YOLO COUNTY QUALITY MANAGEMENT WORK PLAN

Fiscal Year 2018-2019

Evaluation Period: July 1, 2018 – June 30, 2019

Yolo County Health & Human Services Agency (HHSA)

Behavioral Health Quality Management Program

Behavioral Health Quality Management (QM) Program

Yolo County Health and Human Services Agency (HHSA) Behavioral Health is committed to providing high quality, culturally competent services and supports that are consumer-focused, clinically appropriate, cost-effective, data-driven, and enhance recovery from serious mental illness (SMI), substance use disorders (SUD), and serious emotional disturbance (SED). To oversee the quality of these services and maintain compliance with all applicable Federal, State and local laws and regulations governing the Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS), Yolo County HHSA operates a comprehensive Behavioral Health Quality Management (QM) Program encompassing several Quality Assessment and Performance Improvement (QAPI) activities. Accountable to the HHSA director, the QM Program supports program, administrative, and fiscal staff to improve the quality of services provided to behavioral health clients; its purpose is to develop, implement, and monitor processes and activities, and ensure behavioral health clients receive value-based services that adhere to regulatory standards. The QM Program's activities are guided by the relevant sections of federal and California state regulations, including the Code of Federal Regulations Title 42, the California Code of Regulations Title 9 and Title 22, Welfare and Institutions Codes (WIC), as well as the County performance contract with the California Department of Health Care Services (DHCS). Program activities and responsibilities include:

- Monitoring Yolo County's adherence to the State-County Contracts in all categories, including, but not limited to: beneficiary protection, provider relations, utilization management, utilization review, Medi-Cal documentation, quality improvement, access and authorization, network adequacy, and program integrity
- Monitoring and assisting contract agencies' adherence to their contracts with HHSA
- Operation and oversight of the Electronic Health Record
- Tracking, monitoring, analyzing, and reporting utilization data for specialty mental health and substance use disorder services
- Recommending improvement strategies pertaining to access, timeliness, quality, and outcomes of care

Quality Improvement Committee (QIC)

The QIC is responsible for the overall quality review of all behavioral health services provided in Yolo County. The QIC's goal is to review and evaluate the quality and appropriateness of services to beneficiaries and the results of QAPI activities, identify and pursue opportunities for improvement, and resolve identified problems. Trends and issues identified through the beneficiary protection processes are transmitted to the QIC for review. On an annual basis, the QIC is responsible for reviewing the QM Program, assessing its effectiveness, and pursuing opportunities to improve the Quality Management Work Plan (QMWP). The QIC is comprised of representatives from the following stakeholder groups: consumers, family members, Patients' Rights Advocate, Local Mental Health Board, QM Program staff, contract provider and HHSA staff, and supervisors and managers. The QIC meets six times per year at minimum, while the frequency of meetings of QIC subcommittees and workgroups vary depending upon identified need. QIC subcommittees and workgroups report back to stakeholders at QIC meetings.

Quality Management Work Plan (QMWP)

The annual QMWP, also referred to as the Quality Improvement (QI) Work Plan by DHCS, is developed and monitored by the QM Program with input from the HHSA Behavioral Health Leadership Team. Its purpose is to organize and provide structure for QM activities throughout Yolo County and to

systematically ensure adherence to the County-State Contracts with the California DHCS for the MHP and DMC-ODS, as well as regulations set forth by the Centers for Medicare and Medicaid Services (CMS). The QMWP provides a structured way to monitor QAPI activities, including but not limited to: review of beneficiary grievances, appeals, expedited appeals; fair hearings, expedited fair hearings; provider appeals; clinical records; performance improvement projects (PIPs); service accessibility, timeliness, quality, and outcomes; and the requirements for cultural and linguistic competence. The QMWP also includes evidence of whether QAPI activities have contributed to meaningful improvement in clinical care and beneficiary service. Progress toward QMWP goals are monitored routinely and reviewed annually, at minimum. The QMWP is a key tool for evaluating the QM Program's impact and effectiveness so program updates and improvements can be made, as needed.

Notes for FY 18-19 QMWP: CMS approved Yolo County HHSA to go live with DMC-ODS, effective June 30, 2018 through June 30, 2020. As such, this year's plan represents the first year in the DMC-ODS and is largely focused on developing the infrastructure to track and report on metrics related to access, timeliness, quality and outcomes. If a work plan goal applies only to one Plan (MHP or DMC-ODS), the applicable Plan is identified at the beginning of the goal. If a goal applies to both Plans, the goal is stated without identifying a specific Plan.

Category	Goals	Annual Evaluation
1. **Outcomes – Beneficiary and Family Satisfaction with Services.**	1) Administer Consumer Perception (CP) and Treatment Perception (TP) Surveys according to DHCS schedule 2) Analyze CP and TP survey results 3) Inform providers of CP and TP survey results annually 4) MHP: Implement HHSA telepsychiatry satisfaction survey by 6/30/19	**Met**: **Partially Met**: **Not Met**: **Continued**:
2. **Outcomes – Continuous quality and performance improvement.**	1) MHP: Establish one clinical Performance Improvement Project (PIP) 2) MHP: Establish one non-clinical PIP 3) MHP: Evaluate clinical PIP results 3) MHP: Evaluate non-clinical PIP results 4) DMC-ODS: Develop two DMC-ODS PIP concepts	**Met**: **Partially Met**: **Not Met**: **Continued**:
3. **Outcomes – Improve data collection and reporting to support decision making.**	1) MHP: Establish a process for reporting of key performance indicators 2) DMC-ODS: Identify the timeline and format for reporting beneficiary outcomes	
4. **Access – Improve responsiveness, quality, and utilization of the 24/7 BH Access Line.**	1) Conduct an average of 7 Access Line test calls per quarter 2) Conduct at least 30% of test calls in non-English languages 3) Increase the amount of after-hours test calls logged in the Access Log by 50% (FY16-17 Baseline: 46%; FY17-18 Baseline: 42%) 4) Increase the amount of business-hour test calls logged by 50% (FY16-17 Baseline: 33%; FY17-18 Baseline: 9%) 5) Establish baseline for 24/7 Access Line utilization (e.g., monthly call volume, type of service request, discharge status / referral)	**Met**: **Partially Met**: **Not Met**: **Continued**:
5. **Quality & Appropriateness of Care – Cultural and Linguistic Competency and Capacity.**	1) Review and update Cultural Competence Plan annually 2) Track and ensure staff and providers complete minimum requirements for cultural competence training 3) Develop mechanism to routinely capture the following data elements in Avatar: client preferred language at initial contact, service provision in preferred language, and translation / interpreter method used at time of service; establish baseline	**Met**: **Partially Met**: **Not Met**: **Continued**:
6. **Timeliness to Services: Monitor and improve timely access to services.**	1) Develop methodology to reliably track urgent requests and appointments in Avatar Access Log and Scheduling Calendar 2) Survey Behavioral Health community providers' timeliness tracking methodology 3) Review findings for Goal #2, identify themes, and discuss results at QIC 4) MHP: Implement changes to the Avatar no-show service codes 5) MHP: Provide appropriate training to staff for Goal #4 6) DMC-ODS: Establish a system and baseline to collect, maintain and evaluate timely access to care	**Met**: **Partially Met**: **Not Met**: **Continued**:

Category	Goals	Annual Evaluation
7. **Beneficiary Protection and Informing Materials.**	1) Ensure grievances and appeals are logged and responded to within mandated timeframes 2) Update Notice of Adverse Benefit Determination (NOABD) tracking methodology in Avatar 3) Provide training / technical assistance to BH staff on beneficiary protection processes and forms 4) Continue to track and trend Beneficiary Protection data to identify quality improvement opportunities and share results with QIC / management staff 5) MHP: Update Beneficiary Handbook in accordance with MHSUDS IN 18-043 6) DMC-ODS: Update Beneficiary Handbook in accordance with state guidance	**Met**: **Partially Met**: **Not Met**: **Continued**:
8. **Clinical Documentation – Improve quality and regulatory compliance.**	1) Provide clinical documentation training / guidance / technical assistance to BH staff and providers at least quarterly 2) MHP: Update Clinical Documentation Manual by 12/31/18 3) MHP: Develop Assessment Instructional guide by 06/30/19 4) MHP: Develop Progress Note Instructional guide by 6/30/19 5) MHP: Implement updated HHSA utilization / chart review process by 6/30/19 6) MHP: Develop a process to routinely communicate updates regarding charting to HHSA managers 7) MHP: In conjunction with HHSA QI Project on timely access to BH services, streamline / reduce the amount and redundancy of HHSA MH client intake packet paperwork by 6/30/19 8) MHP: Update the HHSA MH Assessment form in Avatar by 6/30/19 9) DMC-ODS: Develop DMC-ODS Clinical Documentation guide by 6/30/19 10) DMC-ODS: Implement utilization / chart review process by 6/30/19	**Met**: **Partially Met**: **Not Met**: **Continued**:
9. **Network Adequacy – Maintain and monitor a network of providers that is sufficient to provide adequate access to services.**	1) Develop methodology to capture essential data components related to Network Adequacy standards that became effective July 1, 2018 for both the MHP and DMC-ODS 2) Update the provider directories for MH and DMC-ODS on a monthly basis 3) MHP: Analyze network adequacy data and utilize the information to adjust system capacity, as needed	**Met**: **Partially Met**: **Not Met**: **Continued**:
10. **Avatar – Continue to improve Avatar usability to promote efficiency and support service delivery.**	1) Conduct a needs assessment to identify Avatar-related workgroup needs (Clinical / Fiscal / Steering); identify workgroup membership; and develop a consistent meeting schedule for Avatar workgroups 2) Move to a hosted environment with Netsmart by 6/30/19 3) Make Avatar User Instructions, forms, and Desk References available on the external Yolo County website for easy access to all providers and staff	**Met**: **Partially Met**: **Not Met**: **Continued**:
11. **Ensure processing of Treatment Authorization Requests (TARs) within mandated timeframes.**	1) MHP: Process 100% of all initial TARs within 14 calendar days 2) MHP: Process 100% of all appeal TARs within 60 calendar days 3) MHP: Develop a reliable mechanism for tracking admissions to Psychiatric Health Facilities within Avatar for valid data reporting 4) MHP: Develop a reliable mechanism for tracking TARs within Avatar for valid data reporting	**Met**: **Partially Met**: **Not Met**: **Continued**:

Category	Goals	Annual Evaluation
12. **Utilization Management – Improve Medication Monitoring policies and procedures.**	1) MHP: Implement the developed mechanism for capturing medication monitoring data in Avatar by 12/31/18 2) MHP: Develop a mechanism for tracking medication monitoring plans of correction in Avatar, contingent upon implementation of the mechanism for capturing data, by 6/30/19 3) MHP: Complete updates and new drafts for all mental health medication support services policies and procedures by 12/31/18 4) MHP: Expand medication monitoring utilization review to include the newly opened mental health first responder urgent care clinic in West Sacramento by 6/30/19 5) DMC-ODS: Expand medication monitoring utilization review to include newly contracted Substance Use Disorder (SUD) providers by 6/30/19	**Met**: **Partially Met**: **Not Met**: **Continued**:
13. **Provider Relations and Communication Strategies.**	1) Update external Yolo County Behavioral Health (BH) QM website 2) Update external Yolo County MH and SUD websites 3) Increase communication with behavioral health providers regarding new regulations and requirements (438 Mega Rule, DMS-ODS, Parity, Title 22, Title 9, DHCS Info Notices)	**Met**: **Partially Met**: **Not Met**: **Continued**:
14. **Compliance: Develop a more robust BH Compliance Program.**	1) Develop a process for routinely updating HHSA QM BH Policies and Procedures (P&P's) in accordance with regulation requirements 2) Develop a program monitoring process for SUD and MH programs 3) Update the Compliance Training Program 4) Report 100% of Compliance related issues to the respective entity(ies)	**Met**: **Partially Met**: **Not Met**: **Continued**: