



Wellplace

Quality Assessment Performance Improvement Program
Fiscal Year 2016-2018

Wellplace
1333 Brewery Park Blvd., Suite 140, Detroit, MI 48207

ELEMENT II: SCOPE OF THE QUALITY IMPROVEMENT PROGRAM

A. Purpose:

The purpose of the Wellplace QAPIP is to support the organized schedule and implementation of quality improvement activities for Access Call Center. The QAPIP assures that Wellplace achieves, through ongoing measurement and intervention, improvement in aspects of clinical care and non-clinical services that can be expected to affect consumer health status, quality of life and consumer satisfaction. The QAPIP includes methods for improving quality of care to consumers, improving methods of service delivery and ensuring there are effective tools for measuring program outcomes.

B. Introduction:

It is the responsibility of Wellplace to ensure that the QAPIP meets applicable federal and state laws, contractual requirements and regulatory agency and accreditation standards. Therefore, the Wellplace QAPIP details the structure, scope, activities and functions of the Wellplace overall Quality Management system. The QAPIP description contains core performance improvement activities for Wellplace. Wellplace will collect, evaluate, and report data that reflects system performance and outcomes. The data will be assessed and analyzed regularly in order to identify trends, implement improvements and take action to ensure changes are made to demonstrate successful results. Wellplace also works to increase the quality of services by identifying goals in each program in order to reduce or eliminate consumer care related problems.

C. Mission:

The Wellplace mission is to make a positive impact on the consumers and contractors it serves by providing the highest quality services. To accomplish our mission, we focus on five core values, which emphasize our ongoing commitment to quality assurance, professional ethics, integrity, and industry leadership. These values are as follows:

1. Quality of Consumer Relationships - With a knowledgeable and trained staff, we provide the highest quality of care to our consumers. We are individualized and person centered in our practice. We respond to our consumers, contractors and sub-contractors needs and are understanding of their concerns.
2. Company Responsibility - We conduct all aspects of our business by adhering to high personal and professional ethics, with our cornerstones being honesty, integrity, and trust.
3. Workforce Competency - We recruit, train, and develop talented, motivated, and goal-oriented individuals. We communicate with one another in an open, honest and respectful manner, welcoming the individuality of our peers and embracing our common goals.
4. Industry Leadership - We strive to become a leader in the behavioral health care industry through strategic expansion under our direct relationship with our corporate offices, superior clinical care, and recognition in the communities we serve.
5. Outcome Oriented - We demonstrate to our shareholders, consumers, contractors and sub-contractors that we are committed to positive outcomes, by striving to excel in our financial and operational performance.

All members of the Wellplace team are committed to upholding our Mission and Values.

D. Scope / Program Objectives:

The Wellplace QAPIP was developed to meet internal and external quality improvement practice expectations (including, but not limited to the Detroit-Wayne Mental Health Authority (DWMHA) contract requirements, the Balanced Budget Act (BBA), the Michigan Department of Health and Human Services (MDHHS) standards for internal quality assurance mechanisms, Managed Mental Health Supports and Services, State and Federal requirements, and CARF accreditation standards). The Wellplace QAPIP has been developed to achieve improvement in the aspects of clinical care and non-clinical services provided that can be expected to affect consumer health status, quality of life, and satisfaction through a system involving ongoing measurement and intervention. Wellplace assures that all demographic groups, care settings and types of services are included in the scope of the QAPIP. The QAPIP covers all of the services provided and program objectives by Wellplace. This includes:

1. Customer Service
2. Clinical Screening
3. Substance Use Screening
4. Information and Referral
5. Crisis Intervention
6. Appointment Setting
7. Program Changes
8. Managed Comprehensive Provider Network (MCPN) Changes
9. Juvenile Assessment Center Reviews
10. Administrative Jail Release Reviews
11. Autism Benefit Reviews
12. Wraparound Service Reviews
13. Michigan Prisoner Release Program Reviews
14. Credentialing for Service Providers
15. Credentialing Verification for Accredited Service Providers
16. Psychiatric Claims Verification
17. All other important aspects of care and service at the discretion of Wellplace and/or required by DWMHA.

Wellplace actively participates in the System Transformation Initiative for Individuals with Co-Occurring Disorders as well as any requested DWMHA clinical, substance use, operational, and financial initiatives. Wellplace participates in and collects data for designated reporting requirements of the DWMHA, including but not limited to the Annual Needs Assessment and eligibility reports.

Wellplace is committed to ensuring that all consumers, MCPNs, providers and employees are treated with dignity and respect concerning their values, culture, class, race, age, sexual orientation, ethnic background and religion. Wellplace recognizes and values the cultural diversity of its consumers and the impact it has on the value of care and service provided to each consumer. Wellplace promotes an effective encounter between a caller and Wellplace employees where cultural values and/or language may vary. Such interventions may include providing culturally appropriate linguistic services to callers, providing cultural diversity information for Wellplace staff interacting with consumers and potential consumers.

The Wellplace Quality Team will monitor and evaluate the following populations as indicated contractually in the scope of services with DWMHA.

1. All contracts that provide services to the following populations with complex health needs:
 - a. Adults with mental illness
 - b. Children and adolescents with severe emotional disturbance
 - c. Adults and children with developmental disabilities
 - d. Consumers with co-occurring disorders
 - e. Consumers with substance use disorders
2. All contracts that provide credentialing services to Child Mental Health Professional (CMHP), Qualified Mental Health Professional (QMHP), Qualified Intellectual Disability Professional (QIDP), and Qualified Behavioral Health Practitioner (QBHP) in the following organizations:
 - a. DWMHA
 - b. Subcontractors and direct contractors of DWMHA
 - c. DWMHA MI Health Link (Dual Eligible) Contracted Providers
3. All other important aspects of care and service at the discretion of Wellplace and/or required by DWMHA.

ELEMENT III: QAPIP GOALS AND OBJECTIVES

The Wellplace QAPIP Goals and Objectives are evaluated on an annual basis for progress and updated according to current needs as indicated by data and monitoring of performance indicators. The Wellplace Goals and Objectives are evaluated based upon **full completion, partial completion and non-completion**. Any areas that are partial or not completed are evaluated for barriers to completion. This evaluation involves the Director of

Quality Assurance, Quality Coordinator, Chief Operating Officer, Clinical Services Manager, Customer Service Manager, Substance Use Manager, the Human Resource Director and anyone else that may have been part of the process and integral to the identification of restrictions to full completion.

1. Goal: Stakeholders will be active Participants in the Design, Delivery and Evaluation of Services

- a. **Objective:** To administer a *Provider Satisfaction Survey* to Detroit-Wayne Providers and maintain an overall satisfaction rating of 95% per contract standards for Access, Eligibility and Enrollment Services. To ensure that applicable callers (outside of areas identified as restricted in policy and procedure) are provided an offer to participate in a follow-up survey with contact attempts made for 98% of all callers that agree to be surveyed (Satisfaction)
- b. **Objective:** To administer a *Consumer Satisfaction Survey* to Detroit-Wayne Consumers and obtain an overall satisfaction rating of 95% per contract standards for Access, Eligibility and Enrollment Services. To ensure that applicable callers (outside of areas identified as restricted in policy and procedure) are provided an offer to participate in a follow-up survey with contact attempts made for 98% of all callers that agree to be surveyed. (Satisfaction)
- c. **Objective:** To review aggregate complaint data identified through completed satisfaction survey feedback quarterly to identify areas / trends for improvement. All identified areas will have strategies identified and follow up to ensure appropriate action. (Satisfaction)
- d. **Objective:** To administer practitioner and stakeholder surveys for input into annual program planning and performance improvement areas to include staff culture of safety survey, accessibility survey, and an annual program review survey. A target response rate of 20% of staff will be established.

2. Goal: Improve the Culture and Effectiveness of Systems of Care

- a. **Objective:** To decrease intake appointment no show rates of co-occurring substance abuse consumers by increasing efforts to engage this co-occurring population. 25% of co-occurring substance abuse consumers will be confirmed to attend intake appointments. (Access)
- b. **Objective:** To provide **culturally competent** services that effectively address the needs of individuals with limited English proficiency. (Access)
 - i. All Access Center staff will obtain training and competency on the use of the TTY machine. The training will occur for all newly hired staff within 60 days of hire and monitored for completion through the annual employee file audit for 100% compliance. All Access Center staff to obtain training and competency on the use of translation services. . The training will occur for all newly hired staff within 60 days of hire and monitored for completion through the annual employee file audit for 100% compliance.
 - ii. All Access Center staff will complete training in *Cultural Diversity/Competency*. The training will occur annually and is monitored for completion through the annual employee file audit for 100% compliance.
 - iii. The translation line and TTY Machine will run efficiently at a minimum of 98% of the time.

- iv. Through information obtained via secret shopper report, demographic data, and language line use data, consumer subpopulation trends will be identified. Training will be provided 3 times a year for staff specific to the needs of identified sub populations such as Spanish speaking, Arabic, hearing impaired, etc. in order to improve staff ability to engage with and understand key cultural issues, barriers to care, and strategies for effective work with identified groups.

3. Goal: Consumers will have active Input and Participation into Programming

- a. **Objective:** Coordinate quarterly Consumer Advisory Council meetings to advise and assist Wellplace in the design delivery and evaluation of the Access Center policies and programs. Utilize input received from Consumer Advisor Council meetings for evaluation towards improvement in Access Center policies and programs. (Satisfaction)

4. Goal: Consumers will have Choice and Control in Services.

- a. **Objective:** 100% of callers who are denied services and agree to a follow up call receive a follow up contact via phone or letter. (Satisfaction)
- b. **Objective:** Consumers will be offered choice of MCPN and/or provider upon enrollment. 100% of silent monitoring calls will indicate offer of MCPN and/or provider choice.

5. Goal: Expand Opportunities for Integrated Employment for Peer Supports and Individuals with disabilities. (Effectiveness)

- a. **Objective:** To increase the hiring of Peer Support Staff by targeting Peers for recruitment for call center positions. 100% of Customer Services staff position openings will be reported to DWMHA and through provider network communication avenues to increase peer applications.
- b. **Objective:** Increase diversity of staff with disabilities in call center and clinical staff positions. 100% of advertising for staff openings will include a statement encouraging applicants with mental health or intellectual disabilities to apply.

6. Goal: People in the Criminal Justice System will receive timely services. (Efficiency)

- a. **Objective:** Maintain staff proficiency in processing Michigan Prisoner Release Initiative (MPRI) cases within 2 business days.
- b. **Objective:** Maintain staff efficiency in processing JAC cases within 2 business days.
- c. **Objective:** Maintain staff efficiency in processing Wraparound cases within 2 business days.

7. Goal: Consumer Needs and Demand (including Cultural and Linguistic Diversity) will be effectively assessed and managed to ensure high quality service delivery.

- a. **Objective:** To ensure adequate staffing to manage service demand.
 - 1. Access Center – Call volume shall be reviewed during monthly quality meetings and needs identified for improvement. Action steps will be identified for areas of concern identified. (Effectiveness)

2. **Clinical** – the number of screening calls per day will be monitored for all Clinicians and shall be reviewed during quarterly quality meetings and needs identified for improvement. Clinical Access services needs shall be reviewed by Access Program Director, Clinical Director, and Clinical Services Manager. A 30 minute phone screen expectancy bench mark will be established in addition to clinical productivity averaging 100 screens per month per clinician or higher. (Efficiency)
3. **Substance Use** - the number of screening calls per day will be monitored for all Substance Use Specialist and review during quarterly quality meetings and needs identified for improvement. Substance Use Access services needs shall be reviewed by Access Program Director, and Substance Use Manager. A 20 minute phone screen expectancy bench mark will be established in addition to productivity.

b. **Objective:** Improve Ability to Assess Cultural and Linguistic Diversity of Provider Network:

1. To expand annual assessment of consumer demographics and provider network capacity based on credentialing data and other sources to provide data and recommendations to DWMHA regarding the capacity of the provider network to provide culturally and linguistic diverse services. . Report will be reviewed annually by the Quality Improvement Team and with needs and identified areas of improvement reported to the DWMHA. (Access)

8. **Goal: High Risk Consumers will have effectively Coordinated and Managed Care**

- a. **Objective:** Improve access to urgent appointment scheduling for mental health/I/DD consumers identifying high risk needs. 95% of consumers with urgent care needs will be scheduled for appointment within 48 hours. (Effectiveness)

9. **Goal: Improve the Quality of Supports and Services**

- a. **Objective:** Maintain call center abandonment rate 5% or less. (effectiveness)
- b. **Objective:** Maintain MCPN Change Policy and Procedure Compliance. Achieve 95% compliance with processing timeframes for MCPN Change cases that have all documentation on-file. (Efficiency)
- c. **Objective:** Maintain Program Change Policy and Procedure Compliance. (Efficiency)
 - i. Achieve 95% compliance with processing timeframes for Program Change cases that have all documentation on-file.

10. **Goal: Develop and Maintain a Competent Workforce**

- a. **Objective:** Ensure credentialing for all clinical staff.
 - i. Maintain compliance with clinical staff credentialing requirements at 100%. (Effectiveness)
- b. **Objective:** Improve training compliance. Staff will maintain training compliance at 95% per quarterly employee file audit. (Effectiveness)

11. Goal: Improve the Quality and Accuracy of all Credentialing Practices

- a. **Objective:** Improve process for the timely re-credentialing of practitioners within 2 years. 90% of practitioners will complete re-credentialing before 2 year expiration date. (Efficiency)
- b. **Objective:** Improve accuracy of credentialing files and ensure all documentation meets requirements and timeframes. Credentialing file audits will achieve at least 95% compliance quarterly (Effectiveness)

ELEMENT IV: THE QUALITY IMPROVEMENT PROGRAM STRUCTURE

The Quality Improvement Team is compiled of the Director of Quality Assurance and the Quality Coordinator. The Quality Improvement Team is the body responsible for performing quality improvement functions and assuring that program improvements are occurring within Wellplace. The four primary functions of the Quality Improvement Team are:

1. **Design:** Designing quality assurance and improvement strategies to a program at the start of a new quality improvement project.
2. **Discovery:** Engaging in a process of discovery to collect data and direct participant experiences in order to assess the ongoing implementation of the QAPIP, identifying both concerns as well as other opportunities for improvement.
3. **Remedy:** Taking actions to remedy specific problems or concerns that arise.
4. **Continuous Improvement:** Utilizing data and quality information to engage in actions that assure continuous improvement throughout Wellplace.

The Quality Improvement Team puts the QAPIP into practice and is responsible for disseminating information regarding quality improvement issues, changes, trends and ways for Wellplace to be proactive as consumer needs change and regulatory requirements change. The Quality Improvement Team has direct oversight and responsibility for monitoring the Wellplace quality improvement activities, including:

1. Review and support of the collection of performance indicator data required for submission to the DWMHA.
2. Oversight of the development, review and revision of *Wellplace Policies and Procedures*.
3. Facilitation, review and oversight of development of annual strategic plan and identification and monitoring of improvement strategies.
4. Management of review processes. This component includes coordinating Wellplace efforts to meet review requirements, such as coordination of preparations for reviews, such as:
 - a) MDHHS Performance Improvement Projects
 - b) External Quality Review Performance Measures Validation

- c) External Quality Review Compliance Review
- d) MDHHS Annual Medicaid Review
- e) Annual Needs Assessment
- f) MDHHS Certification Review
- g) Implementation and progression of Wellplace corrective action plans
- h) Monitoring of contractor/provider QAPIP performance and service quality within Wellplace.

The Quality Management Team is responsible for the following:

1. QUALITY MONITORING

The Quality Improvement Team is responsible for monitoring the quality of delegated functions within Wellplace. As performance is monitored, opportunities to improve are identified. Performance assessments and evaluations include routine, periodic and specially designed performance assessment activities.

There is an established system of periodic audits and data collection and review (See **Wellplace CQI Calendar**) to identify and collect quality management data for developing and strengthening the quality of mental health services provided. Subcontractors are reviewed on at least an annual basis.

The data collected and reviewed by Wellplace through its CQI plan shall include the following:

- 1. Financial info
- 2. Accessibility reports
- 3. Resource allocation
- 4. Surveys data
- 5. Risk management
- 6. Governance reports
- 7. Human resource activities
- 8. Technology
- 9. Health and safety reports
- 10. Demographic Analysis and Characteristics of Person's Served.
- 11. Strategic planning information
- 12. Field trends, including research findings as applicable.

13. Service delivery

14. Data on the needs of persons served, the needs of other stakeholders, business needs of the organization.

The data shall allow for comparative analysis and be used to set written business function objectives, performance indicators and performance targets in addition to written service delivery objectives, performance indicators and performance targets. Monitoring standards and guidelines are updated by the Quality Improvement Committee to reflect changes in delivery of services, populations served and practice standards.

The standards used to assess performance include the Detroit-Wayne Mental Health Authority contract requirements, Michigan Department of Health and Humans Services Mental Health Code, the Balanced Budget Act (BBA), Health Services Advisory Agency (HSAG), Medicaid Provider Manual, Michigan Mission Based Performance Indicators, Managed Mental Health Supports and Services, state and federal regulations and CARF Accreditation standards,

Reports of key findings from reviews are reviewed by The Quality Improvement Committee, the CEO management board as needed. Remedial action is taken whenever inappropriate or substandard service performance is identified. As actions are taken to improve care, there is monitoring and evaluation of corrective actions to assure that appropriate changes have been made.

Findings of serious deficits result in repeated reviews and follow-up remedial actions are documented. Repeated deficits or failures to correct identified deficits may result in recommendations for performance sanctions.

2. QUALITY ASSURANCE

The Quality Assurance Team oversees the continuous quality improvement activities that are conducted for continued analysis of patterns and trends in important aspects of care. Wellplace utilizes the QAPIP to assure that it achieves minimum performance levels on performance indicators in the areas of access, efficiency, and outcome. The Quality Assurance Team provides an ongoing QAPIP for internal Wellplace operations and operationalizes the Wellplace QAPIP plan. Quality improvement activities are carried out through planning, designing, measuring, assessing and improving methodologies. When an opportunity to improve is identified, the use of measurement (data collection) that is relevant, objective, timely, complete, accurate, quantitative and reproducible is utilized. The Quality Assurance Team develops reports on data that is collected through the **Michigan Mission Based Performance Indicator system**. The data result information is used to assess and evaluate system outcomes. The data collected is used for evaluation, decision-making, planning and outcome assessment. The assessment or interpretation of data collected helps Wellplace to:

- a. Verify conformance to the requirements that have been identified as being significant to the success of the quality management process
- b. Identify the extent of nonconformance
- c. Analyze the causes of negative statistical outliers when they occur
- d. Identify process trends

- e. Trigger corrective action plans
- f. Determine how effectively resources are being used
- g. Analyze root causes and sources of errors
- h. Identify opportunities for improvement
- i. Monitor progress towards goals and target activities

3. QUALITY COMPLIANCE

- 1. Oversight of the development/review/revision of policies and operating procedures through an established process that includes program input from consumers, providers and Wellplace staff.
- 2. Oversight of establishment and monitoring of processes and practices for ensuring regulatory compliance with regard to quality.

4. QUALITY PLANNING AND STAKEHOLDER INPUT

Performance improvement and Strategic Planning occurs annually under the direction of the Quality department. Planning includes review and analysis of quality reports and data over the previous year and through the gathering of additional input from consumers, staff and stakeholders. Input data is collected via the consumer satisfaction survey data, provider satisfaction survey data, employee satisfaction survey data, staff culture of safety survey data, staff and stakeholder accessibility survey data, staff corporate compliance survey data, and annual staff and stakeholder program review survey data. In addition, data results are shared with clinical and customer service teams and DWMHA and Provider committees for additional comments and feedback. Additional information from DWMHA corrective action plans and corporate reviews and reports shall also be incorporated in the planning process. Input for strategic planning goals is also obtained through analysis of current strengths, weaknesses, opportunities and threats from the Wellplace administrative team and CEO.

Through the review and analysis of qualitative and quantitative data, priorities are selected for inclusion in the written strategic plan and individual work plan areas for the coming year. Individual work plans shall be developed to address the following areas: Business operations, technology, risk management, accessibility, cultural competency, staffing and training and corporate compliance.

5. INFORMATION TECHNOLOGY

Encounter data is reported to DWMHA annually for each program. The Quality Management Information Technology system is essential for effectively and efficiently validating encounter data, calculating and validating performance measures. The following functions are involved:

- a. Establishment of policies, procedures, formats and timelines for collecting and reporting encounter and quality improvement data
- b. Validation of the accuracy and completeness of data received from providers
- c. Aggregation of data from the data and quality improvement projects

- d. Identification of areas that require improvement to meet MDCH, DWMHA and other regulatory standards
- e. Oversight of the timely reporting of performance indicator data
- f. Reporting of findings and recommendations to the CEO of Detroit Operations.
- g. Use of performance benchmark levels to define data results within an operable context to help define directions for systems improvement
- h. Oversight of the maintenance of working fax machine with in-out capacity
- i. Oversight of the maintenance functional TTY machine for calls with hearing and speech impairments
- j. Establishment of a ***Disaster Preparedness Plan and Transition Plan***. Timely testing and verification of the disaster preparedness plan.
- k. Oversight of the implementation and maintenance of a telephone service system with lines solely dedicated to the access and eligibility function. These lines allow for statewide toll-free access to providers. This service is staffed 24 hour per day/7 days per week, holidays included.
- l. Interface with service providers, emergency screening centers, MCPNs, police departments, telephone crisis lines and mobile crisis units to facilitate consumer requests for assistance, direct service calls to assigned MCPNs for service authorization, and notify MCPNs by secured communication of persons entering into the assessment process.
- m. Maintain capacity to electronically verify eligibility, administer clinical screening to determine eligibility for CMH services, assign a MCPN if consumer meets eligibility criteria, send via mail or electronically through VPN confirmation letters to the assigned MCPN and load new member data into the Agency IT system, including demographic data, and changes to demographic data.

The Quality Improvement Committee and its subcommittees are responsible for performing QI functions and assuring that program improvements are occurring. These committees are the Wellplace identifiable infrastructure responsible for quality program management and for adopting and communicating process and outcome improvements. The Wellplace Management Team and Quality Improvement Team are central to this communication process

The Quality Improvement Committee(s) meet at a minimum of quarterly to monitor active plans and the progress of all course correction and quality improvement tasks relating to customer service, substance use, clinical, and credentialing functions. Service data collection processes and results of reviews and reports are also reviewed and discussed

Quality Improvement Program Structure



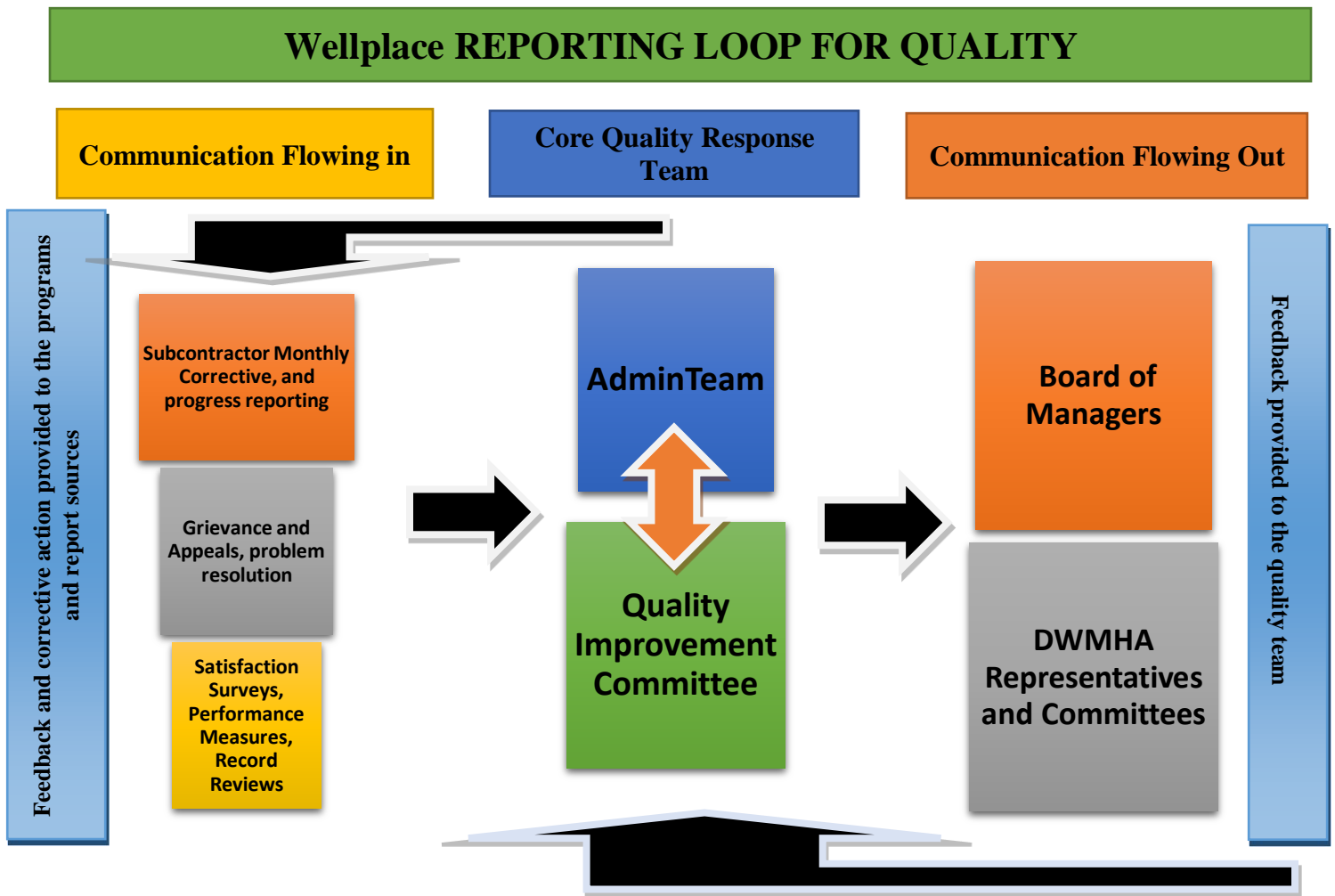
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The description of the mandates and functions within the Quality Improvement Leadership Committee are as follows:

1. The committees will be facilitated and maintained by the Quality Team.
2. The Quality Team is responsible for maintaining the documentation of all Quality Improvement Committee meetings, including records of the schedule, agendas and minutes.
3. This committee structure is designed to encourage contributions from a variety of sources, facilitate accountability, and ensure follow through for improvement efforts.
4. Committee members' work together to provide a systematic approach to :
 - a. Strategically plan the Wellplace quality management program.
 - b. Integrate quality improvement into the structure of the provided services.
 - c. Help ensure that consumers receive high quality services that promote safety and minimize risk.
 - d. Communicate findings, results, trends, issues, etc.
 - e. Identify and select aspects of clinical care and non-clinical services to be monitored and considered for process improvement.
 - f. Coordinate similar quality improvement functions among Wellplace units.
 - g. Review and recommend policy decisions
 - h. Analyze and evaluate the results of Quality Activities
 - i. Ensure MCPN and Provider participation in the Quality Program where needed
 - j. Institute needed actions
 - k. Ensure Follow-up
 - l. Document findings, recommendations and actions.
 - m. Committee members' work together to provide a systematic approach to:
 - i. Strategically plan the Wellplace quality management program.
 - ii. Integrate quality improvement into the structure of the provided services.
 - iii. Help ensure that consumers receive high quality services that promote safety and minimize risk.
 - iv. Communicate findings, results, trends, issues, etc.

- v. Identify and select aspects of clinical care and non-clinical services to be monitored and considered for process improvement.
- vi. Coordinate similar quality improvement functions among Wellplace units.
- vii. Document findings, recommendations and actions.

The flow of communication used for adopting procedures, processes and outcome improvements is as pictured below:

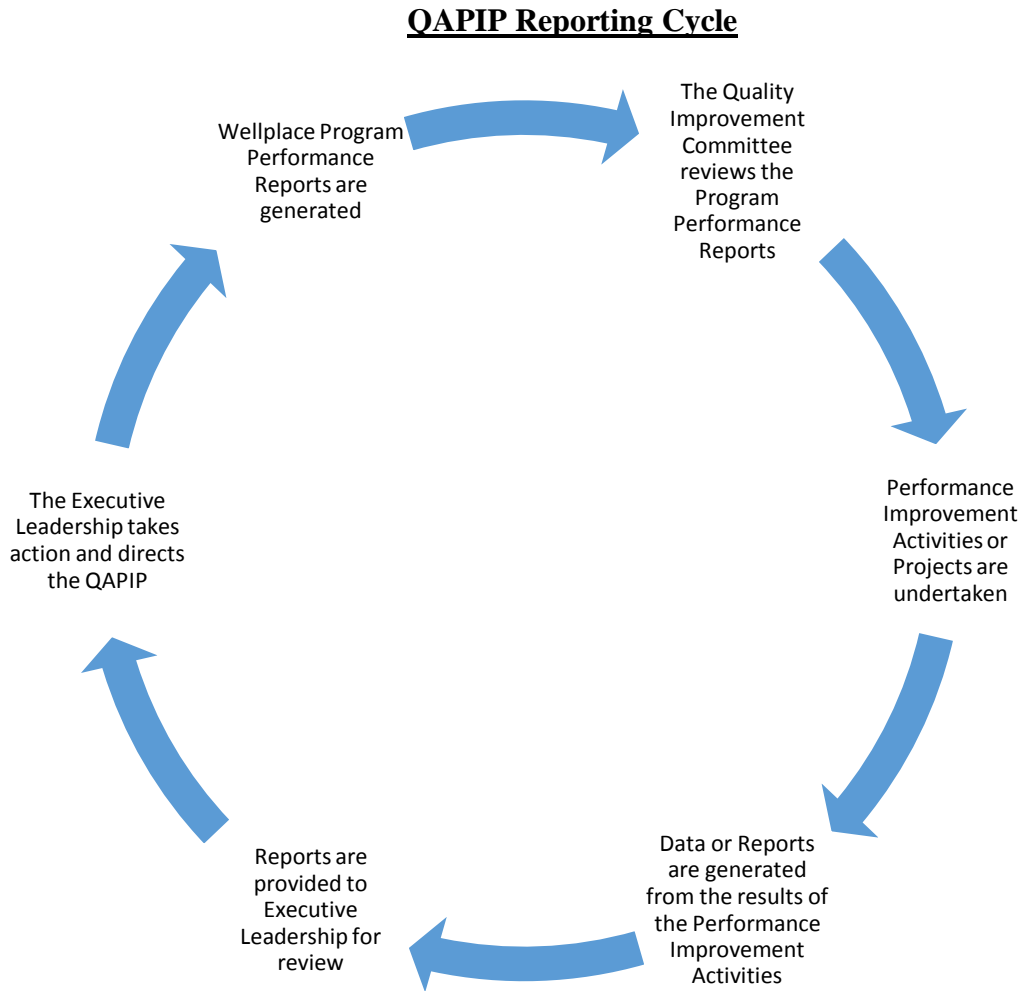


ELEMENT V: ACCOUNTABILITY TO THE GOVERNING BODY

The Wellplace Board of Managers is charged with ensuring that high quality care and services are provided to members. The Board of Managers role is to monitor, evaluate and establish policies to make improvements to care. The Board of Managers is also asked for recommendations regarding the operations of the Quality Assessment and Performance Improvement Program. The Board of Managers functions include, but are not limited to:

- A. Oversight of the QAPIP:** This includes documented evidence that the Board of Managers has approved the overall QAPIP and the annual Quality Implementation Plan.
- B. Oversight of Local Quality Leadership** Team, which consists of the following:
- a. The Director of Quality Assurance, a Masters Prepared Behavioral Health professional, provides oversight of the Wellplace QI program and participates in and advises the QI Leadership Committee along with the Access Program Director, who is also a master's prepared behavioral health professional. The Quality Coordinator manages the QAPIP. The main function of this role is to make certain high quality standards are upheld, evaluate and monitor compliance with contractual obligations, review and improve set performance indicators, and ensure that target outcomes are met.
 - b. The Quality Coordinator reports to the Director of Quality Assurance and CEO and provides support to the Quality Improvement Committee. The responsibilities for this role are to:
 - i. Assist Wellplace staff in understanding and participating in the Quality Improvement process.
 - ii. Establish regular communication throughout Wellplace about quality issues, activities, and outcomes.
 - iii. Assist the Quality Improvement Leadership Committee and Wellplace staff with understanding the quality process.
 - iv. Help identify improvement projects.
 - v. Participate with Quality Improvement committees, team and work groups at DWMHA and with sub-contractors to improve quality efforts.
 - vi. Ensure that Wellplace hires staff with the necessary education, experience and training to effectively carry out quality activities.
- C. QAPIP Progress Reports:** The Board of Managers routinely receives written reports from the Quality Management Team, describing performance improvement projects undertaken, the objectives, the strategies taken, the progress, and the outcomes of those actions.

The Board of Managers routinely receives written reports from the Quality Management Team, describing performance improvement projects undertaken, the actions taken, and the results of those actions.



D. Annual QAPIP Review: The Board of Managers formally reviews on an annual basis a written report on the operation of the QAPIP and the Quality Implementation Plan. This written report includes the overall operations and effectiveness of the QAPIP, which includes accessibility, appropriateness and quality of care and services delivered. The Board of Mangers formally reviews, evaluates and approves the written QAPIP on an annual basis. The formal annual evaluation report includes results of :

1. surveys and audits undertaken,

2. results,
3. subsequent actions,
4. aggregate data on utilization and quality of services,
5. effectiveness of these activities

E. Program Modification: Once the Board of Managers receives the progress reports that delineate actions taken and improvement made, the Board of Managers assures that the CEO takes action when appropriate and directs that the QAPIP be modified on an ongoing basis to accommodate review findings and issues of concern within the service provision of Wellplace

ELEMENT VI: QAPIP OVERSIGHT

The Wellplace Quality Director is responsible for Quality program development, administration, evaluation and outcomes. The Quality Coordinator has overall responsibility for implementation of the QAPIP through clear and appropriate administrative arrangements. Under the leadership of the Quality Coordinator, an integrated internal approach to monitoring, evaluating, and improving Wellplace services and systems is undertaken. The Quality Coordinator reports to the Director of Quality Assurance and CEO and is chair to the Quality Improvement Committees. The Quality Coordinator is a member of the Wellplace Management Team. The Quality Coordinator oversees the monitoring, quality and compliance of Wellplace and is responsible for the following:

A. Ensures Detroit-Wayne Wellplace Access Center offers quality programs by:

1. Developing and Implementing Annual CQI Plans for Wellplace
2. Overseeing all Wellplace CQI activities
3. Reviews and oversees records of all CQI related activity

B. Ensures compliance with all service contracts by:

1. Reviewing and remaining knowledgeable of all contract terms and scope of services
2. Overseeing auditing activities that gage compliance with contracts
3. Developing and overseeing implementation of corrective action plans to address deficiencies in contract compliance

C. Maintains good-standing with contractor and accrediting/certification/licensing bodies by:

1. Ensuring compliance with applicable credentialing accreditation / certification and contract compliance
2. Attaining accreditation / certification for Wellplace
3. Participating in and responding to investigations

4. Developing corrective actions plans when required
5. Overseeing renewal processes with accreditation and licensing bodies

D. Maintains network of community contacts that are beneficial to Detroit-based Wellplace operations by:

1. Interacting with representatives from other agencies as appropriate
2. Responding to requests for services from community stakeholders, as appropriate
3. Attending community meetings and trainings as appropriate

E. Ensures accurate data records are maintained by:

1. Reviewing data bases
2. Analyzing outcome data
3. Preparing annual demographic and outcome reports

ELEMENT VII: SYSTEMATIC PROCESS OF QUALITY ASSESSMENT & IMPROVEMENT

The QAPIP provides for continuous performance of quality improvement activities, including tracking of issues over time, measurement and interventions, improvement in aspects of clinical care and non-clinical services, that can be expected to affect consumer health status, quality of life, and satisfaction. The QAPIP objectively and systematically monitors and evaluates the quality and appropriateness of care and service to members, through quality assessment and performance improvement projects, and related activities, and pursues opportunities for improvement on an ongoing basis.

Wellplace conducts periodic monitoring of core services clinical and non-clinical services on a time and quantity basis. The established benchmarks for specific programs serve as an additional mechanism for the determination for improvement.

Reliability - of data collected shall be ensured through utilization of standard data bases, supportive technology, software, tools, and data collection mechanisms that ensure consistent data sets over time.

Validity - of data collected shall be ensured through collection of data that is appropriate in size to the complete data set to ensure valid conclusions can be drawn, data that is true to the measure being selected and the person, practice or process being evaluate.

Completeness - of data shall be ensured through design of the QAPIP to encompass the broad scope of practices, services and contract requirements to be performed by Wellplace as indicated in this document. Individual areas of data collection are designed as indicated below to incorporate the depth or breadth of data needed to accurately assess and monitor an area of performance.

Accuracy – of data shall be ensure by implementing standardized procedures for collected and assigning designated personnel to complete the process. Accuracy shall also be ensured through the regular review of data by the Quality Coordinator and Quality Improvement Committees for analysis and feedback.

Ongoing training and direct supervision shall be used as supplemental processes for the identification and selections of aspects to monitor for ongoing improvement.

The QAPIP has written guidelines for its CQI quality-related activities, which include:

A. Sentinel Events:

Wellplace has developed and fully implemented the *Sentinel Event Policy and Procedure* for the review, analysis, reporting, and follow-up of Sentinel Events. Sentinel Events, as defined in the attached *Sentinel Event Policy and Procedure*, must be reviewed and acted upon as appropriate. All persons involved in the review of the Sentinel Events must have the appropriate credentials to do so. Sentinel Events include, but are not limited to:

- ❖ Reportable consumer deaths
- ❖ Reportable physical illness that requires hospitalization
- ❖ Consumer serious, challenging behaviors (e.g., property damage, attempts at self-inflicted harm or harm to others, or unauthorized leaves of absence)
- ❖ Injuries that require Emergency Center visit, urgent care or hospital admission
- ❖ Incidents that involve arrest or conviction of a consumer
- ❖ Medication errors
- ❖ Discharges within 6 months from a State facility

The Quality Assurance Team is responsible for:

- ❖ Monitoring staff performance in the area of reporting of Sentinel Events, data submission, quality and outcome.
- ❖ Evaluating programs based on criteria in Wellplace policy and contracts. Reviews and evaluations include assessment of:
 - Reporting and implementation of a Sentinel Event process
 - Evidence of clinical review
 - Evidence of quality of care review
- ❖ Ensuring each “appropriate response” to a sentinel event includes a thorough and credible root cause analysis, implementation of improvements to reduce risk, and monitoring of the effectiveness of those improvements.

- ❖ Repeated deficits or failures to correct identified deficits may result in recommendations for performance sanctions as defined by Wellplace policy, procedure and contracts.

B. Critical Incidents

Wellplace has developed and fully implemented the *Critical Event Policy and Procedure* for the review, analysis, reporting, and follow-up of Critical Events. Critical Events, as defined in the attached *Wellplace Critical Event Policy and Procedure*, must be reviewed and acted upon as appropriate. All persons involved in the review of the Critical Events must have the appropriate credentials to do so. Critical Events include, but are not limited to:

- ❖ Suicide
- ❖ Non-suicide death
- ❖ Emergency medical treatment (e.g., Injury resulting from: Suicide attempt; accident; assault; misuse of body (i.e. self-mutilation); bruises; contusions; broken bones; physical management; muscle sprains)
- ❖ Medication errors (e.g., Incorrect dosage taken; prescription medication taken that is not prescribed; medication taken at the wrong time; medication used improperly; non-prescription medication not taken properly)
- ❖ Arrest of a consumer
- ❖ Hospitalization due to injury or medical error

The Quality Assurance Team is responsible for:

- ❖ Monitoring staff performance in the area of reporting of Critical Events, data submission, quality and outcome.
- ❖ Evaluating programs based on criteria in Wellplace policy and contracts. Reviews and evaluations include assessment of:
 - Reporting and implementation of a Critical Event process
 - Evidence of clinical review
 - Evidence of quality of care review
- ❖ Reporting results of findings from data collection and reviews internally and to DWMHA. Repeated deficits or failures to correct identified deficits may result in recommendations for performance sanctions as defined by Wellplace policy, procedure and contracts.

C. Quality Improvement Activities (QIAs) and Performance Improvement Projects (PIPs):

Wellplace conducts its own Quality Improvement Activity (QIA) projects as needed and participates in DWMHA directed Performance Improvement Projects (PIPs) that achieve, through ongoing measurement

and intervention, demonstrable and sustained improvement in significant aspects of clinical and non-clinical services that can be expected to have a beneficial effect on health outcomes and consumer satisfaction.

Members of the Wellplace Quality Committee Structure identify areas in need of improvement. When an opportunity for significant improvement or an area of high risk is identified, the use of measurement (data collection) that is relevant, objective, timely, complete, accurate, quantitative and reproducible is utilized. The specific areas identified are related to the clinical and non-clinical services provided by Wellplace to consumers and providers. Clinical services are related to high-volume, high-risk, and continuity and coordination of care related to all clinical services at Wellplace. Non-clinical areas would include, but not be limited to, appeals, grievances and complaints; and access to, and availability of services.

The status and results of each QIA or PIP are reviewed on an ongoing basis during all applicable Wellplace Quality Committee Meetings. The need for any modifications or additional performance improvements is also reviewed with the quality committee. It is the responsibility of the Quality Team to ensure follow-through with each QIA or PIP, both internally and externally initiated.

The data result information is used to assess and evaluate system outcomes. The data collected is used for evaluation, decision-making, planning and outcome assessment. The assessment or interpretation of data collected helps Wellplace to:

1. Verify conformance to the requirements that have been identified as being significant to the success of the quality management process
2. Identify the extent of nonconformance
3. Analyze the causes of negative statistical outliers when they occur
4. Identify process trends
5. Trigger corrective action plans
6. Determine how effectively resources are being used
7. Analyze root causes and sources of errors
8. Identify opportunities for improvement
9. Monitor progress towards goals and target activities

D. Quality Indicators:

Wellplace identifies and uses quality indicators that are objective, measurable, and based on current research and clinical experience. Wellplace will establish benchmarks that are compliant with the requirements of the DWMHA. Wellplace uses applicable Michigan Mission Based Performance Indicators (MMBPI), version 6.0 to meet the requirements to achieve compliance with access to care standards, so that covered services are available within reasonable timeframes and in a manner that ensures continuity of care and adequate primary care and specialized services capacity. The benchmarks are objective, measurable, and reviewed for quality improvement on an ongoing basis.

The Wellplace Quality Indicators include:

1. Grievances and Appeals Resolution at First Level: $\geq 90\%$
2. Grievance and Appeals Upheld at Second Level: $\geq 90\%$
3. Average Speed of Call Answer: ≤ 30 seconds
4. Call Abandonment Rate: $\leq 5\%$
5. Call Busy Rate: $\leq 1\%$
6. Service Accessibility Rate (phone lines, computer systems, TTY machine, and translation line): $\geq 98\%$
7. No Person Placed on Hold Before Ascertaining if a Crisis Call: 100%
8. Customer Service Hold Time: ≤ 120 seconds (after non-crisis determination)
9. Clinical Screening Hold Time: ≤ 5 minutes (before being offered a call back)
10. Clinical Call Backs Occurring Same Day: 100%
11. Consumer Satisfaction Rating: $\geq 95\%$
12. Provider Satisfaction Rating: $\geq 95\%$
13. JAC Case Processing Time: < 72 hours
14. Wraparound Case Processing Time: < 72 hours
15. MMPBI Access Domain - Number 3: The percent of new persons starting any needed on-going service within 14 days of a non-emergent assessment with a professional:
 - a. Wellplace ensures that once all documentation is acquired that access, eligibility and enrollment services are conducted in real time to ensure that consumers are receiving any needed on-going services.
 - b. Wellplace strives to meet the 95% standard identified.

Wellplace has a system for submitting accurate, comprehensive and timely quality indicator data to DWMHA, in accordance with contractual standards. All monthly call center, substance use, and clinical utilization numbers are compiled and submitted by the COO to DWMHA by the 5th business day of each month. All monthly credentialing data is compiled and submitted by the COO to DWMHA by the 5th business day of each month.

The Quality Assurance Team oversees the continuous quality improvement activities that are conducted for continued analysis of patterns and trends in important aspects of care. Wellplace utilizes the QAPIP to assure that it achieves minimum performance levels on performance indicators in the areas of access, efficiency, and outcome. The Quality Assurance Team provides an ongoing QAPIP for internal Wellplace

operations and operationalizes the Wellplace QAPIP plan. Quality improvement activities are carried out through planning, designing, measuring, assessing and improving methodologies.

E. External Monitoring/Technical Assistance:

Wellplace has a system in place for providing information, records, data and other requests to DWMHA or other regulatory agency personnel (i.e., MDHHS, HSAG, etc.) performing a monitoring/technical assistance function. The Wellplace Quality Coordinator has been charged as the point person for quality management communication between the contractor and Wellplace. In the event that DWMHA or other regulatory agency personnel are in need of additional information, records, data and other requests, they are to request such items from the Wellplace Quality Coordinator. The Wellplace Quality Coordinator will respond to all requests reasonably and timely.

F. Remedial Action Plans:

1. Corrective Action Plans (CAP) are developed whenever inappropriate or substandard services are identified through substantiated recipient rights complaints, clinical reviews, or service monitoring with regard to standards to practice guidelines.
2. The Quality Team monitors and documents all responses to Corrective Action Plans. The results of the Corrective Action Plan are then reported to the Management Team for review and approval.
3. The methodology of documenting Corrective Action Plans includes the following items:
 - a. Identify the Problem or Concern
 - b. Research the source of the problem or concern
 - c. Identify the steps required to remedy the problem or concern
 - d. Assign responsible party(s) for implementation of the follow-up actions
 - e. Establish a time period for the completion of the CAP/remedial action
 - f. Document the results
 - g. During the CAP/remedial action, training is delivered to the appropriate staff
4. Assessment of Effectiveness of Corrective Actions:
 - a. Wellplace will ensure that all corrective actions are taken to improve service delivery to all consumers and contractors. Wellplace will monitor and evaluate corrective actions to assure that appropriate changes have been made and that contract compliance is maintained. In addition any and all changes in practice patterns are reviewed and tracked by the Quality Assurance Department.
 - b. Wellplace assures that the Quality Team will follow-up on identified issues, that each issue is corrected and conducted in a timely manner. This method and process will certify that actions for improvement have been effective.

G. Quality Improvement and Utilization Management Reviews, Reports and Data Collections:

Continuous improvement is accomplished by the reliance upon internal and best practices benchmarks and data found in timely reports that will reveal areas of concern including utilization trends, changes, and issues. The Quality Improvement and Clinical Care and Utilization Management Leadership Committees and sub-committees will maintain diligent monitoring and oversight of the trends, changes and issues on a continuous basis. Thereby executing quality improvements as the needs and circumstance arises. Some of these activities include audits, performance monitoring, and quantitative data analysis.

- a. **Call Access Performance Indicator Tracking Graphs:** The call access key indicators are graphed each month using a timeline format to monitor compliance with performance indicators. The month-by-month charts are shared with Wellplace Administrators and Wellplace staff for quality improvement planning during quarterly committee meetings. The performance indicators include, but are not limited to the following: total volume of calls, average speed of answer of calls to service center, abandonment rate, busy rate for all calls, average length of call.

- b. **Credentialing Report:** From the credentialing database, the Credentialing Committee will generate a credentialing report including, but not limited to the following information: name of applicant, agency affiliation, profession, and credential, date of initial credential, date of re-credential, disposition, and type of letter sent. This report will be generated monthly and delivered to DWMHA no later than the 5th business day of each month. Wellplace shall also submit to DWMHA monthly Credentialing Review Board meeting minutes and summary of credentialing activities by the 5th business day of the following month. A Notice of Adverse Actions Report will be sent to the agency within 7 days of knowledge.
 - **Credentialing File Audit:** From the monthly status checklist, a random sample of 10 files will be chosen to be audited each month. The credential file audit tool will be used to evaluate each file to ensure that items are compliant, and input the data into the credentialing audit database. If items are not compliant, they will then be further reviewed with the credentialing department. Compliant and non-compliant items will be calculated, and a percentage will be provided for each file that is audited, and for the month as a whole. Results from the file audits are reviewed monthly with the Quality Improvement Committee. Areas of improvement that are identified here are reviewed with the Credentialing Department to ensure implementation of any changes to procedures to ensure compliance.

- c. **Translation Line Test Call:** One quality assurance call is performed on a monthly basis by Wellplace secret shoppers in order to evaluate the quality of the translation services provided to callers and ability of the Customer Service Specialists to properly utilize the services. This report documents the call answer time, greeting provided and the disposition of the call. The specialists are monitored and given a point score for 12 items relating to the call process. The Quality Team generates the analyzed data from the Quality Call Reports. The reports are reviewed quarterly by the Quality Committee. Any call item falling below the internally established performance indicator will receive corrective action.

- d. **TTY Machine Test Call**: One test call is performed on a monthly basis by a designated Customer Service Specialist in order to evaluate the TTY Line to ensure it is maintained and working effectively. The status logs are reviewed quarterly by the Quality Committee.
- e. **Compliments, Complaints, Incident Reports, Critical Incidents and Sentinel Events**: As these events and incidents occur, the responsible staff member will document what transpired and how they responded using *Compliments, Complaints, Incident Reports, Critical Incidents and Sentinel Events Forms*. The resolution process is clearly documented and immediately distributed to the on-site supervisor, COO, CEO of Detroit Operations, and the Authority for review. The event/incident report is reviewed by the Quality Improvement Committee. Any sentinel events will be directly reported to DWMHA according to the policy and procedure. A monthly aggregate report that indicates event/incident is delivered to DWMHA no later than the 5th business day of each month.
- f. **Silent Monitoring Report**: Silent monitoring activity occurs on 50 calls per month. All fifty (50) of these calls evaluate the Customer Service Unit, with twenty (20) of the calls are evaluated for the Clinical Unit portion of call, and twenty (20) calls being evaluated for the Substance Use Unit portion of the call. By continually monitoring the call as it transfers departments the full experience of the caller is able to be monitored more effectively. The monitoring of each Customer Service Specialist and Clinician will be evenly distributed. The Quality Coordinator/Peer Support Specialist conducting the monitoring maintains Call Reports documenting the date of call, time of call, name of staff being monitored, result of monitoring, and corrective action needed. Each call is given a percentage rating based on 14 quality review items for the Customer Service unit, 24 quality review items for the Clinical unit, and 14 quality review items for the Substance Use unit. The cumulative data is presented quarterly to the Quality Improvement Committee for improvement planning. Any call item falling below the internally established performance indicator will receive corrective action. A monthly aggregate report is delivered to DWMHA no later than the 5th business day of each month.
- g. **Employee Training**: Employee training compliance is monitored by the COO, Human Resources, Quality Team as well as the direct supervisor of each employee. The COO compiles a monthly narrative report outlining the training provided. The monthly narrative report is delivered to DWMHA by the 5th business day of the following month. The Wellplace Quality Team will monitor employee training through quarterly employee file audits and annual assessment of the training implementation calendars. Training compliance will be reviewed quarterly by the Quality Improvement Committee.
- h. **Juvenile Assessment Center (JAC) Report**: For the JAC assessment process, an activity summary report will be generated monthly and delivered to DWMHA no later than the 5th business day of each month. The Quality Coordinator will complete a monthly data integrity audit of the JAC Report to assess the data for accuracy and to ensure the cases were processed within policy timeframes. This data integrity audit is completed by the end of the following month. The JAC Report data is reviewed by the Quality Improvement Committee on a quarterly basis.
- i. **Wraparound Report**: For the Wraparound process, an activity summary report will be generated monthly and delivered to DWMHA no later than the 5th business day of each month. The Quality Coordinator will complete a monthly data integrity audit of the JAC Report to assess the data for accuracy and to ensure the cases were processed within policy timeframes. This data integrity audit is completed by the end of the following month. The Wraparound Report data is reviewed by the Quality Improvement Committee on a quarterly basis.

- j. **Michigan Prisoner Release Initiative (MPRI) Report:** For the MPRI Process, an activity summary report will be generated monthly and delivered to DWMHA no later than the 5th business day of each month. The Quality Coordinator will complete a monthly data integrity audit of the MPRI Report to assess the data for accuracy and to ensure the cases were processed within policy timeframes. This data integrity audit is completed by the end of the following month. The MPRI Report data is reviewed by the Quality Improvement Committee on a quarterly basis.
- k. **Managing for Results & Telephone Statistics Report:** The Wellplace Call Center's call volume, average speed of answer, abandonment rate, calls answered within 30 seconds, busy rate, call backs, enrollment volume and denial volume are monitored on an ongoing basis. A monthly report is cumulated and delivered to DWMHA by the 5th business day of the month. The reports are reviewed quarterly by the Quality Improvement Committee.
- l. **MCPN Change Report:** The Wellplace Support Staff documents and reports all MCPN change requests on a daily basis. A report is cumulated and delivered to DWMHA by the 5th business day of each month. The Quality Coordinator will complete a monthly data integrity audit of the MCPN Change Report to assess the data for accuracy and to ensure that the cases were processed within policy timeframes. This data integrity audit is completed by the end of the following month. The MCPN Change Report data is reviewed by the Quality Improvement Committee on a quarterly basis.
- m. **Program Change Report:** The Wellplace Psychiatrist conducts program changes. The program changes are logged on a daily basis by the assigned Clinician. A report is cumulated and delivered to DWMHA by the 5th business day of each month. The Quality Coordinator will complete a monthly data integrity audit of the Program Change Report to assess the data for accuracy and to ensure that the cases were processed within policy timeframes. This data integrity audit is completed by the end of the following month. The Program Change Report data is reviewed by the Quality Improvement Committee on a quarterly basis.
- n. **Consumer Satisfaction Survey:** The Wellplace Support Specialist administers satisfaction surveys to callers that agree to participate and provide feedback. The survey assesses caller satisfaction with the services as well as caller safety. The results of the satisfaction survey are compiled by the Wellplace Quality Manager and reported out on a quarterly basis. The results are reviewed by the Quality Committees and improvement initiatives are identified.
- o. **Provider Satisfaction Survey:** The Wellplace Support Specialist administers satisfaction surveys to providers that call into the Access Center and agree to participate and provide feedback. The survey assesses caller satisfaction with the services as well as accessibility. The results of the satisfaction survey are compiled by the Wellplace Quality Manager and reported out on a quarterly basis. The results are reviewed by the Quality Committees and improvement initiatives are identified.
- p. **Clinical UM Peer Review:** The Clinical Unit conducts peer case reviews on a monthly basis. The results of the case reviews are compiled using the Clinical UM Review Database and reported out on a monthly basis. The results are reviewed by the Quality Oversight / UM Committee and improvement initiatives are identified.
- q. **Customer Service UM Review:** The Customer Service Unit conducts peer case reviews on a monthly basis. The results of the case reviews are compiled using the Customer Service Quality Review

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Database and reported out on a monthly basis. The results are reviewed by the Quality Oversight / UM Committee and improvement initiatives are identified.

- r. **Substance Use UM Review:** The Substance Use Unit conducts peer case reviews on a monthly basis. The results of the case reviews are compiled using the SUD Quality Review Database and reported out on a monthly basis. The results are reviewed by the Quality Oversight/UM Committee and improvement initiatives are identified.
- s. **Denial Audits:** The Quality Coordinator conducts Denial Audits on a monthly basis. The results of the Denial Audits are compiled using the Denial Audit Database and reported out on a monthly basis. The results are reviewed by the Quality Improvement Committee and improvement initiatives are identified.
- t. **Appeal/Local Dispute Audits:** All appeals and disputes are currently received and processed by the Authority's Customer Service Department. The results are reviewed by the Quality Improvement Committee and Quality Committees and improvement initiatives are identified.
- u. **Accessibility Survey:** The Quality Coordinator sends out an annual survey to staff and stakeholders to obtain input and gather information regarding concerns related to access to services or employment practices. The survey shall address areas such as attitudes of callers, attitudes of staff, areas of education, awareness and understanding, architecture, environmental issues, visual, hearing / auditory, safety and trauma, literacy issues, stigma, sensory issues, screening processes, transportation, financial considerations. Employment, technology and community integration. Survey information will be used to inform performance improvement goals and annual work plan development.
- v. **Corporate Compliance Survey:** The Quality Coordinator shall complete and distribute a bi-annual corporate compliance survey for staff to obtain input regarding areas concern related to ethics, funding and legal requirements. The survey shall address issues such as fraud, waste, abuse, ethical violations or wrongdoing, sexual harassment or discrimination, HIPAA and privacy concerns, and licensing or contractor regulations. In addition, a review of concerns identified with hiring practices and disciplinary actions shall occur. Survey information and issues identified will be used to inform performance improvement goals and annual work plan development
- w. **Program Review Survey:** The Quality Coordinator shall distribute an annual program review survey to staff, referral sources and community stakeholder to obtain feedback and input regarding the program and to assist in identifying areas of needed improvement. The survey shall address issues such as mission, core values, technology, risk, health and safety, cultural competency, accessibility, diversity, training, advocacy, and service needs. Survey information and issues identified will be used to inform performance improvement goals and annual work plan development
- x. **Risk Management Report:** The Quality Coordinator shall complete an annual review of risk management areas as identified in the Wellplace Risk Management policy and plan. The review shall result in a report including a summary of data, analysis and recommendations used to inform performance improvement goals and annual work plan development.
- y. **Internal Health and Safety Review / Walk Through:** The Quality Coordinator will complete a quarterly walk through of the facility using the health and safety checklist to document any risk concerns for immediately follow up.

- z. **Safety and Health Report** – The Quality Coordinator shall complete a quarterly report summarizing findings and data related to emergency drill data and issues identified, infection control issues and facility health and safety walk through information. The report shall include analysis and recommendations and shall be reviewed by the Quality Committee for identification of action steps and response. Data will also be summarized annually to inform performance improvement goals and annual work plan development.
 - aa. **Human Resources Report** – The Human Resources department shall generate a quarterly report with data regarding staff turnover, recruitment, retention, injuries and overtime use. Data will be reviewed by the quality committee to identify areas for action and follow up. Data will also be summarized annually to inform performance improvement goals and annual work plan development.
 - bb. **Annual Comprehensive Safety Evaluation:** An annual facility health and safety review will be completed by an approved external authority as arranged by the Director for Environmental Services. The review will result in a written report of findings or recommendations. Data from report will be used to inform performance improvement goals and annual work plan development.
2. **QI and UM REVIEWS**
- a. **Wellplace Policy and Procedure Review:** On an annual basis the Quality Improvement and Clinical Care and UM Committee conducts a review of all Wellplace policies and procedures. This review also includes a review and approval of all Wellplace sub-contracting agency’s policy and procedures. The review results are prepared in a written format and presented to Wellplace Managers for correction and revision.
 - b. **Review of Reports:** The Quality Team reviews all reports completed on a monthly basis to ensure accuracy of content, compliance with format expectations, and attainment of performance indicators (both internal and external requirements). Results are shared with the Quality Improvement Committee.
3. **QI and UM DATA COLLECTION:**
- a. **Consumer Safety:** The Quality Team tracks and trends data on consumer safety through incident reporting, critical incidents, sentinel events, grievances, complaints, consumer satisfaction surveys. The quality committees review the findings and identify activities for improvement.
 - b. **Employee File Audit:** The Quality Team will audit staff personnel files randomly every quarter in order to ensure that evidence of training certificates, staff non-disclosure statements, current credentials, and other required file documentations are in the staff member’s human resources file. Audit results will be shared in writing to Wellplace Administrators and Human Resources.
 - c. **Random Line Tests:** The Wellplace Access Center Staff will conduct random line tests of the TTY line on a monthly basis. Results will be presented to Wellplace Administrators and the Quality Improvement Committee.

- d. **MH-WIN**: The Mental Health-Wellness Information Network (MH-WIN) is DWMHA's managed care software system that is utilized by Wellplace to perform all Access Center Functions. This software system captures all data for the Access Center with functions including but not limited to; consumer demographic information, type of call, linkage, enrollments, re-enrollments, clinical screening data, and appointment setting functions. Data captured in the MH-WIN System is reviewed quarterly by the Quality Improvement Committee.
- e. **Wraparound Database**: The assigned Clinician records their daily Wraparound Case activity in the Wraparound Database. Data is recorded for: consumer name, member identification number, date of case submission, eligibility status, determination date, completion time frame, MCPN assigned, assignment status (new/re-enroll), CMH Provider, Care Management Organization, health plan, physical status, co-occurring disorder status, and diagnosis.
- f. **Juvenile Assessment Center (JAC) Database**: The assigned Clinician records their daily Juvenile Assessment Center Case activity in the JAC Database. Data is recorded for: consumer name, member identification number, date of case submission, eligibility status, determination date, completion time frame, MCPN assigned, assignment status (new/re-enroll), CMH Provider, Care Management Organization, health plan, physical status, co-occurring disorder status, and diagnosis.
- g. **Michigan Prisoner Release Initiative (MPRI) Database**: The assigned Clinician records their daily Michigan Prisoner Release Case activity in the MPRI Database. Data is recorded for: consumer name, member identification number, date of birth, MDOC number, date MPRI packet was received by Pioneer, current MCPN, MCPN consumer was assigned to after enrollment/re-enrollment, parole or max out case and co-occurring disorder status.
- h. **Program Change Database**: The assigned Clinician records their daily Program Change activity in the Program Change Database. Data is recorded for: date packet was received by DWMHA, date faxed to Wellplace, date sent to Dr., member id, consumer name, child/adult, current program, program requested, new program, requesting provider, current MCPN, requested MCPN, new MCPN, date received from Dr., date letter sent, status and rationale.
- i. **MCPN Change Database**: The Support Staff records their daily program change activity in the MCPN Change Database. Data is recorded for: member id, member name, date received by Y/C, MCPN change date, current MCPN, requested MCPN, new MCPN, date of change/letter and comments.
- j. **Appointment Date Compliance Database**: The Quality Coordinator records on a daily basis the dates of intake appointments scheduled in the Appointment Date Compliance Audit Database. The database collects the date the screening was completed and the date of intake appointment and calculates that number of days in advance the appointment was scheduled as well as the average number of days per MCPN.
- k. **Clinical UM Review Database**: The Clinical Unit conducts peer case reviews on a monthly basis and enters the results of the reviews into the Clinical UM Review Database. The database displays the results by month, staff member and individual question score.

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- l. **Customer Service Quality Review Database:** The Customer Service Unit conducts peer case reviews on a monthly basis and enters the results of the reviews into the Customer Service Quality Review Database. The database displays the results by month, staff member and individual question score.
 - m. **Substance Use Review Database:** The Substance Use Unit conducts peer case reviews on a monthly basis and enters the results of the reviews into the Substance Use Quality Review Database. The database displays the results by month, staff member and individual question score.
 - n. **Denial Audit Database:** The Quality Coordinator conducts Denial Audits in a monthly basis and enters the results of the audits into the Denial Audit Database. The database displays the results by month and individual review item.
- H. QI Work Plan:** The Quality Coordinator facilitates annual completion and ongoing updates to the QI work plan. The annual work plan captures goals, objectives and activities related to the QAPIP and other identified annual and ongoing strategic planning improvement areas for tracking and monitoring of completion. The work plan identifies champions for specific projects and targets timelines for completion of activities.
- I. Other:** At the discretion and/or as required by DWMHA, Wellplace also monitors and evaluates other important aspects of care and service.

ELEMENT VIII: PROVIDER QUALIFICATION AND SELECTION

The Wellplace Management and Quality Teams ensure that all employees are qualified for their positions and uphold all training requirements set forth in the contract. Wellplace ensures that there are psychiatrists on staff that are certified in adult and child psychiatry. Wellplace also ensures that there are Master's prepared clinicians for eligibility determination and case reviews that demonstrate expertise to review eligibility for servicing special populations including, but not limited to, Michigan Prisoner Release Initiative (MPRI), Infant Mental Health (IMH), Jail diversion, Wraparound, Juvenile Assessment Center, and services to persons with co-occurring disorders (SA/MI and MI/DD).

The Wellplace QAPIP contains credentialing policies and procedures that were designed to support the scope of services outlined in our contract with DWMHA. The QAPIP supports the contractual relationship and obligations Wellplace has with DWMHA as a limited Credentialing Verification Organization. Through the credentialing process Wellplace determines whether physicians and other health care professionals, who are licensed by the state of Michigan and who are employees of the Authority, MCPN's, sub-contractors employees of the MCPN's and the Authority, are qualified to perform the services of screening consumers and providing access to services to consumers.

As a limited Credentialing Verification Organization (CVO), Wellplace acts as the credentialing source for all professional staff of the DWMHA, non-accredited contractors, and all Dual Eligible MI Health Link providers. Those individuals needing certification as a Child Mental Health Professional (CMHP), Qualified Health Professional (QMHP), Qualified Intellectual Disability Professional (QIDP) or Qualified Behavioral Health Professional (QBHP) job functions include screening consumers and providing access to services for consumers.

Our contractual responsibility ensures that the credentialing files of the MCPN's, their provider network, including community mental health centers, and other Agency contractors are complete and in compliance with

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Agency standards, policies and procedures set forth by DWMHA. All electronic and paper-based credentialing files are kept in a secure location and all paper files are securely locked in a filing cabinet.

Wellplace maintains a current database on all credentialing activities performed. This database consists of all practitioners working in credentialed organizations; the list contains licensing, credentialing and re-credentialing information and expiration dates for credentialing. The Credentialing Specialist, who identifies those individuals whose credentialing is about to expire, reviews the list weekly. The Credentialing Specialist then generates a letter and application for re-credentialing identifying those individuals that need to be re-credentialed and mails the documents to the DWMHA subcontractor 90 days before credentialing expiration.

By the 5th business day of each month, Wellplace provides a written report of all credentialing activities for the month to the DWMHA contract manager.

Please see the credentialing program and policy as needed for additional information.

Wellplace also ensures the following:

During the selection and hiring process all staff possess the appropriate qualifications as outlined in the job descriptions for all of the following: educational background, relevant work experience, cultural competence and certification, registration and licensure as required by law. These requirements are verified by obtaining current resumes, conducting comprehensive background checks, reference validation, and certification of licensure or registration. New hires attend employee orientation and training sessions with regard to their responsibilities, program policies and operating procedures prior to active job assignments. The training program includes initial orientation, standard ongoing education and training topics, and training programs designed to identify staff training needs and provide in-service training, continuing education and staff development activities as revealed by performance assessments, audits, compliance reviews or other means. In addition to MDHHS training requirements, Wellplace has multi-method needs assessment frameworks to identify current training needs. The management team meets on an annual basis to revise and implement an annual training calendar specific to the identified needs of each department. Wellplace and its contractors provide technical assistance, in-service training, web-based training, continuing education credits and other staff development programs.

Wellplace is responsible for curriculum development that is consistent with Michigan Law and Rules. Wellplace is responsible for assuring that all staff members are able to fully perform their designated services. Wellplace has the responsibility and authority to select and use a curriculum that best meets the needs of the programs that they serve and to assure that curricula are presented and implemented in a thorough and comprehensive manner. Wellplace is also responsible for compliance with training requirements of the specialized providers with whom they contract.

Within thirty (30) days of hire, all Wellplace employees and employees of their subcontractors must successfully complete an orientation, a Recipient Rights training curriculum, and on the job training sessions. Until new hires have received the approved Recipient Rights training, Wellplace must provide Recipient Rights orientation and require new hires to work with a previously trained employee under the direction of a previously trained supervisor. All Wellplace employees and subcontractor employees must also successfully complete the annual update to maintain Recipient Rights training compliance.

All changes in administrative personnel in key positions as identified in the contract must be provided to DWMHA within 7 business days.

Wellplace requires that staff be re-trained whenever the needs of the consumers change and whenever there is a significant change in MDHHS policy that would affect the delivery of services. In addition, Wellplace ensures that the employees that are providing services and supports are competent to perform their duties through peer reviews and supervision. Ongoing training is held in the following categories: recipient rights and safety/security, orientations, consumer rights/customer service, technical supports, health and cultural awareness, linguistic services, clinical care and reviews of standards/assessments.

Wellplace maintains records detailing dates of training and topics covered in the employee personnel files. Staff is responsible for maintaining records detailing trainings for CEUs and other licensing/credentialing purposes. For a current listing of training items, see the yearly training schedule.

Wellplace staff take an active role in the review and analysis of the information obtained from quantitative and qualitative methods.

ELEMENT IX: ENROLLEE RIGHTS, RESPONSIBILITIES AND ORIENTATION

Wellplace demonstrates a commitment to providing customer service and treating members in a manner that acknowledges their rights and responsibilities.

- A. Wellplace monitors and assures that each individual has several rights that have been established in Federal and State law:
1. Wellplace does not perform services involving Person Centered Planning (PCP). Wellplace sub-contractors are required to submit a copy of the PCP as applicable.
 2. In accordance with the Agency guidelines Wellplace delivers a *DWMHA Welcome Packet* to each new enrollee and re-enrollee that directs them to the appropriate resources and provides an overview and orientation to the Access Center. Consumers that are denied service are sent information on the appeal/local dispute process. In addition to this initial notification, Wellplace verbally provides these resources upon request.
 - a. When a written request for second opinion/reconsideration is received from a consumer, Wellplace follows the appropriate process as outlined in the *Grievances, Local Appeal or Local Dispute Resolution Policy and Procedure*.
 3. The Welcome Packet and/or denial letter packet that is provided to each consumer directs them to the appropriate grievance and appeals process.
 4. The consumer shall be informed of the right to a reconsideration review. A reconsideration review shall be initiated by the consumer. Additional documentation submitted as an appeal for reconsideration shall be delivered to a second Wellplace physician. Whenever a second review is unsatisfactory, the consumer shall be advised of the second level review appeal process. The appeal is processed exclusively between the requesting consumer and DWMHA. Wellplace will comply with the determination made by the DWMHA Physician Staff and shall comply with all directives therein concerning the outcome of the Second Level Review.
 5. Wellplace does not perform services involving Advance Directives. Sub-contractors are required to submit a copy of the Advance Directives as applicable.

6. Wellplace provides service for individuals in need of translation assistance as follows:
 - a. Whenever necessary, and if possible, the staff will utilize the caller's language to provide services to the caller, or will seek to find other staff member that is available and able to converse in the caller's language.
 - b. Frequently, the caller is an English speaking collateral communicator on behalf of a non-English speaking client. If Wellplace does not have staff who speak the client's language AND if the client's collateral communicator is willing to translate for the client, AND if the client has no objections due to privacy issues, the staff may provide services to the client through their collateral.
 - c. When the above options are not available, the staff should refer the caller to agencies that provide the services sought and at which dual or multi-language speaking employees are available. If no such agencies are available, then the staff may refer the caller to interpreter/translator services.
 - d. TTY Communication device is available to providers that are deaf or have limited hearing capabilities.
- B. Wellplace has a method for conducting periodic quantitative and qualitative assessments of satisfaction levels and service experiences as outlined in the *Satisfaction Survey Policy and Procedure*. The satisfaction surveys are administered via telephone to the consumers that access the DWMHA Access Center line.

The Quality Team evaluates and reports outcomes of the satisfaction survey assessments. The quantitative data is analyzed for trends and addresses issues of quality, availability and accessibility of care. The results are reported in summary form to the Quality Improvement Committee. The qualitative information is collected and reported in a narrative format to the committee. The committee then reviews the combined information, makes recommendations, implements change, and submits all resulting information to the Management Team. On a quarterly basis, the results of the satisfaction surveys are compiled and submitted to the county via the Monthly Report by the 5th business day of the month.

On a case by case basis, reports of dissatisfaction receive attention and the appropriate follow-up processes are completed to ensure resolution is provided. The standard review process is as follows:

1. Reports are received by the Quality Improvement Committees for review. Upon review, areas of concern and areas of strength are identified.
2. Areas of strength are relayed to the appropriate personnel. Areas of concern are investigated by the team and also relayed to the appropriate personnel.
3. Once the investigation is complete, the department lead is integrated into the corrective action plan process. The plan is developed and reviewed by the COO. Upon approval the department lead is then responsible for implementation, follow-up, and reporting the results back to the Quality Coordinator.
4. The Quality Coordinator reviews the original plan in comparison to the outcome report from the department lead. The Quality Coordinator then determines if the result is satisfactory or if further follow-up is required. If further follow-up is required, the department lead is again integrated into corrective action plan development and the process repeats. If the second outcome review is unsatisfactory, the

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Wellplace COO assumes the lead role in the corrective action follow-up in order to ensure highest quality of service is provided.

- C. Wellplace also utilizes its Consumer Advisory Council composed of consumers and advocates to review quality reports and processes. On an annual basis the Quality Committee will present QAPIP activities and information obtained through qualitative and quantitative methods to the committee for assessment, planning and evaluation. The Quality Committee will review the feedback received, implement, follow-up and report the results back to the Consumer Advisory Council.

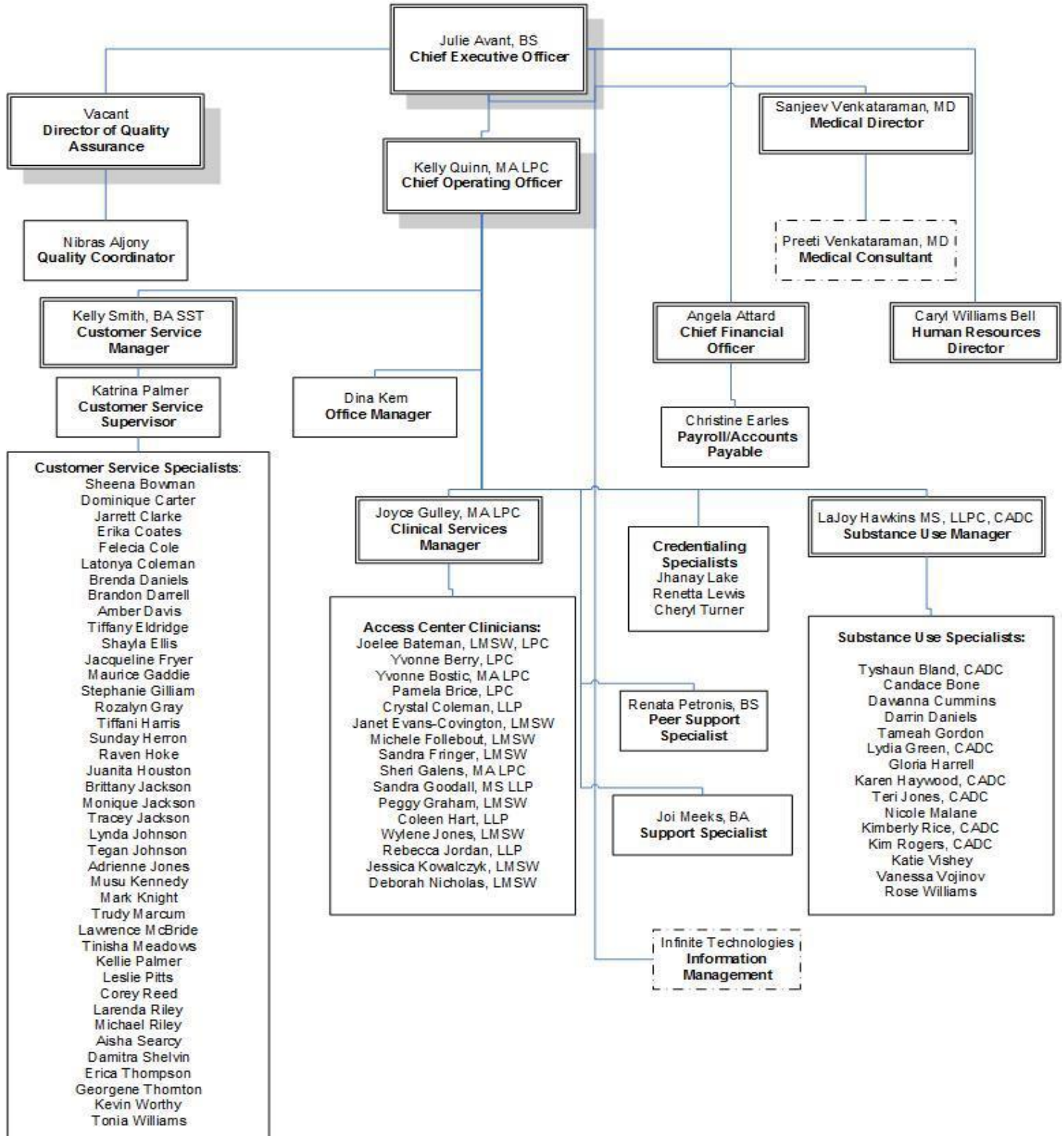
ELEMENT X: ADOPTING AND COMMUNICATING QUALITY IMPROVEMENT PROCESSES AND OUTCOMES

The Wellplace QAPIP includes a written process for the reporting of the status and outcomes of quality improvement activities to staff, the governing body, DWMHA and to other stakeholders, as appropriate. See Wellplace CQI Calendar.

The Director of Quality manages the QAPIP. The organization of Wellplace in relation to the DWMHA contract is as pictured below:

Wellplace, Michigan

November 30, 2016



ELEMENT XI: APPENDIX

1. *TDD Line and Translation Services Procedure*
2. *Grievances, Appeals, and Dispute Resolution Policy and Procedures*
3. *Utilization Management for Customer Services Policy*
4. *Utilization Management for Clinical Screens Policy*
5. *Utilization Management Program*
6. *Policy and Procedure Guidelines*
7. *Program Integrity Policy and Procedure*
8. *Credentialing Program Policy*
9. *Staff Training Policy and Procedure*
10. *Sentinel Events Policy and Procedure*
11. *Recipient Rights Policy and Procedure*
12. *Satisfaction Surveys Procedure*
13. *Consumer Satisfaction Surveys Policy*
14. *Call-Back Policy and Procedure*
15. *Silent Monitoring Procedure*
16. *Data Integrity Audit Procedure*