



Mariposa County
**Health & Human
Services Agency**
Healthy. Safe. Thriving.

Mariposa County Behavioral Health and Recovery Services

QUALITY IMPROVEMENT WORKPLAN

Fiscal Year 2021 - 2022

Quality Assurance Program

Required Elements for the Quality Assurance Program

Mariposa County Behavioral Health and Recovery Services (MCBHRS) 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 community services agencies used by its beneficiaries.
- Assess the effectiveness of any MOU with a physical health care plan or managed care.
- 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 are 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, 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 minimum 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 when 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.

Goals	Objectives
1. Monitor and Ensure Service Delivery Capacity	1.a. Geographically Diverse Services – MH 1.b. Geographically Diverse Services – SUD 1.c. Penetration Rates – MH 1.d. Penetration Rates – SUD 1.e. Service Utilization – MH 1.f. Service Utilization – SUD 1.g. Productivity – MH Providers 1.h. Productivity – SUD Providers 1.i. Certify Satellite Sites 1.j. Utilization of modes of services – MH 1.k. Utilization of mode of services – SUD
2. Ensure Accessibility to Services	2.a. Timeliness of Assessments – MH 2.b. Timeliness of Assessments – SUD 2.c. Timeliness of Initial Medication Appts 2.d. Timeliness of Urgent Appts – MH 2.e. Timeliness of Urgent Medication Appts 2.f. Timeliness of Post Hospitalization 2.g. Inpatient Re-admission Rates 2.h. Monitor 24/7 Access Line 2.i. Culturally Competent Services 2.j. Timeliness of Treatment Authorizations
3. Beneficiary Satisfaction	3.a. Beneficiary Satisfaction 3.b. Mental health Engagement 3.c. Psychiatry Engagement 3.d. Substance Use Disorder Engagement
4. Monitor Safety and Effectiveness of Medication Practices	4.a. Medication Monitoring 4.b. Medication Policies and Procedures 4.c. Medication Usage
5. Coordination and Quality of Care	5.a. Coordinate with PCP 5.b. Documentation Compliance – MH 5.c. Documentation Compliance – SUD 5.d. Grievances, Appeals, Expedited Appeals 5.e. Contract Provider Relations 5.f. Clinical PIP 5.g. Non-Clinical PIP
6. Beneficiary Outcomes	6.a. Youth Outcomes 6.b. Adult Outcomes

QI Goal #1. Monitor and Ensure Service Delivery Capacity

1.a. Geographically Diverse Services – MH: Obtain reports from the EHR regarding the location of mental health client’s receiving services by zip code.

<i>Standards/Goals</i>	<i>Planned Activities</i>	<i>Auditing Tools</i>	<i>Responsible parties</i>	<i>Reporting Process</i>
<p><u>Standard:</u> Mental health services are provided in geographically diverse locations that represent the community needs</p> <p><u>Goal:</u> Maintain a service delivery system that meet time and distance standards</p>	<ol style="list-style-type: none"> 1. Monitor EHR data on location of client’s receiving services by zip code. 2. Track and trend data. 3. Identify areas of deficiency. 	<ul style="list-style-type: none"> • EHR report • VMSG software • NACT 	<ul style="list-style-type: none"> • QA Analyst • QA Sup / BH Managers 	Report quarterly to: UM and QIC.

1.b. Geographically Diverse Services – SUD: Obtain reports from the EHR regarding the location of substance use disorder client’s receiving services by zip code.

<i>Standards/Goals</i>	<i>Planned Activities</i>	<i>Auditing Tools</i>	<i>Responsible parties</i>	<i>Reporting Process</i>
<p><u>Standard:</u> Substance use disorder services are provided in site certified locations only.</p> <p><u>Goal:</u> Maintain a service delivery system where services are provided in approved sites.</p>	<ol style="list-style-type: none"> 1. Monitor EHR data on location of client’s receiving services by zip code. 2. Track and trend data. 3. Identify areas of deficiency. 	<ul style="list-style-type: none"> • EHR report • VMSG software 	<ul style="list-style-type: none"> • QA Analyst • QA Sup / BH Managers 	Report quarterly to: UM and QIC.

QI Goal #1. Monitor and Ensure Service Delivery Capacity

1.c. Penetration Rates – MH: Obtain reports from the EHR regarding the demographics and diagnoses of mental health client's receiving services.

<i>Standards/Goals</i>	<i>Planned Activities</i>	<i>Auditing Tools</i>	<i>Responsible parties</i>	<i>Reporting Process</i>
<p><u>Standard:</u> There is equal access to mental health services for all populations and diagnosis(es).</p> <p><u>Goal:</u> Meet the standard of serving all individuals regardless of population or diagnosis.</p>	<ol style="list-style-type: none"> 1. Monitor penetration rates by age, gender, race, ethnicity, and language. 2. Monitor active diagnosis(es) of clients. 3. Track and trend penetration rates. 	<ul style="list-style-type: none"> • EHR reports • VMSG software 	<ul style="list-style-type: none"> • QA Analyst • QA Sup 	Report quarterly to: UM and QIC.

1.d. Penetration Rates – SUD: Obtain reports from the EHR regarding the demographics and diagnoses of substance use disorder client's receiving services.

<i>Standards/Goals</i>	<i>Planned Activities</i>	<i>Auditing Tools</i>	<i>Responsible parties</i>	<i>Reporting Process</i>
<p><u>Standard:</u> There is equal access to substance use services for all populations and diagnosis(es).</p> <p><u>Goal:</u> Meet the standard of serving all clients regardless of population or diagnosis.</p>	<ol style="list-style-type: none"> 1. Monitor penetration rates by age, gender, race, ethnicity, and language. 2. Monitor active diagnosis(es) of clients. 3. Track and trend penetration rates. 	<ul style="list-style-type: none"> • EHR reports • VMSG software 	<ul style="list-style-type: none"> • QA Analyst • QA Sup 	Report quarterly to: UM and QIC.

QI Goal #1. Monitor and Ensure Service Delivery Capacity

1.e. Service Utilization - MH: Obtain reports from the EHR regarding the types of services mental health clients are receiving.

<i>Standards/Goals</i>	<i>Planned Activities</i>	<i>Auditing Tools</i>	<i>Responsible parties</i>	<i>Reporting Process</i>
<p><u>Standard:</u> Must have mechanisms to detect both underutilization of services and overutilization of services.</p> <p><u>Goal:</u> Offer an appropriate range of specialty services that are adequate of the anticipated number of beneficiaries for the service area.</p>	<ol style="list-style-type: none"> 1. Monitor and collect data on services provided to beneficiaries. 2. Track and trend types of services. 3. Identify under and over utilization of services. 	<ul style="list-style-type: none"> • EHR reports • VMSG software 	<ul style="list-style-type: none"> • QA Analyst • QA Sup 	Report quarterly to: UM and QIC.

1.f. Service Utilization - SUD: Obtain reports from the EHR regarding the types of services substance use disorder clients are receiving.

<i>Standards/Goals</i>	<i>Planned Activities</i>	<i>Auditing Tools</i>	<i>Responsible parties</i>	<i>Reporting Process</i>
<p><u>Standard:</u> Offer a range of substance use services that are appropriate for the beneficiaries served.</p> <p><u>Goal:</u> Provide an array of substance use disorder services that reflect the need of the community.</p>	<ol style="list-style-type: none"> 1. Monitor and collect data on services provided to beneficiaries. 2. Track and trend types of services. 	<ul style="list-style-type: none"> • EHR reports • VMSG software 	<ul style="list-style-type: none"> • QA Analyst • QA Sup 	Report quarterly to: UM and QIC.

QI Goal #1. Monitor and Ensure Service Delivery Capacity

1.g. Productivity – MH: Monitor Productivity, staff will have an overall productivity rate of 60% for mental health providers

<i>Standards/Goals</i>	<i>Planned Activities</i>	<i>Auditing Tools</i>	<i>Responsible parties</i>	<i>Reporting Process</i>
<p><u>Standard:</u> Must have the capacity to serve the expected enrollment in the county accordance with the network adequacy standards.</p> <p><u>Goal:</u> Mental Health providers will have an overall productivity rate of 60%.</p>	<ol style="list-style-type: none"> 1. Mental health providers will enter all services into the EHR. 2. Integrate the productivity process into the new EHR. 3. Monitor mental health provider productivity. 	<ul style="list-style-type: none"> • EHR Reports • Productivity Module 	<ul style="list-style-type: none"> • MH Providers • QA Analyst • BH Managers 	Report quarterly to: QIC and BH Managers

1.h. Productivity – SUD: Monitor Productivity, staff will have an overall productivity rate of 60% for substance use disorder providers.

<i>Standards/Goals</i>	<i>Planned Activities</i>	<i>Auditing Tools</i>	<i>Responsible parties</i>	<i>Reporting Process</i>
<p><u>Standard:</u> Must have the capacity to serve the expected enrollment in the county accordance with the network adequacy standards.</p> <p><u>Goal:</u> Substance use disorder providers will have an overall productivity rate of 60%.</p>	<ol style="list-style-type: none"> 1. Substance use disorder providers will enter all services into the EHR. 2. Integrate the productivity process into the new EHR. 3. Monitor substance use disorder provider productivity. 	<ul style="list-style-type: none"> • EHR Reports • Productivity Module 	<ul style="list-style-type: none"> • MH Providers • QA Analyst • BH Managers 	Report quarterly to: QIC and BH Managers

QI Goal #1. Monitor and Ensure Service Delivery Capacity

1.i. Certify Satellite Site: Medi-Cal certify sites that are used to provide services that require site certification.

<i>Standards/Goals</i>	<i>Planned Activities</i>	<i>Auditing Tools</i>	<i>Responsible parties</i>	<i>Reporting Process</i>
<p><u>Standard:</u> Must certify provider sites that are owned, leased, or operated and used to deliver services to beneficiaries.</p> <p><u>Goal:</u> Medi-Cal certify all sites that are required to be site certified.</p>	<ol style="list-style-type: none"> 1. Locate new site in Coulterville. 2. Medi-Cal certify the Coulterville site. 3. Medi-Cal certify the MiWu-Mati site. 4. Get board of supervisor approval. 5. Submit paperwork to the Department of Health Care Services (DHCS). 	<ul style="list-style-type: none"> • Medi-Cal certification process • Medi-Cal certification tool 	<ul style="list-style-type: none"> • BH Deputy Director • Health Director • HHSA Director • Fiscal • IT • QA 	Report to QIC once upon completion

1.j. Utilization of Modes of Services - MH: Monitor utilization of phone, telehealth, and in person services for mental health services.

<i>Standards/Goals</i>	<i>Planned Activities</i>	<i>Auditing Tools</i>	<i>Responsible parties</i>	<i>Reporting Process</i>
<p><u>Standard:</u> Ensure beneficiaries have appropriate access to specialty mental health services.</p> <p><u>Goal:</u> Provide a combination of phone, in person, and telehealth services.</p>	<ol style="list-style-type: none"> 1. Monitor and analyze the mode of services for phone, telehealth, and in person services. 2. Track and trend this data. 	<ul style="list-style-type: none"> • EHR Reports • Productivity Module • VMSG software 	<ul style="list-style-type: none"> • QA Analyst • BH Managers 	Report quarterly to: QIC and UM

QI Goal #1. Monitor and Ensure Service Delivery Capacity

1.k. Utilization of Modes of Services - SUD: Monitor utilization of phone, telehealth, and in person services for substance use disorder.

<i>Standards/Goals</i>	<i>Planned Activities</i>	<i>Auditing Tools</i>	<i>Responsible parties</i>	<i>Reporting Process</i>
<p><u>Standard:</u> Ensure beneficiaries have appropriate access to substance use disorder services.</p> <p><u>Goal:</u> Provide a combination of phone, in person and telehealth services if appropriate and approved.</p>	<ol style="list-style-type: none"> 1. Monitor and analyze the mode of services for phone, telehealth, and in person services. 2. Track and trend this data. 	<ul style="list-style-type: none"> • EHR Reports • Productivity Module • VMSG software 	<ul style="list-style-type: none"> • QA Analyst • BH Managers 	Report quarterly to: QIC and UM

QI Goal #2. Ensure Accessibility to Services

2.a. Timeliness of Assessments – MH: Monitor timeliness of routine *mental health initial* assessments to ensure compliance with 10-business day standard.

<i>Standards/Goals</i>	<i>Planned Activities</i>	<i>Auditing Tools</i>	<i>Responsible parties</i>	<i>Reporting Process</i>
<p><u>Standard:</u> Monitor providers to ensure compliance with timely access requirement for 10-business days from the date of request.</p> <p><u>Goal:</u> Increase the percentage of appointments that meet the 10-business day standard.</p>	<ol style="list-style-type: none"> 1. Track timeliness of assessments from date of contact to first offered appointment. 2. Monitor timeliness by adults, children, and foster care. 3. Track and trend this data. 4. Identify discrepancies and notify management. 	<ul style="list-style-type: none"> • Timeline to services • EHR reports • NACT • EQRO reports • VMSG software 	<ul style="list-style-type: none"> • QA Analyst • QA Sup • BH Managers 	Report Quarterly to: QIC and UM

QI Goal #2. Ensure Accessibility to Services

2.b. Timeliness of Assessments – SUD: Monitor timeliness of *substance use disorder* assessments to ensure compliance with 10-business day standard.

<i>Standards/Goals</i>	<i>Planned Activities</i>	<i>Auditing Tools</i>	<i>Responsible parties</i>	<i>Reporting Process</i>
<p><u>Standard:</u> Monitor providers to ensure compliance with timely access requirement for 10-business days from the date of request.</p> <p><u>Goal:</u> Increase the percentage of appointments that meet the 10-business day standard.</p>	<ol style="list-style-type: none"> 1. Track timeliness of assessments from date of contact to first offered appointment. 2. Track and trend this data. 3. Identify discrepancies and notify management. 	<ul style="list-style-type: none"> • Timeline to services • EHR reports • VMSG software 	<ul style="list-style-type: none"> • QA Analyst • QA Sup • BH Managers 	Report Quarterly to: QIC and UM

2.c. Timeliness of Initial Medication Appts: Monitor timeliness of routine initial medication appointments from the date of request to the first offered appointment to ensure compliance with the 15 business days.

<i>Standards/Goals</i>	<i>Planned Activities</i>	<i>Auditing Tools</i>	<i>Responsible parties</i>	<i>Reporting Process</i>
<p><u>Standard:</u> Monitor providers to ensure compliance with timely access requirement for 15-business days from the date of request.</p> <p><u>Goal:</u> Increase the percentage of appointments that meet the 15-business day standard.</p>	<ol style="list-style-type: none"> 1. Track timeliness of assessments from the date of request to first offered appointment. 2. Track and trend this data. 3. Identify discrepancies and notify management. 	<ul style="list-style-type: none"> • Dr. Tracking spreadsheet • EHR reports • EQRO report • VMSG software 	<ul style="list-style-type: none"> • QA Analyst • QA Sup • BH Managers 	Report Quarterly to: QIC and UM

QI Goal #2. Ensure Accessibility to Services

2.d. Timeliness of Urgent Appts: Track utilization of urgent appointments being offered within 48 hours for mental health assessments.

<i>Standards/Goals</i>	<i>Planned Activities</i>	<i>Auditing Tools</i>	<i>Responsible parties</i>	<i>Reporting Process</i>
<p><u>Standard:</u> Monitor providers to ensure compliance with timely access requirement for 48-hours from the date of contact for urgent requests.</p> <p><u>Goal:</u> Increase the percentage of appointments that meet the 48-hour standard.</p>	<ol style="list-style-type: none"> 1. Track utilization and timeliness of urgent appointments from date of request to first offered appointment. 2. Track and trend this data. 3. Identify discrepancies and notify management. 4. Identify clients for increased outreach efforts. 	<ul style="list-style-type: none"> • Timeline to services • EHR reports • EQRO reports • VMSG software 	<ul style="list-style-type: none"> • QA Analyst • QA Sup • BH Managers 	<p>Report Quarterly to: QIC and UM</p>

2.e. Timeliness of Urgent Medication Appts: Track utilization of urgent appointments being offered within 96 hours for medication evaluation.

<i>Standards/Goals</i>	<i>Planned Activities</i>	<i>Auditing Tools</i>	<i>Responsible parties</i>	<i>Reporting Process</i>
<p><u>Standard:</u> Monitor providers to ensure compliance with timely access requirement for 96-hours from the date of request.</p> <p><u>Goal:</u> Increase the percentage of appointments that meet the 96-hour standard.</p>	<ol style="list-style-type: none"> 1. Track timeliness of assessments from the date of request to first offered appointment. 2. Track and trend this data. 3. Identify discrepancies and notify management. 	<ul style="list-style-type: none"> • Dr. Tracking spreadsheet • EHR reports • EQRO report • VMSG software 	<ul style="list-style-type: none"> • QA Analyst • QA Sup • BH Managers 	<p>Report Quarterly to: QIC and UM</p>

QI Goal #2. Ensure Accessibility to Services

2.f. Timeliness of Post Hospitalization Appts: Monitor post hospitalization follow up appointments to ensure they are within the 7 calendar days from discharge.

<i>Standards/Goals</i>	<i>Planned Activities</i>	<i>Auditing Tools</i>	<i>Responsible parties</i>	<i>Reporting Process</i>
<p><u>Standard:</u> Monitor providers to ensure compliance with timely access requirement for 7 calendar days from the date of discharge.</p> <p><u>Goal:</u> Increase the percentage of appointments that meet the 7-calendar day standard.</p>	<ol style="list-style-type: none"> 1. Track utilization and timeliness of urgent appointments from date of discharge to first kept appointment. 2. Track and trend this data. 3. Identify discrepancies and notify management. 	<ul style="list-style-type: none"> • PHFU module • EHR reports • EQRO reports • VMSG software 	<ul style="list-style-type: none"> • QA Analyst • QA Sup • BH Managers 	Report every other month to QIC and UM

2.g. Inpatient Re-admission Rates: Monitor psychiatric inpatient re-admission rates.

<i>Standards/Goals</i>	<i>Planned Activities</i>	<i>Auditing Tools</i>	<i>Responsible parties</i>	<i>Reporting Process</i>
<p><u>Standard:</u> Most beneficiaries will not return within 30 days of discharge from an inpatient psychiatric hospitalization.</p> <p><u>Goal:</u> Reduce the number of clients who are re-hospitalized within 30 days.</p>	<ol style="list-style-type: none"> 1. Monitor re-hospitalization rates. 2. Track and trend data. 3. Identify disparities and notify UM. 	<ul style="list-style-type: none"> • PHFU module • EHR reports • EQRO reports • VMSG software 	<ul style="list-style-type: none"> • QA Analyst • QA Sup • BH Managers 	Report Quarterly to: QIC and UM

QI Goal #2. Ensure Accessibility to Services

2.h. 24/7 Access Line: Monitor 24/7 access line with an overall passing rate of 95%.

<i>Standards/Goals</i>	<i>Planned Activities</i>	<i>Auditing Tools</i>	<i>Responsible parties</i>	<i>Reporting Process</i>
<p><u>Standard:</u> Provide a statewide, toll-free phone number that can be utilized 24 hours a day, 7 days a week with language capability informing beneficiaries how to access SMHS and use the client resolution process.</p> <p><u>Goal:</u> Continue to have a 24/7 access line and increase the percent of test calls that meet compliance standards.</p>	<ol style="list-style-type: none"> 1. Conduct test calls monthly at a rate of no less than 2 per month. 2. Calls will consist of the following: <ol style="list-style-type: none"> a. How to access SMHS. b. How to receive urgent conditions. c. How to use client problem resolution process. 3. Annual 24/7 training (including interpreter access) will be offered to all staff annually. 4. Annual 24/7 access line training for staff who are responsible for monitoring the access line. 	<ul style="list-style-type: none"> • Test call worksheets • Test call logs • Interpreter service invoices • 24/7 access reports 	<ul style="list-style-type: none"> • QA Sup • QA Analyst • BH Managers • Medical Records Staff 	<p>Report Quarterly to: QIC and DHCS</p>

2.i. Culturally Competent Services: Ensure provisions of culturally and linguistically appropriate services.

<i>Standards/Goals</i>	<i>Planned Activities</i>	<i>Auditing Tools</i>	<i>Responsible parties</i>	<i>Reporting Process</i>
<p><u>Standard:</u> Must have a culturally competent system of care.</p> <p><u>Goal:</u> Ensure providers are provided with annual cultural competency training.</p>	<ol style="list-style-type: none"> 1. Culturally relevant trainings will be planned annually in accordance with the Cultural Competence (CRC) Plan. 2. Linguistic access training will be offered to staff. 3. The CRC plan will be updated annually and include a training plan. 4. CRC committee will provide an annual summary at the end of the year. 	<ul style="list-style-type: none"> • CRC sign in sheets • Training flyers • Pre-post tests • Cultural responsive plan • CRC training plan 	<ul style="list-style-type: none"> • CRC committee • QIC • QA Sup • QA Analyst 	<p>Report Quarterly to: QIC and once annually when CRC plan is updated.</p>

QI Goal #2. Ensure Accessibility to Services

2.j. Timeliness of TAR: Ensure treatment authorization requests (TAR's) will be reviewed for medical necessity and authorized or re-authorized as appropriate within 14 calendar days. Continue to utilize concurrent TARs to authorize services as appropriate.

<i>Standards/Goals</i>	<i>Planned Activities</i>	<i>Auditing Tools</i>	<i>Responsible parties</i>	<i>Reporting Process</i>
<p><u>Standard:</u> Required to review, authorize, and re-authorize treatment authorization requests within 14 calendar days.</p> <p><u>Goal:</u> Maintain a 100% of TAR's approved within the 14-calendar day standard.</p>	<ol style="list-style-type: none"> 1. TARs will be reviewed, and decisions will be documented within 14 calendar days of receipt of a completed request. 2. UM committee will monitor timeliness of TARs monthly to ensure 100% compliance. 3. Continue to utilize the concurrent review process to authorize services. 	<ul style="list-style-type: none"> • TAR log • Authorization audits • Authorization protocol • Treatment Authorization Request Manual 	<ul style="list-style-type: none"> • QA Sup • Medical Director • Deputy Director • Medical Records Staff • UM Committee 	Report Quarterly to: QIC

QI Goal #3. Beneficiary Satisfaction

3.a. Beneficiary Satisfaction: Assess beneficiary and/or family member satisfaction with the services through MCBHRS and communicate results of surveys to staff, providers, and stakeholders.

<i>Standards/Goals</i>	<i>Planned Activities</i>	<i>Auditing Tools</i>	<i>Responsible parties</i>	<i>Reporting Process</i>
<p><u>Standard:</u> All beneficiaries will be given an opportunity to provide feedback on the services they receive. Must have a process in place to assess beneficiary satisfaction.</p> <p><u>Goal:</u> Increase the response rate each year and communicate results to staff, providers, and stakeholders.</p>	<ol style="list-style-type: none"> 1. Administer the consumer perception surveys (CPS) twice annually. 2. Develop additional beneficiary satisfaction surveys including satisfaction with telehealth services. 3. Utilize peer support for client assistance in surveys. 	<ul style="list-style-type: none"> • CPS surveys • EHR survey module • Survey results 	<ul style="list-style-type: none"> • Medical Records • QA Sup • QA Analyst • QIC • BH Managers 	Report twice annually or as surveys are conducted to: QIC

QI Goal #3. Beneficiary Satisfaction

3.b. Mental Health Engagement: Assess engagement and service delivery, decrease overall mental health no-show rate to 10%.

<i>Standards/Goals</i>	<i>Planned Activities</i>	<i>Auditing Tools</i>	<i>Responsible parties</i>	<i>Reporting Process</i>
<p><u>Standard:</u> Have a system in place to track the reason for missed appointments.</p> <p><u>Goal:</u> To ensure the overall mental health no-show rate is at or below 10%</p>	<ol style="list-style-type: none"> 1. Monitor no show rates of appointments for mental health services. 2. Track and trend no show data. 3. Identify improvement projects to reduce no-show rate. 	<ul style="list-style-type: none"> • EHR reports • VMSG software 	<ul style="list-style-type: none"> • QA Analyst • PIP Committee • BH managers 	<p>Report Quarterly to QIC and Annually to EQRO</p>

3.c. Psychiatry Engagement: Assess engagement and service delivery, decrease psychiatry no show rate to 10%.

<i>Standards/Goals</i>	<i>Planned Activities</i>	<i>Auditing Tools</i>	<i>Responsible parties</i>	<i>Reporting Process</i>
<p><u>Standard:</u> Have a system in place to track the reason for missed appointments.</p> <p><u>Goal:</u> To ensure the overall psychiatry no-show rate is at or below 10%</p>	<ol style="list-style-type: none"> 1. Monitor no show rates of appointments for psychiatry services. 2. Track and trend no show data. 3. Identify improvement projects to reduce no-show rate. 	<ul style="list-style-type: none"> • EHR reports • VMSG software 	<ul style="list-style-type: none"> • QA Analyst • PIP Committee • BH managers 	<p>Report Quarterly to QIC and Annually to EQRO</p>

QI Goal #3. Beneficiary Satisfaction

3.d. Substance Use Disorder Engagement: Assess engagement and service delivery, decrease substance use disorder no-show rate to 10%

<i>Standards/Goals</i>	<i>Planned Activities</i>	<i>Auditing Tools</i>	<i>Responsible parties</i>	<i>Reporting Process</i>
<p><u>Standard:</u> Have a system in place to track the reason for missed appointments.</p> <p><u>Goal:</u> To ensure the overall substance use disorder no-show rate is at or below 10%</p>	<ol style="list-style-type: none"> 1. Monitor no show rates of appointments for substance use disorder services. 2. Track and trend no show data. 3. Identify improvement projects to reduce no-show rate. 	<ul style="list-style-type: none"> • EHR reports • VMSG software 	<ul style="list-style-type: none"> • QA Analyst • PIP Committee • BH managers 	<p>Report Quarterly to QIC and Annually to EQRO</p>

QI Goal #4. Monitor Safety and Effectiveness of Medication Practices

4.a. Medication Monitoring: Monitor safety and effectiveness of medication practices.

<i>Standards/Goals</i>	<i>Planned Activities</i>	<i>Auditing Tools</i>	<i>Responsible parties</i>	<i>Reporting Process</i>
<p><u>Standard:</u> Must implement mechanisms to monitor the safety and effectiveness of medication practices at least annually.</p> <p><u>Goal:</u> Will conduct chart audits for approximately 5% of active medication clients.</p>	<ol style="list-style-type: none"> 1. Conduct medication chart audits at least 5% annually. 2. Contract with another county to conduct medication chart review for Mariposa charts, and mariposa medical director will review charts for the other county. 3. Create the medication chart audit tools in EHR. 	<ul style="list-style-type: none"> • EHR reports • VMSG software 	<ul style="list-style-type: none"> • QA Analyst • PIP Committee • BH managers 	<p>Report Quarterly to QIC and Annually to EQRO</p>

QI Goal #4. Monitor Safety and Effectiveness of Medication Practices

4.b. Medication P&P: Draft and create medication policies and procedures on standards of practice.

<i>Standards/Goals</i>	<i>Planned Activities</i>	<i>Auditing Tools</i>	<i>Responsible parties</i>	<i>Reporting Process</i>
<p><u>Standard:</u> Providers ensure accordance with applicable regulatory and documentation standards.</p> <p><u>Goal:</u> Have a set of medication practice policies and procedures.</p>	<ol style="list-style-type: none"> 1. Draft medication practice policies and procedures. 2. Have the medical director sign off on all policies and procedures related to medication practices. 	<ul style="list-style-type: none"> • Medication chart review tool 	<ul style="list-style-type: none"> • Medical Director • QA Sup • QIC • Nurses 	Report once to QIC upon completion.

4.c. Medication Usage: Monitor, track, and trend medication usage.

<i>Standards/Goals</i>	<i>Planned Activities</i>	<i>Auditing Tools</i>	<i>Responsible parties</i>	<i>Reporting Process</i>
<p><u>Standard:</u> Must monitor the use of psychotropic medication and antipsychotic medication in children and foster care.</p> <p><u>Goal:</u> Continue to monitor the use of psychotropic and antipsychotic medications.</p>	<ol style="list-style-type: none"> 1. Monitor the use of psychotropic medication in children. <ol style="list-style-type: none"> a. Track and trend the rate of use of psychotropic medication in children. b. Track and trend to ensure lab work is being completed. 2. Monitor the use of antipsychotic medication in children. <ol style="list-style-type: none"> a. Track and trend the rate of use of antipsychotic medication in children. b. Track and trend to ensure lab work is being completed. 	<ul style="list-style-type: none"> • EHR reports • Medication chart review tool 	<ul style="list-style-type: none"> • Medical Director • QA Sup • QIC • Nurses 	Report Quarterly to: QIC and UM.

QI Goal #5 Coordination and Quality of Care

5.a. Coordination with PCP: Coordinate services with primary care providers (PCP) and other agencies utilized by MCBHRS beneficiaries.

<i>Standards/Goals</i>	<i>Planned Activities</i>	<i>Auditing Tools</i>	<i>Responsible parties</i>	<i>Reporting Process</i>
<p><u>Standard:</u> Coordinate services with clients' PCP to facilitate collaboration to maximize continuity of services for clients.</p> <p><u>Goal:</u> Continue to a resource and to work with partners to provide coordination and collaboration.</p>	<ol style="list-style-type: none"> 1. Provide staff trainings on coordination with PCPs. 2. Continue to participate in the "Living Free Initiative" 3. Continue quarterly meetings with managed care partners. 4. Continue collaboration with MACT. 	<ul style="list-style-type: none"> • SMI screening tool • NOABD's • Referral form • Training records • Managed care meeting minutes and agendas 	<ul style="list-style-type: none"> • QA Sup • BH Managers • Medical Director • Managed Care • Case managers 	<p>Report twice annually on efforts to coordinate services with PCP's and managed cares.</p>

5.b. Documentation Compliance - MH: Monitor Medi-Cal billing and documentation compliance for mental health services.

<i>Standards/Goals</i>	<i>Planned Activities</i>	<i>Auditing Tools</i>	<i>Responsible parties</i>	<i>Reporting Process</i>
<p><u>Standard:</u> Will have a comprehensive utilization review process to ensure documentation compliance.</p> <p><u>Goal:</u> Increase percentage of charts that are in compliance with documentation standards.</p>	<ol style="list-style-type: none"> 1. Conduct chart audits no less than 10% of open clients. 2. Update documentation manual as applicable. 3. Provide bi-annual documentation review training. 4. Track billing errors to determine if further training is required. 5. Review compliance log. 	<ul style="list-style-type: none"> • Compliance log • Audit manager module • CSI and error reports • Comprehensive chart review tool 	<ul style="list-style-type: none"> • QA Analyst • QA Sup • BH Managers • MH Providers • Compliance Officer 	<p>Report quarterly to QIC and annually to UM.</p>

QI Goal #5 Coordination and Quality of Care

5.c. Documentation Compliance - SUD: Monitor drug Medi-Cal billing and documentation compliance with title 22 regulations.

<i>Standards/Goals</i>	<i>Planned Activities</i>	<i>Auditing Tools</i>	<i>Responsible parties</i>	<i>Reporting Process</i>
<p><u>Standard:</u> Will have a comprehensive utilization review process to ensure documentation compliance.</p> <p><u>Goal:</u> Increase percentage of charts that are in compliance with documentation standards.</p>	<ol style="list-style-type: none"> 1. Conduct chart audits no less than 10% of open clients. 2. Create SUD chart audit tool in EHR. 3. Update documentation manual as applicable. 4. Provide bi-annual documentation review training. 5. Track billing errors to determine if further training is required. 6. Review compliance log. 	<ul style="list-style-type: none"> • Compliance log • Audit manager module • CSI and error reports • Comprehensive chart review tool 	<ul style="list-style-type: none"> • QA Analyst • QA Sup • BH Managers • SUD Providers • Compliance Officer 	Report quarterly to QIC and annually to UM.

5.d. Grievances, Appeals, Expedited Appeals: Monitor beneficiary grievances, change of providers, appeals. Grievances will be resolved within 90 days, standard appeals will be resolved according to the 30-calendar day standard, and expedited appeals will be processed within 72 hours.

<i>Standards/Goals</i>	<i>Planned Activities</i>	<i>Auditing Tools</i>	<i>Responsible parties</i>	<i>Reporting Process</i>
<p><u>Standard:</u> Allow beneficiaries to file a grievance, appeal or expedited appeal and process according to timeliness standards.</p> <p><u>Goal:</u> Increase the amount of grievances and appeals logged and resolved in a timely manner according to timeliness standards.</p>	<ol style="list-style-type: none"> 1. Monitor change of provider requests. 2. Provide NOABD's when applicable. 3. Monitor incident report log/grievance/appeal log. 4. Integrate grievances, appeals and expedited appeals into the EHR. 5. Integrate NOABD forms in the EHR. 	<ul style="list-style-type: none"> • Grievance submission forms • Grievance reports • NOABD log • Change of provider requests. 	<ul style="list-style-type: none"> • QA Sup • Compliance Officer • BH Managers • UM 	Report quarterly to QIC, monthly to UM and annually to DHCS.

QI Goal #5 Coordination and Quality of Care

5.e. Contract Provider Relations: Enhance and maintain contract provider relations.

<i>Standards/Goals</i>	<i>Planned Activities</i>	<i>Auditing Tools</i>	<i>Responsible parties</i>	<i>Reporting Process</i>
<p><u>Standard:</u> Establish and maintain a service delivery system through a variety of contracts with organizational and contract providers.</p> <p><u>Goal:</u> Maintain contract provider relations.</p>	<ol style="list-style-type: none"> 1. Provider meetings will occur quarterly to assist in open communication. 2. Provider trainings will be held, or invitations will be made for in-house trainings. 3. Provider appeal process will be monitored. 	<ul style="list-style-type: none"> • Provider meeting sign in sheets • Meeting minutes • Training sign in sheets • Provider appeals 	<ul style="list-style-type: none"> • QA Sup • QA Analyst • Compliance Officer • Contract providers 	Report quarterly to QIC on efforts.

5.f. PIP - Clinical: Performance improvement project – Clinical PIP

<i>Standards/Goals</i>	<i>Planned Activities</i>	<i>Auditing Tools</i>	<i>Responsible parties</i>	<i>Reporting Process</i>
<p><u>Standard:</u> Must implement a performance improvement program.</p> <p><u>Goal:</u> Maintain at least 1 Clinical PIP.</p>	<ol style="list-style-type: none"> 1. Identify problem area to focus on. 2. Gather baseline data. 3. Develop and conduct a clinical PIP. 	<ul style="list-style-type: none"> • PIP development tool • EHR reports • Client survey results 	<ul style="list-style-type: none"> • PIP committee • QA Analyst • QA Sup • QIC 	Report every other month to QIC.

QI Goal #5 Coordination and Quality of Care

5.g. PIP Non-Clinical: Performance improvement project – Non-Clinical PIP

<i>Standards/Goals</i>	<i>Planned Activities</i>	<i>Auditing Tools</i>	<i>Responsible parties</i>	<i>Reporting Process</i>
<p><u>Standard:</u> Must implement a performance improvement program.</p> <p><u>Goal:</u> Maintain at least 1 Non-Clinical PIP.</p>	<ol style="list-style-type: none"> 1. Identify problem area to focus on. 2. Gather baseline data. 3. Develop and conduct a non- clinical PIP. 	<ul style="list-style-type: none"> • PIP development tool • EHR reports • Client/staff survey results 	<ul style="list-style-type: none"> • PIP committee • QA Analyst • QA Sup • QIC 	Report every other month to QIC.

QI Goal #6 Beneficiary Outcomes

6.a. Youth Outcomes: Monitor and utilize outcomes data for children (CANS and PSC).

<i>Standards/Goals</i>	<i>Planned Activities</i>	<i>Auditing Tools</i>	<i>Responsible parties</i>	<i>Reporting Process</i>
<p><u>Standard:</u> Must implement performance monitoring activities including beneficiary and system outcomes. Must collect PSC and CANS data for all applicable age groups.</p> <p><u>Goal:</u> Increase the percentage of CANS and PSC that are completed in accordance with timeliness standards. Review overall client outcomes.</p>	<ol style="list-style-type: none"> 1. Monitor compliance in collecting CANS and PSC data. 2. Capture and track outcomes data for CANS and PSC. 3. Track and trend outcomes data. 4. Utilize outcomes data for CANS and PSC quality improvement. 	<ul style="list-style-type: none"> • CANS-50 • PSC-35 • EHR automated alerts • EHR reports • Individual client data in EHR 	<ul style="list-style-type: none"> • Children's unit Sup • QA Analyst • MH providers • BH managers 	Report quarterly to QIC on outcomes data.

QI Goal #6 Beneficiary Outcomes

6.b. Adult Outcomes: Monitor and utilize outcomes data for adults.

<i>Standards/Goals</i>	<i>Planned Activities</i>	<i>Auditing Tools</i>	<i>Responsible parties</i>	<i>Reporting Process</i>
<p><u>Standard:</u> Must implement performance monitoring activities including beneficiary and system outcomes.</p> <p><u>Goal:</u> Identify an assessment tool to implement with the adult population.</p>	<ol style="list-style-type: none"> 1. Identify an adult outcomes tool. 2. Monitor compliance in collecting data. 3. Track and trend outcomes data. 4. Utilize outcomes for quality improvement. 5. Integrate outcomes tool into EHR. 	<ul style="list-style-type: none"> • EHR assessment tools • EHR reports 	<ul style="list-style-type: none"> • Adults unit Sup • QA Analyst • MH providers • BH managers 	<p>Report quarterly to QIC on outcomes data.</p>