



MECKLENBURG COUNTY
Area Mental Health, Developmental Disabilities and
Substance Abuse Services

429 Billingsley Rd., 2nd Floor
Charlotte, NC 28211-1098

Quality Improvement Plan 2012

This Quality Improvement Plan has been approved for Mecklenburg County Area Mental Health, Developmental Disabilities, and Substance Abuse Services.

Chairman, Board of County Commissioners Date

Area Director Date

Chair, Quality Improvement Committee Date

Quality Improvement Director Date

Quality Improvement Plan

Introduction

Mecklenburg County Area Mental Health, Developmental Disabilities and Substance Abuse Services also known as the Mecklenburg County Local Management Entity (LME) is a department of Mecklenburg County and a political subdivision of the State of North Carolina. Mecklenburg County LME is designated by the State as a single county Local Management Entity. In the role of system manager, the LME provides screening, triage and referral for new and existing individuals seeking behavioral healthcare, complaint management, investigation of incident reports, authorization for non-Medicaid services, development and management of a provider network and various data collection and reporting activities. Federal, State and County funds are combined to create and support a behavioral health system of non-Medicaid services. Mecklenburg LME has 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 intellectual and developmental disabilities. The Quality Improvement (QI) 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 QI Program includes the monitoring and evaluation of systemic clinical and service issues, clinical risk and consumer safety, and effectiveness of the health call center. Performance goals and thresholds are established 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. Implement evidence-based clinical practice guidelines that improve care and service.

2. 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. Collaborate with various LME advisory committees and the Provider Council to ensure that community stakeholders can identify and help to set standards for quality concerns.
4. Support implementation of activities to improve consumer safety within the care delivery system.
5. Monitor and evaluate multiple aspects of customer satisfaction (including stakeholders and contractors).
6. Assist practitioners who are responsible for providing clinical care services in the selection, design and implementation of strategies to improve process and outcomes.
7. Monitor, and improve when necessary, accessibility and availability of services.
8. Maintain a system for monitoring, investigating, evaluating and responding to episodes of poor quality of care.
9. Maintain an ongoing, up-to-date credentialing and re-credentialing process for licensed practitioners.
10. Provide oversight of the utilization management program and its impact on consumers and providers.
11. Provide appropriate oversight of delegated relationships.
12. 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. (10 NCAC 26D .0506)
13. Provide a system for review of staff qualifications. (NCGS 122C-191)
14. Adopt standards that assure operational and programmatic performance meeting applicable standards of practice. (NCGS 122C-191)
15. Assess and ensure that LME activities are compliant with URAC standards.

Delegation

Mecklenburg County Local Management Entity does not delegate quality improvement responsibilities.

Program Operations

Governing Body

Mecklenburg County Board of County Commissioners is the Governing Body. The LME Director is responsible for reporting quality improvement activities to the Governing Body and providing feedback to the Quality Management Committee. The Governing Body meets monthly and addresses the Mecklenburg County Quality Improvement Program Evaluation Report at least annually. The Governing Body appoints the LME 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 Plan 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 contracted services (10 North Carolina Administrative Code)
- Delegate to the LME Director authority to approve and implement Mecklenburg County LME policy and procedures needed to carry out daily functioning of the local management entity including formulation of workgroups or committees.

Quality Management Committee for Mecklenburg County 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, Clinical Director, LME Director, Deputy Director, Quality Improvement Director, Director of Utilization Management, the Director of Network Development and Provider Relations, 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 monthly and no less than quarterly. 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;
- Annual 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;
- Ensure that system-wide trends are identified and analyzed, and that focused interventions are implemented to improve performance issues;
- Ensure that quality improvement efforts are prioritized, resources are appropriate, and that resolution occurs;
- Submission of reports to the Board of County Commissioners (not less than annually);
- Submission of 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;
- Ensure inclusion of consumers and family members in the design, implementation and evaluation of quality improvement activities;
- Ensure 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;

- Establishment of the LME's Credentialing Committee to oversee the Credentialing Program, quality of care within the network and to give provider feedback to the LME.
- Approval of policies and procedures affecting consumer care;
- Ensure that staff, consumers, and network providers receive information annually describing effectiveness of Quality Improvement Program.

Subcommittees

Credentialing Committee

The purpose of the Credentialing Committee is to:

- exercise final authority regarding the approval or disapproval of applications by licensed independent practitioners and provider agencies seeking participation in the provider network;
- determine whether independent practitioners and provider agencies are meeting reasonable standards of care;
- review and approve credentialing policies and procedures;
- evaluate and report on the overall effectiveness of the credentialing program; and
- provide guidance to the organization regarding the overall direction of the credentialing program.

The Credentialing Committee also serves as a practitioner and provider advisory committee for the LME.

Data Integrity Subcommittee (DISC)

Data Integrity Subcommittee includes representatives from Human Services Financial Services, Information Technology, Quality Improvement, Provider Relations, Utilization Management and Call Center. 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.

Clinical Risk Committee

The purpose of the Clinical Risk Committee (CRC) is to increase consumer safety and promote sound quality of care by providing a forum for effective communication of clinical concerns across LME Divisions. The CRC:

- reviews significant incidents, sentinel events, complaints, quality of care concerns, sanctions against providers by oversight agencies, and local monitoring visits with poor outcomes;
- formulates individualized action plans based on the issues brought before it and the

- options available per rule, payer source, and contract status; and
- provides a monthly summary of its actions to the LME Credentialing Committee for comment or advice related to network providers. (The LME Credentialing Committee may choose to take specific action in relation to those providers who hold a contract with the LME.) See **LME Credentialing Committee Charter**.

Training Subcommittee

The Training Subcommittee meets monthly to plan and implement training initiatives that:

- ensure regulatory requirements are met (for example: HIPAA, URAC, CPI)
- address clinical and systemic concerns identified through the quality improvement process
- support best practice models and guidelines.

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.

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 for Quality Improvement	
❖ Claims	❖ Complaints
❖ Encounter data	❖ UM statistics
❖ Enrollment	❖ Medical records data
❖ NC TOPPS	❖ State Reports
❖ Surveys	❖ Incident Response and Improvement System (IRIS)

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.

Aalece Pugh-Lilly	Ph.D.
Carroll Lytch	Psy.D.

Organizational Structure

The Medical Director is ultimately responsible for implementation of the Mecklenburg County 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 management analyst, administrative assistants and credentialing and appeals coordinator, and consumer advocates Responsibilities of the quality improvement analysts include:

- Provision of staff support to Quality Management Committee and Subcommittees;
- Developing policy and report documents for review and approval by the Quality Management Committee;
- Formulation of reports to the Governing Body, LME Advisory Committees, 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 County 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;
- Facilitate the formulation and design of quality improvement studies implementation of quality improvement studies, including data-collection methods; facilitation of the Quality Improvement Work Plan implementation across the organization.
- Assist all LME Divisions to maintain quality standards required by accrediting bodies;
- Oversee NCTOPPS and outcomes monitoring for improvement opportunities
- Coordinate efforts to mitigate risk and improve safety for consumers
- Oversee compliance with federal and state privacy and confidentiality requirements.

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 LME to identify high risk, problem prone areas, most important aspects of care, and to recommend priorities for monitoring and evaluation.

The Credentialing Coordinator is 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 Coordinator oversees implementation of 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 Coordinator provides quarterly updates to the QMC on the status of credentialing and re-credentialing activities.

Provider Relations is responsible for presenting the results of credentialing activities to the Credentialing Committee. Provider Relations is responsible for monitoring provider agencies, conducting on-site reviews, and updating communications with providers.

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 Quality Management Committee. 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 to the Quality Improvement Committee about inter-rater reliability studies, timeliness of response to requests for authorization and hospital readmission rates. Annually, the UM Division updates and distributes its manual to providers.

The Utilization Management Division also includes the **Health Call Center**. An annual Health Call Center Program Description is completed along with review and modification of policies and procedures. The Health Call Center reports performance data about inter-rater reliability, accessibility and availability of services, and telephone response times to the Quality Management Committee each quarter.

The **Consumer and Family Advisory Committee** provides guidance and input into the Quality Management Program. 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 policies and procedures, consumer

information material, practice guidelines, Human Rights Committee activities, quality improvement activities and other quality improvement functions.

Meeting Minutes

The Mecklenburg LME maintains current, 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. Minutes are maintained in both electronic and hard copy formats.

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.

The Quality Management Committee reviewed and approved the Quality Improvement Plan 2012 on June 27, 2012