




United Behavioral Health

Quality Assurance/Quality Improvement Committee Structure		Policy Identifier/Number: QA-06	
Annual Review Completed Date: February 2018			
Policy Category: Government - Pierce Regional Support Network	Applicable Lines of Business: Medicaid	Entity/Plan: Optum Pierce Behavioral Health Organization	State: Pierce County, Washington
Approved by: Bea Dixon, Executive Director		Signature: 	

Policy Statement and Purpose

- The Executive Leadership of Optum Pierce Behavioral Health Organization (BHO) fully delegates oversight of the QA/PI Program to the Optum Pierce BHO QA/PI Committee, chaired by the Optum Pierce BHO QA/PI Manager or designee.
- The QA/PI Committee has several standing subcommittees which review data and make recommendations regarding actions to take to improve Optum Pierce BHO's performance in service to individuals and youth in services, their families, DSHS, and other stakeholders.
- Optum Pierce BHO actively recruits individuals and youth in behavioral health services, their families and other representatives onto all the appropriate QA/PI subcommittees.

Oversight of the Optum Pierce BHO Quality Assurance/Performance Improvement (QA/PI) Program is provided through a committee structure that is accountable to the Optum Pierce BHO Executive Leadership and to the Washington State Department of Health & Social Services (DSHS).

Policy Audience and Applicability

This policy is applicable to the Optum Pierce BHO and benefits administered through the Washington State Department of Social and Health Services (DSHS) current Prepaid Inpatient Health Plan (PIHP).

Policy Definitions

N/A

Policy Provisions

The following QA/PI Committee and subcommittees (see a diagram of the organizational structure at the end of this Policy) are in place for Optum Pierce BHO:

1. The QA/PI Committee
 - 1.1. Role/Purpose

Optum is responsible for adhering to all applicable state and/or federal laws governing activities within the scope of this policy, including the Mental Health Parity and Addiction Equity Act (MHPAEA) and the Health Insurance Portability and Accountability Act (HIPAA) privacy requirements, as well as the applicable requirements, standards and regulations as set forth by the Employee Retirement Income Security Act (ERISA), the Center for Medicare and Medicaid Services (CMS), the Department of Labor (DoL), and any applicable accrediting organizations.

- 1.1.1. The QA/PI Committee's purpose is to outline a strategic and systematic approach toward monitoring and improving the quality of care for individuals in behavioral health services residing in the service area and served through the Optum Pierce BHO- funded behavioral health system.
 - 1.1.2. The Optum Pierce BHO's QA/PI program structure serves an integrating function, planning effective and efficient services, quality assurance monitoring, and quality improvement activities to achieve improved outcomes as a result of behavioral health care for individuals enrolled in services in the Optum Pierce BHO area.
 - 1.1.3. The QA/PI Committee is responsible for the implementation of the *Quality Assurance/Performance Improvement Work Plan* and the *Utilization Management (UM) Work Plan* with the mission to improve the behavioral health and well-being of the individuals, youth and family it serves by ensuring that all persons in services and their families receive high quality behavioral health care which is focused on recovery for adults and resiliency for youth and families so that they can achieve their personal goals and live, work, and participate in their community.
- 1.2. Structure/Relation to Organization
- 1.2.1. The Optum Pierce BHO Governing Board is ultimately responsible for overseeing the Pierce BHO.
 - 1.2.2. The Chief Executive Officer has direct oversight responsibility for all functions of the Optum Pierce BHO and reports directly to the Governing Board.
 - 1.2.3. The Behavioral Health Advisory Board was established to assist the Governing Board in their governance of Optum Pierce BHO. The mission of the Behavioral Health Advisory Board is to assist and advise the Governing Board in creating an efficient and quality community behavioral health program which will help individuals experiencing behavioral illness to maintain a respected and productive position in the community.
 - 1.2.4. The Behavioral Health Advisory Board, made up of at least 51% individuals involved in behavioral health services and their family members, also provides assistance and advice to Optum Pierce BHO, based on priorities board members establish on an ongoing basis. Board members review and provide input on key documents such as the *Quality Assurance/Performance Improvement Work Plan*, allocation of federal block grant dollars and strategic direction of the BHO.
 - 1.2.5. The QA/PI Committee is ultimately responsible for assuring compliance with federal and state requirements, continuous improvement in quality of care, and utilization of resources as specified in contractual relationships with the DSHS.
 - 1.2.6. The QA/PI Committee reports to the Executive Director of Optum Pierce BHO and has full authority to implement all actions related to the QA/PI Program.
- 1.3. The following subcommittees report to the QA/PI Committee:
- 1.3.1. The Consumer & Family Advisory Subcommittee;
 - 1.3.2. The Utilization Management Subcommittee; and
 - 1.3.3. The Cultural Competency Subcommittee.
- 1.4. Chairpersons

- 1.4.1. The meetings are chaired by the QA/PI Manager or his or her designee.
- 1.5. Functions/Key Responsibilities
 - 1.5.1. The QA/PI Committee is responsible for providing input on the activities of the Optum Pierce BHO QA/PI Program.
 - 1.5.2. It is actively involved in reviewing, analyzing and enhancing the QA/PI Program, implementing needed actions, and ensuring follow-up to those actions.
- 1.6. The committee acquires active participation and input from individuals involved in services and their families, providers, representatives from Ombuds services and the Quality Review Team, representatives from allied service providers and other key stakeholders. All network providers are expected to actively participate in the QA/PI process by being a committed partner in committee meetings, responding to surveys, attending clinician forum meetings when called, cooperating with site audits, and participating in quality improvement projects.
- 1.7. Key responsibilities include:
 - 1.7.1. Supporting the creation of the annual Quality Assurance/ Performance Improvement Program Description, Work Plan and Annual Evaluation;
 - 1.7.2. Reviewing QA/PI studies on a regular basis;
 - 1.7.3. Assigning staff to specific QA/PI initiatives and tracking progress on action plans;
 - 1.7.4. Reviewing the results and evaluating the effectiveness of action plans;
 - 1.7.5. Disseminating findings of quality improvement activities as appropriate to Optum Pierce BHO staff, individuals in behavioral health services and their families, providers, DSHS and other stakeholders;
 - 1.7.6. Conducting thorough systematic data collection of identified measures and indicators;
 - 1.7.7. Establishing performance goals for trended indicators;
 - 1.7.8. Reviewing and comparing indicators and performance data and recommending actions to improve outcomes;
 - 1.7.9. Providing the QA/PI reports to external stakeholders when requested;
 - 1.7.10. Assisting with developing clinical data warehouse queries related to practice guideline measurements and other clinical metrics;
 - 1.7.11. Maintaining the QA/PI Committee structure; and
 - 1.7.12. Dedicating time during each meeting for public input from any person who is attending the meeting.
- 1.8. Frequency of Meetings
 - 1.8.1. Meetings occur at least 10 times per year.
- 1.9. Membership
 - 1.9.1. The membership of the QA/PI Committee is comprised of:
 - 1.9.1.1. The Quality Manager or designee from each contracted network provider.
 - 1.9.1.2. One representative from each consumer and family organization such as the National Alliance on Mental Illness (NAMI), A Common

Voice, and the Tacoma Area Coalition for Individuals with Disabilities (TACID.)

- 1.9.1.3. A Behavioral Health Advisory Board representative;
 - 1.9.1.4. The Behavioral Health Ombuds;
 - 1.9.1.5. The Chair of the Quality Review Team
 - 1.9.1.6. Individuals involved in behavioral health services;
 - 1.9.1.7. Family members; and
 - 1.9.1.8. Allied Service System providers.
- 1.10. Support
- 1.10.1. The QA/PI Committee is supported by Optum staff who attend meetings as needed.
2. The Consumer & Family Advisory Subcommittee
- 2.1. Role/Purpose
 - 2.1.1. The Consumer & Family Advisory Subcommittee is responsible for providing oversight and addressing issues related to customer service, enrollee concerns, access, provider availability, grievances, satisfaction surveys, and confidentiality.
 - 2.1.2. The Subcommittee reviews and provides input into applicable enrollee information and educational material.
 - 2.1.3. The Subcommittee reviews and provides feedback on changes to the Level of Care Guidelines and provides feedback and input into QA/PI and utilization management/care management activities.
 - 2.2. Structure/Relation to Organization
 - 2.2.1. The Consumer & Family Advisory Subcommittee reports to the QA/PI Committee.
 - 2.3. Chairpersons
 - 2.3.1. The meetings are chaired by the Recovery & Resiliency Manager or a designee and a Clinical Quality Analyst.
 - 2.4. Function/Key Responsibilities
 - 2.4.1. Reviewing and providing input into written information and educational materials developed for individuals in behavioral health services, and their families.
 - 2.4.2. Providing feedback and input in at least the following areas:
 - 2.4.2.1. Quality Improvement Projects;
 - 2.4.2.2. Enrollee and Family Satisfaction Surveys;
 - 2.4.2.3. Level of Care Guidelines;
 - 2.4.2.4. Clinical Practice Guidelines; and
 - 2.4.2.5. Preventive Health efforts.
 - 2.5. Frequency of Meetings
 - 2.5.1. Meetings occur quarterly.
 - 2.6. Membership

- 2.6.1. The membership of the Consumer & Family Advisory Subcommittee is comprised of:
 - 2.6.1.1. Representatives from consumer organizations;
 - 2.6.1.2. Representative(s) from family organizations;
 - 2.6.1.3. NAMI representatives;
 - 2.6.1.4. A Behavioral Health Advisory Board representative;
 - 2.6.1.5. A minimum of one representative for Peer Counselors employed in the provider network;
 - 2.6.1.6. Resident representatives from each contracted Residential Treatment Facility and other residential-based programs such as HARPS, PACT, and Community Building.
 - 2.6.1.7. Other interested individuals involved in behavioral health services and their families.
- 2.7. Support
 - 2.7.1. The Consumer and Family Advisory Committee is supported by Optum staff who attend meetings as needed.
- 3. Cultural Competency Subcommittee
 - 3.1. Role/Purpose
 - 3.1.1. The Cultural Competency Subcommittee reviews and recommends standards of practice and outcomes related to cultural competence, and reviews access to service data, monitoring data, and grievance data to identify trends and make recommendations for quality improvement initiatives as they relate to culturally competent services.
 - 3.2. Structure/relationship to the Organization
 - 3.2.1. The Cultural Competency Subcommittee reports to the QA/PI Committee.
 - 3.3. Chairpersons
 - 3.3.1. The meetings are co-chaired by a Clinical Care Manager and a designee.
 - 3.4. Functions/Key Responsibilities
 - 3.4.1. Ensuring that contracted behavioral health care provider staffing at all levels is representative of the community;
 - 3.4.2. Ensuring that cultural factors are integrated into the clinical assessment;
 - 3.4.3. Ensuring that treatment plans and interventions are culturally appropriate; and
 - 3.4.4. Sponsoring one (1) Cultural Competency Training per year.
 - 3.5. Frequency of Meetings
 - 3.5.1. Meetings occur quarterly.
 - 3.6. Membership
 - 3.6.1. Members include:
 - 3.6.1.1. Representatives from consumer organizations;
 - 3.6.1.2. Representatives from family organizations;
 - 3.6.1.3. A Behavioral Health Advisory Board member

- 3.6.1.4. Representatives from providers that serve specialty populations;
 - 3.6.1.5. Providers from allied service Systems;
 - 3.6.1.6. Representatives from community-based ethnic and minority organizations.
 - 3.7. Support
 - 3.7.1. The Cultural Competency Subcommittee is supported by Optum staff who attend meetings as appropriate.
- 4. The Utilization Management Subcommittee
 - 4.1. Role/Purpose
 - 4.1.1. The Utilization Management Subcommittee functions as an internal workgroup designed to assure that utilization of behavioral health services and resources is consistent with the service needs of consumers within evidence-based practice standards, and provided in an effective, cost-efficient manner.
 - 4.2. Structure/Relationship to Organization
 - 4.2.1. The Utilization Management Subcommittee reports to the QA/PI Committee.
 - 4.3. Chairperson
 - 4.3.1. The meetings are chaired by the Clinical Manager.
 - 4.4. Function/Key Responsibilities
 - 4.4.1. Reviewing, communicating and implementing policies and procedures for utilization management to continually monitor and evaluate the adequacy and appropriateness of the delivery of behavioral health services;
 - 4.4.2. Reviewing timeliness of medical necessity determinations for treatment, continued stays, and services rendered;
 - 4.4.3. Monitoring over/under utilization, identifying outliers, and evaluating trends of service delivery for quality and outcome improvement opportunities; and
 - 4.4.4. Reviewing utilization and monitoring triggers – crisis bed utilization, crisis services over-utilization, inpatient readmission rates, intensive service authorizations, residential utilization, service over/under utilization, consumers with co-occurring disorders identified at intake, prescriber utilization.
 - 4.5. Frequency of Meetings
 - 4.5.1. Meetings are held monthly.
 - 4.6. Membership
 - 4.6.1. Membership includes the following Optum Pierce BHO staff:
 - 4.6.1.1. Associate Vice President of Clinical Operations
 - 4.6.1.2. The Clinical Manager
 - 4.6.1.3. The QA/PI Manager;
 - 4.6.1.4. Senior Clinical Quality Analyst-Performance Improvement Specialist
 - 4.6.1.5. A Data/IT staff member; and
 - 4.6.1.6. Care Management staff.
- 5. Minutes

- 5.1. The QA/PI Committee and Subcommittees maintain minutes that reflect all decisions and actions. Meeting minutes are created within a reasonable time frame and shared at the subsequent meeting or by email. An opportunity is provided for members to recommend corrections, and then the minutes are dated and finalized. Copies of the minutes are maintained in the Optum Pierce BHO office. All QA/PI Committee minutes, except those from the Utilization Management Committee, are also posted to the Optum Pierce BHO website.

Related Policies, Procedures & Materials

- Pierce Behavioral Health Organization Policy: QA-01 - *QA/PI Program Description and Work Plan*
- Pierce Behavioral Health Organization Policy: QA-02 - *QA/PI Program Annual Evaluation*
- Pierce Behavioral Health Organization Policy: QA-03 - *QA/PI Performance Improvement Projects*
- Pierce Behavioral Health Organization Policy: QA-04 - *QA/PI Monitoring Important Aspects of Care and Service*
- Pierce Behavioral Health Organization Policy: QA-05 - *External Audit Preparation*
- Pierce Behavioral Health Organization Policy: QA-08 - *Clinical and Administrative Review, Including Annual Review of CMHAs*
- Pierce Behavioral Health Organization Policy: QA-09 - *Quality Review Team*

Attachments

N/A

Approval History

- Policy created and effective: 07/2009
- Policy and Procedure Committee review and approval: 10/26/2009
- Policy and Procedure Committee review and approval: 08/23/2010
- Policy and Procedure Committee review and approval: 09/26/2011
- Policy and Procedure Committee review and approval: 08/27/2012
- Policy and Procedure Committee review and approval: 12/02/2013
- Policy and Procedure Committee review and approval: 12/15/2014
- Policy and Procedure Committee review and approval: 02/24/2016
- Operational Procedures and Standards Committee Reviewed and Accepted: 01/25/2017
- Optum Pierce BHO reviewed and accepted: February 2018