

Mid-State Health Network

Quality Assessment and Performance Improvement Program (QAPIP)

2013 - 2014

Prepared By: Mid-State Health Network Quality Committee – August 2013
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Mid-State Health Network

QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM 2013-2014

I. OVERVIEW

The Executive Directors of twelve Community Mental Health Services Programs (CMHSPs) have developed a new regional entity (RE), Mid State Health Network (MSHN), which draws together these organizations to form a robust partnership that will provide a strong care and risk management infrastructure to this proven public behavioral health and developmental disability services network. The area to be served through this RE includes 21 counties in Michigan: Arenac, Bay, Clare, Clinton, Eaton, Gladwin, Gratiot, Hillsdale, Huron, Ingham, Ionia, Isabella, Jackson, Mecosta, Midland, Montcalm, Newaygo, Osceola, Saginaw, Shiawassee, and Tuscola (Region 5 PIHP 2013 Application for Proposal for Speciality Prepaid Inpatient Health Plans, 2013).

The MSHN partnership is also committed to support the management and delivery of substance use disorder services in the new region. Two existing members, Community Mental Health Authority for Clinton-Eaton-Ingham Counties and Bay Arenac Behavioral Health Authority, are already designated as the regional coordinating agency (CA) for 14 of the 21 counties in MSHN. Plans to incorporate all CA services will be realized within 12 months of the regional entity's initial operations. Likewise, MSHN CMHSPs continue to plan collaboratively for the expansion of Medicaid eligibility to an even greater number of Michigan citizens. MSHN CMHSP participants are also actively assessing capacity and developing competencies to ensure preparedness for the implementation of the Autism Disorder State Plan. This will require infrastructure, staff training and competency development, changes in access protocols, and significant community coordination (Region 5 PIHP 2013 Application for Proposal for Speciality Prepaid Inpatient Health Plans, 2013, p. Attachment 1.9).

MSHN monitors the overall quality and improvement of the PIHP. Responsibilities of the Quality Management Program are outlined in the Quality Assessment and Performance Improvement Plan (QAPIP). Improvement activities are based on data collection activities and analysis of outcomes.

II. PHILOSOPHICAL FRAMEWORK

The program design is based on the Continuous Quality Improvement (CQI) model of Shewhart, Deming and Juran. The key principles of the CQI model, as recently updated by Richard C. Hermann ("Developing a Quality Management System for Behavioral Health Care: The Cambridge Health Alliance Experience", November 2002), are:

- Health care is a series of processes in a system leading to outcomes;
- Quality problems can be seen as the result of defects in processes;
- Quality improvement efforts should draw on the knowledge and efforts of individuals involved in these processes, working in teams;
- Quality improvement work is grounded in measurement, statistical analysis and scientific method;
- The focus of improvement efforts should be on the needs of the customer; and
- Improvement should concentrate on the highest priority problems.

Performance improvement is more narrowly defined as, “the continuous study and adaptation of health care organization’s functions and processes to increase the probability of achieving desired outcomes, and to better meet the needs of clients and other users of services” (Joint Commission on Accreditation of Health Care Organizations, 2004-2005). MSHN employs the Plan-Do-Study-Act (PDSA) cycle, attributed to Walter Shewhart and promulgated by Dr. W. Edwards Deming, to guide its performance improvement tasks (Scholtes P. R., 1991).

Performance measurement is a critical component of the PDSA cycle. Measures widely used by MSHN for the ongoing evaluation of processes, and to identify how the region can improve the safety and quality of its operations, are as follows:

- A variety of qualitative and quantitative methods are used to collect data about performance;
- Well-established measures supported by national or statewide databases are used where feasible and appropriate to benchmark desired performance levels; if external data is not available, then local benchmarks are established;
- Statistically reliable and valid sampling, data collection and data analysis principles are followed as much as possible; and
- If the nature of the data being collected for a measure limits the organization’s ability to control variability or subjectivity, the conclusions drawn based upon the data are likewise limited.

Data is used for decision making throughout the PIHP and its behavioral health contract providers. Clinicians monitor treatment outcomes, and supervisors insure the timeliness of processes, optimize efficiency and maximize productivity. Leadership and governance use key measures to manage risk, insure safety, and track achievement of organizational strategies. MSHN’s overall philosophy governing its local and regional quality management and performance improvement can be summarized as follows:

- Performance improvement is dynamic, system-wide and integrated;
- The input of a wide-range of stakeholders – board members, consumers, providers, employees, community agencies and other external entities, such as the Michigan Department of Community Health, are critical to success;
- An organizational culture where staff are comfortable reporting errors and system failures, and leaders see information as the means to improvement, is important and encouraged;
- Improvements resulting from performance improvement must be communicated throughout the organization and sustained; and
- Leadership must establish priorities, be knowledgeable regarding system risk points, and act based upon sound data.

III. STRUCTURE (Medicaid Managed Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver Program - Attachment P.6.7.1.1, 2013)_(42 Code of Federal Regulations (CFR) 438.358, 2002)

The structure of the QAPIP allows each contracted behavioral health provider to establish and maintain its own unique arrangement for monitoring, evaluating, and improving quality. The MSHN Quality Committee is responsible for ensuring the effectiveness of the QAPIP. Process improvements will be assigned under the auspices of MSHN to an active PIHP committee, workgroup or task specific Process Improvement Team.

IV. COMPONENTS (Medicaid Managed Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver Program - Attachment P.6.7.1.1, 2013)_ (42 Code of Federal Regulations (CFR) 438.358, 2002)

MSHN will provide oversight and monitoring of all members of its contracted behavioral health network in compliance with applicable regulatory guidance. For the purposes of the Quality Management functions germane to successful PIHP operations, the following core elements shall be delegated to the Community Mental Health Services Programs within the region:

- Regulatory and Corporate Compliance Management
- Facilitation of Quality Improvement Processes
- Staff Oversight and Education
- Conducting Research

MSHN will provide guidance on standards, requirements and regulations from the MDCH, the External Quality Review, the Balanced Budget Act, the appropriate accrediting body and/or other authority that directly or indirectly affects MSHN PIHP operations.

MSHN will retain responsibility for developing, maintaining, and evaluating an annual QAPIP plan and report in collaboration with its CMHSP Participants. MSHN will comply with 42 CFR Program Integrity Requirements, including designating a PIHP Compliance Officer. Assurances for uniformity and reciprocity are as established in MSHN provider network policies and procedures (Region 5 PIHP 2013 Application for Proposal for Speciality Prepaid Inpatient Health Plans, 2013, p. 2.7.3).

V. GOVERNANCE (Medicaid Managed Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver Program - Attachment P.6.7.1.1, 2013)

The MSHN's Board of Directors employs the Chief Executive Officer (CEO), sets policy related to quality management, and approves the PIHP's QAPIP Plan, including quality management priorities. The QAPIP Plan is updated annually by the MSHN Quality Committee.

The MSHN's Board of Directors receives an Annual Quality Assessment and Performance Improvement Report evaluating the effectiveness of the quality management program, and recommending priorities for improvement initiatives for the next year. The report describes quality management activities, performance improvement projects, and actions taken and the result of those actions. After review of the Annual Quality Assessment and Performance Improvement Report, the Board of Directors submits the report to MDCH..

Chief Executive Officer

MSHN's CEO is hired/appointed by the PIHP Board and is the designated senior official with the responsibility for ensuring implementation of the PIHP QAPIP across the affiliation. The MSHN CEO or designee will act as the chair of the MSHN Quality Committee and is responsible for the development, review and evaluation of the Quality Assessment and Performance Improvement Plan and Program in collaboration with the MSHN Quality Committee. This committee consists of a quality representative from each CMHSP who has been appointed by the CMHSP CEO.

The MSHN CEO allocates adequate resources for the quality management program and is responsible for linking the strategic planning and operational functions of the organization with the quality management functions. The CEO assures coordination occurs among members of the Operations Committee to maintain quality and consumer safety. Additionally, the CEO is committed to the goals of

the quality improvement plan and to creating an environment that is conducive to the success of quality improvement efforts, ensuring affiliation involvement, removing barriers to positive outcomes, and monitoring results of the quality improvement program across the PIHP. The CEO reports to the PIHP Board of Directors recommending policies and/or procedures for action and approval. The CEO is responsible for managing contractual relationships with the CMHSP participants and for issuing formal communications to the CMHSPs regarding performance that does not meet contractual requirements or thresholds.

Medical Director

MSHN contracts with a Medical Director to provide leadership related to quality and utilization. The Medical Director is an ad hoc member of the MSHN Quality Committee and will demonstrate an ongoing commitment to quality improvement; participating on committees and work teams as needed, reviewing quality improvement reports, sentinel events, and critical incidents; and assisting in establishing clinical outcomes for the PIHP. MSHN's Medical Director will provide clinical oversight related to quality and utilization of services through consultative committee involvement.

The MSHN Medical Director consults with MSHN staff regarding service utilization and eligibility decisions and is available to provide input as required for the regional QAPIP. If necessary, consultation would occur between the MSHN Medical Director and the CMHSP Medical Director. Regional quality improvement activities focus on systemic and programmatic issues. If problems are identified at a systems level, further evaluation will occur via site reviews of the involved CMHSP Management by the PIHP.

Mid-State Health Network CMHSP Participants

MSHN CMHSP staff has the opportunity to participate in and to support the QAPIP through organization-wide performance improvement initiatives. In general, the staff's role in the PIHP's performance improvement program includes:

- Participating in the data collection related to performance measures/indicators at the organizational or provider level;
- Identifying organization-wide opportunities for improvement;
- Participating on organization-wide standing committees and work groups, and
- Reporting clinical care errors, informing consumers of risks, and making suggestions to improve the safety of consumers.

Committees

MSHN has committees that are responsible for providing recommendations regarding related managed care operational decisions. Each committee advises the Operations Committee who advises the CEO. These recommendations will be considered by the Operations Committee on the basis of a simple majority vote of the twelve CMHSPs. Any issues remaining unresolved after Operations Committee consideration will be subject to dispute resolution requirements included in the existing affiliation or local service agreements between the parties.

Among other duties, these committees identify, receive, and respond on a regular basis to opportunities and recommendations for system improvements arising from the MSHN Quality Management Program.

Roles of Recipients (Medicaid Managed Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver Program - Attachment P.6.7.1.1, 2013).

MSHN will continue the legacy of its founding CMHSP Participants by promoting and encouraging active consumer involvement and participation within the PIHP, the respective CMHSPs and their local

communities. MSHN will form a Consumer Advisory Council to advise and guide the PIHP and its CMHSP Participants in their operations, and will provide monitoring and oversight of the CMHSPs in efforts to promote local consumer involvement, and increase consumer influence throughout its 21 counties

Recipients of services will participate in the QAPIP through involvement on workgroups, process improvement teams, advisory boards and QI Committees at the local and affiliation level. Recipients will provide input into policy and program development, performance indicator monitoring, affiliation activities/direction, self-determination efforts, QI projects, satisfaction findings, consumer advocacy, local access and service delivery, and consumer/family education, etc.

In addition to the participation of recipients of services in quality improvement activities, MSHN and its Medicaid Service Providers will strive to involve other stakeholders such as providers, family members, community members, and other service agencies whenever possible and appropriate. Opportunities for stakeholder participation include the PIHP governing body and Medicaid Service Providers, Board of Directors membership; Consumer Advisory activities at the local, affiliation and state levels; completion of satisfaction surveys; participation on quality improvement work teams or monitoring committees; and focus group participation. Stakeholder input will be utilized in the planning, program development, and evaluation of services, policy development, and improvement in service delivery processes.

VI. COMMUNICATION OF PROCESS AND OUTCOMES_(Medicaid Managed Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver Program - Attachment P.6.7.1.1, 2013)

The Quality Committee (QC) is responsible for monitoring and reviewing performance measurement activities. MSHN, in addition to the CMHSPs, will identify and monitor opportunities for process and outcome improvements.

For any performance measure below regulatory standards, plans of correction will be required of the CMHSP Participant. After QC meetings, reports are communicated through regular reporting via Committees, the Board of Directors and Consumer Advisory Council meetings. Status of key performance indicators, consumer satisfaction survey results, and PI projects are reported to consumers and stakeholders, as dictated by the data collection cycle. The Board of Directors minimally receives an annual report on the status of organizational performance. Final performance and quality reports will be made available to stakeholders and the general public.

MSHN is responsible for reporting the status of regional PI projects and verification of Medicaid services to MDCH. These reports summarize regional activities and achievements, and include interventions resulting from data analysis.

VII. PERFORMANCE MEASUREMENT

General Methods (Medicaid Managed Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver Program - Attachment P.6.7.1.1, 2013)

The Quality Assessment and Performance Improvement Program encourages the use of objective and systematic forms of measurement. Each measure must have a baseline measurement when possible, should be re-measured at least annually, and should be actionable and likely to yield credible and reliable data over time. Measures can be clinical and non-clinical. Desired performance ranges and/or external benchmarks are included when known. MSHN is responsible for the oversight and monitoring of the performance of the PIHP including data collection, documentation, and data reporting processes

to ensure compliance with PIHP contract requirements and State and Federal processes and requirements.

Data Collection and Analysis

Information is the critical product of performance measurement that facilitates clinical decision-making, organizational decision-making (e.g., strategic planning and day-to-day operations), performance improvement, and priorities for risk reduction. Data must be systematically aggregated and analyzed to become actionable information.

Data is aggregated at a frequency appropriate to the process or activity being studied. Statistical testing and analysis is then used as appropriate to analyze and display the aggregated data. PIHP data is analyzed over time to identify patterns and trends, and compared to desired performance levels, including externally derived benchmarks when available.

Undesirable patterns or trends in performance are identified, as well as undesirable variations in performance, and acted on as appropriate. In some instances, further data collection and analysis is necessary to isolate the causes of poor performance or excessive variability.

MSHN staff, in collaboration with the QC, prepares an analysis of the data, including recommendations for further investigation, data collection improvements to resolve data validity concerns, and/or system improvements.

Taking Action

Process improvements are achieved by taking action based upon data collected and analyzed through performance measurement activities. Actions taken are implemented systematically to insure any improvements achieved are truly associated with the action. Adhering to the following steps promotes process integrity:

- Develop a step by step action plan;
- Limit the number of variables impacted;
- Implement the action plan, preferably on a small or pilot scale initially, and
- Collect data to check for expected results.

When undesirable variance occurs, and minimum performance standards or requirements are not met, CMHSPs will submit a form identifying causal factors, interventions, implementation timelines, and any other actions they will take to correct undesirable variation. The form will be returned to the QC for peer review to ensure that the interventions are appropriate for addressing the performance, undesirable or desirable. The effectiveness of the action plan will be monitored based on the re-measurement period identified.

The process of measurement, data collection, data analysis and action planning is repeated until the desired level of performance/improvement is achieved. Sustained improvement is sought for a reasonable period of time (such as one year) before the measure is discontinued. When sustained improvement is achieved, measures move into a maintenance modality, with a periodic reassessment of performance to insure the desired level of quality is being maintained, as appropriate. Measures mandated by external entities such as the MDCH or accrediting bodies are exceptions.

Performance Indicators

MSHN is responsible for ensuring that each CMHSP is measuring its performance through the use of standardized performance indicators as established by the state. The Michigan Department of

Community Health, in compliance with Federal mandates, establishes measures in the area of access, efficiency, and outcomes. Each CMHSP participant submits state mandated data as well as regionally mandated data based on the needs of the PIHP.

Performance Improvement Projects

MSHN participates in performance improvement projects each year. MDCH requires the PIHP to complete a minimum of two PI projects per year. One of the two is chosen by MDCH based on the Michigan's Quality Improvement Council recommendations. This project is subject to validation by the external quality review (EQR) organization and requires the use of the EQR's form. The other is chosen by the PIHP based on the needs of the population served, previous measurement and analysis of process, satisfaction, and/or outcome trends that may have an impact on the quality of service provided. The QC approves the performance improvement projects and presents to relevant committees for collaboration.

Data collected through the performance improvement projects are aggregated, analyzed and reported at the Quality Committee meeting. The population from which a sample will be pulled, the data collection timeframe, the data collection tool, and the data source are defined for each measure, whether local or regional. A description of Project/Study is written for each measure which documents why the project was chosen and identifies the data that was used to determine there was a problem and who is affected by the problem. It incorporates the use of valid standardized data collection tools and consistent data collection techniques. Each data collection description delineates strategies to minimize inter-rater reliability concerns and maximize data validity. Provisions for primary source verification of data and maintenance of documentation are also addressed in the description of the project/study. If sampling is to be used, appropriate sampling techniques are required to achieve a stated confidence level. The default confidence level for Mid-State Health Network performance measurement activity is a 95% confidence level with a 5% margin of error.

Identification of Quality Concerns and Opportunities for Improvement

Measures are selected consistent with established MSHN QAPIP priorities, as specified in this plan. The PIHP quality management program uses a variety of means to identify system issues and opportunities for improvement.

Prioritizing Measures (Medicaid Managed Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver Program - Attachment P.6.7.1.1, 2013)

Measures are chosen based upon selection and prioritization of projects, data collection, and analysis of data, and will be based on the following three factors:

- Focus Area: Clinical (prevention or care of acute or chronic conditions; high volume or high risk services; continuity and coordination of care), or Non-Clinical (availability, accessibility, and cultural competency or services; interpersonal aspects of care; appeals, grievances, and other complaints.)
- Impact: The effect on a significant portion of consumers served with potentially significant effect on quality of care, services, or satisfaction.
- Compliance: Adherence to law, regulatory, or accreditation requirements; relevancy to stakeholders due to the prevalence of a condition, the need for a service, access to services, complaints, satisfaction, demographics, health risks or the interests of stakeholders as determined through qualitative and quantitative assessment.

VIII. EVENT MONITORING AND REPORTING (Medicaid Managed Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver Program - Attachment P.6.7.1.1, 2013)

MSHN will submit and/or report required events to MDCH including sentinel events, critical incidents, and events requiring immediate notification to MDCH as specified in the Medicaid Managed Specialty Supports Services contract within the timelines required by MDCH.

MSHN delegates the responsibility of the process for review and follow-up of sentinel events, critical incidents, and other events that put people at risk of harm to the CMHSP participants. Adverse Events include any event that is inconsistent with or contrary to the expected outcomes of the organization's functions that warrants PIHP review. Subsets of these events, adverse events, will qualify as "reportable events" according to the MDCH Event Reporting System. These include MDCH defined critical incidents, risk events, and Sentinel Events. MSHN will also ensure that each CMHSP participant has a system in place to monitor these events, utilizing staff with appropriate credentials for the scope of care, and within the required timeframes. MSHN will ensure that the CMHSP has taken appropriate action to ensure that any immediate safety issues have been addressed.

MSHN will provide oversight and monitoring of the CMHSP processes for reporting sentinel events, critical events, and risk events as defined in the Medicaid Managed Specialty Supports and Service Concurrent 1915 (b)/(c) Waiver Program FY12 Attachment P6.7.1.1 and/or events requiring immediate notification to MDCH. In addition, MSHN will oversee the CMHSP process for quality improvement efforts including analysis of all events and other risk factors, identified patterns or trends, the completion of identified actions, and recommended prevention strategies for future risk reduction. The goal of reviewing these events is to focus the attention of the CMHSP on potential underlying causes of events so that changes can be made in systems or processes in order to reduce the probability of such events in the future. Following completion of a root cause analysis, or investigation, the CMHSP will develop and implement either a plan of action or an intervention to prevent further occurrence or recurrence of the adverse event, or documentation of the rationale for not pursuing an intervention. The plan will address the staff and/or program/committee responsible for implementation and oversight, time lines, and strategies for measuring the effectiveness of the action

IX. BEHAVIOR TREATMENT (Medicaid Managed Speciality Supports and Services Concurrent 1915 (b)(c) Waiver Program 2013 Attachment P1.4.1, Technical Requirement for Behavioral Treatment Plan Review Committees-2012)

MSHN delegates the responsibility for the collection and evaluation of data to each local CMHSP Behavior Treatment Review Committee, including the evaluation of the effectiveness of the Behavior Treatment Committee by stakeholders. Data will be collected and reviewed quarterly by the CMHSP where intrusive and restrictive techniques have been approved for use with individuals, and where physical management or 911 calls to law enforcement have been used in an emergency behavioral situation. This data will be reviewed as part of the CMHSP Quality Program and reported to the MSHN Quality Committee. Only techniques approved by the Technical Requirement for Behavior Treatment Plan, agreed to by the individual or his/her guardian during the person-centered planning, and supported by current peer-reviewed psychological and psychiatric literature may be used. MSHN monitors the local CMHSP Behavior Treatment Review Committee to ensure it follows the requirements outlined within the Technical Requirement for Behavior Treatment Plan Review Committees. MSHN will analyze the data on a quarterly basis to address any trends and/or opportunities for quality

improvements. Data shall include numbers of interventions and length of time the interventions were used per person.

X. QUANTITATIVE AND QUALITATIVE ASSESSMENT OF MEMBER EXPERIENCES_(Medicaid Managed Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver Program - Attachment P.6.7.1.1, 2013)

The opinions of consumers, their families and other stakeholders are essential to identify ways to improve processes and outcomes. Surveys and focus groups are an effective means to obtain input on both qualitative and quantitative experiences. Consumers receiving services funded by the PIHP are surveyed by MSHN at least annually using standardized survey tools. The tools vary in accordance with service population needs, and address quality, availability, and accessibility of care. Focus groups are conducted as needed to obtain input on specific issues. Consumers may also be queried by the CMHSP participants regarding the degree of satisfaction via periodic reviews of the status of their person-centered plans, as well as during discharge planning for the cessation or transition of services. Other stakeholders provide input through a survey process. Regional benchmarks are used for comparison.

The aggregated results of the surveys are collected, analyzed and reported by MSHN in collaboration with the QI Committee, who identifies strengths and areas for improvement and makes recommendations for action and follow up as appropriate. The data is used to identify best practices, demonstrate improvements, or identify problem areas. The QI Committee determines appropriate action for improvements, and the resulting findings are incorporated into program improvement action plans. At the CMHSP level, actions will be taken on survey results of individual cases, as appropriate, to identify and investigate sources of dissatisfaction and follow-up.

Survey results are included in the annual PIHP QAPIP Report and presented to the MSHN governing body, the Operations Committee, Consumer Advisory Council, CMHSP participants, and local Quality Improvement Committees. Findings will also be shared with stakeholders on a local level through such means as advisory councils, staff/provider meetings and printed materials.

XI. PRACTICE GUIDELINES_(Medicaid Managed Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver Program - Attachment P.6.7.1.1, 2013)

MSHN has established Practice Guidelines based on the Medicaid Provider Manual, the Medicaid Managed Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver Program, and Evidence Based Practice models. The process for determining what practice guidelines, in addition to those cited above, will be utilized is a locally driven process in collaboration with the QC. The practices guidelines will be chosen to meet the needs of persons served in the local community and to ensure that each individual receives the most efficacious services. Practice Guidelines as stated above are reviewed and updated annually or as needed, and are disseminated to appropriate providers (Medicaid Managed Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver Program - Attachment P.6.7.1.1, 2013).

CREDENTIALING, PROVIDER QUALIFICATION AND SELECTION_(Medicaid Managed Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver Program - Attachment P.6.7.1.1, 2013)

In compliance with MDCH's Credentialing and Re-credentialing Processes (January 2007, Attachment P.6.4.3.1.), MSHN shall establish written policy and procedures for ensuring the credentialing and re-credentialing of its licensed providers initially upon employment/contract initiation, and minimally every two (2) years thereafter. MSHN will also establish written procedures ensuring that non-licensed providers of care or support are qualified to perform their jobs.

Credentialing, privileging, primary source verification and qualification of staff who are employees of the MSHN, or under contract to the PIHP, are the responsibility of MSHN. Credentialing, privileging, primary source verification and qualification of CMHSP staff will be delegated to the CMHSPs.

MSHN will monitor CMHSP compliance with federal, state, and local regulations and requirements annually through an established process that may include desk review, field verification activities and/or other appropriate oversight and compliance enforcement strategies. MSHN policies and procedures will be established to govern the selection, orientation and training of directly employed or contracted staff. PIHP employees receive annual reviews of performance and competency. Individual competency issues are addressed through staff development plans. MSHN is responsible for ensuring that each provider, employed and contracted, meets all applicable licensing, scope of practice, contractual, and Medicaid Provider Manual requirements, including relevant work experience and education, and cultural competence. The CMHSPs are likewise responsible for the selection, orientation, training and evaluation of the performance and competency of their own staff and subcontractors.

XII. MEDICAID EVENT VERIFICATION_(Medicaid Managed Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver Program - Attachment P.6.7.1.1, 2013)

MSHN will verify the delivery of services billed to Medicaid per federal regulations and state technical guidelines which require PIHPs and CMHSPs to conduct regular audits of billed service events to verify that service was actually provided. Each CMHSP participant will continue to verify services provided per the methodology approved by MDCH. The MSHN methodology plan for event verification will be developed and approved by MDCH.

Data collected through the Medicaid Event Verification process are aggregated, analyzed and reported for review at the QI Committee meetings, and opportunities for improvements at the local or regional level are identified. The findings from this process, and any follow up needed, are reported annually to MDCH through the Medicaid Event Verification Service Methodology Report. All CMHSP participants of MSHN have implemented the generation of a summary of Explanations of Benefits in accordance with the MDCH Specialty Mental Health Services Program contract. This will provide an additional step to ensure that consumers are aware of service activity billed to their insurance.

XIII. UTILIZATION MANAGEMENT PLAN_(Medicaid Managed Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver Program - Attachment P.6.7.1.1, 2013)

MSHN will ensure access to public mental health services in accordance with the Michigan Department of Community Health contracts and relevant Medicaid Provider Manual and Mental Health Code requirements.

MSHN, either directly or through delegation of function to the Community Mental Health Services Program (CMHSP) acting on its behalf, is responsible for the overall network's utilization management (UM) system. Each CMHSP is accountable for carrying out delegated UM functions and/or activity relative to the people they serve through directly operated or contracted services.

Initial approval or denial of requested services is delegated to the local CMHSPs, including the initial screening and authorization of psychiatric inpatient services, partial hospitalization, and initial and ongoing authorization of services for individuals receiving community services. Communication with individuals regarding UM decisions, including adequate and advance notice, right to second opinion, and grievance and appeals will be included in this delegated function.

Utilization review functions will be delegated to the CMHSPs in accordance with MSHN policies, protocols and standards. This includes local-level prospective, concurrent and retrospective reviews of authorization and utilization decisions and/or activities regarding level of need and level and/or amount of services, consistent with PIHP policy, and standards and protocols. A Regional Utilization Management Committee comprised of the CMHSPs will function as an advisory board to MSHN to develop standards, and to review and analyze utilization activity and trends.

MSHN will ensure that screening tools and admission criteria are based on eligibility criteria established in contract and policy and are reliably and uniformly administered. MSHN policies will be designed to integrate system review components that include PIHP contract requirements and the CMHSPs' roles and responsibilities concerning utilization management, quality assurance, and improvement issues.

MSHN has established criteria for determining medical necessity, and the information sources and processes that are used to review and approve provision of services.

MSHN has mechanisms to identify and correct under- and over-utilization of services as well as procedures for conducting prospective, concurrent, and retrospective reviews. Qualified health professionals will supervise review decisions. Decisions to deny or reduce services are made by health care professionals who have the appropriate clinical expertise to provide treatment.

Reasons for treatment decisions need to be clearly documented and available to persons served. Information regarding all available appeals processes and assistance through customer services will be communicated to the consumer. Notification requirements will be adhered to in accordance with the Medicaid Managed Specialty Supports and Services contract with the Michigan Department of Community Health.

XIV. PROVIDER MONITORING (Medicaid Managed Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver Program - Attachment P.6.7.1.1, 2013)

MSHN will use a standard written contract to define its relationship with its CMHSPs which will ensure that each CMHSP participant complies with all federal and state requirements, including those defined in the BBA, the Medicaid Provider Manual, and the master contract between the PIHP and MDCH.

Each CMHSP will be contractually required to ensure that all eligible recipients have access to all services required by the master contract between the PIHP and MDCH, by either direct service provision or the management of a qualified and competent provider panel. Each CMHSP will also be contractually

required to maintain written subcontracts with all organizations or practitioners on its provider panel. These subcontracts will require compliance with all standards contained in the BBA, the Medicaid Provider Manual, and the Master Contract between the PIHP and the MDCH.

Each CMHSP participant will be required to document annual monitoring of each provider subcontractor as required by the BBA and MDCH. The monitoring structure will include provisions for requiring corrective action or imposing sanctions, up to and including contract termination if the contractor's performance is inadequate. MSHN will continually work to assure that the CMHSP participants maintain common policies, review common standards, and evaluate common outcomes. MSHN will monitor compliance with federal and state regulations annually through a process that may include any combination of desk review, field verification activities, and/or other appropriate oversight and compliance enforcement strategies as necessary. MSHN will develop processes for coordinating and/or sharing annual contractor monitoring reviews to avoid duplication of efforts and to reduce the burden on shared contractors. CMHSPs that are unable to demonstrate acceptable performance will be required to provide corrective action, will be subject to additional PIHP oversight and interventions, and may be subject to sanctions imposed by MSHN, up to and including contract termination.

XV. OVERSIGHT OF "VULNERABLE PEOPLE"

MSHN will assure the health and welfare of the region's service recipients by establishing standards consistent with MDCH contract requirements and reporting guidelines for all CMHSPs and subcontracted providers. Each CMHSP will have processes for addressing and monitoring the health, safety and welfare of all individuals served.

MSHN will ensure that services are consistently provided in a manner that considers the health, safety, and welfare of consumers, family, providers and other stakeholders. When health and safety, and/or welfare concerns are identified, those concerns will be acknowledged and actions taken as appropriate..

MSHN will monitor compliance with federal and state regulations annually through a process that may include any combination of desk review, field verification activities and/or other appropriate oversight and compliance enforcement strategies as necessary. CMHSP organizations unable to demonstrate acceptable performance may be subject to additional PIHP oversight and intervention.

(2013). *Medicaid Managed Speciality Supports and Services Concurrent 1915 (b)/(c) Waiver Program.*

(2013). *Medicaid Managed Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver Program - Attachment P.6.7.1.1.*

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