appointments.	Follow up appointments will be tracked according to discharge date.	Hospital Liaison QA Analyst	Post hospitalization follow up sheets Hospitalizations 16-17 Spreadsheet	July 2016-June 2017

<p><b>Objective E:</b> Monitor the responsiveness of the 24 hour, toll-free telephone number with a passing rate of 95% of calls being provided appropriate information and logged.</p>	<p>Test Calls will be conducted at a rate of no less than one per month.</p> <p>Calls will be evaluated on the following information:</p> <ul style="list-style-type: none"> <li>• How to access specialty mental health services.</li> <li>• Information for urgent conditions.</li> <li>• How to use the beneficiary problem resolution and fair hearing process.</li> <li>• 24/7 Access training (including interpreter access) will be offered to all staff bi-annually.</li> </ul>	<p>MHP programs will rotate responsibility</p> <p>QA staff will monitor Access Log Cultural Responsiveness</p>	<p>Test Call Worksheets</p> <p>At least 2 test calls will be made every 30 days.</p> <p>Test call data will be reported quarterly to DHCS and reviewed at QIC Training Notice</p> <p>Interpreter Service Bill</p>	<p>July 2016-June 2017</p>
<p><b>Objective F:</b> Ensure the provision of culturally and linguistically appropriate services.</p>	<p>Culturally relevant trainings will be planned semi-annually in accordance with the Cultural Competency Plan. Linguistic access training will be offered to staff.</p>	<p>QIC QA Supervisor (CRC)</p>		<p>Semi-Annually</p>
<p><b>Objective G:</b> Treatment Authorization Requests (TAR) will be reviewed for medical necessity and authorized or reauthorized as appropriate within 14 calendar days.</p>	<p>TARs will be reviewed and decisions will be documented within 14 days of receipt.</p> <p>UM committee will monitor this indicator monthly 100% will meet this timeline.</p>	<p>QA Supervisor Medical Director Deputy Director Medical Records Staff</p>	<p>TAR Log</p> <p>Authorization Audits Reported semi-annually to QIC</p>	<p>Semi-Annually July 2016-2017</p>

OBJECTIVE	ACTIVITY	PERSON(S) RESPONSIBLE OR PROGRAM	AUDITING TOOL	TIMELINES/ COMPLETION DATE
<b>GOAL # 3: Beneficiary Satisfaction</b>				
<p><b>Objective A:</b> Assess beneficiary and/or family member satisfaction with the services through Mariposa County Behavioral Health and Recovery Services (MCBHRS).</p>	<p>Survey beneficiary and/or family member for satisfaction with the MCBHRS services and service providers.</p> <p>Goal is to increase overall satisfaction by 3%.</p>	<p>Family Services Center Staff QA Supervisor, QIC</p>	<p>QIC Review POQI semi-annually Meeting Minutes Survey Forms</p>	<p>Quarterly After each State Survey and MCBHRS Satisfaction Survey</p> <p>July 2016-June 2017</p>
<p><b>Objective B:</b> Communicate the results of the beneficiary/family member satisfaction survey.</p>	<p>Staff and Providers will review the satisfaction surveys with clients as part of continuous quality improvement.</p>	<p>QA Staff Analyst Leadership</p>	<p>Survey results reported to staff.</p>	<p>July 2016-June 2017</p>
<p><b>Objective C:</b> Assess engagement and service delivery.</p>	<p>Monitor no show and cancellation rates with a goal of 90% of appointments being kept.</p>	<p>QA Staff Analyst Leadership</p>	<p>Survey results reported to staff. Survey Results Report to QIC Email</p>	<p>Semi Annually July 2016- June 2017 After each State Survey and MCBHRS Satisfaction Survey</p>

OBJECTIVE	ACTIVITY	PERSON(S) RESPONSIBLE OR PROGRAM	AUDITING TOOL	TIMELINES/ COMPLETION DATE
<b>GOAL #4: Monitor Safety and Effectiveness of Medication Practices</b>				
<b>Objective A:</b> Monitor safety and effectiveness of medication practices.	Identify and make recommendation regarding clinical areas that need improvement.  Conduct chart reviews.  Update medication consents to adhere to state regulations.  Medication monitoring by Kings View.	Psychiatrist Nurse UM Committee QA Supervisor, QIC	Medication Chart Reviews	Monthly July 2016-June 2017

OBJECTIVE	ACTIVITY	PERSON(S) RESPONSIBLE OR PROGRAM	AUDITING TOOL	TIMELINES/ COMPLETION DATE
<b>GOAL #5: Coordination and Quality of Care</b>				
<p><b>Objective A:</b> Coordinate services with Primary Care Provider (PCP) and other agencies utilized by MCBHRS beneficiaries.</p>	<p>Evaluate coordination with Primary Care Providers through the PCP sub. Committee.</p> <p>Evaluate referral process for appropriateness and timeliness of exchange of information.</p> <p>Host a PCP luncheon with managed care providers, doctors, Anthem, Cenpatico and Medical Director of MCBHRS.</p> <p>Outreach to PCP and offer case management support for continuity of care.</p> <p>Provide medical consultation and training to provider and primary care physicians or other entities, as needed.</p>	<p>QA Supervisor and Staff,</p> <p>UM Committee, Medical Director</p> <p>Contract Providers, PCP Sub-Committee</p> <p>Case Managers</p> <p>Anthem Blue Cross and Cenpatico</p>	<p>SMI screening tool Timeliness Reports</p> <p>Community feedback on referral process</p> <p>NOA Review</p>	<p>July 2016-June 2017</p>

<p><b>Objective B:</b> Monitor Medi-Cal billing and documentation compliance.</p>	<p>Conduct Chart reviews. Update Documentation Manual. Provide trainings as needed. Track errors to determine if further training is necessary. Review compliance log.</p>	<p>QA supervisor QA analyst Compliance Officer Supervisors</p>	<p>Compliance log Chart Audits</p>	<p>Report quarterly/annually in QIC meeting</p>
<p><b>Objective C:</b> Monitor Beneficiary grievances, change of providers, and Appeals.</p>	<p>Grievances will be resolved within regulatory standards of 60 calendar days.  Standard Appeals will be resolved according to regulatory standards of 45 calendar days. Expedited appeals will be processed within 3 days.  Monitor change of provider requests including the reason given by consumers and Notice of Actions (NOAs).</p>	<p>QA Supervisor, QI Staff and Compliance Officer Leadership</p>	<p>Grievance submissions Grievance Reports Report to QIC quarterly NOA log Change of Provider Requests Change of Provider Reports Report to QIC quarterly</p>	<p>On-going July 2016-June 2017</p>
<p><b>Objective D:</b> Enhance contract provider relations.</p>	<p>Provider meetings will continue to occur to assist in open communication.</p>	<p>QA Supervisor QA Analyst Compliance Officer</p>	<p>Provider meeting sign in sheets Training sign in sheets</p>	

	<p>Provider trainings will be held or invitations will be made for in house training.</p> <p>Provider appeal process will be reviewed and adjusted.</p>		<p>Provider appeals</p>	
<p><b>Objective E:</b></p> <p>Performance Improvement Project.</p> <p>Clinical PIP Recovery Model Clinic.</p> <p>Non Clinical PIP.</p> <p>Post hospitalization follow up.</p>	<p>Implement Strengths Assessment and Personal Recovery Plan to increase satisfactory completion of short term goals.</p> <p>Conduct follow up surveys with client's following their hospitalizations to increase engagement in services and reduce barriers to treatment and possible re-hospitalization.</p>	<p>PIP committee</p> <p>Clinical Staff</p> <p>Supervisors</p> <p>QA Analyst</p> <p>QIC</p>	<p>Strengths Assessment log</p> <p>Discharge report</p> <p>Hospitalization 16-17 spreadsheet</p> <p>Post hospitalization follow up survey</p> <p>Client services report</p>	<p>Pre work July -October</p> <p>Active Time October- April 2016</p> <p>Evaluation April-June 2016</p>