

**QUALITY MANAGEMENT SYSTEM**

**16. Conduct assessment of current Quality Assessment and Performance Improvement (QAPI) program and develop a plan for establishment of a QAPI program that integrates behavioral health and physical health at the State and individual CCO level. For the CCOs this includes development of contractual requirements related to QAPI.**

**January 1, 2014 Response**

Assessment and planning for the current QAPI program within the State and the individual CCOs began through the application process for a new Medicaid demonstration waiver (attached) and the development of metrics for evaluation monitoring and development of a new State Quality Strategy. During the Request For Proposal (RFP) process for entities moving towards becoming a CCO, all QAPI processes were evaluated to meet requirements for both the new State requirements and existing federal requirements.

The State assesses how well the Coordinated Care Organizations are meeting requirements through the robust performance measurement process and ongoing analysis. Assessment components include the following: on-site operations reviews, on-going focused reviews (conducted in response to suspected deficiencies), appointment and availability studies, marketing and materials reviews, quarterly and annual financial statements reviews, complaint, grievance and appeals reports reviews and fraud and abuse reports.

The State assesses the quality and appropriateness of care through the collection and analysis of data from many sources. The State has developed many systems to collect data from CCOs and they are required to have information systems capable of collecting, analyzing, and submitting the required data and reports. Data sources include: administrative data, community health assessment, member satisfaction surveys and participating provider network reports.

## USDOJ October 15, 2014 Report

The Contract with CCOs also contains a plan for establishment of a QAPI program that integrates mental health and physical health. Numerous contract provisions address this. A model contract containing standard terms and conditions is attached. For example, the contract section regarding “Benchmarks for 2013-2015 Transformation Plan Amendment includes eight areas of transformation, the first of which is “Developing and implementing a health care delivery model that integrates mental health and physical health care and addictions and dental health, when dental services are included. This area of transformation must specifically address the needs of individuals with severe and persistent mental illness.” (Ex. K, Attachment 1, page 170).

The Contract with CCOs further provides that “Contractor shall develop, implement and participate in activities supporting a continuum of care that integrates mental health, addiction treatment, dental health and physical health interventions seamlessly and holistically.” (Ex. B, Part 4, paragraph 1). Further, Contractor shall demonstrate involvement in integration activities such as, but not limited to:

- (1) Enhanced communication and coordination between Contractor and DCOs, mental health and Substance Use Disorder Providers;
- (2) Implementation of integrated Prevention, Early Intervention and wellness activities;
- (3) Development of infrastructure support for sharing information, coordinating care and monitoring results;
- (4) Use of screening tools, treatment standards and guidelines that support integration;
- (5) Support of a shared culture of integration across coordinated care plans and service delivery systems; and
- (6) Implementation of a system of care approach, incorporating models such as the Four Quadrant Clinical Integration Model of the National Council for Community Behavioral Healthcare or Wraparound for children with behavioral health disorders.

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The Contract with CCOs also requires that Contractors shall ensure the provision of various elements of Care Integration, including “Mental Health and Substance Use Disorder Treatment: Outpatient mental health and substance use disorder treatment shall be integrated into the person-centered care model and delivered through and coordinated with physical health care services by Contractor and by Contractor’s transformed health system.” (Ex. B., part 4, at page 62)

The Contract with CCOs includes a number of requirements related to QAPI. For example, specific provisions address development and operation of Quality Assurance and Performance Improvement Programs, Quality and Performance Outcomes, and Performance Measurement and Reporting Requirements. Such provisions are found in Exhibit B: Part 9 (pp. 97-101) and Exhibit K: Transformation Plan (pp. 170-72).

The State will perform periodic reviews of the State Quality Strategy to determine the need for revision and to assure CCOs are in contract compliance and have committed adequate resources to perform internal monitoring and ongoing quality improvement activities.

### **October 15, 2014 Update**

The State continues to assess the progress of QAPI integration between physical, behavioral and dental health through monitoring of contractual compliance, review of outcome and utilization metrics, surveys and review of complaints and grievances. Along with the internal monitoring of compliance, external Quality reviews have been ongoing for 2014 through our EQRO contractor and are on schedule to be completed by December 2014. Final reports are reviewed individually with the plans and collectively by the State Quality staff and EQRO contractor to identify overall areas of improvement and to address ongoing Quality strategies.

The State and EQRO are currently reviewing protocols for the second round of reviews for 2015 that will complete the mandatory EQRO review process.

A completed CAHPS survey was currently completed that provided consumer information to help assess the satisfaction of the Medicaid members with the new delivery system.