

## POLICIES MANUAL

<b>Chapter:</b>	<b>Quality</b>		
<b>Title:</b>	<b>Quality Management</b>		
<b>Policy:</b> <input checked="" type="checkbox"/>	<b>Review Cycle:</b> Annually	<b>Adopted Date:</b> 11.22.2013	<b>Related Policies:</b> General Management
<b>Procedure:</b> <input type="checkbox"/>	<b>Author:</b> MSHN QI Council and Chief Compliance Officer	<b>Review Date:</b> 1.06.2015	
<b>Version:</b> 2.0		<b>Revision Eff. Date:</b> 01.06.2015	
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### Purpose

The Quality Management (QM) system of Mid-State Health Network (MSHN) is designed to monitor, evaluate, and improve the efficacy, 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 as delineated below:

- A. **Quality Assessment Performance Improvement Program (QAPIP) Plan and Report:** MSHN retains responsibility for developing, maintaining, and evaluating the annual QAPIP 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 QAPIP is delegated to the CMHSP Participants, including local analysis of critical incidents and sentinel events, 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 with oversight and monitoring by MSHN.
  
- C. **Regulatory and Corporate Compliance:** MSHN shall comply with 42 CFR Program Integrity Requirements, including designating an MSHN Compliance Officer. Responsibility for establishing processes to achieve compliance consistent with the MSHN Corporate Compliance Plan is delegated to the CMHSP participants, 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 and MSHN accreditation.
- 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.

**Applies to**

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

**Definitions**

CARF: Council on Accreditation of Rehabilitation

CCO: Chief Compliance Officer

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

CMHSP: Community Mental Health Service Program

Critical Incidents: Specific events requiring analysis and reporting to MDCH. 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 (MDCH Contract, Attachment P.7.1.1.). Physical management and/or involvement of law enforcement, permitted for intervention in emergencies only, are considered critical events (MDCH Contract, Attachment P.1.4.1.).

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

Risk Events: Additional critical 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 (MDCH Contract Attachment P.7.1.1.). These events require analysis, and reporting to MDCH occurs upon MDCH request.

MSHN: Mid-State Health Network

MDCH: Michigan Department of Community Health

PIHP: Prepaid Inpatient Health Plan

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 (MDCH Contract Attachment P.1.4.1.). Sentinel Events require root cause analysis and reporting to MDCH and accrediting entities in accordance with established procedures.

### **References/Legal Authority**

1. BBA 438.240: Quality Assessment and Performance Improvement Program
2. Michigan Medicaid Managed Special Supports and Service Contract FY 13:  
6.7 Quality Assessment and Performance Improvement Program
3. Mid-State Health Network QAPIP Plan
4. Mid-State Health Network Compliance Plan

### **Change Log:**

<u>Date Of Change</u>	<u>Description of Change</u>	<u>Responsible Party</u>
12.3.2013	New policy	QIC
01.06.2015	Annual review, format consistency	QIC and CCO