



COUNTY OF YOLO

HEALTH AND HUMAN SERVICES AGENCY

POLICIES AND PROCEDURES

SECTION 5, CHAPTER 5, POLICY 009

QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT (QAPI) PROGRAM

POLICY NUMBER:	5-5-009
SYSTEM OF CARE:	BEHAVIORAL HEALTH
FINALIZED DATE:	02.23.2021
EFFECTIVE:	07.01.2020
SUPERSEDES # :	Supersedes Policy #'s: 5-5-010 Quality Improvement Committee 6-5-013 Biannual Consumer and Treatment Perception Surveys PP 1105 Quality Improvement Committee (QIC) Meeting PP 1118 Biannual Satisfaction Survey Data Collection

- A. PURPOSE:** To establish uniform guidelines for implementing an ongoing Quality Assessment and Performance Improvement (QAPI) program for the Mental Health Plan (MHP) and Drug-Medi-Cal Organized Delivery System (DMC-ODS) services furnished to Yolo County beneficiaries that are consistent with state and federal requirements.
- B. RELATED DOCUMENTS:** N/A
- C. DEFINITIONS:**
- Administrator:** Yolo County Health and Human Services Agency (HHSA) Behavioral Health (BH) is the administrator of the Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS) Plan, hereby referred to as the "Administrator".
 - Drug Medi-Cal Organized Delivery System (DMC-ODS):** Yolo County HHSA BH and Network Providers of Substance Use Disorder (SUD) services
 - Mental Health Plan (MHP):** Yolo County HHSA BH and Network Providers of SMHS (Specialty Mental Health Services)

4. **Network Provider:** Any provider, group of providers, or entity that has a network provider agreement with Yolo County HHSA BH and receives Medicaid funding directly or indirectly to order, refer or render covered services as a result of the contract (Title 42 Code of Federal Regulations [42 CFR] § 438.2)
 5. **MHP Beneficiary:** A Medi-Cal recipient who is currently receiving services from the MHP.
 6. **DMC-ODS Beneficiary:** A person who: (a) has been determined eligible for Medi-Cal; (b) is not institutionalized; (c) has a substance-related disorder per the current "Diagnostic and Statistical Manual of Mental Disorders (DSM)" criteria; and (d) meets the admission criteria to receive DMC covered services.
 7. **Quality Management Work Plan:** The Quality Management (QM) Work Plan (also referred to as a Quality Improvement (QI) Work Plan) encompasses quality improvement and evaluation activities designed to advance access to and delivery of quality SMHS and DMC-ODS covered services.
- D. POLICY:** The Administrator shall implement an ongoing comprehensive Quality Assessment and Performance Improvement (QAPI) Program for the services it furnishes to beneficiaries. (42 C.F.R. § 438.330 (a).). The QAPI Program shall have a written description which includes mechanisms to address meaningful clinical issues affecting beneficiaries system-wide, such as issues related to quality, timeliness, and access to care through the MHP and DMC-ODS. The Administrator shall ensure that the QAPI program:
1. Clearly defines its structure and elements;
 2. Assigns responsibility to appropriate individuals if the QAPI Program is comprised of staff and activities from entities outside of Yolo County HHSA BH, each entity shall follow practices as outlined within this policy,
 3. Adopts or establishes quantitative measures to assess performance and identify and prioritize areas for improvement. (MHP Contract, Ex. A, Att. 5; 42 C.F.R. § 438.330(a)(e)(2).);
 4. Evaluates the impact and effectiveness of the QAPI Program annually and updates the Program as necessary. (MHP Contract, Ex. A, Att. 5; CCR, title 9, section 1810.440(a)(6).);
 5. Have mechanisms to detect both underutilization and overutilization of services. (MHP Contract, Ex. A, Att. 5; 42 C.F.R. § 438.330(b)(3).);
 6. Include Performance Improvement Projects (PIPs);
 7. Include the collection and submission of performance measurement data required by the Department of Health Care Services (DHCS), which may include performance measures specified by CMS. The Administrator shall measure and annually report to DHCS its

performance, using the standard measures as identified by DHCS. (42 C.F.R. § 438.330 (a)(2), (b)(2), (c)(2).);

8. Undergo annual, external independent reviews of the quality, timeliness, and access to services covered under contracts with DHCS, which are conducted pursuant to Subpart E of Part 438 of the Code of Federal Regulations. (42 C.F.R. §§ 438.350(a) and 438.320)

E. PROCEDURE:

1. **Work Plan:** The Administrator shall have a QAPI Work Plan covering the current contract cycle with documented annual evaluations and documented revisions as needed (MHP Contract, Ex. A, Att. 5), with the intention that the QAPI Program shall improve established outcomes through structural and operational processes and activities that are consistent with current standards of practice.

The QAPI Work Plan shall include:

- a. 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.
- b. Evidence that quality improvement (QI) activities, including PIPs, have contributed to meaningful improvement in clinical care and beneficiary service
- c. A description of completed and in-process QAPI activities, including:
 - i. Monitoring efforts for previously identified issues, including tracking issues over time.
 - ii. Objectives, scope, and planned QAPI activities for each year.
 - iii. Targeted areas of improvement or change in service delivery or program design.
- d. Mechanisms to assess beneficiary/family satisfaction by surveying beneficiary/family satisfaction at least annually (MHP Contract, Ex. A, Att. 5), including informing providers of beneficiary/family satisfaction activities. (MHP Contract, Ex. A, Att. 5)
- e. Mechanisms to assess beneficiary/family satisfaction by evaluating beneficiary grievance, appeals and fair hearings at least annually. (MHP Contract, Ex. A, Att. 5).
- f. An evaluation of requests to change persons providing services at least annually.
- g. Implementing mechanisms to monitor the safety and effectiveness of medication practices. The monitoring mechanism shall be:
 - i. Under the supervision of a person licensed to prescribe or dispense medication;

- ii. Performed at least annually;
 - iii. Inclusive of mediations prescribed to adults and youth
- h. Mechanisms to:
- i. Monitor appropriate and timely intervention of occurrences that raise quality of care concerns.
 - ii. Take appropriate follow-up action when such an occurrence is identified.
 - iii. Evaluate the results of the intervention at least annually.
- i. A description of mechanisms the Administrator has implemented to assess the accessibility of services within its service delivery area, including goals for:
- i. Responsiveness for the Administrators 24-hour toll-free telephone number;
 - ii. Access to after-hours care;
 - iii. Timeliness for scheduling of routine appointments (Specific to MHP only);
 - iv. Timeliness of services for urgent conditions. (Specific to MHP only);
 - v. Timeliness of First initial contact face to face appointment (Specific to DMC-ODS only);
 - vi. Frequency of follow up appointment in accordance with individualized treatment plans (Specific to DMC-ODS only);
 - vii. Timeliness of services of the fist dose of Opioid Treatment program (OTP)/Narcotic Treatment Program (NTP) services (Specific to DMC-ODS only);
 - viii. Strategizes to reduce avoidable hospitalizations (Specific to DMC-ODS only);
 - ix. Coordination of physical and mental health services with waiver services at the provider level (Specific to DMC-ODS only);
 - x. Assessment of the beneficiary’s experiences (Specific to DMC-ODS only);
 - xi. Telephone access line and services in the prevalent non-English languages. (Specific to DMC-ODS only);
 - xii. Evidence of compliance with the requirements for cultural competence and linguistic competence.
2. **QAPI Activities:** The Administrator shall have written descriptions of QAPI activities that shall include, at a minimum, the following:
- a. Collect and analyze data to measure against the goals, or prioritized areas of improvement that have been identified;
 - b. Identify opportunities for improvement and decide which opportunities to pursue;
 - c. Identify relevant committees internal or external to the Administrator to ensure appropriate exchange of information with the QI Committee;

- d. Obtain input from providers, beneficiaries and family members in identifying barriers to delivery of clinical care and administrative services;
 - e. Designing and implementing interventions for improving performance;
 - f. Measure effectiveness of the interventions;
 - g. Incorporate successful interventions into the Administrator's operations as appropriate; and
 - h. Review beneficiary grievances, appeals, expedited appeals, fair hearings, expedited fair hearings, provider appeals, and clinical records review as required by Cal. Code Regs., tit. 9, § 1810.440(a)(5).
3. **QI Program / Committee:** The Administrator shall establish a QI Program and Committee to routinely meet and review the quality of SMHS and DMC-ODS services provided beneficiaries. The QI Committee shall:
- a. Recommend policy decisions;
 - b. Review and evaluate the results of QI activities, including performance improvement projects;
 - c. Institute needed QI actions;
 - d. Ensure follow-up of QI processes; and
 - e. Document QI Committee meeting minutes regarding decisions and actions taken.
 - f. Number of days to first DMC-ODS service at appropriate level of care after referral. (DMC-ODS Only)
 - g. Existence of a 24/7 telephone access line with prevalent non-English language(s). (DMC-ODS Only)
 - h. Access to DMC-ODS services with translation services in the prevalent non-English language(s). (DMC-ODS Only)

As part of an effective Quality Improvement (QI) Program, the Administrator shall:

- a. Include active participation by the Administrator's practitioners, providers, beneficiaries and family members, in the planning, design and execution of the QI program. (MHP Contract, Ex. A, Att. 5) ;
- b. Obtain input from providers, beneficiaries and family members in identifying barriers to delivery of clinical care and administrative services;

- c. Obtain input / reports from the Cultural Competence Committee (CCR title 9, section 1810.410);
 - d. Monitor the Administrator's service delivery system with the aim of improving the processes of providing care and better meeting the needs of its beneficiaries;
 - e. Be accountable to the Administrator's Director as described in Cal. Code Regs., tit. 9, § 1810.440(a)(1);
 - f. Operation of the QI program shall include substantial involvement by a licensed mental health professional and a licensed SUD staff person. (Cal. Code. Regs., tit. 9, § 1810.440(a)(4).);
4. **PIPs:** The Administrator shall conduct the required number of PIPs as specified by DHCS or CMS and shall focus on a clinical area and a non-clinical area. (42 C.F.R. § 438.330(b)(1) and (d)(1).) Each PIP shall:
- a. Be designed to achieve significant improvement, sustained over time, in health outcomes and beneficiary satisfaction;
 - b. Include measurement of performance using objective quality indicators;
 - c. Include implementation of interventions to achieve improvement in the access to and quality of care;
 - d. Include an evaluation of the effectiveness of the interventions based on the performance measures collected as part of the PIP; and,
 - e. Include planning and initiation of activities for increasing or sustaining improvement. (42 C.F.R. § 438.330(d)(2).)
 - f. The Administrator shall report the status and results of each performance improvement project to DHCS as requested, but not less than once per year. (42 C.F.R. § 438.330(d)(3).)

F. REFERENCES:

1. MHP Contract
2. Department of Health Care Services Intergovernmental Agreement for Substance Use Disorders
3. Title 42 CFR. § 438.2
4. Title 42 CFR. § 438.330
5. Title 9, section 1810.440
6. Title 42 CFR. § 438.350
7. Title 42 CFR. § 438.320

F. Approved by:



**Karen Larsen, Director
Yolo County Health and Human Services Agency**

02/26/2021

Date