



**JEFFERSON
BEHAVIORAL
HEALTH**

Managed Mental Health Care Organization for Coos, Curry, Douglas, Jackson, Josephine, and Klamath Counties
900 SE 8th Street, Suite 100, Grants Pass, Oregon 97526 • Phone: 541-955-9565 • Fax: 541-955-8290

POLICY & PROCEDURES

Quality Assurance/Performance Improvement Policy

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Quality Assurance/Performance Improvement Policy
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I. JEFFERSON BEHAVIORAL HEALTH ORGANIZATION AND STRUCTURE

Jefferson Behavioral Health (JBH) is an intergovernmental mental health organization formed by the Boards of County Commissioners of Coos, Curry, Douglas, Jackson, Josephine and Klamath Counties. The county-operated Community Mental Health Programs (CMHP) of these counties are the shared risk, fully capitated subcontractors of mental health services responsible for delivery of covered services in a blend of direct and subcontracted services. Each Community Mental Health Program (CMHP) is required to have a local Quality Assurance/Performance Improvement Committee to be in compliance with the JBH Mental Health Organization Agreement with the State of Oregon and Oregon State Administrative Regulations (OARs).

II. JEFFERSON BEHAVIORAL HEALTH QUALITY MANAGEMENT COMMITTEE (QMC)

Jefferson Behavioral Health has designated the Quality Management Committee (QMC) to work with the JBH Quality Management Coordinator to identify and assure regional standards of care which applies to all services in the region, lead Performance Improvement Projects, and meet the requirements of the MHO Agreement and OARs related to the topics of quality assessment and performance improvement. In order to accomplish this task, the Quality Management Committee partners with a diverse array of consumers, advocates, parents of children in care, professional practitioners, a licensed medical practitioner and representatives from allied professional groups to bring a “real world perspective” to the work.

Within the context of the JBH QMC, quality assessment/performance improvement is a continuous process which includes:

- Identifying specific goals and objectives
- Overseeing the collection of data
- Measuring progress towards the objectives
- Evaluating JBH progress in meeting its objectives
- Identifying needed corrective actions
- Identifying service outcomes and effects of corrective actions

The mission of the JBH QMC is to assure that the highest quality mental health services are available and accessible within the culturally and geographically diverse region served by JBH. The QMC ensures that JBH mental health providers foster improvement in the quality of life for JBH enrollees by establishing and facilitating regional mental health standards for quality care in partnership with enrollees and allied agencies. The QMC additionally promotes timely access, continuity of care, and community awareness through the education and marketing of mental health programs. The QMC reviews reports from the local Quality Assurance/Performance Improvement committees to promote safe, quality services that are responsive to local needs and programs.

III. QMC PURPOSE

The Quality Management Committee, according to the 42 CFR 438.240 and the 2008 MHO Agreement with Jefferson Behavioral Health, is responsible for

- a. the review and update of the QA/PI Plan on an annual basis to reflect changes in vital source documents such as the annual MHO Contract, Oregon Administrative Standards, and the Oregon Medicaid Contract;
- b. the development of the annual QMC Work Plan;
- c. the regional assessment and implementation of utilization management and performance standards in the five domains of Quality Assurance (Access, Quality of services, Integration/Coordination of services, PEO, Outcomes);
- d. the review and analysis of data trends, and communication to the Director of Operations and the JBH Board of Directors about discovered gaps or risks;
- e. the recommendation of corrective actions and remedies to the JBH Board of Directors to improve the quality of mental health services;
- f. the development, implementation, and documentation of a minimum of two annual Performance Improvement Projects (PIP) designed to achieve, through ongoing measurements and intervention, significant improvement, sustained over time, in clinical care and nonclinical care areas that are expected to have favorable effects on health outcomes;
- g. the active involvement in a collaborative PIP with a Fully Capitated Health Plan/Dental Care Organization also serving Oregon Health Plan Members in the JBH region;
- h. the submission of performance measurement data on standard measures established by the State of Oregon or data specified by the State of Oregon that enables the measurement of MHO performance or a State approved combination of the above;
- i. the administration, analysis and evaluation of consumer surveys;
- j. the selection and use of mechanisms to detect underutilization and over utilization of services;
- k. having in effect and using mechanisms to assess the quality and appropriateness of care furnished to enrollees with special health care needs;
- l. monitoring and integrating any delegated QA/PI activities;
- m. the demonstration of stakeholder participation in the QMC including a formal and ongoing process for gathering and considering information from stakeholders including, but not limited to OHP members, consumers, consumer advocates, family or parent advocates, family members of older members, local and/or regional allied agencies, child psychiatrists, geropsychiatrists, children's advocates and Health Care Professionals;
- n. communication to providers about the overall QA/PI findings, including recommendations and opportunities for improvement;
- o. credentialing and re-credentialing Providers;
- p. the maintenance of a log of all oral and written Grievances and Appeals received by JBH; monthly confirmation of complete and accurate documentation; a review for complete, accurate, and timely documentation; compliance with written procedures for receipt, disposition, and documentation of Grievances and Appeals; and compliance with rules.

- q. the identification of regional training needs, service improvements, needed staff resources, etc.

IV. STRUCTURE

The QMC is comprised of six CMHP QA/PI representatives appointed by the Director of their CMHP and a minimum of six community representatives who reflect the diverse spectrum of interest in the JBH region. The community representatives may be individuals from the JBH region such as OHP members, consumers, family members, local or regional allied agencies, psychiatrists, advocates, and health care professionals who have demonstrated interest in CMHPs, JBH or the mental health system. Each participating JBH county provides one CMHP QA/PI representative with at least two of the staff representatives from the region being QMHPs. Traditionally, the local QA/PI Coordinator is the staff representative to the QMC.

The QMC is largely supported by JBH staff and resources. The Quality Management Coordinator participates and is responsible for ensuring that necessary data and reports are available to the members and that the activities in the MHO Contract are completed in a timely manner. The JBH Member Services Specialist assists by providing training and orientation to community volunteers, and encourages the expression of a variety of community voices in all JBH processes. The JBH Medical Director (LMP) and Operations Manager participate when possible and provide consultation upon request. JBH support staff assist with media releases, site preparation, technology assistance, processing consumer/advocate stipends and other duties upon request.

All CMHPs have committed to provide sufficient staff and other resources to perform the Quality Management activities of JBH in adherence with State Guidelines, the JBH QA/PI Plan and annual JBH Quality Improvement Work Plan. Each CMHP identifies a minimum of one staff member to participate on the QMC. Also, each CMHP agrees to have MIS staff dedicated to related data management.

While anyone in the community may attend QMC meetings, the group invites a minimum of 6 community representatives to be members of the team. Community members serve two-year terms beginning January 1st. Terms are staggered so that all members do not end their tenure at the same time. There are no term limits. Community members may (at their discretion) elect to remain on the QMC for additional terms indefinitely. Consumer and family advocates volunteering as QMC members are provided a stipend and mileage reimbursement to assist with the cost of travel to the meetings.

The QMC generates a list of potential Community Committee members upon slot availability. The QMC Chairperson, JBH Quality Management Coordinator or the JBH Member Services Specialist will contact the potential members to determine willingness for involvement and rule out any possible conflicts of interest. A finalized list of potential candidates representing the diverse areas and interests of the region will be given to the JBH Board of Directors for final approval.

V. SUBCOMMITTEES

A. Standing Committees:

1. Community Member Pre-meeting gathers an hour before each QMC meeting with the JBH Quality Management Coordinator and the QMC Facilitator to review, educate, clarify and prepare responses to agenda items, information sent out in advance of the meeting, and consumer issues.
2. QA/PI Coordinator Work Group meets on alternate months from the QMC as needed. The group develops and reviews technical documents, policies, and complex articles that require preparation prior to presentation to QMC or local QA/PI groups.
3. JBH Credentialing Team is composed of the JBH Quality Management Coordinator, other JBH staff and a QMC member who meet as necessary to perform credentialing assessments of CMHPs and programs as required by the MHO Agreement. At least one of the QMC members will be a consumer, consumer's family member, advocate, or representative from an allied community agency. QA/PI coordinators will not participate on the JBH team during the assessment of their CMHP.

B. Ad Hoc Committees:

1. Mind-Body-Connection involves the CMHP representatives, the JBH Medical Director, Quality Management Coordinator, Operations Manager, Special Needs Care Coordinator; and QA/PI representatives from all the physical health plans within the JBH region. The Mind-Body Connection exists to collaborate on Performance Improvement Projects with the Fully Capitated Health Plans in the JBH region.
2. Hispanic Project Committee will be formed later this year with representation from the QMC and the Spanish speaking community.
3. Co-occurring PIP Committee will be formed later this year with representation from the QMC and co-occurring treatment screeners or providers.

VI. QMC ROLES

- A. **JBH Quality Management Coordinator** is a staff member who participates in the QMC, prepares necessary data and reports, and ensures that the purposes of the QMC are carried out. The JBH Quality Management Coordinator has a non-voting role in QMC meetings.
- B. **The QMC Chairperson** is a community member who volunteers to provide input on the QMC agenda, facilitates the team through the agenda on meeting days, and assists the Coordinator and Member Services Specialist to contact

potential members. The Chairman does not vote in JBH meetings unless the initial vote results in a tie. If a tie vote is obtained, the chair provides the deciding vote to break the tie.

- C. **The Community Membership** consists of a minimum of six individuals who have been approved by the JBH Board of Directors to serve on the committee. Community members participate in pre-meeting gatherings prior to scheduled QMC meetings to review, educate, clarify and prepare responses to agenda items and review information sent out in advance of the meeting. The community members actively voice their opinions and that of the diverse groups of the OHP population or allied agencies they represent. Each approved member has one vote to use in decision-making actions. (Additional community members may attend and observe QMC meetings, but do not have voting privileges.) Community members may also volunteer for the Credentialing Team or Ad Hoc Committees.

- D. **County QI Representatives** are composed of one representative per county in the JBH Region. The representative is appointed by the Director of the CMHP and is traditionally the QA/PI Coordinator. County QI Representatives attend QMC meetings and QI Coordinator Work Group meetings. They may additionally volunteer to serve on the Credentialing Team, Mind-Body Connection or other Ad Hoc Committees. Each County QI Representative has one vote to use in decision-making actions.

- E. **The JBH Operations Director, Medical Director, Executive Director and other staff** may participate in QMC meetings, take notes, provide updates, consultation or education. JBH employees do not have voting privileges in the QMC decision making process.

VII. MEETINGS & AGENDA

The QMC meets at least quarterly, with more frequent meetings as determined necessary by the QMC. Due to the distance between the JBH counties and the full schedules, members may participate in person, via the telephone, in a video conference setting or by other electronic means. Meetings include regular agenda items such as access to care, quality of services, integration/coordination of services, prevention-education-outreach, outcomes, safety issues, complaints and grievances. Participants may request to add topics to the agenda by advance request or on a time permitted basis on the day of the meeting. Members have the charge of representing consumers, stakeholders, agencies, departments or groups from which they have been drawn, and are asked to gather information and feedback from those areas. Meaningful outcome measures, surveys, and studies are summarized and reported to the JBH Board of Directors on a quarterly basis or as needed.

VIII. ATTENDANCE & PARTICIPATION

The QMC Membership agrees to participate in all assigned meetings on a regular basis. Participation may be in person or by electronic means (phone or video conference). If a County QI Representative is unable to attend, another agency or county representative attends in their place. If a Community Member is unable to attend a meeting, they should notify JBH as soon as possible. Any member who is not able to regularly participate in meetings should contact the JBH Quality Management Coordinator to discuss how to ensure that the community voices they represent are heard.

The QMC Membership agrees to prepare in advance for meetings. The membership agrees to read information forwarded in advance of the meeting time and talk with others they represent to gather questions and reactions. The Membership agrees to actively participate in QMC meetings, voice their own thoughts and opinions and those of others they represent. Members agree to work respectfully and collaboratively with others to accomplish the responsibilities of the QMC.

IX. QMC RELATIONSHIPS:

A. TO THE JBH BOARD OF DIRECTORS

The Board of Directors has designated and authorized the QMC to identify and promote performance standards as found in the annual MHO Agreement, OARs, and the Oregon Medicaid Contract. The QMC reports to the JBH Board of Directors on a quarterly basis. The work of the QMC is demonstrated by the development and monitoring of the regional Work Plan; the identification of needed reports, communication of issues; the development, documentation & oversight of Performance Improvement Projects; and the completion of various other activities. Outcome measures, surveys, and studies are regularly reported to the Operations Manager and the JBH Board of Directors.

B. TO LOCAL QA/PI MEETINGS

Each QA/PI Coordinator on the QMC leads local meetings that mirror the QMC process. The local committees are composed of individuals from their county such as OHP members, consumers, family members, local or regional allied agencies, psychiatrists, advocates, and health care professionals. Issues from the local groups flow to the QMC, and issues from the QMC flow to the local groups in a cyclical manner in order to increase opportunities for community and mental health professional voices and concerns to be heard.

The local QA/PI Committees are responsible for their own QA/PI Plans and for specific performance indicators on their direct and subcontracted services. Local stakeholders have direct input into the identity of quality and performance standards at the CMHP or County level. The committees continuously monitor outcome measures, develop needed interventions, and seek to improve the overall level of quality and performance. The local

committees work to identify areas of risk to consumers, families, agencies and JBH and develop interventions to improve overall health and safety.

The local QA/PI Committees collect consumer perspectives through methods such as surveys and focus groups. The committee assists JBH annually with the distribution of standardized consumer surveys used to gather consumer perspectives on the quality of service provision. Other surveys on select topics are used with identified areas of the population to quickly gather feedback on key topics. Focus groups are utilized as another method to obtain quality/performance information from consumers and allied professionals. Community support meetings such as NAMI, CHADD and other support groups are yet another source for information and feedback.

C. TO THE AMH QA/PI COMMITTEE

The JBH Quality Management Coordinator represents the region on the AMH QA/PI Committee. Involvement may be by face-to-face attendance, phone conferences, exchange of written information or by other means.

D. TO THE OREGON STATE EVIDENCE BASED PRACTICE MEETINGS (EBP)

The JBH Quality Management Coordinator represents the JBH region at state-wide EBP meetings. Involvement may be by face-to-face attendance, phone conferences, exchange of written information or by other means. Information gathered at the meetings is shared with the QMC team.

E. TO THE COLLABORATIVE PARTNERSHIPS WITH ALLIED AGENCIES TO ACCOMPLISH PERFORMANCE IMPROVEMENT PROJECTS

The JBH QMC or members thereof collaborate with allied agencies across Southern Oregon to improve the quality of service delivery for OHP members. QMC members and JBH staff support the partnership by arranging meeting space and meals, assigning secretarial support, researching, developing formal reports, implementing recommended system changes, and other tasks as needed.

X. AUTHORITY & DECISION MAKING

The QMC is founded on the clear definition of quality assessment and performance improvement as written in the 2008 MHO Agreement and the Center's for Medicaid & Medicare document "42 CFR 438.240." The committee works from the perspective that service standards and goals are specified in the MHO Agreement, Medicaid standards and the OARs. QMC members collaboratively assess, intervene, and reassess these evolving standards and goals. Interventions are made with the intent of achieving regional improvement in the quality of services and/or to lower JBH and CMHP risks. Standards and goals are applied consistently across the JBH region. The JBH Quality Management Plan is implemented at both local and regional levels. Performance Improvement Projects (PIPs) are selected from a list of topics selected by the State of Oregon.

The PIPs are designed to achieve, through ongoing measurements and intervention, significant improvement, sustained over time, in clinical care and nonclinical care areas that are expected to have a favorable effect on health outcomes and enrollee satisfaction.

QMC decisions are generally made by the group arriving at a consensus, but if a formal vote is required each CMHP representative and community member is allowed one vote each. The QMC Chairperson is allowed one vote only in the event of a tie. JBH employees do not have voting privileges. QMC members must be present in person or via electronic means to cast a vote. Since the QMC collects, measures and evaluates data related to key performance indicators and business decisions on both regional and local levels, the group actively seeks to be a fair and objective resource for all within the JBH area. Members refrain from voting for situations in which directly relate to a transaction between JBH and their represented organization or segment of the population. The QMC aims to provide feedback on questions put before the group in a manner that demonstrates a reflection of the diverse voices of the team to the person or agency raising the question.

The local QA/PI Committees are responsible for local QA Plans and specific performance indicators for their direct and subcontracted services. The QMC is responsible for the region wide QA Plan, Work Plan and PIPs. The authority of the QMC includes the ability to conduct necessary assessments, collect and process related data, communicate the outcomes with QMC members, involved CMHPs, PIP partners and make recommendations to the Board of Directors. The JBH Board of Directors or at their delegation, the JBH Executive Director or Operations Director, may approve, adopt and implement QMC Policies, Procedures and recommendations directly related to requirements of the MHO contract, applicable OARs or ORSs.

The JBH Board of Directors assigns the authority of the QMC. The assignment is based in the cooperative and collaborative relationships between the regional JBH QMC committee and the local QA/PI committees. If a CMHP does not respond to standard interventions required by Medicaid Standards, OARs, ORSs, or the MHO Agreement and recommended by their local QA/PI group or the QMC, and continues to fail to make necessary improvements, the QMC notifies the Board of Directors, and submits recommendations for more intense support for the CMHP. The QMC uses the following procedures:

- A. QMC identifies Performance Indicators based on the current MHO agreement, Medicaid standards, OARs and ORSs.
- B. Local QA/PI Committees submit quarterly reports to the QMC for review. If scores are repeatedly below the established standards or goals, the local committee submits a corrective action plan. Reports include the identification of unmet standards, plans for corrective action and corresponding time lines. Local QA/PI Committees that routinely achieve or

exceed the established standards/goals are acknowledged by the QMC team and used as mentors to assist others in the region.

- C. The QMC will monitor local corrective action plans via reports from the local QA/PI Committee and/or direct review. If no improvement occurs, the QMC will:
- 1) Reassess the Performance Indicators;
 - 2) Identify, review and/or assign local resources, including a corrective action plan;
 - 3) Assign regional resources;
 - 4) If no, or insufficient, improvement is identified after the completion of Step #3, the QMC will submit the findings and a corresponding recommendation to the Board of Directors.

The authority of the QMC to leading PIPs is delegated by the JBH Board of Directors and is based in the cooperative and collaborative relationships between the QMC committee and allied professional groups. QMC members involved in each PIP are expected to use collaborative problem solving and basic decision-making methods to arrive at a consensus. The PIP process does not advance to the next level of the project until consensus is reached by the partnering members.

XI. QMC MEMBER CONFLICT OF INTEREST

JBH and CMHP staff are clearly identified and selected for the QMC as professionals representing their specific employer and location. OHP Community Members and Allied Professionals are clearly identified and selected due to their ability to represent a specific voice of the population. The QMC members partner together in a manner that encourages win-win solutions and improved delivery of mental health services for all Southern Oregon OHP members. It is not a conflict of interest for the committee members to use their positions and voices to better the quality of the JBH region. It would be a conflict of interest if a member sought to better their personal or organizational status at the detriment of others in the region.

All reimbursements, stipends, and meals are fairly and equitably provided to QMC members, specified in the JBH QA/PI Plan and are available for review upon request. .

Individuals with a possible financial conflict of interest are disqualified from serving on the QMC. "Conflict of interest" refers to situations in which financial or other personal considerations may adversely affect, or have the appearance of adversely affecting, a QMC committee member's judgment in exercising any committee duty or responsibility. The work of the QMC strives to be free of undue influence of personal financial gains. The mere appearance of a conflict could be as serious and potentially damaging as an actual distortion of the collection of information, processing of statistics, research methods, goal

achievement or other outcomes. As committee members are considered for service, they are asked to self-disclose if they would profit financially due to actions made by the QMC.

XII. LEGAL RESPONSIBILITIES

A. Confidentiality

QMC members receive a copy of the JBH Health Insurance Portability and Accountability Act (HIPAA) Policy and sign the HIPAA Privacy Program Statement of Understanding Form. Form signature acknowledges 1) their education and agreement to follow the guidelines of the Policy; 2) their understanding that noncompliance may be grounds for volunteer (staff or community member) dismissal and possible legal actions for violations of applicable regulations and rules, and 3) their agreement to report all violations or suspected violations to the JBH HIPAA Privacy Officer.

B. Mandatory Reporting of Abuse and Neglect in Vulnerable Populations

Oregon state law mandates that workers in certain professions must make reports if they have reasonable cause to suspect abuse or neglect. By law, mandatory reporters must report suspected abuse or neglect of a child, developmentally disabled adult, mentally or physically ill adult or senior adult regardless of whether or not the knowledge of the abuse was gained in the reporter's official capacity. In other words, the mandatory reporting of abuse or neglect is a 24-hour obligation. Mandatory reporters provide details to the Oregon Department of Human Resources or Law Enforcement. Further directions and report forms are available at <http://www.oregon.gov/DHS/abuse/main.shtml>.

C. Whistle Blowing

Members of the QMC are provided a copy of the JBH Medicaid Fraud and Abuse Policy and are asked to sign a form acknowledging their receipt, review and understanding of the Policy. Members who discover or suspect Medicaid Fraud and Abuse discuss their concerns with the JBH Director of Operations who also services as the JBH Compliance Officer. The Compliance Officer gathers the essential details, and determines whether there is reasonable amount of information to report the suspicion to appropriate investigative bodies.