



## **ACCOUNTABLE BEHAVIORAL HEALTH ALLIANCE QUALITY MANAGEMENT PROGRAM PLAN**

Approved by the ABHA Governing Board on 12/9/2008

### **I. PURPOSE**

Accountable Behavioral Health Alliance (ABHA) is an “intergovernmental entity”, organized pursuant to ORS Chapter 190 by Benton, Crook, Deschutes, and Jefferson and Lincoln counties to provide mental health services to members enrolled in the Oregon Health Plan (OHP). Accountable Behavioral Health Alliance functions as the primary Mental Health Organization (MHO) contractor for the five County partner agencies relative to the OHP.

The primary purpose of the ABHA Quality Management Program (QMP) is to provide a formal process for continuously and systematically monitoring and evaluating the clinical quality assurance (QA) activities of the organization. Additionally, the QMP assesses opportunities to improve the quality and effectiveness of member health and administrative services for the organization. The QMP includes a number of activities as outlined in the MHO Agreement. Those activities and the mechanisms for accountability for compliance are outlined in this program plan.

As outlined in the MHO Agreement with the State of Oregon and by agreement with the ABHA County partners, the Quality Management Program is responsible for:

- 1) Establishing and monitoring administrative, customer service, and clinical standards;
- 2) Promoting appropriate, effective and efficient client care;
- 3) Setting and evaluating annual Quality Management goals;
- 4) Creating a structure and establishing procedures for the recredentialing of ABHA panel providers;
- 5) Providing coordination between the regional ABHA Quality Management Program and County partner Quality Management Programs;
- 6) All Quality Management activities required under the MHO Agreement for all ABHA lines of business and all levels of care.

These processes enable the QMP to examine various quality assurance (QA) components of the organization, including recommendations for improvements when opportunities are identified, monitoring contract compliance requirements, and recommending corrective action plans to help insure that these requirements are met.

In order to accomplish these objectives, the QMP must have meaningful involvement of County partners, client members, client advocates, and other stakeholders. It must function as an integral part of ongoing operations and have the ability to guide and influence decision-making within ABHA and County partner programs. This requires the QMP be accountable to the organization for the monitoring and oversight activities as outlined in this plan.

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## II. STRUCTURE

### 2.1 Accountability and Scope

The ABHA Quality Manager is the primary staff to the QMP and is directly responsible to the ABHA Executive Director. The ABHA Executive Director provides quality management supervision of the ABHA Quality Manager. The ABHA Quality Assurance Committee (QAC) is the primary oversight body for the QMP and is directly responsible to the Administrative Council (AC). The QMP is a component of ABHA, and as such, operates under the direction of the ABHA Governing Board, which consists of County Commissioners from Benton, Crook, Deschutes, Jefferson and Lincoln Counties.

Stakeholder input into the QMP is seen as critical to its success. Input is solicited from various stakeholder groups including, but not limited to: 1) client and family members, member advocates and the various ABHA Advisory Committees, 2) Community Partners, 3) County Community Mental Health partners and respective County Mental Health Advisory Boards, and 4) relevant Oregon Division of Medical Assistance Programs (DMAP) and Addictions and Mental Health Division (AMH).

The QMP addresses various aspects of the ABHA organization and service delivery system. These include utilization management, quality management, provider recertification, and critical aspects of service delivery such as complaints and grievances, accessibility, client involvement in care processes, coordination of care efforts, treatment outcomes, and collaborative efforts (ABHA and County partners) in the development of clinical practice guidelines.

The primary tool of accountability for the QMP is the Quality Work Plan (QMWP). The QMWP is an annual contract requirement and utilized to plan, implement, monitor, and evaluate QA and other activities as they are identified by the organization. The QMWP is approved for implementation by AMH annually or returned for revision as necessary. It is the QMWP that primarily defines the scope of the QMP for the year.

The ABHA QM Program Plan and QMWP are reviewed and recommended for either approval or revision by the QAC. These recommendations will be forwarded to the ABHA Administrative Council and/or Governing Board.

### 2.2 Role, Function, and Structure

The major role and responsibility of the QAC is to oversee the quality assurance and performance improvement components of the annual Quality Management Work Plan (QMWP).

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The major Functions of the QAC include the following activities:

- 1) Oversee development of the annual QMWP. This includes establishment of performance benchmarks where recommended or required by the MHO Agreement
- 2) Provide recommendation for approval of the QMWP to the ABHA Administrative Council
- 3) Monitor progress toward established quality assurance benchmarks. This includes oversight of the Annual Quality Management Evaluation.
- 4) Recommend corrective action for non-compliance with quality assurance requirements and failure to meet established benchmarks
- 5) Monitor corrective action plans and recommend additional follow-up as necessary
- 6) Recommend approval of and/or additional action for quality assurance and performance improvement action plans to the ABHA Administrative Council
- 7) Identifying, reviewing and requesting data and other information from a variety of sources to measure adherence to standards and performance relevant to quality indicators and utilization management targets
- 8) Formulating quality assurance policy recommendations on operational and programmatic issues for presentation to the Administrative Council and the Governing Board
- 9) Other specific duties of the QMP and QAC are outlined in the annual QMWP

The Structure of the QAC supports a flow of communication between members, major stakeholders, the Executive Director and Administrative Council, and the Governing Board. Committee members support and perform committee functions, as described in section 2.1 through 2.4, along with sub-committees and/or ad hoc work groups. Administrative support for the QAC is provided by the ABHA Quality Manager in the form of meeting coordination, preparation of the agenda and meeting minutes, collection, analysis, and preparation of data and other reports for the committee, and organization and deployment of resources required for improvement efforts recommended by the committee (as supported by budget).

The QAC Agenda is established through collection and review of agenda items from previous meeting minutes, QA requirements from the QMWP, committee members, other stakeholders, advisory and planning groups, County partners, Administrative Council, and the Governing Board. Meeting minutes are formatted in an "Issue, Decision, and Action" style, and forwarded to QAC members for pre-meeting review within two weeks of each meeting. Committee Decisions are generally made by consensus, but a voting structure is also outlined in Section 2.4 for those decisions requiring formal vote. Frequency of QAC meetings is at least two times per year, with the option of more frequent meetings as needed. Ad hoc groups are formed as needed and would be time limited depending on specific direction from the QAC, ABHA, AC, and or Governing Board.

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## **2.3 Annual Evaluation and Updates**

The ABHA Medical Director is the Chairperson of the QAC. The QAC Chairperson or designee will present an annual summary report regarding the activities and findings of the QMP to the ABHA Administrative Council and/or Governing Board at least annually and will present other reports as directed.

The QAC has primary responsibility to monitor and oversee implementation of the QMWP and performance of the QAC itself. The evaluation may include such areas as 1) the adequacy and participation of committee membership, 2) the process of collecting and evaluating data it analyzes, and 3) the ability to act upon direction from the ABHA Administrative Council, Governing Board or State agencies.

The goal of the QAC is to develop and maintain a “feedback loop” through which objective monitoring and identification of improvement opportunities takes place and a free exchange of information is fostered between the County partners and various stakeholders involved in the process.

The annual evaluation of the QMP is a contractually required activity and covers several areas including the structure and functioning of the QAC, progress toward established quality related goals and benchmarks, analysis of grievances, and identification of areas in need of improvement. The annual evaluation includes input from ABHA staff, County partners, surveys, member advisory groups, and other key stakeholders who may or may not be directly represented on the QAC.

## **2.4 County Linkage and Functional Relationship with the ABHA QAC**

ABHA works with each of the five County partners to develop consistency between the ABHA QMP and the County QM Programs, with a focus quality assurance performance improvement activities as outlined in the MHO Agreement.

The major linkage between the County partner and the ABHA QAC is through joint membership. ABHA participates in County partner QAC meetings and each County partner is represented on the ABHA QAC. This allows the opportunity for several linkages such as joint input to the development of QAC agendas and coordination of quality assurance and performance improvement efforts between ABHA and County partners.

## **2.5 Quality Assurance Committee Membership**

The voting membership of the QAC includes:

- ABHA Medical Director (will only vote in the event of a tie)
- The Quality Manager (1) from each ABHA County partner
- A minimum of two (2) client members as stakeholders

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The non-voting members of the QAC includes:

- ABHA Executive Director
- ABHA Quality Manager
- Other stakeholder representation, which can include, but is not necessarily limited to: Client members; County partner staff; and Community Provider(s). Additional persons, as deemed appropriate, may be invited to attend QAC meetings and to participate in ad hoc work groups

If the QAC is unable to reach resolution on a major issue, the QAC Chair, or designee, will request a ruling from the ABHA Administrative Council and/or Governing Board.

## III. QUALITY MANAGEMENT WORK PLAN

The Quality Management Work Plan (QMWP) is integrally linked with the QMP and takes the next step in describing the organization's specific focus on Quality Indicators and what actions will be taken to evaluate and develop action plans (if needed). The work plan describes the specific quality assurance requirements from the MHO Agreement requirements, and reporting frequency to the QAC. The work plan is evaluated annually through the Annual Summary Report.

### 3.1 Annual Evaluation of the Quality Management Work Plan

The QAC will annually evaluate the QMWP by means of assessing the degree to which specified goals and objectives have been met. Data collected and achievement of targeted outcomes will be key elements of this assessment. The QAC will also use other data, both formal and informal, to evaluate progress. The Work Plan will be modified and updated for the following year based on this assessment process.

## IV. UTILIZATION MANAGEMENT ACTIVITIES

A primary goal of the QMP is to establish integrated measures and outcome statements that reflect effective and efficient delivery of mental health care for ABHA Membership. ABHA has separate plan descriptions for Utilization Management (UM) and Quality Management (QM) that specify respective accountabilities and priorities. However, UM is not a stand-alone function within the organization and as such, there are components of the UM program that are integrated into the QMP.

### 4.1 Utilization Management

Activities of the UM Program are intended to ensure the necessity, appropriateness, timeliness of access, and cost effectiveness of services received by ABHA members. The ABHA UM Program addresses the delivery of the full range of mental health treatment services. Its scope is comprehensive and outlined in the ABHA UM Plan.

### 4.2 Clinical Records Review

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As part of the integrated UM and QA function, ABHA reviews client charts for compliance with established standards and contract requirements. The purpose of the chart review process is 1) to determine whether clients are receiving appropriate care as documented in the chart, 2) to check that providers are adhering to record keeping standards, 3) to assure that clients have been adequately informed of their rights and have been involved in their care as documented in the chart, 4) to evaluate the quality of services provided as documented, and 5) to gather data for the purpose of monitoring quality indicators whose data sources is the clinical record. Client record reviews are conducted as ABHA stand-alone audits as well as integrated into County partner regular review cycle, in which ABHA often participates.

## **V. CRITICAL INCIDENT REPORTING**

County Mental Health Agencies have internal critical incident review policies and procedures to meet Oregon statutes. These include: client suicide or suicide attempt, client death, complaints of abuse, danger to health and safety issues, and other incidents of a similarly serious nature.

Critical Incidents involving an ABHA member shall be reported in summary form to the ABHA Quality Manager quarterly. A review of the critical incident will be presented to the ABHA QAC as part of the oversight and monitoring process.

## **VI. CREDENTIALING AND RE-CREDENTIALING**

### **6.1 Responsibilities**

The ABHA Credentialing Sub-Committee (CSC) of the QAC has responsibility for:

- the application of uniform criteria in accordance with ABHA policies and procedures in determining which applicants will be awarded new or continuing contracts to provide services to ABHA members.
  - this will include the gathering and consideration both technical (e.g., license status) and qualitative information (e.g., member complaints)
- the approval of all contract denials, terminations, or granting of exceptions
- the conduct of all provider chart reviews, site reviews, and audits pertaining to the credentialing and recredentialing process
- the consideration of all provider grievances pertaining to the credentialing and recredentialing process

The ABHA Executive Director has the authority to approve immediate contract terminations or suspensions. Providers may be suspended or terminated due to reasons relating to quality of care, competency, or unprofessional conduct. Such suspensions and terminations may occur at any time, regardless of credentialing or recredentialing status, due to the occurrence of an incident or serious unresolved provider issues or loss of proper credentials, e.g., sanction by a regulatory body, felony conviction, professional ethics violation etc.

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The applicants shall have the burden of producing information needed for an adequate evaluation and review of their qualifications as well as suitability for clinical privileges requested. An applicant's failure to satisfy this burden shall constitute grounds for denial, suspension or termination.

### **6.2 Meetings**

The CSC will meet at least annually or more frequently, if needed. Minutes of proceedings will be reported to and reviewed by the QAC and shall include for each applicant, a brief summary of demographic information, technical and qualitative deficiencies notes, and the CSC's decision. Meetings will be chaired by the ABHA Medical Director.

Special meetings may be held by teleconference to facilitate timely review of urgent matters.

### **6.3 Membership**

Voting Members of the Credentialing Sub-Committee will include:

- The ABHA Executive Director
- The ABHA Medical Director
- Two county Mental Health Directors
- The ABHA Utilization Manager(s)
- The ABHA Children and Families System of Care Manager
- The ABHA Quality Manager

Staff Members will include:

- The ABHA Operations Manager

### **6.4 Due Process**

Providers who wish to appeal a decision of the Credentialing Sub-Committee shall have their appeal considered by the QAC.

## **VII. MEMBER COMPLAINTS, APPEALS AND HEARINGS, AND RESOLUTION**

ABHA has a grievance process in place that complies with industry customer service standards and the requirements of the MHO Agreement. A statement of client rights and responsibilities written both in English and Spanish is prominently posted in the waiting area where ABHA mental health services are provided. In addition, a written copy of these rights and responsibilities is explained and given to each client upon enrollment and access to service and communicated annually through ABHA's Member Newsletter.

ABHA encourages and supports resolution of Member grievances at the County Mental Health and provider level. We also recognize that there are times when members do not feel comfortable working directly with a County Agency to register/resolve a grievance. To this end, ABHA has created a three-level grievance process.

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**Level 1.** The member reports and works to resolve his/her grievance directly with the respective County Quality Management staff. If a successful resolution is achieved, the County QM staff logs the grievance in their respective county-level Grievance Log. The County Grievance log is forwarded to ABHA on a quarterly basis to allow aggregate reporting.

**Level 2.** If a Member is uncomfortable in working with the County staff, the Member is directed to contact ABHA directly without going through the County Grievance process. A Level 2 grievance can also be an appeal of a Level 1 grievance decision.

**Level 3:** Members who to file a Grievance with ABHA and are not satisfied with the result can request a DHS Administrative Hearing.

This three level process is not intended to be linear. An ABHA member may file a grievance at any level, or at multiple levels, at any time, without repercussions or loss of right to file a grievance at another level.

To ensure that no barriers are created for Members by this 3 stage County-ABHA level Grievance system, County Grievance Policy and Procedures are reviewed by ABHA to align them respectively with the ABHA Grievance System, i.e., coding of grievances established by OMHAS.

Member grievances submitted at the county level are managed to resolution by the Quality Manager or other designated county staff. Reports of County level grievances are forwarded to the ABHA Quality Manager quarterly. All ABHA member grievances and grievance resolutions are presented at least quarterly to both the ABHA QAC and AMH. Grievance trends are shared between the ABHA QAC and the respective County QAC's to promote identification of both county-unique and ABHA wide improvement opportunities.