

Macomb County Community Mental Health

Quality Assessment and Performance Improvement Program

Fiscal Year 20/21 and 21/22

**MACOMB COUNTY COMMUNITY MENTAL HEALTH
QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT
PROGRAM**

Fiscal Years 20/21 and 21/22

MCCMH Mission:

*Macomb County Community Mental Health,
Guided by the values, strengths, and informed choices of the people we serve,
provides quality services, which promote recovery, self-sufficiency, and
independence.*

I. Introduction

The MCCMH Quality Assessment and Performance Improvement Program (QAPIP) meets the quality standards based on the Guidelines for Internal Quality Assurance Programs as distributed by the Health Care Financing Administration's (HCFA) Medicaid Bureau in its guide to states in July 1993; The Balance Budget Act of 1997 (BBA), Public Law 105-33; and the 42 Code of Federal Regulations (CFR) 438.358 of 2002, including the concepts and standards more appropriate to the population of persons served through the Michigan 1915 (b) specialty services and supports, 1915 (c) waiver and the Section 1115 waiver, Michigan state law; and existing requirements, processes and procedures implemented in Michigan.

The QAPIP activities are identified throughout MCCMH Policies, and adhere to the contract provision of its Managed Specialty Support and Services Contract with Michigan Department of Health and Human Services (MDHHS). The QAPIP outlines the scope of both quality of clinical care, support services and the administrative/operational aspects of the organization which support services provided to persons served and their families of the MCCMH Board. The QAPIP addresses the specialty services of health care for all persons served.

II. Purpose and Scope

The Quality Assessment and Performance Improvement Program serves as MCCMH's strategic road map for quality improvement, it guides all the quality activities; both operational and clinical and it's the product of the evaluation of previous year's quality assurance activities, organizational priorities and organizational program requirements.

Quality Assessment and Performance Improvement Program (QAPIP) includes the development of an Annual Plan. The QAPIP is presented to the MCCMH Quality Council and to the MCCMH Board for approval.

The Annual Plan includes the identification of those Key Performance Indicators (Attachments A and B), to be monitored for the period, the thresholds to be met, and the time frames for monitoring outcomes. Key Performance Indicators (KPI) includes those required to be monitored through the contract with the Michigan Department of Health and Human Services (MDHHS) as well as those indicators identified by persons served and other MCCMH stakeholders.

The present QAPIP has the following characteristics:

- A systematic process with identified leadership, accountability, and dedicated resources
- Use of data and measurable outcomes to determine progress towards relevant, evidence-based benchmarks
- Focus on linkages, efficiencies, persons served, families and stakeholders' expectations in addressing outcome improvement
- Appropriateness of specialty health care which includes all members served
- Continuous process that is adaptive to change and that fits within the framework of other programmatic quality assurance and quality improvement activities
- Data collected is used to inform processes and assure goals are met.

The quality assessment and performance improvement plan serves as an ongoing monitoring and evaluation tool. The plan outlines the priority area, time frames, annual goals, and includes related performance measures.

The QAPIP is intended to address several functions, including but not limited to:

- Improved specialty health care (clinical) outcomes for persons served that involve process outcomes regarding the integration of behavioral and physical health.
- Improved efficiencies of managerial and clinical processes.
- Improve processes and outcomes relevant to high-priority health needs
- Reduced waste and cost associated with system redundancy
- Avoid costs associated with errors and poor outcomes
- Proactive processes that recognize and solve problems before they occur
- Ensure that system of care is reliable.
- Promote a culture of improvement of overall healthcare.
- Monitor the provider network, including affiliates or subcontractors which have delegated managed care functions, including service and support provision. The network service lines are audited on an annual basis. Long term services and supports are included to ensure an assessment of care between care settings and a comparison of services and supports received are compatible with those in the treatment plan.
- Improve communication with internal and external resources to MCCMH, such as funders, community organizations, direct operated programs, provider agencies, stressing the value of cooperation , collaboration and partnerships between the MCCMH, providers, advocacy groups and other human services agencies within a continuous quality improvement environment
- Monitoring and evaluation of Performance Improvement Projects including collecting, tracking, analyzing, interpreting and acting on data for specific measures such as the clinical measures.
- The QAPIP measures the MCCMH system’s inputs, processes, and outcomes in a proactive, systematic approach to influence practice-level decisions for the care of persons served.
- Coordination with the Compliance Officer and the committee overseeing the verification of Medicaid claims/ encounters submitted.

III. Quality Improvement Authority and Structure:

The MCCMH Board has overall responsibilities for monitoring, evaluating and making improvements to care. The MCCMH Executive Staff, sitting as

Quality Council, oversees the various sub-committees and functions of the QAPIP, and addresses specific issues in need of remediation. Necessary actions related to the QAPIP are taken to the MCCMH Board regularly through the Chief Executive Officer, and annually through the QAPIP report.

A. Accountability and Responsibility:

1. MCCMH Board

To fulfill the oversight and evaluation of the QAPIP the Board will:

- Review and approve the QAPIP of MCCMH
- Review and approve the Annual QAPIP plan, including the identification and prioritization of the Key Performance Indicators (KPIs)
- Receive periodic written reports of the activities of the QAPIP, including performance improvement projects undertaken, the actions taken, and the results of those actions
- Annually review a written report describing the operation of the QAPIP
- Submit the written annual report to MDHHS following its review (the submission will include a list of the members of the Governing Body)

2. Quality Council

The QAPIP is managed by the MCCMH Quality Council, which is chaired by the MCCMH Chief Operating Officer, and includes the Chief Executive Officer, Chief Financial Officer, Chief Medical Officer, Chief Clinical Officer, Director of Managed Care Operations, Chief Network Officer, Chief Information Officer, Director of Substance Use Services, Chief Quality Officer, Director of Community Behavioral Health Services, Chief Compliance Officer, Chief of Staff, Communications Director and the Director of Recipient Rights.

The Quality Council oversees the various subcommittees and functions of the MCCMH QAPIP. It addresses specific issues in need of remediation and reviews on-going activities of the various subcommittees. The Council also reviews input from persons served

from satisfaction questionnaires and other forms of stakeholder input. An analysis of the PIHP's grievances and appeals and critical incidents, sentinel events, deaths and risk events are monitored on at least a quarterly basis. Necessary actions related to the QAPIP are taken to the Board regularly through the Chief Executive Officer, and annually through the QAPIP report.

3. Stakeholders and Persons Served

Persons served and advocate involvement in the Quality Improvement process is actively sought through the two advisory bodies to the Board; The Citizens Advisory Council (CAC) and the Substance Abuse Advisory Council (SAAC). Input is sought from CAC and SAAC during the development of Annual Quality Assessment and Improvement Plan and throughout the year.

B. Committee Councils and Workgroup Structure

The QAPIP is implemented using various groups and teams including but not limited to the following:

- Quality Council- The council is to ensure the MCCMH Mission and strategic plan is interwoven throughout all policies and procedures throughout the network. The Quality Council is the highest oversight committee under the MCCMH Board of Directors.
- Improving Practices Leadership Team (IPLT) – This committee evaluates proposed and current evidence based practices and promising practices and outcomes. Clinical Practice Guidelines are reviewed at least annually.
- Behavior Treatment Plan Review Committee (BTPRC) – This committee reviews behavior treatment plans with restrictive or intrusive techniques and provides approval or denial of plans with these techniques. The committee develops an analysis of the data and reviews it with the Quality Council on a quarterly basis.
- Clinical Risk Management Committee (CRMC) – The Clinical Risk Management Committee (CRMC) reviews areas of clinical risk within the MCCMH provider network. These include critical incidents, sentinel events, all deaths, and risk events. . All

providers, including residential, are responsible for the completion and delivery of the aforementioned incidents and events. The Quality department analyzes the incidents at least quarterly. If trends are identified, the analysis is discussed at the CRMC to determine what action needs to take place to remediate the problem or situation and to prevent reoccurrence. The Quarterly Incident Report provides the analysis of all incidents including risk of harm to self, others and two or more unscheduled admissions to a medical hospital. Key findings and recommendations are provided to the Quality Council or Executive Staff for action, as necessary.

- Utilization Management Committee (UM) – The Utilization Management function is part of the overall QAPIP and operates as a main leadership group with periodic sub-groups (e.g., financial / insurance identification, integration of care, co-occurring workgroup). The UM committee ensures clinical practice guidelines are implemented throughout the network with specific protocols implemented. The current members of the main group include the Chief Executive Officer, Chief Operating Officer, Chief Clinical Officer, Chief Medical Officer, Chief Financial Officer, Chief Quality Officer, Chief Network Officer, Director of Community Behavioral Health Services, Chief Compliance Officer, Director of Substance Use Services and the Director of Managed Care Operations. Use of physical and behavioral health utilization data is examined for improved health outcomes. The Utilization Management establishes mechanisms to ensure consistent and appropriate access to behavioral healthcare and member services. Benefit management including documented capacity and services packages is overseen by Utilization Management.
- Integrated Health Care (IHC) – This committee ensures integration of medical and behavioral health, along with SUD.
- Process Improvement Committee (PIC) - Development of the new data warehouse, dashboards, and reports. It also assists in the development and maintenance of the data dictionary.
- Citizens Advisory Council (CAC) - The CAC is comprised of primary and secondary individuals served, service and advocacy representatives, and interested members of the community. It provides an avenue of access to MCCMH leadership for these groups, and a means for leadership to obtain direct constituent and community feedback on issues that impact the quality and range of

services provided by MCCMH, as well as other issues that impact the MCCMH system overall.

- Substance Abuse Advisory Council (SAAC) – The Substance Abuse Advisory Council (SAAC) is comprised of primary and secondary individuals served, service and advocacy representatives, and interested members of the community. It provides an avenue of access to MCOSA and MCCMH leadership for these groups, and a means for leadership to obtain direct constituent and community feedback on issues that impact the quality and range of services provided by MCOSA and MCCMH.
- Clinical Case Presentation and Review Team (CCPRT) – The CCPRT was developed to aid in problem solving challenging clinical concerns arising in the provision of treatment to individuals when the clinical concerns were not resolved with in-house clinical/team supervision. This group meets as needed to review clinical cases. The team consists of a medical doctor, licensed psychologist and master’s level clinician with content area experts added as needed. This group acts as an oversight for “vulnerable” individuals to determine opportunities to improve their care and outcomes.
- Mental Health Disparity Improvement Committee (MHDIC) – The Mental Health Disparity Improvement Committee (MHDIC) is comprised of stakeholders, persons served, community members, and providers. This group provides an avenue to identify and address disparity in access, engagement and on-going treatment provision, as well as outcomes.

All committee meeting minutes are continuously monitored and integrated into the overall quality improvement program.

C. Key Performance Indicators

MCCMH has adopted the Key Performance Indicators for Behavioral Health as established by MDHHS. These KPIs include indicators in the domains of Access, Adequacy/Appropriateness, Efficiency, and Outcomes. As data is received for statewide performance, MCCMH performance against statewide norms is provided to the Quality Council for review and recommended actions. Specific actions may be taken when Macomb County is revealed to be a negative statistical outlier for

performance in a quality improvement or monitoring measure or is below the MDHHS standard/threshold for contract compliance indicators. Should MCCMH fail to meet a compliance indicator, additional recommendations for actions, monitoring and follow up may be made by the Quality Council, CEO or the MCCMH Board.

IV. Performance Improvement Projects

MCCMH conducts on-going Performance Improvement Projects. The state-directed project was based on the Michigan's Quality Improvement Council and was determined to include the utilization of the CC360 data for FY 20/21 and 21/22. Process improvements are completed based on outcome data provided throughout the fiscal year. Additional short term performance improvement projects are conducted throughout the fiscal year. Recidivism reduction will continue to be an on-going performance improvement project.

V. Corporate Compliance and Medicaid Services Monitoring

Activities related to the monitoring of Medicaid services delivery are reported to the Executive Staff and the MCCMH Board, as required, through the Corporate Compliance Office. Corporate Compliance activities which impact issues of quality of care for persons served may result in the development of additional performance indicators and/or monitoring activities.

In addition to the activities of the Corporate Compliance Office, MCCMH is required to ensure that services to Medicaid persons served, for which it has paid, have been delivered as claimed. These annual reviews are conducted by Experis, with ongoing monitoring and evaluation by MCCMH.

Activities occurring under this category are reported to the Michigan Department of Health and Human Services Staff. Required repayments are monitored by the Network Operations and Finance and Budget Divisions.

VI. Satisfaction of Individuals Served by MCCMH

Input may be sought from persons served and the community through the use of focus groups and ongoing community-wide forums. The Citizens' Advisory Council (CAC) has been asked to participate in the development of new questions for focus groups and locally developed surveys. The CAC is part of the MCCMH committee structure and reviews the QAPIP. MCCMH conducts annual person served satisfaction surveys for continuous identification for improvement opportunities. Annual Persons Served surveys are conducted for all Case Management, Support Coordination and

ACT services. Persons served are also asked by the direct operated programs and contract providers regarding their degree of satisfaction using the person-centered plans, as well as during discharge planning for the discontinuation or transition of services. Satisfaction of individuals served in MCCMH residential homes is assessed via the review tool when auditing residential group homes. MCCMH Customer Services will be improved with emphasis on streamlining processes to improve ease of access to the MCCMH system. Happy or Not terminals are located at each clinic location and on the website to provide real time customer service feedback.

VII. Outcomes and Performance Measurement

The Quality Assessment and Performance Improvement Program encourage the use of objective and systematic forms of measurement.

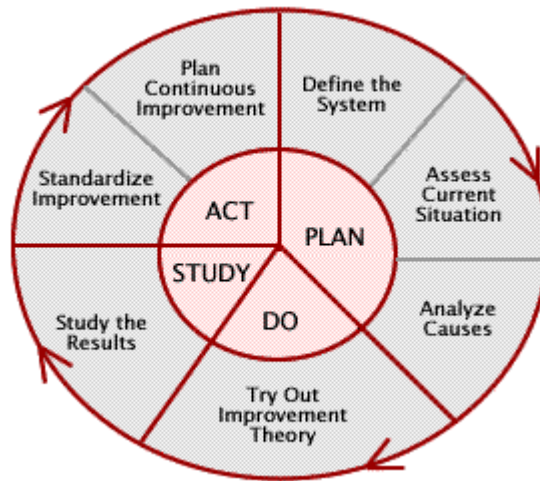
The following definitions describe some of the various types of measures utilized by MCCMH:

- Outcome measures – achievement of goals and/or effectiveness of actions; requires baseline data collection and periodic updates to capture changes in status over time.
- Fidelity measures – verification that evidenced based practices have been implemented in a manner consistent with their prescribed models.
- Process Measures – compliance with defined timelines, methodologies and tools; include administrative and clinical processes; generally include a desired level of performance.
- CAFAS- Functional measurement of Children and Adolescents between ages 6-17
- PECAFAS- Functional measurement of Children between ages 3-7
- LOCUS- Level of Care Utilization System
- Supports Intensity Scale (SIS) – Functional Assessment for adult persons served with an Intellectual/Developmental Disability.
- Daily Living Activities/DLA 20 Indicators – a type of prevalence/incidence measure; aspects of life commonly associated with quality of life, self- determination and emotional well-being; often used as proxy measures for clinical quality.
- ASAM- The American Society of Addiction Medicine Criteria
- BH-TEDS- Behavioral Health Treatment Episode Data Set- Identifies life changes over periods of time.

- Satisfaction – degree of stakeholder approval of performance, including primary and secondary persons served of services, referral sources, providers and employees.

The MCCMH employs the Plan-Do-Study-Act (PDSA) cycle to guide its performance improvement tasks.

The PDSA Cycle is illustrated below:



VIII. Clinical Protocols and Practice Guidelines

Clinical Protocols and Practice Guidelines developed by MCCMH are presented to the Quality Council as they are developed for dissemination across the provider network. For adults diagnosed with co-occurring serious mental illness and substance use disorders, Family Psycho-Education (FPE), and Dialectical Behavior Therapy (DBT) and Certified Peer Support Specialist (CPSS) services will continue to be expanded. In the area of services for children and families, Trauma-Focused Cognitive Behavior Therapy (including parent-resource training), Seeking Safety, and Parent Support Partners. Additional evidence based practices will be implemented including Cognitive Enhancement Therapy (CET) and Prolonged Exposure Therapy (PET) throughout this QAPIP cycle. Continued planning for new initiatives in supported employment and trauma-specific services remains a focus. The development of clinical protocols has expanded to support the integration of physical and behavioral healthcare. Ongoing work with

Medicaid Health Plans and Integrated Care Organizations continue. The network also continues the placement of behavioral health staff within Emergency Departments, Federally Qualified Health Center (FQHC) and physical health offices to ensure integration of behavioral and physical health. The CCBHC will be supported through the use of the identified evidence based practices. The Substance Use Division will continue to focus on expanding treatment services for Opioid use disorder through the use of the Opioid Health Home model of care. Identification of an evidenced based practice and training on the model will improve stimulant use treatment services throughout the MCCMH system.

IX. Provider Credentialing and Privileging

The Quality Department initiates and monitors Credentialing and Privileging requirements for MCCMH staff and contractors. The Macomb County Office of Substance Abuse (MCOSA) monitors the substance abuse provider network for compliance with state and national requirements. MCCMH monitors various exclusion databases and licensure databases.

MCCMH Internal Summary

The MCCMH Credentialing Committee ensures physician, health care professional, and non-licensed professional qualifications by reviewing licensure (if applicable), education, training, malpractice history, DEA or CDS certification (if applicable), and work experience. Primary source verification for licensing, certifications, education, Medicaid/Medicare sanctions, and NPI number are conducted and reviewed by the committee prior to making a final credentialing decision. The Credentialing Committee utilizes the “MDHHS PIHP/CMHSP Provider Qualifications Per Medicaid Services & HCPCS/CPT Codes” as their guide in determining individual practitioner qualifications. Qualifications are reviewed every two years during the re-credentialing process for any changes.

MCCMH External Summary

The MCCMH Quality Department conducts an annual audit of their network provider’s credentialing processes and procedures to ensure they are following credentialing compliance. During this review, MCCMH auditors review policy and credentialing files to ensure network providers are verifying and determining staff qualifications appropriately. Audit findings that do not meet MCCMH standards are

written into the final report and a corrective action plan is required by the provider to correct outstanding issues.

X. Compliance with the Balanced Budget Act of 1997

MCCMH continues to monitor and improve the organization's compliance with the Balanced Budget Act (BBA) of 1997 as outlined in the contract with Michigan Department of Health and Human Services and the Federal Regulations. MCCMH continually reviews the Organization's compliance with the requirements of the BBA, as identified by the MDHHS and the protocols developed by Centers for Medicaid and Medicare Services (CMS) and implemented by the External Quality Review Organization (EQRO).

XI. Board Evaluation

In accordance with CARF requirements ("It is recommended that the Board continuously assess its performance to determine its effectiveness in governing the organization as well as periodically assess the effectiveness of its individual members."), the MCCMH Board will continue the Board Evaluation Process. Also, in response to CARF requirements, the MCCMH Board will review the MCCMH's ethics statement, along with the conflict-of-interest declaration, both to be signed annually by Board members.

XII. Annual Review

Prior to the development of future Quality Assessment and Performance Improvement Annual Plans, MCCMH will assess the effectiveness of the current Annual Plan. This analysis will include an assessment of structure of the existing QAPIP system. This analysis will be used to prepare the Plan for the coming year(s).