

POLICIES AND PROCEDURES MANUAL

Chapter:	Quality		
Title:	Quality Management		
Policy: <input checked="" type="checkbox"/> Procedure: <input type="checkbox"/> Page: 1 of 2	Review Cycle: Biennial Author: QI Council and Chief Compliance Officer	Adopted Date: 11.22.2013 Review Date: 03.07.2023	Related Policies: General Management

Purpose

The Quality Management (QM) system of Mid-State Health Network (MSHN) is designed to monitor, evaluate, and improve the access, outcomes, efficiency, and appropriateness of the services provided to consumers, and the administrative functions supporting that care.

Policy

MSHN shall develop, implement and maintain a QM system which includes processes for monitoring and oversight of its provider network. The QM system shall conform to the requirements reflected in the Balanced Budget Act of 1997 and the Medicaid Specialty Supports and Services contract.

The following QM functions are retained by MSHN or delegated to Community Mental Health Service Program (CMHSP) Participants and the Substance Use Disorder (SUD) Provider Network as delineated below:

- A. **Quality Assessment Performance Improvement Program (QAPI) Plan and Report:** MSHN retains responsibility for developing, maintaining, and evaluating the annual QAPI Plan and Report in collaboration with the CMHSP Participants. The report shall include analysis of critical incidents, risk events and sentinel events, and shall facilitate quality improvement processes. Responsibility for implementation of the QAPI is delegated to the CMHSP Participants and the SUD Provider Network, including local analysis of risk events, critical incidents, sentinel events, and events requiring immediate notification, with oversight by MSHN.
- B. **Standard Setting:** MSHN retains responsibility for establishing quality standards in collaboration with CMHSP Participants. Responsibility for implementing processes for meeting those standards is delegated to the CMHSP participants and SUD Provider Network with oversight and monitoring by MSHN.
- C. **Regulatory and Corporate Compliance:** MSHN shall comply with 42 CFR Program Integrity Requirements, including designating a MSHN Compliance Officer. Responsibility for establishing processes to achieve compliance consistent with the MSHN Corporate Compliance Plan is delegated to the CMHSP participants and the SUD Provider Network, with oversight and monitoring by MSHN.
- D. **Performance Assessments and Conducting Quality Reviews:** MSHN retains responsibility for assessing the performance of its provider network, including conducting reviews of performance according to established standards.
- E. **External Reviews:** MSHN retains responsibility, in collaboration with the CMHSP Participants, for managing outside entity review processes, including, but not limited to, external quality review.
- F. **Research:** Responsibility for assuring compliance with state and federal rules, laws and guidelines regarding conducting research consistent with MSHN policy is delegated to the CMHSP participants. MSHN retains the responsibility for assuring capacity to reach compliance within the region.
- G. **Provider Education and Training:** Responsibility for providing training to providers is delegated to the CMHSP participants, with oversight and monitoring by MSHN. Assurances for uniformity and reciprocity shall be established in MSHN provider network policies and procedures.
- H. **Practice Guidelines:** Responsibility for the adoption, development, implementation, and continuous monitoring and evaluation of practices guidelines is delegated to the CMHSP participants, with oversight and monitoring by MSHN.

Applies to:

- All Mid-State Health Network Staff
- Selected MHN Staff, as follows:
- MSHN's CMHSP Participants: Policy Only Policy and Procedure
- Other: Sub-contract Providers

Definitions:

CARE: Commission on Accreditation of Rehabilitation Facilities

Corporate Compliance: This sort of compliance is required in the PIHP contract with MDHHS and is intended to prevent, monitor and remediate instances of abuse and fraud of public funds.

CMHSP: Community Mental Health Service Program

Critical Incidents: Specific events requiring analysis and reporting to MDHHS. These events include suicides, non-suicide deaths, emergency medical treatment or hospitalizations due to injury or medication error, and arrests of consumers. The population on which these events must be reported differs slightly by type of event (MDHHS Contract, Attachment.). Physical management and/or involvement of law enforcement, permitted for intervention in emergencies only, are considered critical events.

Joint Commission: A national organization that accredits healthcare and behavioral health.

Risk Events: Additional events that put individuals, in the same population categories as the critical events above, at risk of harm. These events minimally include actions taken by consumers that cause harm to themselves or to others, and two or more unscheduled admissions to a medical hospital, not due to planned surgery or the natural course of a chronic illness, within a 12-month period (MDHHS Contract). These events require analysis. Reporting to MDHHS occurs upon MDHHS request.

MSHN: Mid- State Health Network

MDHHS: Michigan Department of Health and Human Services

PIHP: Prepaid Inpatient Health Plan

Provider Network: Refers to MSHN CMHSP Participants and SUD providers directly under contract with the MSHN PIHP to provide/arrange for behavioral health services and/or supports. Services and supports may be provided through direct operations or through the subcontract arrangements

SUD: Substance Use Disorder

SUD Provider Network: Refers to Substance Use Disorder Providers that are directly under contract with the MSHN PIHP to provide services and/or supports.

QAPIP: Quality Assessment and Performance Improvement Program

QIC: Quality Improvement Council

QM: Quality Management

Sentinel Events: Unexpected occurrences involving death, serious psychological or physical injury (specifically loss of limb or function) or the risk thereof. This includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. Such events are called sentinel because they signal the need for immediate investigation and response (CARF; Joint Commission.). Also included is injury or death that occurs as a result of the use of a behavioral intervention (MDHHS Contract.). Sentinel Events require root cause analysis and reporting to MDHHS and accrediting entities in accordance with established procedures.

References/Legal Authority:

1. BBA 438.240: Quality Assessment and Performance Improvement Program
2. MDHHS/PIHP contract
3. MDHHS Quality Assessment and Performance Improvement Program Technical Requirement
4. Mid-State Health Network QAPIP Plan
5. Mid-State Health Network Compliance Plan

Change Log:

Date of Change	Description of Change	Responsible Party
12.03.2013	New policy	QIC
01.06.2016	Annual review, format consistency	Director of Compliance, CS & Quality
03.2017	Annual Review	Director of Compliance, CS & Quality
03.2018	Annual Review	Director of Compliance, CS and Quality
03.2019	Annual Review, added risk events and immediate notification	Quality Manager
10.2020	Biennial Review	Quality Manager
10/2022	Biennial Review	Quality Manager