ALAMANCE-CASWELL-ROCKINGHAM LOCAL MANAGEMENT ENTITY
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2006-2007
QUALITY IMPROVEMENT REVIEW
and
PROGRAM DESCRIPTION

MISSION STATEMENT:

"To assist individuals and families affected by mental illness, developmental disabilities, or substance abuse to develop their maximum potential for growth and maturity in dealing with everyday life."

The Alamance-Caswell-Rockingham Local Management Entity (LME) has taken part in NC Mental Health Reform over the past several years. Beginning July 1, 2006, the LME began the management and oversight of a three county catchment area which includes Alamance, Caswell and Rockingham counties. The LME works collaboratively with the providers of services in those counties to ensure quality of services are provided to consumers with mental health, developmental disabilities or substance abuse diagnoses.

The Alamance-Caswell-Rockingham LME has been dedicated to the Quality Management Program and strives to ensure that continued quality of care is provided for consumers, stakeholders, providers and families. Focus has been placed on the provision of the most appropriate, high quality oversight, monitoring and technical assistance to community-based services in a manner that is person-centered, responsive, cost effective, and structured to meet the unique needs of the individual.

The Alamance-Caswell-Rockingham LME looks to the State of NC and the NC Division of Mental Health in this transformation process. This transformation is in response to national, state, regional and local needs to increase efficiency and effectiveness of the Mental Health System.

In order to fulfill the mission statement, the Chief Executive Officer and the Board have established the 2005-2006 Quality Improvement Program. Items used in the development of the Plan:

- **2005-2006 NC State Plan – Blueprint for Change**
- **Performance Agreement**
- **Local Business Plan**
- **2004-2005 QI Plan**
- **URAC Standards for Behavioral Health**

The Area Board has delegated the authority to the Chief Executive Officer to establish a QI Program that will address system wide issues.

- The Chief Executive Officer delegates the authority and day-to-day supervision of quality improvement activities to the Quality Improvement Manager.
- The Chief Executive Officer has established the Quality Improvement Department to develop, implement, coordinate, and monitor all components of the quality improvement program within the LME system and its provider network.
- The Quality Improvement Department, in collaboration with the Quality Improvement Committee, will establish quality indicators and outcome measures for the LME and the providers in collaboration with the State requirements.

I. Overview of Quality Management for 2006/2007:
(Purpose)

The goals of transformation are focused on the following three (3) elements (per the NC State Plan 2005):

A. Benefit from services provided;
B. Effective use of resources; and
C. System accountability.

The LME desires to develop processes to provide a truly responsive system of care. The processes and structures of Quality Management will work toward the following objectives:

A. Educating on risk and rights;
B. Positive outcomes;
C. Efficient and effective services;
D. Compliance with standards; and
E. Total system transformation.

The LME's Quality Management Program will do this by having:

A. Stakeholder involvement;
B. Training, technical assistance and education;
C. Use of local resources;
D. Adherence to standards;
E. Performance standards;
F. Collection and analysis of data;
G. On-going evaluation;

II. The Quality Management Plan
(Scope)

The ***ARC LME 2006-2007 Quality Management Plan*** differs from ***Alamance-Caswell LME 2004-2005 Quality Improvement Plan*** in that the focus is on transformation and not reform. There are four key areas that are fundament to the State and LME system transformation and have been reflected in the Plan:

A. Person-Centered Planning;
B. Quality Management; and
C. Evidenced-based Practices.

The QI Plan addresses Consumers/Stakeholders, Providers, and the LME. The LME's Quality Improvement and Management Program helps to create "a culture of collaborative learning that encourages all participants in the system to set goals, take reasonable risks, learn from mistakes, celebrate achievements, and share what is learned." (NC State Plan 2005)

A. Consumers will be offered the opportunity to have:
    1. Information on services;
    2. Access and appropriate services;
    3. Crisis intervention;
    4. Satisfaction with services;
    5. Input into LME planning and decision making; and
    6. Resolution to complaints and appeal system.

B. Providers will be offered the opportunity to be:
    1. Involved with the LME planning;
    2. Resolution and appeals process;
    3. Clear management and operations system;
    4. Technical assistance with State regulations and requirements; and
    5. Training coordination in services provided.

C. LME will provide the following oversight and direction:
    1. Treatment will be appropriate to needs;
    2. Cost effective processes;
    3. Consumer driven; and
    4. Outcome oriented.

D. Added awareness and responsibilities have been added to the Quality Management Plan that have previously not been expected of the LME:
    1. Community service needs and gaps;
    2. Provider recruitment;
    3. Qualified Provider contracts/MOA's; and
    4. PCP - Service Plan approvals.

DEFINITIONS

Quality Assurance (QA): ***Retrospective, often reactive, evaluation of compliance with basic, externally-imposed standards of quality.*** **(Draft NC State Plan May 2005)**

Quality Improvement (QI): ***Proactive, internally-generated self-evaluation and improvement efforts to support continuous progress toward meeting optimal goals.*** **(Draft NC State Plan May 2005)**

Quality Management (QM): ***Quality Management (TQM) is a comprehensive and structured approach to organizational management that seeks to improve the quality of services through ongoing refinements in response to continuous feedback. QM processes are divided into four sequential categories: plan, do, check, and act (the PDCA cycle***

1. In the ***planning* phase**, people define the problem to be addressed, collect relevant data, and ascertain the problem's root cause;
2. In the ***doing* phase**, people develop and implement a solution, and decide upon a measurement to gauge its effectiveness;
3. In the ***checking* phase**, people confirm the results through before-and-after data comparison;
4. In the ***acting* phase**, people document their results, inform others about process changes, and make recommendations for the problem to be addressed in the next PDCA cycle.

Goals and Objectives

Quality Management Goals:

1. ***Develop and maintain programs /teams / committees that are productive and have a representative sample of employees, consumers/stakeholders and other relevant members (when necessary) that are focused on decision making, time management and common sense.***

   A. QI Committee
      1. UM Committee
      2. Management Team
      3. CFAC Committee
      4. Credentialing Committee
      5. Human Rights Committee
      6. URAC Committee

2. ***Create a high performance business culture that reflects LME's commitment to quality care, service and quality management.***

   A. Evaluate processes and outcomes of implemented LME activities.
      1. Tracking of Minutes for LME meetings.
      2. Review policy and procedures to determine effectiveness and appropriateness.

   B. Oversight for the development of action plans or plans of correction to improve service.
      1. Implement and track Plans of Correction (POC) for areas found out of compliance.

2. Develop and implement POC enforcement system internally and for the provider community.
3. Pursue data-driven decision making and quality problems that are solved through monitoring, evaluation, feedback, system enhancements, and training.

C. All levels of staff are involved with and support quality management principles and practices in order for continuous quality improvement to best occur.
D. QI attendance is mandatory by all Management.

3. Provide direction and oversight to the internal LME Departments. This will be done by providing oversight for required reports, tracking data and activities and project selection, oversight and reporting.

A. Each LME Department will be requested to submit 3-5 projects related to improvement throughout the LME and provider community.
B. Develop departmental QI goals and projects that are tracked by QI on a monthly basis.
- UR/STR
- Provider Relations
- Medical Records
- Personnel
- Finance

4. Develop and implement LME policies and procedure.

A. Redevelopment of the Operations Manual.
B. Redevelop internal HIPAA policies.
C. Separation and firewall for LME Provider arm (Crisis and Physician Services).

5. Identify root causes of problems that produce less than desirable quality and not within "best practices" procedures through QI monitoring and evaluation activities for LME and Providers.

A. Collect relevant data from multiple internal and external sources to assess issues and problems.
1. Information collected is to include individuals receiving services and stakeholders (surveys, input, grievances, appeals, incidents, and Human Rights Committee), staff, on-site reviews, and standardized reports from Provider community and QI sub-committees.

B. Analyze aggregate data, and submit quarterly reports to LME Human Rights Committee, Board, CFAC, stakeholders, and other oversight and control agencies relevant to their involvement and need.
C. Oversight and tracking of plans of correction, when required for internal issues.

6. Coordination and collaboration of local and statewide systems for LME service provision and oversight of areas of responsibility.

A. Meetings and trainings scheduled and/or attended to assist with the communication, relationship building and problem resolution when required or beneficial:
1. Other Local Management Entities;

2. NC State Division of Mental Health, Developmental Disabilities and Substance Abuse Services;
3. Public agencies: DSS, Health Department, and Educational system;
4. Department of Facility Services; and
5. NC Council.

Quality Improvement Goals:

1. ***Develop and maintain QI resources, structures and processes that support the LME's responsibility to the State, providers, stakeholders and consumers.***

A. Devise systems, tools, and mechanisms to implement a Quality Management System throughout the LME and to set the example for the Provider Community. Components address:
   1. Service Record Review
   2. Monitoring of the Provider Community
   3. Oversight of Competency
   4. Licensure Requirements
   5. Satisfaction Surveys
   6. Complaints, Grievances and Appeals
   7. Utilization Management Requirements
   8. Provider Capacity

B. Oversight and management of the Quality Improvement Committee, including conducting initial evaluation of potential committee members, conducting QA meetings and subcommittees, reviewing and evaluating committee reports and minutes.
   1. Coordinate State requirements for QI activities:
      a. Minutes for Human Rights
      b. Minutes for Quality Management
      c. Annual Reporting

B. Quarterly and Monthly reports on incident reporting and complaints.
   1. Documentation of all QI related minutes and supporting documents maintained by the QI Department.
      a. QI Committee
      b. Human Rights Committee
      c. Credentialing Committee
      d. UM Committee
      e. Incident Review Committee
      f. Risk and Management Committee

C. Monitoring and revision, as needed, of the Quality Improvement Plan, using input and information from multiple sources. Input will be obtained from:
   1. Individuals receiving services, families, providers, and other stakeholders; (per meetings, surveys and verbal input/complaint system)
   2. Human Rights Committee (per meetings)

3. Accrediting Body
4. State Liaison with the LME
5. Division representatives
6. LME Director and Deputy Director

D. Develop and/or coordinate and maintain documentation of planned or required quality improvement activities:
1. Create quarterly reports for QI and Human Rights Committees
2. Person-Centered Planning
3. Consumer satisfaction survey results:
    a. State
    b. Local

4. Incident Reports (Level I, II, and III)
5. QI Committee Reports
6. SB 163 monitoring: data and reports
7. Licensure reviews and data
8. LME Policies and Procedures related to Clinical Department
9. Accreditation process
10. Outcomes reporting and tracking (NC TOPPS, DD-COI, and NC SNAP)

2. *Improve satisfaction and customer service with individuals receiving services, stakeholders, and the Provider Community.*

A. Track and monitor the complaint and grievance system.
B. Distribute and monitor the Consumer and Stakeholder Satisfaction Survey.
    1. Distributed quarterly at the LME to consumers receiving services.

C. Develop a close and active partnership among LME staff, Provider Community, families, and stakeholders in order to achieve an optimal quality behavioral healthcare system.
    1. Training provided quarterly by QI Department to the Provider Community.
    2. Stakeholders requested to participate in QI Monitoring activities.
    3. Stakeholders requested to be represented at LME Committees.

D. Develop a curriculum for consumers concerning services and rights
    1. Assess needs of consumers, providers, and the community related to service delivery and develop plan to meet the needs. **(Project #E - Provider Satisfaction)**

3. *Improve the capacity, continuity, and coordination of care delivered to individuals in the target populations within the A-C-R LME catchment area.*

A. Assess, monitor and evaluate the Provider Community via:
    1. On-Site Monitoring
    2. Service Record Reviews
    3. Self-Reporting
    4. Licensure Surveys

B. Develop and implement a tracking system to assess and determine community and provider capacity.
    1. Outcomes Reporting Tool distributed, tracked and monitored for the Provider Community with reports made to Provider Taskforce and Quality Management Committees.

4. ***Implementation of an effective human rights program that protects the rights, health, safety, and welfare of consumers.***

A. Development and implementation of:
    1. Person-Centered Planning
    2. Client Rights brochure
    3. Consumer handbook

B. Establish a working Client Rights Committee that meets quarterly with an Chair not employed by the LME (Project #)
C. Track and trend risk and safety issues related to human rights and service provision via complaints, incident reports, and self-reporting.
D. Assurance of confidentiality among the Human Rights Committee members.
    1. Training to occur no less than annually.

5. ***Work with the Provider Community, individuals receiving services, and stakeholders to identify safety issues and focus on activities that reduce risk and achieve safe treatment environments for all those receiving services.***

A. Support, via training and technical assistance, quality management, person-centered planning activities and program evaluation functions across the Provider Community.
B. Development and implementation of Provider Monitoring Teams for directly provided services. Stakeholders are to be included on a random basis in the monitoring and oversight activities.
C. Assess training needs and link or provide trainings to providers, consumers and stakeholders as determined by complaints, incident review, on-site monitoring, self-reporting and the LME:
    1. Person-Centered Planning
    2. Guardianship
    3. Client Rights
    4. System Reform
    5. UR/STR / LME Role

Quality Assurance Goals

1. ***QI Department will monitor all risk management, health and safety issues in the LME and those in it's qualified provider network.***

A. This is to include:
   1. Formal review of incident and death reports and compiling and analyzing the information for meaningful use in quality management and
   2. On-site program monitoring by QI Department.

B. Areas that require corrective action and need administrative follow-up will be tracked by the QI Department and submitted to Compliance.

2. ***Ensure that the provider community maintains minimum requirements set by the State and the LME provides the oversight and technical assistance required.***

   A. Develop and implement system and schedule for the monitoring of providers.
   B. Collect information from monitoring and oversight to be used in an ongoing system for program planning and improvement, preventative and corrective action, and identification of training needs to insure that high quality services are provided to individuals with disabilities.
   C. Monitor other LME, Licensure, DFS, Medicaid or other oversight agency reports and track on the Confidence Grid.
   D. Collect Human Rights and QI Committee Minutes and Plans quarterly and annually.

3. ***Re-evaluate and develop a Peer Review Team for Providers and LME staff. (Project #G - Peer Review Team)***

   A. Development and implementation of the Peer Service Record Review Process to adhere to NC Service Record Manual. This process will be for both:
      1. Internal
      2. Provider Community

   B. Assess the Person-Centered Planning Process in the catchment area and provide technical assistance when needed.
   C. Provide technical assistance related to issues on Service Record standards as required or when requested.

Compliance Goals

1. ***Development of a Compliance Program for the LME.***
2. ***Selection and application with a national accreditation organization, URAC, in order to become accredited as a managed behavioral healthcare organization.***
   A. Complete the application for URAC.
   B. Develop an Accreditation Team of LME staff to meet regularly and determine tasks to be completed for URAC.

3. ***CAP-MR/DD Annual Implementation Reviews.***

A. On an annual basis, a team will be selected to complete the State required CAP Provider Reviews for those providers serving CAP consumers from the Alamance – Caswell – Rockingham catchment area.
   1. Supporting documentation of the reviews and provider status will be submitted to the State by June 30, 2006.
   2. Report to be submitted to the State by June 30, 2006.

4. ***LME remediation procedures / systems (plans of correction) to be developed and implemented to lead to problems resolution and prevention are developed, tracked and monitored to ensure compliance.***

A. System management issues.
   1. LME to provider oversight for the development, initiated or requested for action plans or plans of correction (POC) to improve service.
   2. Implement and track POC for areas found out of compliance.
   3. Develop and implement POC enforcement system internally and for the provider community.

4. ***Ensure compliance for the LME with State, Federal, accreditation, and regulatory agency requirements.***

A. LME's adherence to local, state and federal rules, regulations and policy.
   1. Performance Agreement;
      i. UM Reports
      ii. Complaints
      iii. Incident Reporting
      iv. Bed Day Allocation
      v. CDW
      vi. DD-COI, NC-TOPPS, NC-SNAPS
      vii. SA and Prevention Block Grant
      viii. Work First and MAJORS
      ix. G.S. 122C
      x. SB 163 – Monitoring requirements;
   2. Local Business Plan;
   3. HIPAA, Confidentiality and Medical Records Management; and
   4. State Communication Bulletins / Implementation Bulletins.

B. Development of an internal auditing and review for the LME Crisis Services and Physician Services.
   1. Quarterly random audit and review of services provided and billed by the LME.
   2. Internal and external review reports:
      a. QI Auditing and Monitoring
      b. Medicaid Audit

C. Oversight of activities related to any LME Medicaid Audit.

5. ***Credentialing and Endorsement of Contract/MOA Provider Agencies and LME staff:***

A. Oversight of the LME competency and credentialing process for LME staff and independent practitioners.
    1. Policies and procedures development; and
    2. Monitoring and tracking.
B. Oversight of the Provider Community credentialing of each provider agency
    1. Oversight of the provider agency via monitoring and complaints reporting.
C. Tracking and monitoring LME and the LME provider arm staff credentials which may include and per State/Medicaid requirements:
    1. License
    2. Degrees
    3. Board Certification and Registrations (RN)
    4. Experience, when required
    5. Others as indicated (OIG and HCPR)

6. ***Technical assistance and transition of Crisis and Physician services to develop a firewall between services and the LME.***
    B. A firewall will be developed between the LME and the provider arm of the LME. This will consist of:
        1. Policies and procedure separation and developed and
        2. Separation of the LME and provider arm staff and resources.

QUALITY IMPROVEMENT COMMITTEE

The Quality Improvement Committee establishes strategic direction and monitors the implementation of the QI Program and State requirements throughout the organization. The QI Committee is a multidisciplinary committee whose membership may include (but is not necessarily limited to):

- **CEO**
- **Medical Director**
- **Deputy Director**
- **QI Manager**
- **CFAC representative**
- **Provider Relations Manager**
- **Human Resources Director**
- **Medical Records Manager**
- **Provider representative**

Meeting Expectations:

- The QI committee will meet at a minimum quarterly.
- The Chairperson of the committee may have a special meeting called when deemed appropriate.
- The QI Manager, or designee, shall chair the committee.
- Multifunctional committees may be appointed when problem resolution is best conducted by representatives from multiple organizational units.
- All committees shall seek to continuously improve quality by implementing a problem solving method.

Committee Responsibilities

- Review and approve policies and procedures related to the provision of services.
- Review, evaluate, and approve the QI program description / plan.
- Establish goals or benchmarks for areas identified.
- Oversee the design of satisfaction surveys and QI studies to make certain that sound data collection methods are used.
- Review, identify, and analyze data for system-wide trends to identify problems, barriers, and gaps in the delivery of services.
- Ensure that corrective actions are implemented in order to improve performance issues and evaluate the effectiveness of specific quality improvement projects.
- Implement activities that provide a continuous process of assessment and review of the appropriate (need based and individual specific) and prudent utilization of LME resources.
- Ensure the collection, management, analysis, and dissemination of data that includes but is not limited to: incident reports, complaints, consumer satisfaction, and service needs.
- Encourage meaningful involvement of consumers, families, staff, and providers in Quality Improvement and its associated service monitoring activities and oversight functions.
- Monitor compliance with the performance indicators in the LME contract with the Division of Health and Human Services.
- Develop and implement a procedure for the continuing revision of the Quality Improvement Plan.

System of Approach:

1. Collect and analyze data.
    a. Identify problem
    b. Define problem
    c. Investigate problem
2. Identify opportunities for improvement and select which ones to pursue.
3. Design and implement interventions to improve performance (i.e. solve the problem).
4. Measure the effectiveness of the interventions and confirm the results.

Data Sources:

- Assessment Reports
- Incident Reports
- Service Record Review
- Direct Observation /Measurement
- Billing Records
- Provider Community Reports
- Provider Community Self-Reporting
- Individual Receiving Service Comments/Response
- Utilization Management Reports
- State Reports
- Provider Monitoring
- NC Council Reports
- DSS and DFS Reports

QI Program Evaluation

The Quality Improvement Manager and the LME Departments work collaboratively to develop the annual program evaluation. The QI Program Evaluation reviews the prior year's activities and includes the following components:

1. Description of the QI projects/activities that have been completed or are on-going.
2. Evaluation of the demonstrated improvements in the quality of care, service, and safety.
3. Review and evaluation of the effectiveness of the QI Program structure and functions.
4. Trending of measures to assess performance.
5. Recommendations concerning Program objectives and revisions for the upcoming year.
6. Identification of components of the Program requiring enhancement, revision, or retirement.

The evaluation is presented to the Quality Improvement Committee for review, comments, and approval, and then sent to the Board of Directors. The results of the Program Evaluation are made available to individuals receiving services, Provider Community, stakeholders, and the community at large upon request and via the ACMHDDSAS website beginning in 2006-2007.

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Amy Stevens, MA Date

Provider Relations/ QI Manager

Date Approved By QI Department: ________________