



Quality Management Plan Fiscal Year 2012

**Mental Health and Substance Abuse Division
Community MHSA, Contractor Services Section
Quality Management and Compliance Unit**

1. Introduction

The Department of State Health Services (DSHS) is one of five departments within the Texas Health and Human Services Commission (HHSC). DSHS has five divisions: Family and Community Health Services, Prevention and Preparedness Services, Regulatory Services, Mental Health and Substance Abuse Services (MHSA), Regional and Local Health Services. The divisions work together to improve the health and well-being of Texans. MHSA's mission is to improve health and well-being in Texas by providing leadership and services that promote hope, build resilience, and foster recovery.

MHSA has three sections: Program Services Section, Hospital Services Section, and Contractor Services Section. The Office of the Assistant Commissioner of MHSA has the Mental Health Transformation and Behavioral Health Operations, Senior Policy Analyst Office, Behavioral Health Medical Director's Office, Decision Support Unit and Information Services Unit. MHSA works with external stakeholders (client and family advocacy groups, mental health and addiction services provider groups, and other public forums) to develop, implement, and maintain evidence based, cost effective mental health and addiction services for the citizens of Texas. The Division of Regulatory Services licenses all private hospitals and substance use disorder treatment contractors receiving funds through MHSA. That division also verifies survey reports for compliance, including quality assurance activities, and recommends licensure-certification, state enforcement action or federal termination.

This Quality Management Plan addresses services provided by contractors serving those with mental illness and substance use disorders. The Program Services section develops the policies, rules and contracts for mental health and addiction. The Contractor Services Section manages the contracts and provides oversight of the services with a Mental Health (MH) Contract Management Unit, Substance Abuse (SA) Contract Management Unit and the Quality Management and Compliance Unit (QM Unit) The mission of the QM Unit, is to lead and support MHSA contractors and service providers in developing effective quality management processes that promote hope, support recovery, and build resilience.

To ensure the health of mental health and addiction services the QM Unit tracks outcomes and performance measures regarding the quality of client services. Input gathered from providers as well as individuals and families in recovery is used to track programmatic and quality improvement.

The QM Unit promotes these values to its contractors.

- Person-centered – the individual will be at the core of all plans and services.
- Respect – individuals, families, providers and staff are treated with respect.
- Independence – the individual's personal and economic independence will be promoted.
- Choice – individuals will have options for services and supports.
- Self-determination – individuals will direct their own lives.
- Living well – the individual's services and supports will promote health and well-being.
- Contributing to the community – individuals are able to work, volunteer, and participate in local communities.

Quality Management Plan – FY2012

- Cultural competencies – individuals are able to interact effectively with people of different cultures.
- Flexibility – individual needs will guide our actions.
- Effective and efficient – individual’s needs will be met in a timely and cost effective way.
- Collaboration –partnerships with families, communities, providers, and other federal, state and local organizations result in better services.

QM activities are initiated in the following ways:

- Business Process Analysis
- Performance Management Reports
- Brief Onsite Contractor Reviews
- Client Complaints, Grievances, and External Referrals
- Three Year Review Goals Plan
- Management Directives

2. Purpose

The purpose of the Quality Management Plan is to:

1. Guide the activities of the QM Unit.
2. Establish standards and processes for assessing the quality of services.
3. Apply the standards against which performance is measured.
4. Establish a cohesive and focused work plan that directs time, effort, and resources.

3. Quality Infrastructure

The QM Unit works with contractors to ensure their quality management activities include addressing issues identified in the eight domains listed below. The QM staff assess vendors and sub-recipient contractors for rule and contract compliance and quality of services in the domains. QM staff issues findings and request remedies such as corrective action, plans of improvement, or root cause analysis. QM staff refer issues to contract management units for contract action, the Medical Director for consultation, and Program Services Section for service policy development and clarification.

The domains are:

- Consumer
- Leadership
- Community
- Compliance
- Data
- Personnel
- Fiscal Accountability
- Physical Plant

Consumer Domain	
Contractor Expectations	DSHS QM Unit Activities
Contractors are expected to:	Develop and implement protocols to review:

Quality Management Plan – FY2012

Consumer Domain	
Contractor Expectations	DSHS QM Unit Activities
<ul style="list-style-type: none"> • Provide immediate and appropriate crisis intervention services, or refer to appropriate provider. • Assess consumers for appropriate services. • Ensure access to services. • Ensure that necessary medical interventions are provided. • Provide services that retain fidelity to evidence-based models. • Ensure that consumers with co-occurring MH and SA diagnoses have complete access to all services. • Document service provision fully and clearly. • Collaborate with the consumer to develop appropriate and effective treatment plans. • Maintain continuity of care contact with consumer while hospitalized. • Ensure a safe and healthy environment for services and treatment. • Investigate and report on critical incidents, client complaints, grievances and deaths. 	<ul style="list-style-type: none"> • Clinical records • Business processes • Treatment outcomes • Performance measures • Curricula fidelity • Program fidelity • Medication prescribing practices • Policies and procedures • Client rights • Client safety <p>In developing review activities, QM staff collaborate or consult with:</p> <ul style="list-style-type: none"> • DSHS Consumer Services and Rights Protection • DSHS Mental Health and Substance Abuse Contract Management Units • DSHS Program Services Section • DSHS Financial Monitoring Unit • DSHS Division for Regulatory Services

Leadership Domain	
Contractor Expectations	DSHS QM Unit Activities
<p>The Contractor’s board must have their roles and responsibilities clearly defined.</p> <p>Board members must receive formal training about their roles and responsibilities.</p> <p>Board members must receive formal training regarding all the services delivered by the Contractor.</p> <p>Board members must be trained on the clientele served by the Contractor.</p>	<p>QM staff review qualifications and training for board members.</p> <p>Develop and implement review protocols for:</p> <ul style="list-style-type: none"> • Board activities • Board members • Business processes • Quality management processes • Disaster plans • Policies and Procedures • Memorandums of Agreement or Understanding

Quality Management Plan – FY2012

Leadership Domain	
Contractor Expectations	DSHS QM Unit Activities
<p>The Board must perform performance evaluations of the Contractor’s Executive Director or Chief Executive Officer.</p> <p>The Contractor must have policies and procedures that clearly define the roles and responsibilities of the executive business team.</p> <p>The contractors must have designated program directors for services as defined by the statements of work.</p> <p>The executive team must make regular reports to the board about operations and community involvement.</p> <p>The executive team and the board are jointly responsible for the maintenance of a safe, healthy environment for the services and the business is fiscally sound.</p> <p>The executive team and the board are jointly responsible for developing, updating and maintaining appropriate disaster plans that include the appropriate care of clients as well as staff during a disaster.</p> <p>The executive team and the board are jointly responsible for ensuring all aspects of the contract and statements of work are carried out appropriately.</p> <p>The executive team and the board are jointly responsible for the development, review and maintenance of all policies and procedures.</p> <p>The Contractor’s quality management (QM) program must be administered through clear and appropriate administrative structures that:</p> <ul style="list-style-type: none"> • Establish a training process for board members and maintain records 	

Quality Management Plan – FY2012

Leadership Domain	
Contractor Expectations	DSHS QM Unit Activities
<p>of their initial and on-going training.</p> <ul style="list-style-type: none"> • Establish and update policies and procedures for QM processes. • Establish and maintain a QM committee with representation from all key areas of the organizations. • Maintain committee meeting minutes. • Document QM reports to boards in board minutes that are maintained and available for review. • Collaborate with DSHS and other QM representatives from other contracted providers on joint projects. • Document QM training for all staff in personnel records. 	

Community Domain	
Contractor Expectations	DSHS QM Unit Activities
<p>Contractors are expected to:</p> <ul style="list-style-type: none"> • Involve consumers and family members in planning activities • Assess community needs and resources • Participate in community coalitions • Collaborate with legislative resources • Develop and maintain a comprehensive (physical and behavioral) service array (prevention, intervention, treatment, aftercare) with service providers • Develop and maintain formal agreements between service providers 	<p>QM staff review:</p> <ul style="list-style-type: none"> • Documentation of community activities • Activities identified in the Local Service Area Plans or Community Coalition Plans with actual activities • Quality Management Plan • Documentation of Quality Management Plan activities • Board Minutes • Consumer involvement in community planning activities • Compliance with requirements for formal agreements between service providers

Compliance Domain	
Contractors Expectations	DSHS QM Unit Activities
<p>Contractors are must comply with all requirements in:</p>	

Quality Management Plan – FY2012

Compliance Domain	
Contractors Expectations	DSHS QM Unit Activities
<ul style="list-style-type: none"> • Code of Federal Regulations • Texas Administrative Code • Texas Health and Safety Code • Subrecipient Contracts • Memoranda of Understanding • Memoranda of Agreement • Health Information Portability and Accountability Act 	<p>Develop tools to evaluate and document compliance.</p> <p>Participate in rule-making with other DSHS staff.</p> <p>Participate in development of Statements of Work for contracts.</p>

Data Domain	
Contractors Expectations	DSHS QM Unit Activities
<p>Contractors must provide data to the following DSHS data repositories:</p> <ul style="list-style-type: none"> • CARE • MBOW • CMBHS <p>Contractors are expected ensure that data submitted are reliable.</p> <p>Contractors are expected to use data-based reports.</p> <p>Contractors are expected to make management decisions based on data.</p> <p>Contractors are required to have a designated Information Technology Security Administrator and back-up Security Administrator.</p> <p>Contractors are required to have policies and procedures in place for:</p> <ul style="list-style-type: none"> • Using of electronic devices • Securing electronic information • Complying with federal data standards 	<p>QM staff review MHSA client-care patterns that include but are not limited to:</p> <ul style="list-style-type: none"> • New generation medications • Treatment waiting lists • Client costs • Service quality • Access-to-Care • Client length-of-stay • Provider-to-client staffing ratios • Client clinical outcomes <p>Track programmatic improvements from various sources, lead quarterly cross-functional meetings to discuss strategies for quality improvement of client services.</p> <p>Design and develop reports to be used by Local Mental Health Authorities and contracted Substance Abuse providers: reports are deployed in Excel, Crystal Reports and Business Objects for the providers to use in their internal quality management processes.</p> <p>Develop review tools to validate:</p> <ul style="list-style-type: none"> • Data accuracy • Security measures • Policies and procedures

Quality Management Plan – FY2012

Personnel Domain	
Contractor Expectations	DSHS QM Unit Activities
<p>Contractors are expected to:</p> <ul style="list-style-type: none"> • Maintain policies and procedures for personnel requirements • Ensure proper background screening is conducted prior to hiring • Maintain the proper licenses for staff required to be licensed • Ensure that training is conducted on any changes to service deliver rules or contract requirements • Maintain appropriate documentation of initial training, competency testing, and ongoing training and competency testing 	<p>QM staff review personnel:</p> <ul style="list-style-type: none"> • Credentials • Job Descriptions • Supervision • Performance Evaluations • Staff development • Cross-training • Organizational Structure • Policies and procedures

Fiscal Accountability Domain	
Contractor Expectations	DSHS QM Unit Activities
<p>Contractors are expected to:</p> <ul style="list-style-type: none"> • Maintain accurate billing practices that ensure that DSHS funds are used as a last resort. • Document fiscal accounting processes in agency policies and procedures. • Provide at least quarterly reports to the board that is documented in the Board minutes. • Follow the instructions in Uniform Grant Management Standards and Office of Management and Budget circulars, local and state requirements when appropriate. • Obtain an external annual fiscal audit when appropriate. 	<p>QM staff review:</p> <ul style="list-style-type: none"> • Contractor expenditures • Medicaid billings • Business process for: <ul style="list-style-type: none"> ○ billing ○ documenting services

Physical Plant Domain	
Contractor Expectations	DSHS QM Unit Activities
<p>Contractors are expected to:</p> <ul style="list-style-type: none"> • Maintain facilities in keeping with local, state, and federal requirements regarding client health and safety. 	<p>QM staff review or evaluate compliance with:</p> <ul style="list-style-type: none"> • Federal and state standards for health and safety • Architectural reviews

Physical Plant Domain	
Contractor Expectations	DSHS QM Unit Activities
<ul style="list-style-type: none"> • Maintain appropriate licenses for facilities. • Ensure compliance with all Health and Safety rules and standards. • Maintain appropriate security of electronic equipment: pagers, cell phones, black berries, iPhones, desktop and laptop computers. • Maintain appropriate disposal of waste. 	<ul style="list-style-type: none"> • Fire codes • American Disabilities Act

4. Responsibilities

The QM Unit monitors and evaluates the quality of consumer services provided by the contractors. The main functions of the QM Unit are:

- Reviewing and analyzing contractor data
- Conducting desk and on-site reviews
- Analyzing and evaluating the data captured through reviews
- Preparing reports of findings as well as plans of improvements
- Working with contractors to implement the changes
- Providing technical assistance and training
- Developing quarterly quality improvement reports and facilitating meetings

The QM Unit is also responsible for the development of policies and procedures related to quality management.

5. QM Committee

The Program Services Section, Decision Support office, Office of Behavioral Health Medical Director, Mental Health Transformation and Behavioral Health Operations office, and the Contractor Services Section work together on a QM Committee. The committee participants are the directors and managers from each area and designated subject matter experts. The committee establishes three year review goals for QM. It also reviews the QM Plan, QM statewide review charters, and review results.

6. QM Review Process

The QM Unit conducts desk reviews and on-site reviews. The review process includes

- Preliminary research,
- Planning,
- Interviews,
- Client records review,
- Assessing and analyzing data collected through desk or site reviews, and
- Reporting the results of the review.

Quality Management Plan – FY2012

Reviews conducted by the QM Unit are conducted using a project management methodology. Each review will follow the standard “Plan, Do, Check, Act” (PDCA) cycle of continuous quality improvement.

When a review is identified, the unit managers and unit team leads designate a QM specialist as a review lead. The review lead works with the MH or SA clinical lead to prepare a charter for the review. The charter includes:

- Overview:
 - Problem
 - Impact
- Purpose
- Objectives
- Scope
- Major deliverables and timeline
- Project organization
- Quality management committee
- Methodology/approval
- Approvals

In addition to the charter, the review lead also prepares:

- Work plan
- Review tools

All charters must be approved by the QM manager before the review is authorized. Charters for statewide reviews are presented to the QM committee before final approval.

When a review is completed, the QM review lead prepares and publishes a report that includes the summary of the review, findings, and remedies for the findings. Remedies may include requirements for the contractor to:

- Submit a plan of improvement
- Submit a plan of correction
- Make an immediate correction and submit documentation of the correction
- Perform a root-cause analysis and submit documentation of the root-causes and how the findings of the root-cause analysis will be addressed by the contractor.

The contractor may also be informed that no action is necessary. Once the remedies are accepted, the QM review lead will track the contractor’s implementation of corrective actions and improvements.

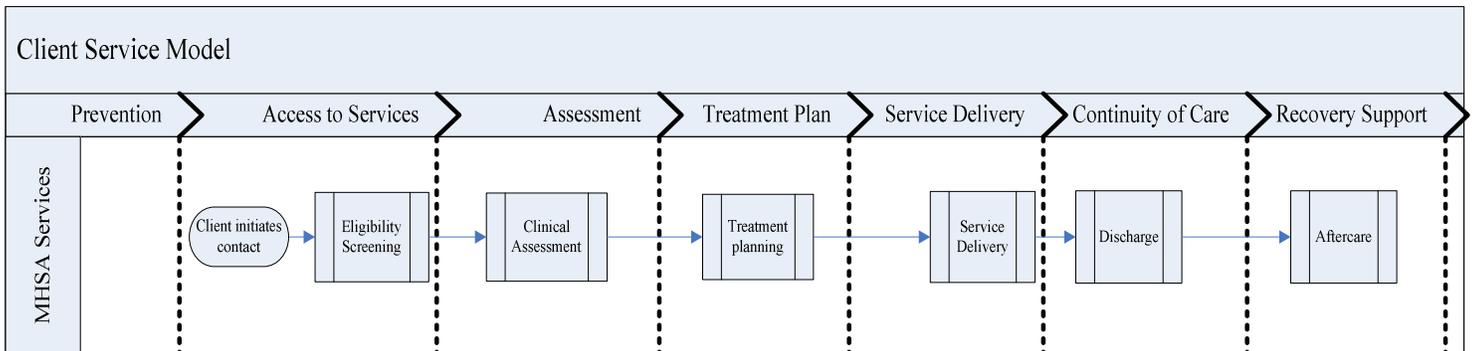
7. QM Staff Expertise

Expertise required within the QM Unit includes:

- Quality management principles
- Continuous quality improvement techniques
- Project management
- Business process analysis
- Data analysis
- Cultural competency
- Consumer rights
- Clinical ethics
- MH crisis services
- MH and SA evidence based treatment
- MH and SA oriented systems of care
- General MH and SA treatment clinical skills
- MH and SA prevention
- MH and SA intervention
- MH and SA medical services
- MH and SA case management

8. QM Three Year Review Goals

This is a three year review plan. This plan includes review focus, review objectives, review category, priority, QM domains, review lead, activity by quarter and status.



Quality Management Plan – FY2012

The chart contains the title categories of MHSa services in a continuum from prevention to recovery support and is described in detail below. QM reviews are proposed to the QM committee for each of these categories listed below:

- **Prevention**
 - Community Coalitions Programs
 - Youth Prevention Universal, Youth Prevention Selected, Youth Prevention Indicated, Provider Resource Center
 - Tobacco
- **Access to Services**
 - Eligibility screening
 - Utilization reviews
 - Waitlist reviews
 - Appropriate use of general revenue for services
 - Mystery caller
 - Mystery shopper
 - Capacity management
 - Caseload management
- **Assessments**
 - SA assessments
 - MH assessment fidelity
 - Quality assurance of new MH assessment tools
- **Treatment Planning**
 - Statewide MH and SA treatment plan review
- **Progress Notes**
 - SA and MH technical assistance and documentation review
- **Service Delivery**
 - Crisis Services
 - Technical assistance and program review of crisis residential and respite facilities
 - Mobile crisis outreach teams
 - Crisis intervention services
 - Transitional services (State Rider 65)
 - Substance Abuse Intervention
 - Pregnant-postpartum intervention
 - Human immunodeficiency virus (HIV)/HIV early intervention
 - Mental health case management
 - Co-occurring psychiatric and substance disorder services
 - Wraparound services
 - Medical services
 - Polypharmacy and new generation medications policy and procedures in QM plans
 - Fidelity of pharmacotherapy (SA)
 - Ambulatory and residential detoxification (SA)
 - Mental health rehabilitation
- **Continuity of Care**
 - Discharge

Quality Management Plan – FY2012

- Referral
- Hospitalization
- Follow-up
- **Recovery Support**
 - Community services
 - Support groups
 - Halfway houses
- **Business Practices**
 - Quality management plans
 - Credentialing and training