

SECTION VI:

**SERVICE MONITORING
AND OVERSIGHT:
QUALITY MANAGEMENT**

**CUMBERLAND COUNTY
MH/DD/SAS**

APRIL 1, 2003

Local Business Plan: Strategic Plan Matrix

Area Program(s)/County Program	Cumberland County Mental Health, Developmental Disabilities and Substance Abuse Center
Contact	Hank Debnam, Phone 910-323-0601, Fax 910-323-0096, adirector@mail.ccmentalhealth.org
Submission Date	January 2, 2003

Item: VI. Service Monitoring and Oversight: Quality Management

Goal: 1. The Local Business Plan describes a quality management process to meet the State Plan requirements, including how the LME will address the following: **Monitoring risk management and safety issues; ensuring safety of persons served; Monitoring all qualified providers in the local network; Implementation of on-going system of collecting specified data; Implementation of an effective clients' rights program; Implementation of a system to process complaints and incidents in a timely manner; Implementation of an on-going system of internal utilization management and qualified provider profiling; Development and implementation of corrective and preventive action plans and follow-up; Development of integrated access system to monitor and improve timely access to services; A process for meaningful involvement of consumers and families. (Weighted)**

Effective Date: **July 2004**

STEPS TAKEN	STEPS PLANNED	BARRIERS
VI.1 a) The Continuous Quality Improvement plan for the Area Authority is being modified to enhance the involvement of stakeholders in the community to include consumers, family members and providers. b) Consumer and family advisory	a) Continued development of a multi-level, integrated quality improvement system/ Quality Improvement Plan (currently Quality Improvement/Risk Management System) that meets LBP and COA standards with design to include: (1) Specific roles and responsibilities for	A number of providers continue to indicate some resistance to becoming a part of the Qualified Provider Network in the area and have not provided input or received information from the planning process. State mandated Core competency training

<p>Committee established with consumer and family representation across disability, age, and community diversity categories</p> <p>c) The 834 segment of the Integrated Payment Reporting System is being tested with necessary modifications and adjustments being made.</p> <p>d) On-going Collaboration with providers in the area to develop and implement standardized procedures to monitor and report all risk management and health and safety issues to include formal review of incident and death reports.</p> <p>e) Shared policies and procedures with providers to review for comment and implementation</p> <p>f) Sub-committee of the qualified Network Provider sub-committee has developed some preliminary guidelines for a comprehensive training needs and criteria for a qualified provider network</p> <p>g) Training and Technical Assistance Sub-Committee of the QPN Sub-Committee has developed preliminary criteria for a comprehensive training protocol for the provider network</p> <p>h) Have reviewed outcomes tools currently utilized/provided by local providers, hospitals and national sources or proposed to be so utilized.</p> <p>i) CCMHC has shared area Program policies and procedures based on current State guidelines with local providers involved in the LBP process.</p>	<p>consumers and families and</p> <p>(2) Continue Create mechanisms for general citizen involvement in the CQI process</p> <p>b) Participation of the Consumer and Family Advisory Committee in Service Monitoring and Oversight functions (to include development of bylaws or MOAs with the LME</p> <p>c) Continue development of a data and technological network/system capable of supporting and facilitating QM functions as required by the State to report via the Integrated Payment Reporting System and CSM.</p> <p>d) Review current Client Incident/Death Review procedures and annual Report/Quality Improvement process to develop Client Incident Policy and Procedures for LME functions and the Qualified Provider Network.</p> <p>e) Continue formal review and monitoring of all reported incidents from Area Program components and qualified providers to develop Qualified Provider Contract specifications regarding this reporting mandate.</p> <p>f) Continue with publication of Annual Report detailing summary analysis and recommendations for quality improvement in the Annual Client Incident Report segment of the CQI Report.</p> <p>g) Develop and implement comprehensive training curricula for all providers based on State and COA guidelines to ensure “Best</p>	<p>guidelines have not been developed/provided.</p> <p>State mandated guidelines have not been developed/provided.</p> <p>Target Populations and array of services have undergone numerous changes in the past months creating difficulty in developing and accurate system.</p> <p>Guidelines for the State have not been developed/provided.</p> <p>Guidelines for State mandated monitoring and activities have not been developed/provided.</p> <p>State required data sets not developed/provided.</p>
---	---	---

<p>j) MIS staff working with software vendor to develop programs and screens to accommodate IPRS requirements.</p> <p>k) With assistance from DSS staff, have mapped locations of agency consumers and providers to assist in identification of potential access points in the community.</p> <p>l) j) CCMHC is enhancing the CQI Plan to include consumers more actively in the CQI process.</p>	<p>Practice” service delivery</p> <p>h) Train all providers on accepted policies and procedures and documentation guidelines.</p> <p>i) Development and implementation of comprehensive privileging, credentialing and core competence compliance and compliance monitoring policies and procedures to be utilized by all LME staff to provide written feedback mechanism to qualified providers.</p> <p>j) Development and implementation of standardized satisfaction and outcomes tools with input from the CFAC ensuring compliance to State outcome reporting data/requirements.</p> <p>k) Development, adoption and implementation of standardized policies and procedures compliant with State mandated reporting to DFS and DSS on Client Rights, Grievances, Infectious Disease, Confidentiality, HIPAA, Health and Safety to include training, reporting schedules/requirements.</p> <p>l) Enhance system of internal utilization management with the development and implementation of consolidated Single Portal process and procedures across disability areas to cover target populations and array of services that meet IPRS guidelines.</p> <p>m) In conjunction with the CFAC and stakeholders, develop and implement provider profiling based on State requirements.</p> <p>n) In conjunction with CFAC and other stakeholders, develop and implement protocols for preventive and corrective</p>	
---	--	--

	<p>action plans and follow-up for providers based on state monitoring guidelines. Review current contract monitoring and RFP protocols utilized by LME to be in compliance with State standards.</p> <p>o) With input from CFAC and stakeholders, develop, adopt and implement a comprehensive system to monitor all points of access and timeliness of access in areas defined by the Sate for the LME utilizing data from the ACCESS group to include MIS procedures.</p> <p>p) Develop and implement an enhanced and comprehensive LME CQI Plan to include meaningful involvement of consumers and family members throughout the process as well as to provide adequate supports and training.</p>	
--	---	--

REVIEWER'S COMMENTS:

Local Business Plan: Strategic Plan Matrix

Area Program(s)/County Program	Cumberland County Mental Health, Developmental Disabilities and Substance Abuse Center
Contact	Hank Debnam, Phone 910-323-0601, Fax 910-323-0096, adirector@mail.ccmentalhealth.org
Submission Date	January 2, 2003

Item: VI. Service Monitoring and Oversight: Quality Management

Goal: 2. The local business plan contains a policy that adopts state identified best practices for each target population and individual outcome-based goals. (Non-Weighted)

Effective Date: **July 2003-July 2004**

STEPS TAKEN	STEPS PLANNED	BARRIERS
Area Authority has drafted a policy that indicates there will be compliance with best practice guidelines established by the State. See draft policy on Best Practice Guidelines	a) Develop LME approved Best Practice guidelines as identified by the State and adopt a policy adopting these best practices for each target population and individual outcomes.	State guidelines have not been developed/provided.

REVIEWER'S COMMENTS:

Local Business Plan: Strategic Plan Matrix

Area Program(s)/County Program	Cumberland County Mental Health, Developmental Disabilities and Substance Abuse Center
Contact	Hank Debnam, Phone 910-323-0601, Fax 910-323-0096, adirector@mail.ccmentalhealth.org
Submission Date	January 2, 2003

Item: VI. Service Monitoring and Oversight: Quality Management

Goal 3. The local business plan describes management information systems (MIS) capabilities sufficient to meet State Plan requirements including the ability to effectively track service events, track outcome data related to public funding and generate performance indicators (Non-Weighted)

Effective Date: **July 2003-March 2004**

STEPS TAKEN	STEPS PLANNED	BARRIERS
<p>VI.3.a</p> <p>a) Have developed a listing of all providers in the area.</p> <p>b) Have conducted an initial revision of reporting format for consumer registration and target population information initiated at point of entry to comply with IPRS standards.</p> <p>c) MIS staff has initiated process to fully comply with IPRS requirements.</p> <p>d) Provider initiated “Hub” working together to develop standardized formats</p>	<p>a) MIS staff will collaborate with provider network in the development and implementation of a standardized process/format for providers to track and collect data to be reported based on State requirements. Process/format will include the minimum data sets outlined in the LBP process to include:</p> <ol style="list-style-type: none"> 1. List of all qualified providers on a shared data base (electronically available to all LME staff) as well as located on the 	<p>State guidelines have not been developed/ provided re: QPN development, access to service standards, report cards, compliance monitoring standards, etc.</p>

<p>for providers that meet state guidelines.</p>	<p>LME website.</p> <ol style="list-style-type: none"> 2. Develop a standardized tracking and reporting process/system for tracking and reporting and tracking referrals, length of engagement, and discharges prior to completion of treatment utilizing existing software package with internally developed programs/queries. 3. Develop a standardized tracking and reporting process/format for consumer registration and characteristics and target population information to be initiated at point of entry into the system by March 2003. 4. Develop and implement a service tracking and reporting system (rescheduling, recording and billing) by March 2003. 5. Develop and implement a comprehensive training curriculum and schedule for QPN re medical records compliance with all required standards along with reports of all reviews by March 2003. 6. Develop standardized format to capture chart/peer review of consumer involvement in development of person-centered service plans by March 2003. 7. Develop and implement an event tracking and reporting system utilizing current software system and internally developed programs/queries by March 2003. 8. Develop and implement a consumer status and outcomes tracking and reporting system utilizing current 	
--	--	--

	<p>software system and internally developed programs/queries.</p> <ol style="list-style-type: none"> 9. Provide Quarterly and Annual reports on grievances and appeals through the continued development of complaint/ grievance process for those filed by all providers of the LME. Identify, develop and implement MIS capabilities to generate performance indicators that include complaint/grievance information and outcomes. 10. Develop and implement a standardized denial/appeal process for all providers of the LME to generate a report containing summaries of all local reviews, findings, and decisions of local impartial reviews for DMH/DD/SAS. Utilize UM/UR and agency software package to identify, develop and implement MIS capabilities to effectively track and report the information. 11. Develop a standardized process to review, analyze and report restrictive interventions. Identify and develop MIS capabilities to track uses of restrictive interventions and outcomes to generate quarterly and annual reports. 12. Develop a standardized process to track and report adherence to access to services standards within the LME boundaries as identified by the State. Identify and develop MIS capabilities to meet State requirements to track and report this information. 13. Develop and implement a Consumer satisfaction survey tracking and 	
--	---	--

	<p>reporting process for use in the provision of quality services and outcomes. Incorporate any standardized instruments and a process for capturing the data and reporting to the LME as required. Develop and implement MIS capabilities to generate performance indicators.</p> <p>14. Develop a consumer satisfaction survey tracking and reporting process to track and analyze all consumer satisfaction surveys conducted in the provision of quality services as well as outcome reporting. Incorporation of standardized instruments and a process for assessing outcomes of services for all providers in the QPN. Develop and implement MIS capabilities to effectively generate performance indicators to fulfill State reporting requirements.</p> <p>15. Develop provider report cards that highlight best practices and provider's ability to meet standards outlined in the QPN based on State standards with input from the CFAC. Reports to be generated on frequency determined in the LBP process but no less frequently than annually.</p> <p>16. Develop and/or revise process of accreditation, licensure and compliance monitoring of QPN and the LME. Develop and implement MIS capabilities to effectively track and generate these standards based on State guidelines in order to report to the State.</p> <p>17. Develop and implement a Process to</p>	
--	--	--

	report all data elements required for specific target populations such as SAMSHA data, minority disparities, etc.	
VI.3.b	a) Develop and incorporate a process for determining utilization of all data elements outlined in the strategic planning process to include modifications to the service delivery system based on needs assessment/data analysis, corrective/preventive action plans report cards, etc.	

REVIEWER'S COMMENTS:

Local Business Plan: Strategic Plan Matrix

Area Program(s)/County Program	Cumberland County Mental Health, Developmental Disabilities and Substance Abuse Center
Contact	Hank Debnam, Phone 910-323-0601, Fax 910-323-0096, adirector@mail.ccmentalhealth.org
Submission Date	January 2, 2003

Item: VI. Service Monitoring and Oversight: Quality Management

Goal 4. The local business plan describes how the LME will provide the state with timely and accurate federal and state data as required. (Non-weighted)

Effective Date: **July 2003-March 2004**

STEPS TAKEN	STEPS PLANNED	BARRIERS
VI.4	a) Develop and implement MIS procedures to report all required data elements received from the QPN as well as LME requirements in a timely manner. In addition to current Area Program reports, will incorporate qualified provider data elements for accurate and timely state and Federal reporting to include NC TOPPS for all substance abuse treatment populations, SAMHSA admission/discharge data, CSAP Minimum Data Set (MDS) for prevention programs, and DD wait list (single portal) database.	

REVIEWER'S COMMENTS:

VI. SERVICE MONITORING AND OVERSIGHT: QUALITY MANAGEMENT

Cumberland County MH/DD/SA Area Authority (CCMHC) has a history of provision of quality services to those in need of mental health, developmental disability and substance abuse services in the area. Internal service monitoring and monitoring of clinical service delivery contracts that account for approximately 25% of services offered are key elements of service delivery. The Agency is revising the Continuous Quality Improvement (CQI) Plan and will continually update/modify the Plan with input from community stakeholders. The Plan will increasingly involve consumers and families, providers and community agencies and organizations to ensure that services provided are appropriate for community needs and meet best practice guidelines. An example of a modification of the CQI plan is the restructuring of access to services across disabilities via a single Child access point and a single Adult access point. This modification is based on consumer and family member and provider input that there were multiple barriers to access to services with confusing and multiple access/intake points. This will position the area authority to move into a more effective and efficient access process and assist in the development of a consolidated authorization and service utilization process.

The Local Management Entity (LME) is required to ensure that services provided to consumers and families meet federal and state regulations and outcome standards as well as to ensure quality performance by qualified providers in the service delivery network. The Agency needs the capability to effectively track data related to funding and to generate performance indicators for the Agency staff and the provider network. The comprehensive CQI plan will allow the Agency to integrate and analyze information from multiple sources within the area such as customer services, access, consumer advisory groups and programs across the spectrum of disabilities, as well as external sources. Through the CQI process, the agency will conduct self-evaluation based on outcome standards developed by the state and through participation in independent evaluation. Service Monitoring efforts will address all elements outlined in the LBP to include at minimum:

- Risk Management/Health and Safety
- Restrictive Interventions
- Credentialing/Privileging and Staff Core Competencies of all providers
- Consumer Satisfaction/Outcomes
- Clients Rights
- Reporting
- Quality Management
- Corrective Actions
- Access to services
- Training/Technical Assistance

The CQI process focuses on those elements in the LME that impact directly or indirectly on consumer functioning and on the performance of providers and staff in meeting the needs of consumers and families. The LME will maintain high quality services and clinical care across the provider network by conducting a comprehensive, ongoing and coordinated CQI program that designs, measures and objectively evaluates the performance of clinical and support processes and outcomes in a timely manner. This CQI process will assist LME staff to determine whether, and to what degree, interventions provided have a positive impact on person-centered planning, processes and outcomes. The LME will provide training and education to support best practices defined by the state and to ensure quality service delivery based on information gathered from data reported. The local Consumer and Family Advisory Committee (CFAC) will actively participate in the integrated CQI and Quality Assurance (QA) process (management process). A provider report card will be published annually to assist consumer make informed decisions in selecting providers based on data reported to the LME by providers and through motoring efforts by LME staff. A policy has been drafted to adopt state identified best practices for each target population and individual outcome-based treatment goals.

Providers who are collaborating in the development of the Local Business Plan (LBP) have taken the initiative to work together to ensure a greater degree of compliance with state standards and best practice guidelines. These providers have established a “Hub” designed to function as a quasi-management entity. This “Hub” is being developed with/for providers who choose to pool their resources to be better able to meet federal and state regulations and to develop programs and services that meet best practice guidelines as defined by the state. Providers partnering in the “Hub” have submitted, and continue to submit, proposed policies and procedures that can be standardized across providers. It is projected that this will enable providers to begin to report needed data to the Area Authority by the next fiscal year. “Hub” providers are collaborating around standardized policies/procedures related to Management Information System (MIS) processes to ensure compatibility with reporting requirements to the state, comprehensive credentialing/privileging and competency compliance and training, comprehensive incident/death reporting, comprehensive Clients’ Rights policies with standardized procedures, and standardized satisfaction and outcomes tools.

The Agency will provide pertinent information and technical assistance regarding quality of service and clinical care issues on at least a quarterly basis to assist the providers to ensure development of quality products. Public Forums and Focus Groups will continue to be conducted to educate the community at large. Community stakeholders are being educated about quality management standards outlined by the state as well as being educated as to how to generate performance indicators. Minimum data sets needed to generate these indicators include access (qualified provider network composition, services standards, consumer registration), quality of care (assessment, person-centered plan development, referrals, length of engagement, discharges prior to completion of treatment), consumer outcomes (satisfaction surveys, consumer service encounters, consumers status and outcomes), administrative processes (managed care program

participation and development, service tracking, medical record management, summaries of grievances and appeals, report cards of providers, compliance monitoring, data required for specific target populations). Data reported to the state will also be incorporated into the enhanced CQI process to be utilized in ensuring that services provided are appropriate and effective in meeting the needs of the community. The data will also be utilized to ensure that staff and providers are constantly improving and learning better methods to deliver services.

The LME, in conjunction with local providers, will develop MIS capacity to report required federal and state data accurately and in a timely manner by working to standardize reporting procedures across the provider network as a part of the development of the Qualified Network Provider Network. Service Monitoring development efforts will work toward development of a capable reporting system linking qualified providers to the LME's reporting process. Federal and state data requirements include:

- NC TOPPS for all SA treatment
- Substance Abuse and Mental Health Administration of the Federal Government (SAMHSA) admission/discharge data
- Center for Substance Abuse Prevention (CSAP) Minimum Data Set (MDS) for prevention programs
- DD wait list (single portal) database

Cumberland County MH/DD/SA Area Authority will move as quickly as possible to implement an Area-wide Quality Improvement Plan to facilitate the development of the Local Business plan. The program will also develop a Local Management Entity Quality Assurance Plan to support quality management efforts across the entire provider system in the area to ensure services are provided in the most effective manner.

