

Quality Improvement Plan

Introduction

As a department of Mecklenburg County and a political subdivision of the State of North Carolina, Mecklenburg County Area Mental Health, Developmental Disabilities and Substance Abuse Service comprise two distinct business units. Each unit has developed a quality improvement plan. These written quality improvement (QI) plans are combined into a single document for submission to the governing body.

The Provided Services Organization (PSO) comprises several case management programs, several substance abuse treatment programs and other direct services to individuals and the community. The PSO was accredited by CARF in October 2008.

Mecklenburg Local Management Entity (LME) is designated by the State as a single county LME. In the role of system manager, the LME provides screening, triage and referral, complaint management, investigation of incident reports, certain finance functions, and various data collection and reporting activities. The LME manages the Non-Medicaid dollars and provider network. Federal, State and County funds are combined to create and support a behavioral health system of non-Medicaid services. Mecklenburg LME has developed a contracted provider network and a service management system to ensure effective and efficient use of public funds. At the request of the Division of Medical Assistance (DMA), the LME performs several specific monitoring and oversight functions of the Mental Health, Developmental Disabilities and Substance Abuse Medicaid Providers.

THE LOCAL MANAGEMENT ENTITY QUALITY IMPROVEMENT PLAN

The LME's Quality Improvement Program encompasses a broad range of clinical and service issues relevant to the treatment of mentally ill adults, emotionally and behaviorally disordered adolescents and children, and individuals with substance abuse or dependence issues, and children and adults with developmental disabilities. The Program's scope is amended as needed following an analysis of input from consumers and their family members and other stakeholders, a review of successes and unfinished improvements from prior years. At a minimum the Program includes the monitoring and evaluation of systemic clinical and service issues, such as complaints, clinical risk and effectiveness of the health call center. Performance goals and thresholds are established for these issues and are trended over time. Additionally, the LME focuses on the continuum of non-Medicaid providers, establishing goals, evaluating performance and seeking improvements as needed. The QI Program includes measures of availability and accessibility of services and

consumer satisfaction. A comprehensive summary of clinical and service measures and the specific objectives describing areas selected for focused improvement are located in the Quality Improvement Work Plan.

Program Goals and Objectives

These statements describe the goals of the organization's Quality Improvement Program:

1. To implement evidence-based clinical practice guidelines that improve care and service for the most prevalent conditions in the population.
2. To collaborate with the Consumer and Family Advisory Committee and other consumers and their families to monitor, evaluate and improve access and availability of services, consumer satisfaction, and clinical outcomes for individuals receiving services.
3. To collaborate with various LME's Advisory Committee to ensure that community stakeholders can identify and help to set standards for quality concerns.
4. To support implementation of activities to improve patient safety in care delivery settings.
5. To monitor and evaluate multiple aspects of customer satisfaction with care delivery and service.
6. To assist practitioners who are responsible for providing clinical care services in the selection, design and implementation of strategies to improve process and outcomes.
7. To monitor, and improve when necessary, accessibility and availability of services.
8. To maintain a system for monitoring, investigating, evaluating and responding to episodes of poor quality of care.
9. To maintain an ongoing, up-to-date credentialing and re-credentialing process for licensed practitioners.
10. To provide oversight of the utilization management program and its impact on consumers and providers.
11. To provide appropriate oversight of delegated relationships.

12. To provide a system for professional and clinical supervision of employees, including a requirement that all employees who are not qualified professionals and provide direct client services are supervised by a qualified professional in that area of service. (North Carolina Administrative Code)
13. To provide a system for review of staff qualifications. (North Carolina Administrative Code)
14. To adopt standards that assure operational and programmatic performance meeting applicable standards of practice. (North Carolina Administrative Code.)
15. To assess and ensure that LME activities are compliant with URAC standards.

Delegation

Mecklenburg Area Mental Health Local Management Entity does not delegate quality improvement responsibilities.

Program Operations

Governing Body

Mecklenburg County Board of County Commissioners is the Governing Body. The Area Director is responsible for reporting quality improvement activities to the Governing Body and providing feedback to the Quality Improvement Committee. The Governing Body meets monthly and addresses Mecklenburg Area Mental Health Quality Improvement Report at least annually. The Governing Body appoints the Area Director, chosen through a search committee on which the Secretary of the Department of Health and Human Services or the Secretary's designee serves as a non-voting member. (NC Statute 122-C-117) Governing Body quality improvement responsibilities include:

- Allocating resources;
- Review and approval of the Quality Improvement Program annually;
- Designation of the Quality Management Committee to perform oversight of the Quality Improvement Program;
- Review of regular reports from the Quality Improvement Program delineating actions taken and improvements made (not less than annually);
- Ensuring that the Quality Improvement Program And Work Plan are implemented effectively and result in improvements in care and service;

- Designation of the body responsible for review and approval of credentialing and re-credentialing files.
- Designation of the body responsible for oversight and assurance of human rights, including implementation of rights protections in both directly operated and contracted services (10 North Carolina Administrative Code)
- Delegate to the Area Director authority to approve and implement Area Mental Health Authority policy and procedures needed to carry out daily functioning of the Area Mental Health, Developmental Disability and Substance Abuse Services, including formulation of workgroups or committees.

Quality Management Committee for Mecklenburg Area Mental Health Local Management Entity

The LME Quality Management Committee (QMC) establishes strategic direction and monitors the implementation of the Quality Improvement Program and Work Plans throughout the organization. The QMC is a multidisciplinary committee. Membership includes the Medical Director, Area Director, Deputy Director, Quality Improvement Director, Director of Utilization Management, the Director of Consumer Affairs and Community Services, the Legal Counsel and the Chair of the Mecklenburg Consumer and Family Advisory Committee. To ensure the voice of the consumer is heard at each meeting, the CFAC Vice Chair is a voting member in the absence of the CFAC chair. The QMC meets at least monthly. The Medical Director chairs the Committee. Responsibilities of the Quality Management Committee are:

- Review and approval of the Quality Improvement Program description and Quality Improvement Work Plan;
- Selection of clinical and service indicators and studies;
- Evaluation of the effectiveness of the Quality Improvement Program with input from the appropriate staff;
- Review and analysis of status reports from each functional area on the progress of implementation of work plans, including aggregate trend reports and analysis of clinical and service indicators:
 - ✓ Are scheduled commitments met or behind schedule?
 - ✓ Are committees meeting as scheduled? What is their output?
 - ✓ Do reports submitted include quantitative data, comparison of results to threshold and performance goals, the identification of causes limiting desired performance, recommendations, and a plan of action?
 - ✓ Are action plans implemented effectively?

- Establishment of benchmarks or performance goals for each indicator;
- Evaluation of clinical and service indicators against performance goals;
- Ensuring that system-wide trends are identified and analyzed, and that focused interventions are implemented to improve performance issues;
- Ensuring that quality improvement efforts are prioritized, resources are appropriate, and that resolution occurs;
- Submitting reports to the Board of County Commissioners (not less than annually);
- Submitting reports to the Mecklenburg Consumer and Family Advisory Committee annually;
- Oversight of the design of quality improvement studies and satisfaction surveys where appropriate, and ensuring that sound data collection methods are used;
- Ensuring inclusion of consumers and family members in the design, implementation and evaluation of quality improvement activities;
- Ensuring the inclusion of the Mecklenburg Consumer and Family Advisory Committee in the development of policies and procedures directly affecting consumers and in the review and evaluation of quality improvement activities;
- Establish the LME's Credentialing Committee to develop policies for evaluation of practitioners and conduct those evaluations;
- Approval of policies and procedures directing consumer care;
- Ensure that staff, consumers, and network providers receive information annually describing effectiveness of Quality Improvement Program.

Subcommittees

Credentialing Committee

The Credentialing Committee is a subcommittee comprised of practitioners representing services provided to persons with developmental disabilities, substance abuse issues, child and adolescent and adult mental health disorders. Professionals represented include licensed clinical social workers, nurses, psychiatrists, psychologists, mental health counselors, developmental disabilities and substance abuse professionals. The Medical Director chairs the meeting. The Credentialing Committee meets monthly.

Responsibilities of the Credentialing Committee include:

- Provision of input on practice guidelines;;
- Provision of input on design of quality improvement studies, barriers to improvement and action plans to reduce or remove the barriers to improvement;
- Review of results of clinical quality improvement studies, and measures of access to clinical care;
- Review practitioner and provider credentialing files, which include the results of primary source verification, queries to monitoring organizations, and office site visits (and performance data for practitioners requesting to be re-credentialed) and make approval or denial decisions.

Data Integrity Subcommittee (DISC)

Data Integrity Subcommittee includes representatives from Financial Services, Management Information Systems, Quality Improvement, and Utilization Management. Responsibilities of the Data Integrity Subcommittee include

- Ensuring that the electronic record is readily accessible to authorized users at all times;
- Enforcing state and federal regulations regarding manual and electronic consumer records.
- Establishing confidentiality standards and evaluating effectiveness of measures to protect confidential information.

Risk Management Subcommittee

The Risk Management Subcommittee includes the Medical Director, representatives from Quality Improvement and the Division of Consumer Affairs and Community Supports. Responsibilities include:

- Review of deaths and other critical incidents for the purposes of determining the root – or systemic – cause(s) of the incident and reducing the likelihood of similar incidents in the future
- Review of aggregate, trended data regarding providers so that both system-wide and individual provider opportunities are addressed.

Task Forces and Time-Limited Work Groups

Task forces and time-limited work groups, which include groups of individuals who meet for one year or less to accomplish a specific task, will be convened by the Quality Management Committee to develop and implement various

aspects of the Quality Improvement Program or a quality improvement study. All task forces and work groups will submit written reports to the Quality Improvement Committee as defined in the work group's charter. Task forces and work groups will include consumers and family members of consumers when appropriate. Responsibilities of the task forces and work groups include:

- Addressing specific tasks or projects as assigned by Quality Improvement Committee within the time frame assigned.

Quality Improvement Resources - Information Systems and Analytic Resources

Quality improvement data come from multiple sources within the organization. The table below illustrates the variety of data sources used in Local Management Entity quality improvement activities.

| Data resources (Check sources of data available for Quality Improvement) | |
|---|------------------------|
| ❖ Claims | ❖ Complaints |
| ❖ Encounter data | ❖ UM statistics |
| ❖ Enrollment | ❖ Medical records data |

Analytic resources are another critical component to the quality improvement process. The table below lists the analytic resources used for quantitative analysis and root cause, or barrier analysis.

| Analytical Resources | |
|--------------------------------|--------------------|
| Position/Advisor | Credentials |
| Elizabeth Peterson-Vita | Ph.D. |
| John Ellis | Ph.D. |

Organizational Structure

The Medical Director is ultimately responsible for implementation of the Mecklenburg Area Mental Health Local Management Entity's Quality Improvement Program. The Director of Quality

Improvement is responsible for managing day-to-day operations of all quality improvement functions.

The Quality Improvement Division includes quality improvement analysts, information manager, an administrative assistant and credentialing staff. Responsibilities of the quality improvement analysts include:

- Provision of staff support to Quality Management Committee and Subcommittees;
- Developing initial drafts of program documents for review and approval by the Quality Management Committee;
- Formulation of reports to the Governing Body, the Planning and Collaboration Committee, the Consumer and Family Advisory Committee and executive management that reflect the status of program implementation;
- Oversight and management of quality improvement delegation should such an arrangement be necessary, including conducting initial evaluations of potential delegates, reviewing and evaluating delegate's reports, and conducting an annual review of the delegates;
- Formulation of scheduled reports for external review agencies;
- Annual update of the Mecklenburg Area Mental Health Local Management Entity's population analysis in collaboration with other Local Management Entity staff;
- Drafting of initial Work Plan for review and approval by the Quality Management Committee;
- Formulation of initial draft quality improvement study design;
- Implementation of quality improvement studies, including data-collection methods;
- Facilitation of the Quality Improvement Work Plan implementation across the organization.

Participating network providers support the Quality Improvement Program by giving feedback to the QMC through the Credentialing Committee. The LME also gains input through its collaboration with the Provider Council. This feedback is representative of the standards of care in the community and the community resources available. Participating providers also use their clinical knowledge to assist the Mecklenburg County Area Mental Health, Developmental Disabilities and Substance Abuse Services to identify high risk, problem prone areas, most important aspects of care, and to recommend priorities for monitoring and evaluation. Other responsibilities include

- Review, evaluation and recommendations for credentialing and recredentialing files;
- Review of individual treatment records reflecting adverse occurrences;
- Review of proposed practice guidelines,
- Review of proposed quality improvement study designs; and
- Participation in the development of action plans to improve levels of care and service.

The credentialing staff members are responsible for developing all policies, procedures, and forms used in the credentialing and re-credentialing of practitioners. Once these are approved by the Credentialing Committee, the credentialing staff implement those policies and procedures, including gathering all applications, completing primary source verification, and presenting a completed file to the Committee for review and recommendation. Credentialing is defined as comparison of primary source verified information against minimum qualifications for entry into the provider network. These criteria include but are not limited to minimum education and experience, malpractice history, and licensure, certification or registration. The credentialing staff provides quarterly reports to the QMC on the status of credentialing and re-credentialing activities.

The Provider Relations Division is responsible for credentialing and re-credentialing service delivery organizations. Out of state agencies that are operating in compliance with applicable state and federal guidelines with regards to staff credential requirements may be given deemed status for staff credential requirements at the discretion of QMC. This may be done on the recommendation of the Area Director. Provider Relations is responsible for all contracting functions, on-site audits, and updating of provider manuals.

The Utilization Management Division is responsible for the development of the utilization management program description and all utilization management policies and procedures. These documents are reviewed and approved by the QMC. Utilization Management staff implement those policies and procedures, including the gathering of sentinel event monitors and adverse occurrence screenings. The Utilization Management Division provides quarterly reports about the timeliness of decision-making, denial rates and type and appeal overturns to the Quality Improvement Committee.

The Consumer and Family Advisory Committee provides guidance and input. The Chair of the Consumer and Family Advisory Committee is a permanent member of the Quality Management Committee. Reports from the QMC are presented to the Consumer and Family Advisory Committee on a routine basis. The Consumer and Family Advisory Committee reviews and gives feedback on policy and procedure, consumer information material, practice guidelines, Human Rights Committee activities, quality improvement activities and other quality improvement functions.

Meeting Minutes

The Mecklenburg LME maintains contemporaneous, dated and signed meeting minutes of the Quality Management Committee and all Subcommittees. Meeting

minutes, which are documented using a standardized format, include as attachments those documents presented to the Committee for review. Minutes and proceedings of the Quality Management Committee are not confidential. QMC may engage in confidential discussion as required by law, and note such in the minutes.

Quality Improvement Work Plan

The comprehensive Quality Work Plan describes measurable objectives for each planned quality improvement activity, activity time frames, and the individuals responsible for implementation. Additionally, the work plan schedules the evaluation of the Quality Improvement Program And Committee reporting.

Quality Improvement Evaluation

The Quality Improvement Division facilitates an annual comprehensive organizational evaluation of the effectiveness of the Quality Improvement Program. The analysis focuses on the progress made towards improving clinical and service performance or sustaining excellent performance where it exists. The evaluation serves as a basis for changes to the subsequent year's Program and Work Plan. The annual evaluation is reviewed for comment by the Consumer and Family Advisory Committee.