

Behavioral Healthcare Inc. (BHI) QUALITY IMPROVEMENT (QI) PLAN FOR FY11

Element	Goals	Actions	Responsible Department	Target Date
Practice Guideline Development and Monitoring				
Expand implementation of evidence based practices in the psychosocial treatment of bipolar disorder	Improve B.E.S.T. data entry and reporting	Enter Archival BEST Data	QI	June 30, 2011
		Develop a reporting system for tracking and Analyzing BEST Outcomes		
	Recruit and train facilitators in B.E.S.T. Third Edition.	Train facilitators. Initiate at least three groups in FY11.	QI-Community Mental Health Centers (CMHCs)	Ongoing
	Improve B.E.S.T. participant retention	Evaluate program and analyze B.E.S.T. outcomes to identify barriers	QI	Quarterly
Develop and implement changes to the program to address barriers		QI	Bi-monthly	
Practice Guidelines	Develop or adopt practice guidelines based on valid and reliable clinical evidence or a consensus of health care professionals	Develop or adopt practice guidelines in consideration of the needs of the consumers	QI-Standards of Practice Committee	Ongoing
		Conduct Delegation Oversight review of Practice Guideline adoption and dissemination by subcontractors	QI	June 30, 2011
		Review established practice guidelines for new technology and research every two years.	QI-SOP/PEO	Ongoing
Performance Measures				
Consumer Satisfaction	Conduct Annual Internal Satisfaction Survey	Conduct Annual MHCA satisfaction survey on active consumers at our CMHCs	QI-CMHCs	June 30, 2011

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Annual Performance Measures	Calculate Annual Performance measures as indicated in BHI-HCPF contract. Monitor performance on measures.	Calculate measures per scope documents developed at BQulC. Interpret and monitor results for program changes as needed.	QI-BHI	December 2010
Quarterly Performance Measures	Continuous quality monitoring of identified performance measures	Receive identified quarterly performance measures from Administrative Service Organization (ASO). Trend and monitor for improvement.	QI	Quarterly
Increase the Number of BHI consumers receiving care through BHI providers	Improve penetration rates for adults and children by age category, aid category, ethnic group, and service category	Outreach to BHI members, and conduct gap analysis to identify gaps in access to services and take necessary action	QI	Ongoing
Detect Over and Under-Utilization	Monitor patterns of over and under utilization of services by BHI consumers	Conduct gap and panel analysis on a quarterly basis to identify over and under utilization	QI	Quarterly
	Monitor for over utilization of inpatient services	Report, review, and analyze Inpatient Admissions, Discharges, Length of Stay, and Recidivism quarterly to the UM Committee. Examine utilization patterns for individuals in selected populations	Utilization Management (UM)-QI	Quarterly
	Monitor for patterns of over utilization of emergency services	Track and analyze use of emergency department per 1000 members quarterly	UM-QI	Quarterly
Timely CCAR Submission	All CCARs to be submitted in the month they are due	Continue tracking of CCARs due and notify providers to ensure timely submissions	QI-UM	Monthly
Decrease ER Utilization rate	Decrease ER utilization rate by 10% from previous year's utilization rate.	Collaborate with ASO, CMHCs in monitoring and reducing ER utilization	QI-ASO-CMHCs	June 30, 2011
Additional Clinical Quality Improvement Activities				
Consumer Input	Provide quarterly reports/data to consumers informing them of BHI performance and new initiatives	Present quarterly reports at the Consumer Advisory Board	QI-MAB	Quarterly

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	Increase number of consumer co-facilitators for B.E.S.T. program	Identify consumers who have completed B.E.S.T. program to co-facilitate the appropriate module(s)	QI-CMHCs-Office of Member and Family Affairs (OMFA)	Ongoing
	Conduct focus groups with consumers and family to evaluate BHI services	Conduct focus groups with consumers and staff on effectiveness of services.	QI	Ongoing
		Conduct focus groups on the B.E.S.T program and incorporate feedback into improving the modules, lesson plans, and classes	QI	Ongoing
	Peer Specialist Surveys: To obtain feedback from consumers about the peer specialist services to identify opportunities for improvement	Continue to present survey to consumers who use peer specialist services at the beginning of the service and 3 months from then	QI	Ongoing
Secret Shopper calls	Conduct secret shopper calls to assess quality and access to services, and identify need for training	BI-Annual secret shopper calls to be conducted by administrative and consumer staff to assess for areas needing improvement	QI-OMFA	Bi-Annually
Family Involvement Coordinator	Coordinate with Family Involvement Coordinator to obtain family input into BHI services and programs	Include Family Involvement Coordinator in BHI QI initiatives and solicit feedback to incorporate into performance improvement activities	QI-OMFA	June 30, 2011
Improve Access to Initial, Routine Medication Evaluations	Ongoing measurement and Evaluation and corrective action to improve access; work with Centers to improve on this indicator.	Ongoing re-measurement of access 30 days quarterly by CMHC and age group (adult/youth). A corrective action plan is required if CMHC falls below the 80% benchmark	QI	Quarterly

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Continuity of Care: Coordinating Care with Medical Provider	Improve Coordination of care with medical providers	Aggregate and report CMHC medical record peer review data on evidence of PCP notification of mental health treatment. Work with the SOP committee to identify high risk consumers in need of MD to MD communication	QI-CMHCs	Quarterly
	Implement a Care Management program for BHI consumers with mental health and physical health issues	Collaborate with Colorado Access in implementing a BHI care management program.	BHI-ASO-CMHCs	Ongoing
Wellness Initiatives	Adopt the SAMHSA CMHS 10 by 10 Pledge for Wellness-to decrease mortality by 10 years over next 10 years	Implement recommendations from BHI Wellness committee	QI	June 30, 2011
		Develop performance measures to measure wellness related improvement	QI	June 30, 2011
Recovery Initiatives	Develop and Adopt Recovery oriented changes into programming and services	Implement recommendations from Recovery Committee	BHI-Providers	June 30, 2011
Compliance Monitoring				
Quarterly Access to care monitoring and oversight	Continue to conduct quarterly measurement, monitoring, and report to HCPF. Measure Access to Routine, Urgent and Emergency Services	Through Delegation Oversight / Performance Report Card follow-up process, oversee remedial action plans of providers. Continue to require corrective action plans and quarterly data reporting from each CMHC whose performance falls below 100%. Increase data reporting to <u>monthly</u> when an individual Center's performance falls below 90%	QI-CMHCs	Quarterly
Network Adequacy	Continue to conduct quarterly measurement, monitoring, and report to HCPF	Through Delegation Oversight / Performance Report Card follow-up process, oversee remedial action plans of providers	QI-CMHCs	Quarterly
Monitor state hospital utilization	Continue to conduct quarterly measurement, monitoring, and report to HCPF	Through Delegation Oversight / Performance Report Card follow-up process, oversee remedial action plans of providers	QI-CMHCs	Quarterly

Element	Goals	Actions	Responsible Department	Target Date
Delegation Oversight Activities	Evaluate and ensure compliance with Delegated functions	Conduct Oversight Audits	QI-UM	February 28, 2011
		Monitor corrective action plan implementation and completion as applicable	QI-UM	February – June, 2011
Annual Quality Report and Quality Improvement Plan	Annual evaluation of the overall impact and effectiveness of the quality assessment and improvement program	Submit an annual report to the Department and/or designee, detailing the findings of the program impact analysis	QI	September 30, 2010
	QI plan for Fiscal Year	Submit annual QI Plan to the Department or designee delineating future QAPI activities.	QI	September 30, 2010
External Quality Review- Compliance Monitoring Site Review	Participate in annual, external independent reviews of the quality of services covered under the Medicaid contract	Coordinate with HSAG (Health Services Advisory Group) to comply with review activities conducted in accordance with federal EQR regulations 42 C.F.R. Part 438 and the CMS mandatory activity protocols	QI	November 15, 2010
External Quality Review- Encounter Data Validation	Review statistically valid sample of encounter claims submitted to the Department	Review activities conducted in accordance with CMS mandatory activity protocols	QI-MHC-ASO	August 30, 2010
	Ensure that providers accurately document the services provided and use accurate codes on the encounters they submit	Based on results of the medical record audit described above, BHI will require Core Providers to submit a corrective action plan to address findings if performance falls below benchmarks.	QI-MHC-ASO	September 30, 2010
External Quality Review- Validation of Performance Improvement Projects	To coordinate with HSAG to ensure that projects were designed, conducted, and reported in a methodologically sound manner, allowing real improvements in care and services while showing confidence in the reported improvements	Meet all submission requirements and timelines for Coordination of Care between Behavioral Health and Primary Care PIP	QI	April 2010
		Meet all submission requirements for Investigative Review of BHI Clients Simultaneously Prescribed Psychotropics and Analgesics Focus Study	QI	June 30, 2011

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External Quality Review-Validation of Performance Measures	To coordinate with HSAG to validate performance measures identified by HCPF. This will include evaluation of accuracy, validation of the extent to which Medicaid-specific performance measures calculated by BHI followed specifications established by HCPF	Submit Information systems Capabilities Assessment tool (ISCAT) on BHI's policies, processes, and data to provide necessary background information needed for on-site data validation activities	QI-ASO	TBD by HSAG
		Coordinate with HSAG to complete on-site review of performance measures according to CMS regulations	QI-ASO	January 7, 2011