MCCMH MCO Policy 8-001

Chapter: **QUALITY IMPROVEMENT**
Title: **QUALITY IMPROVEMENT PROGRAM**

Prior Approval: 11/29/2011
Current Approval: 06/24/2026

Proposed by: Traci Smith 06/24/2026
Chief Executive Officer Date

Approved by: Al Lorenzo 06/24/2026
County Executive Office Date

I. ABSTRACT

This policy establishes the standards and procedures for Macomb County Community Mental Health (MCCMH), an official agency of the County of Macomb, to maintain its quality improvement structure and functions as defined in its Quality Assessment and Performance Improvement Program (QAPIP), in effect and as amended.

II. APPLICATION

This policy shall apply to all MCCMH administrative/management staff, direct service individual service contractors, and direct and contract network providers of MCCMH.

III. POLICY

It is the policy of MCCMH that the QAPIP adopted by the MCCMH Board be adhered to continuously to improve the outcomes of care and services provided to the MCCMH person served.

IV. DEFINITIONS

None.

V. STANDARDS

A. The MCCMH QAPIP shall be reviewed and approved by MCCMH's Quality Committee and the MCCMH Board of Directors annually.

B. The QAPIP shall be managed by MCCMH Chief Quality Officer and Chief Clinical Officer (PhD).

C. MCCMH Committees shall be a formal standing committee within the Quality Committee and Contributors to the QAPIP.

D. There is active participation of providers and consumers in the QAPIP processes.

E. Task forces shall be ad hoc, time-limited, and topic-focused Quality Improvement initiatives that report directly or indirectly to the Quality Committee.

F. Input to the Quality Improvement Program shall be obtained from multi-functional internal and external sources to address the purposes of the QAPIP.

G. The records, data, and knowledge collected by and for the QAPIP shall only be used for the purposes of peer review and are protected QA documents/information subject to the confidentiality safeguards of MCL 330.1748

VI. PROCEDURES

A. MCCMH formally reviews and revises its QAPIP annually. MCCMH's approved QAPIP remains in effect until MCCMH's Board of Directors approves a new QAPIP or a Board-approved amendment is added to the previous plan.

B. The QAPIP shall incorporate the results of other MCCMH task forces, work groups, and standing committees and obtain consumer input through the review of member satisfaction results, data from member and provider focus groups, and input from the Citizens Advisory Council (CAC), substance use disorder (SUD) Oversight Policy Board, and the MCCMH Board of Directors.

C. MCCMH's Quality Committee is the decision-making body of the QAPIP. The Quality Committee oversees the QAPIP initiatives and submits an Annual Report of its QAPIP evaluation to the MCCMH Board of Directors.

1. MCCMH's Quality Committee is chaired by MCCMH's Chief Clinical Officer (PhD) and MCCMH's Chief Quality Officer. It is composed of representatives of relevant medical delivery systems and other health care practitioners, as needed. The Committee reviews and approves MCCMH's QAPIP, Annual Quality Improvement (QI) Program Evaluation, and QI Workplan.

2. The Quality Committee analyzes and evaluates results of quality improvement activities, recommends policy decisions, ensures practitioner participation in the QI program through planning, design, and implementation of review, identifies needed actions, and ensures appropriate follow-up action.

3. The Quality Committee receives periodic progress reports on the implementation of QAPIP. Progress reports will include quantitative and qualitative analysis describing findings, actions taken, progress toward meeting QI objectives, and any barriers to improvement identified.

4. Activities of the Quality Committee include, but are not limited to, policy reviews, analyzing and evaluating results of QI initiatives, ensuring participation of practitioners in the QI program planning, design, implementation, and review.

5. The Quality Committee activities are formally documented in meeting minutes that summarize each agenda item, discussion, action taken, identified barriers, and required follow-up. Previous minutes are reviewed and formally approved at the following Committee meeting. The records, data, and knowledge collected by the Quality Committee are confidential and are not subject to the Michigan Freedom of Information Act or a court subpoena, consistent with Standard V, G of this policy.

D. MCCMH encourages practitioner participation and involvement in its QI program by inviting them to attend and discuss relevant QI initiatives through QI subcommittees, quality meetings, or ad hoc task forces.

E. Network providers actively participate in MCCMH's Quality initiatives through the monthly Quality Provider meetings, ad hoc task forces, and the annual provider experience survey. Feedback from these meetings and the survey is presented and discussed at the Quality Committee meeting for next steps.

F. Members participate through the presentation of QAPIP initiatives at the Citizens Advisory Council meetings. Feedback from membership is discussed, and next steps are taken at the QI Committee meeting.

G. The MCCMH Board receives quarterly progress reports on the QAPIP. These reports describe current performance improvement plans, actions taken, and results of actions. Board minutes illustrate when progress reports are presented and reviewed.

H. The QAPIP Annual Description, Evaluation, and Work Plan are submitted to the full Board of Directors for final approval. Once approved, MCCMH submits the documents to the Michigan Department of Health and Human Services.

I. MCCMH disseminates information on the effectiveness of its QAPIP annually to network providers and to members after board approval and upon request. Formally approved QAPIP materials, including its QAPIP Narrative, Workplan, and Evaluation, are published on MCCMH's website at www.mccmh.net. Notice of the updated and published documents are disseminated through MCCMH's Workforce Updates and Provider Network Newsletters to providers on at least an annual basis. Areas of QAPIP effectiveness are a standing agenda item at the monthly Provider Quality Meetings.

J. MCCMH requires each service provider to have a QAPIP that reflects applicable external standards. Provider's QAPIP must align with MCCMH's QAPIP and have the structure necessary to improve the quality and safety of care.

VII. REFERENCES / LEGAL AUTHORITY

A. MDDHHS-MCCMH Medicaid Managed Specialty Supports and Services Contract

B. MCL 330.1748

VIII. EXHIBIT

None.