BLUEBONNET TRAILS COMMUNITY MHMR CENTER
QUALITY MANAGEMENT PLAN

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Attachment: Program Compliance Plan

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Executive Director Date

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Director of Quality Management Date

Purpose
The Local Authority Quality Management Plan provides Bluebonnet Trails Community MHMR Center (BTCMHMRC) with a systematic, objective and continuous process for monitoring, evaluating and improving the quality and appropriateness of the service delivery systems within our organization. It assists BTCMHMRC in assuring existing standards of care are met and provides the framework to obtain feedback from stakeholders on the manner in which the center conducts business. Since September 1, 2004, Resiliency and Disease management

has been integrated into all existing Quality Management processes for Mental Health (MH) services, with attention focusing on resource issues.

Definitions

In the Local Authority Quality Management Program at BTCMHMRC, quality for the organization and the network of providers is represented as a set of standards and expectations in the form of targets, objectives and outcomes.

By performing Quality Management activities we are assuring:

- consumers are receiving the services they need
- consumers are satisfied
- services are efficient and accessible
- services fulfill the requirements of the Performance Contract with the Department of State Health Services (DSHS) and the Department of Aging and Disability Services (DADS)

Local Authority Quality Management is conducted at BTCMHMRC to assure compliance with laws and regulations, to provide objective data to manage the organization and to assure viability of the organization. Quality Management also defines the ongoing self-assessment processes for developing recommendations for improvement. The Quality Management Program also facilitates implementation of the Program Compliance Plan.

The purpose of the Program Compliance Plan is to assure that services, including Medicaid and Medicare, are needed, authorized, appropriately documented and of benefit to the consumer.

Planning for quality begins with the adoption of a Mission and Vision that directs the organization to continually improve services, as defined by consumers, families and the community, within the organization. The Board of Trustees for BTCMHMRC has adopted a Mission for accountability to these stakeholders for utilization of resources in a cost efficient manner with processes for changing the system to meet their needs.

An integral part of planning for quality begins with local planning to set the direction for quality planning for the organization with expected identified outcomes. Long range planning takes place within the organization with input from all stakeholders at the direction of the Board of Trustees. As the Local Authority for Mental Health and Mental Retardation Services for the eight county area, the center is responsible for long range planning, resource allocation, obtaining the best value in service delivery, service appeals, grievance processes, protection of rights, businesses functions and accounting, network development and management and assuring quality of life for all individuals served. Planning occurs through the following:

- Self-assessment processes
- Planning and Network Advisory Committee (PNAC) Initiatives
- Advisory Groups

- Management initiatives

Authority
The Quality Management Program Plan of BTCMHMRC is authorized by:
- Requirements within the Performance Contract between BTCMHMRC and DSHS and DADS
- The Board of Trustees, the governing body of BTCMHMRC, who provide leadership, oversight, and regular review of the organization's performance
- The Executive Director of BTCMHMRC who has designated the responsibility for coordinating the Quality Management Program, all quality management activities and all self-assessment activities to the Quality Management Department

Structure, Organization and Functions:

Organization
BTCMHMRC is organized into divisions as an authority of Mental Health and Mental Retardation Services and as a provider of Mental Health and Mental Retardation services. The authority assures required services are provided through a network of internal and external providers. A network of providers is available to provide both mental health and mental retardation services. The network was developed through open enrollment and through requests for proposals. This enables us to give consumers a choice in selecting providers.

Services
The Local Authority provides the following services for **adults with Mental Illness**: Crisis Hotline, crisis services, screenings, pre-admission assessments, Case Management, and treatment planning. BTCMHMRC assures the following services are provided by either internal or external providers: respite, medication administration, medication monitoring, pharmacological management, provision of medication, individual and group training such as medication training and supports and skills training and development, rehabilitative counseling, psychosocial rehabilitative services, supported employment, supported housing, inpatient services and intensive crisis residential services. Outreach, screening, assessment and referral for Substance Abuse (OSAR) services, and Jail Diversion are also provided.

The Local Authority provides the following services for **children with Mental Illness**: Crisis Hotline, crisis services, screenings, pre-admission assessments, Case Management, and treatment planning. BTCMHMRC assures the following services are provided by either internal or external providers: respite, medication administration, medication monitoring, pharmacological management, provision of medication and training as medication training and supports and skills training and development, counseling, family support groups, and family partner support.

The Local Authority provides the following required services for **people with Mental Retardation:** Eligibility determination and Service Coordination (basic Service Coordination, Texas Home Living Case Management, continuity of services for state facilitates, continuity of services for Medicaid programs and service authorization and monitoring). BTCMHMRC assures the following services are provided by either internal or external providers: HCS case management, respite, supported employment (employment assistance and individualized competitive employment), day training services, supported home living and residential services.

As a provider of services under direction of the Local Authority we are also responsible for service delivery, operationalizing the mission of BTCMHMRC, establishing processes to assure quality of life, improving efficiency of the system and making adjustments in the delivery system to assure quality services.

Quality Management Program

The charge of the **Quality Management Department** is to assimilate data and information from Utilization Review, Quality Assurance functions, and internal/external audits and reviews. The department is responsible for reporting those findings to the Senior Management Team quarterly and making recommendations for system improvement.

Quality Management Program activities for BTCMHMRC are coordinated by the Quality Management Department. The Department includes the Director of Quality Management, a utilization manager who is an LPHA, utilization review specialists, an auditor, a credentialing specialist and support staff. The Quality Management Department provides the common thread amongst all of the committees and assures that information is reviewed by the Senior Management Team.

Many of the functions related to quality and utilization management are reviewed on a daily basis by the Director of Mental Health Services, the Director of Mental Retardation Essential Services, the director Mental Retardation Provider Services, the Director Early Childhood Intervention Services, Director of OSAR Services and by department heads. This information is regularly reported to and reviewed by the Quality Management Department. Utilization and performance data is reviewed at the local level by program managers and at the Center level by the Quality Management and the Utilization Management Committee, which is made up of the Senior Management Team. Utilization data is also utilized by the director of authority functions for resource allocation purposes.

The Quality Management Program of BTCMHMRC provides the structure for the Local Authority to:

- evaluate the efficiency of the organizations functioning
- evaluate services provided to our consumers through the network of providers
- evaluate services provided by the authority
- set goals and objectives for the organization to improve services and

become managed care and fee for service ready

- ensure compliance with all laws, rules, policies and procedures for service implementation and billing
- conduct self -assessment activities
- conduct planning activities
- assure compliance with Resiliency and Disease Management by assuring services are ongoing, match the needs of the individual, are focused on recovery, and guided by evidenced-based protocols and a strength-based model of service

This is accomplished with input of information from the following committees.

Committees
The **Utilization Management/Quality Management Committee** is charged with reviewing, approving and assisting with the development of the Quality Management Program to ensure Quality Services for the people we serve are provided in the most efficient manner. This committee reviews utilization management data at the quarterly meetings, focusing on providing cost effective appropriate services. This includes review of the Resiliency and Disease Management Assessments to track trends and overrides. Changes to the organization are determined by the utilization data obtained. Membership is composed of the Senior Management Team which consists of the Executive Director/CEO, the Chief Operating Officer, the Director of Crisis Services, the Director of Mental Health Services, the Director of Mental Retardation Essential Services, the Director of Mental Retardation Provider Services, the Director of Information Services, the Director of Human Resources, the Director of Authority Functions, the Director of Quality Management, and the Chief Administrative Officer.

The **Planning and Network Advisory Committee (PNAC)** is charged with ensuring that local stakeholders have direct input and involvement in assessing and determining the mental health and mental retardation service needs of the Center. This is accomplished through identifying the most important needs in the community, evaluation of cultural and ethnic issues and assessing progress towards implementation of the Local Plan. They are also charged with overseeing the objectivity in the procurement of services and the definition of best value in public mental health and mental retardation services. They review processes and make recommendations to the board as to whether management has been fair and objective in reviewing services. The PNAC is comprised of between five and nine members representative of people with mental illness and mental retardation, local practitioners, and other interested members of our community.

The purpose of the committee is to advise the Board of Trustees on planning, contract issues, needs and priorities for the service area and for the community MHMR Center. Activities include surveys, needs assessments, assistance in development of goals and objectives in the Local Planning process for BTCMHMRC and to monitor on a quarterly basis implementation of goals and objectives.

The **Safety/Risk Management Committee** is charged with insuring the health and safety of consumers and employees. Their purpose is to develop and establish procedures and requirements for the prevention of accidents. This is accomplished through regular meetings and the analysis of data related to consumer incidents/injuries, vehicle accidents, employee injuries, medical incidents (including illness), hospitalizations, infectious diseases and deaths. Data is also analyzed from environmental/Americans with Disabilities Act audits. Membership consists of the Safety Director and representatives from Mental Health, Mental Retardation, and Early Childhood Intervention services in all counties including direct care, management and support services staff. Meetings are held bi-annually and information is reviewed by the Senior Management Team. Information is also reported to DADS to assist in benchmarking with other states.

The **Human Rights Committee** is charged with reviewing all allegations of client rights violations and complaints and reviewing data to look for trends within the organization. They assure that persons served by BTCMHMRC are provided services and treatments in the least intrusive manner appropriate to the individual's needs, that they are afforded due process and that their rights are fully protected. The committee also must review all rights restrictions annually. Activities include promotion of policies and procedures to protect the rights of the people served and to assure the procedures are in compliance with all rules and regulations set forth by law and the performance contract. Additional activities include training for employees, families, consumers, advocates and the community in the rights of people with Mental Retardation and Mental Illness. Membership consists of the Human Rights Officer, family members, a non-affiliated community representative, center employees and a consumer. Meetings are held at least quarterly, and as needed, and information is reviewed by the Senior Management Team.

The **Clinical Records Committee** is charged with forms review and approval, review of the clinical records reviews, developing procedures for documentation practices in the consumer record, developing a standardized record system and determining the elements to be included in the official consumer record. Membership consists of the Chairperson and representation from appropriate departments. The committee meets as needed.

The **Advisory Boards** from Bastrop, Caldwell, Fayette, Gonzales, Guadalupe, and Williamson counties are charged with providing input and support into consumer and program needs and serving as a liaison with local community leaders for program assessment and support. The Home and Community Based Services program has an Advisory Board that includes a consumer and family members. Local Board activities include fundraising, provision of emergency services and funds, and community education. The boards consist of family members, non-affiliated community members, governmental officials, consumers, and advocates.

The **Professional Review Committee** provides a mechanism for clinical review, of sentinel events and oversight for issues related to the quality and appropriateness of service. Meetings are held as needed and topics may include, but are not limited to the following: Sentinel Event Reviews, Performance Profiling/Evaluation, Credentialing and Reappointment Reviews and Clinical Policy Development. The purpose of the Professional Review Committee is to provide a forum supporting the discussion of medical care provided by BTCMHMRC and to conduct professional review of medical and healthcare services to improve the quality of care pursuant to the Texas Revised Civil Statute Article 4495b and the Texas Health and Safety Code article 161.031-.033 which provide a privilege of confidentiality for professional review activities in the State of Texas. The Committee will oversee and ensure the delivery of quality care to the people served by BTCMHMRC.

Accountability and Resources

Accountability for assuring the Quality Management Program functions, rests with the Director of Quality Management. She is responsible for systematically reporting data to the senior management team, which is led by the executive director. The executive director provides leadership and support for management as they implement organizational goals and objectives. Performance expectations and results, utilization trends and recommendations for change are also communicated to the Board of Trustees, which guides the center through policy directives. In addition, the Board of Trustees holds each employee, contractor, or agent of BTCMHMRC accountable for complying with all laws, rules, policies and procedures for service implementation and billing.

The executive director charges the senior management team with responsibility for assuring quality in service delivery, including review of utilization management data, evaluating and improving processes, meeting performance expectations and implementation of corrective actions.

Major activities of the Quality Management Department include:

- development of the Quality Management Plan
- quarterly Utilization Management/Quality Management Committee meetings
- coordination of the data and plans of improvement for the Utilization Management/Quality Management Committee meetings
- development of Management Reports
- systematic review of the processes for Quality Management and review of Utilization Review information
- coordinating an internal review/auditing process of programs, contractors, billing and consumer care
- monitoring of the medication benefit program
- facilitating RDM Assessment Authorizations
- utilization Management Activities

- assuring through use of the fidelity instruments, compliance with the philosophy of Resiliency and Disease Management

Resources for Quality Management activities include center employees with responsibilities for reviewing internal accounting data, reimbursement functions, employee training information, program compliance, review and audit of the Medicaid Administrative Claiming data, clinical records reviews and credentialing.

Monitoring, Evaluation and Trending

Measuring and Assessing Processes and Outcomes
Methods for measuring and assessing service processes and outcomes occur through the self-assessment activities conducted for both Mental Health and Mental Retardation Services. Information on compliance with the Performance Contract, service delivery, assessment completion rates, appropriateness of assessments, length of stay in the community, readmissions to state hospitals, discharge reasons, and encounter information are reviewed for adults and children receiving Mental Health Services. Information is also reviewed regarding improvement in school functioning for children receiving services. For consumers receiving Mental Retardation services the interviews/surveys conducted serve as measures for evaluating the processes and reaching outcomes.

Data Collection and Measurement
Data is gathered from databases such as the CARE (Client Assignment Registration) System and its many subsystems (Texas Home Living billing system, Webcare, Client Abuse and Neglect System, Home and Community Based Services System, Intermediate Care Facilities for Mental Retardation billing system and the In-Home and Family Support System) and the Anasazi software database used by BTCMHMRC. Additionally, information is received from the Business Objects Reports facilitated by DSHS and DADS, internal and external program audits (Intermediate Care Facilities-Mental Retardation, TxHL, Home and Community Based Services and Early Childhood Intervention). Data from chart audits, observations, committee meeting reports, budget reports and reports from the BTCMHMRC Incident/Injury reporting system are also utilized. The annual facility site safety inspections and environmental/Americans with Disabilities Act inspections provide valuable data on the safety and accessibility of our facilities. Satisfaction data is gathered from consumer surveys, interaction with community leaders and complaints to the Client Rights Officer. In addition to data that is developed for internal use, BTCMHMRC is a participant in the Texas Councils Balanced Scorecard project. Financial and service information is collected from all community centers to enable the establishment of benchmarks.

Self Assessment Activities
An integral part of the Center's Quality Management Program is the development of the Local Plan. The Local Plan is developed with input from the community, families,

clients, advocacy groups and other interested people. As part of the ongoing self-assessment process, development of the Local Plan determines the direction and key elements of the Quality Management Plan. Self-assessment activities include reviews of the following:

- Consumer input:
  Surveys from consumers receiving Mental Retardation services, which include surveys of consumers receiving supported home living, supported employment, day habilitation, Case Management and respite services. Surveys include information on satisfaction, outcomes, access to services and quality of services

  Surveys from consumers receiving Adult Mental Health and Children's Mental Health services, which include center implemented surveys of satisfaction, outcomes, access to services and quality of services. Benchmark information from annual DSHS satisfaction surveys is also reviewed.

- External input:
  Mental Health crisis services audit
  Mental Health Co-Occurring Psychiatric and Substance Use Disorders audit
  Mental Retardation certification audits for HCS and Texas Home Living (both authority and provider) and ICF-MR
  Mental Retardation HCS billing audits
- Internal organizational input:
  Mental Health Community Standards Compliance audits
  Utilization Management/Quality Management Committee Quarterly Reports
  Review of critical data concerning client rights, client incidents and injuries, client health and client deaths
  Review of data concerning safety and employee incidents and injuries

Incorporated into both the Mental Retardation and the Mental Health self-assessment processes is specific information obtained from consumer interviews/surveys, employee input, board initiatives/feedback and the Planning and Network Advisory Committee.

Recommendations from self-assessment activities are shared with the Sr. Management Team, boards, PNAC and providers.

Utilization Management

Utilization Management activities provide the Center with a system of procedures designed to ensure that the services provided are cost effective, appropriate and the least restrictive. Utilization review is an analysis of the patterns of service usage to evaluate the appropriateness and efficiency of services. A variety of data and reports give us the tools to determine how to structure our organization to provide best value to our consumers: the right service, to the right person, at the right time, in the most

cost-effective manner. As we have implemented Resiliency and Disease Management, this data has been used to guide us in decision-making regarding staffing, organization and cost effectiveness.

Data tracked and analyzed includes:

- server productivity-average number of hours spent in direct service time by employees with consumers, and number of employees meeting targets set for direct service time
- length of stay - by site, by diagnosis, and by service package. Data includes frequency and duration of services, number of contacts, length of time in service by number of contacts, by time from intake to discharge and total number of hours services were provided, and average hours of service for all individuals in the programs
- no show/cancellation rates-percentage of consumers who do not show for a scheduled appointment or cancel their appointment by service site and physician.
- length of time for pharmacology services-average time it takes to deliver a pharmacological service by physician and site
- hospital bed days-number of hospital bed days utilized by consumers within the BTCMHMRC catchment area and related costs from the trust fund
- insurance revenue tracking-numbers of consumers without insurance, number who fall under the Maximum Ability to Pay scale, number with no income and no insurance and the number on the Medicaid pending list
- medication service data-cost, frequency, physician prescribing patterns and whether the Center is the appropriate pay source for all medications purchased
- Home and Community Based Services financial tracking- review of reports to maximize billing, provide cost effective services and control costs in the HCS programs
- number of days from the initial request for services to provision of the service
- unit service costs
- outlier information
- override rates based on the Level of Care Recommended by the Uniform Assessment compared to the Level of Care authorized.

The information is analyzed by comparing the data to established targets set by DSHS and DADS and the Center, other external requirements of contracts and by benchmarking with other Centers. Business Objects reports have greatly facilitated benchmarking with other centers, as information is timely, easy to access and able to be manipulated in many ways. This review of provider performance data facilitates management decisions for the organization.

The results of the data, analysis and planned actions to be taken are communicated to the Center employees, Board of Trustees, Committees and Stakeholders.

Critical Data Review

Risk Management/Critical Data is reviewed on a daily basis by the Program Directors, monthly by the Safety Director and Quarterly by the Utilization Management/Quality Management Committee, PNAC, and bi-annually by the Safety/Risk Management Committee. Data reviewed, analyzed and trended includes:

- abuse and neglect
- consumer incidents and injuries
- medication errors
- employee Workers Compensation
- vehicle usage and accidents
- consumer restraints
- rights violations
- complaints
- deaths
- serious health related incidents
- infection control/infectious disease incidents
- results of on-site safety/environmental inspections which include a review of evacuation drills, fire marshal inspections, fire extinguishers, alarm and sprinkler inspection compliance, exit signs, health inspections and evacuation/disaster route postings
- environmental safety inspections, including review of the Fire Safety Codes

The Center currently has no programs serving meals to ten (10) or more consumers, if this occurs, a Health Department inspection will be obtained.

The data is analyzed and compared to established targets set by the organization, external requirements of contracts, and by benchmarking with other Centers. Benchmarking consists of comparing comparable data from one program to the data we have collected. Data is collected from other Centers, DSHS, and DADS profiles and from the Balanced Scorecard project of the Texas Council. Plans to address and reduce risk to the organization in each area are discussed at the Safety/Risk Management Committee meeting and at the quarterly Utilization Management/Quality Management Committee meetings, and documented in the minutes of the meeting. Upon identification of outliers, the Utilization Management/Quality Management Committee assigns responsibility for implementing a plan of correction for each outlier.

Quality Assurance Activities

Quality Assurance activities are performed at all levels of the organization. Activities include monitoring of:

- compliance with Intermediate Care Facilities for Mental Retardation, Home and Community Based Standards, TxHL, Early Childhood Intervention and In Home and Family Support rules and regulations

- performance contract tracking of compliance with meeting targets and data verification
- billing audits
- standards compliance reviews
- Medicaid Administrative Claiming quality reviews
- record audits
- financial tracking of costs and interventions by the internal auditor
- credentialing
- Review of the Resiliency and Disease Processes, through the use of the Fidelity Instruments
- TIMA, through a study annually to assure the following:

TIMA has been implemented at BTCMHMRC. Complete documentation of TIMA exists on the approved TIMA form and it is completely filled out:

- Patient outcomes are being measured
- Lack of patient response is being addressed
- Medications are not being changed before 4 weeks; if so, side effects are documented
- Patients are getting an initial visit plus 3 med visits within 12-16 weeks
- Adherence to the TIMA rating scales

Upon completion of the TIMA study, a plan of correction will be developed, if needed, to correct any inconsistencies in implementation and improve the processes as necessary.

Co-Occurring Psychiatric and Substance Use Disorders audits to assure services:

- address both psychiatric and substance use disorders
- facilitate accessing available services
- are provided within established practice guidelines
- are provided by competent staff in accordance with the individual's
- treatment plan
- documentation includes: the diagnosis of substance abuse, progress notes that address the co-occurring substance use disorder and linking activities with appropriate services, and a Treatment Plan that addresses the co-occurring
- substance use disorder
- completion of the fidelity instruments for RDM

The results of all audits are shared with the program directors and appropriate committees. In addition data is contained in the Quarterly Utilization Management/ Quality Management Plan report. Plans of correction are required and follow up is provided to assure that if the problems are systems failures, corrective action is taken. When required, individual training occurs with employees to remedy problems.

Stakeholder Input
Stakeholders include consumers, their families, the community (including businesses), law enforcement agencies, school districts, other Health and Human Services Commission agencies, the state schools and hospitals, and private providers. Input is obtained through meetings, public forums, surveys, focus groups and through communication with advisory boards and the Board of Trustees. Stakeholder participation and input into the Quality Management Program is assured through the Planning and Network Advisory Committee, the Community Management Teams, Community Resource Coordination Groups (CRCGs), and Interagency Councils. Information obtained from the stakeholders is addressed during the Self-Assessment and the Local Plan Development process.

Satisfaction
Evaluation of the satisfaction of consumers, families and the community provides BTCMHMRC with important information used in developing recommendations from the Self-Assessment and the Local Plan. Stakeholder input and satisfaction is reviewed at all levels of the organization:

- consumer and family satisfaction surveys
- review of complaints/appeals
- interviews
- DSHS Adult Mental Health Consumer Satisfaction Surveys
- DSHS Child and Family Mental Health Consumer Satisfaction Surveys

Organizational Best Practices
BTCMHMRC has adopted the definition of Best Practices from the Texas Health Quality Alliance as our definition. "Best Practices are specific risk adjusted approaches to identify the processes, procedures, and services that have known costs and outcomes". Best practices are defined through comparisons of data, cost and risk related to the provision of services. Through analysis of this information the organization is able to implement change and take action.

Best Practices identified by the organization have resulted in changes in the way medications are provided to BTCMHMRC consumers. Use of the Patient Assistance Program for some consumers has allowed funds to be freed for improved services for others. Applications are submitted through our pharmacy contract, allowing customers the convenience of having their local pharmacy dispense the medications

BTCMHMRC received an OSAR grant enabling us to provide assistance immediately and on site for consumers needing substance use services.

BTCMHMRC has continued to provide counseling services to adults through contracting with private providers. This gives consumers a choice in providers and access to services outside of BTCMHMR operating hours.

Online training for new employees was expanded to include Medicaid Administrative Claiming the past year. The training is competency based and covers all required

training. Online training allows staff training to occur at any site in the 8 county area where the internet can be accessed. Of value is the ability to have contract providers receive the standardized online training before providing services.

Joining with school districts to provide services for children has also proven to be a best practice. Our partnership with Leander School District as part of the Safe Schools Healthy Kids grant and with the Children's Support Coalition of Williamson County has enabled BTCMHMR to provide services to children who could not otherwise access services.

Best Practices identified for service delivery haves resulted in standardization and streamlining of service processes and documentation. The processes for determining best practice for other services will mirror the processes we developed in determining the above best practices.

Contract Monitoring/Provider Profiling

Contract development and monitoring is centralized in the Local Authority Division and is accomplished as follows:

- personnel monitor the contract document to assure it contains all the required elements, signatures have been obtained and that it is renewed as required
- the Contract Monitor reviews to determine how well contractors are adhering to requirements of DSHS AND DADS
    - ➢ billing accuracy as substantiated by service documentation
    - ➢ that services are delivered as required in the contract
    - ➢ timeliness of service delivery
    - ➢ access to services
- the Center Director reviews quality as indicated by consumer feedback and documentation
- the Safety Director conducts an environmental safety and health audit of the facility if the contract involves a specific site, such as a group home

There is a continuous feedback loop from direct care employees coming into contact with a contract service, regarding consumer satisfaction, safety, and quality of the service, to Contract Development and Monitoring staff.

Provider profiling is completed using data collected by the Center. Elements of the profile include training compliance, consumer satisfaction, billing and documentation requirements, timeliness and access to services and quality of service. The Quality Management Department is responsible for tracking quality improvement efforts, bringing attention to areas needing improvement and monitoring to see that intervention has occurred. This information is communicated to the Senior Management Team.

Training Activities
Quality Assurance for services is promoted in training activities. Training for employees begins with the New Employee Orientation program under the direction of the Human Resources Department. New employees receive training in all areas mandated by DSHS AND DADS, program standards and BTCMHMRC policy. If required, annual refresher training occurs. Specialized training occurs for clinical employees and direct care employees both in orientation and on site. Ongoing training occurs in each site if identified as a need by audits or if requested by the employee or supervisor.

Credentialing
The purpose of credentialing is to establish a procedure for eligible providers who wish to perform services on behalf of BTCMHMRC, either as part of the internal network or as a part of another health care plan to which we may contract. Credentialing serves to protect the safety and dignity of BTCMHMRC consumers by ensuring that services are provided by appropriately trained individuals and to ensure that the agency receives compensation for billable services rendered. Credentialing for BTCMHMRC is contracted through Healthnet Data Link for licensed professional staff and through the BTCMHMRC credentialing committee for unlicensed staff.

OSAR Measuring, trending and improving
<u>Evidenced based practices</u> Using evidenced based practices such as utilization of LMSW's, LCSWs, LPCs, LCDC certified staff to perform all OSAR interviews. Using the DSHS guidelines and utilization of a state certified OSAR specialist, staff are trained and evaluated as to competency before starting work. When deficits are found systems will be fine tuned to improve services.

<u>Client satisfaction</u> – The OSAR will conduct telephone satisfaction interviews with 2% of clients interviewed. This will occur on an semi-annual basis. Data will analyzed to determine areas of needed improvement relating to satisfaction.

<u>Service capacity</u> – service capacity will be determined by the wait time for initial face to face contact with the OSAR staff exceeds one week. If wait time exceeds one week the OSAR will re-evaluate staff allocation in each area and move staff to where the need is. In addition, the telephone interviews referenced above, the client will be asked questions related to access to services, including wait time, time to answer the phone, convenience of locations.
<u>Client continuum of care -</u> The OSAR provided service coordination for those individual who qualify and crisis intervention for client and family. Contact and progress will be documented by the identified service coordinator throughout the continuum of care. Monthly reviews will occur of documentation of the continuum of care process as evidenced by client record reviews. Using defined tool trends needing improvement will be identifies from the data and areas needing improvement will be noted.

Accuracy of data reported to the state - Audits of data entered into BHIPS will occur on an random basis to measure quality and accuracy. Data will be checked against the counselors' schedules for quality and quantity of documentation.

The OSAR will participate in all data verification activities, submit self audit results as required, and submit documentation as requested. In addition the OSAR will participate in onsite reviews.

The OSAR will Participate in and actively purse QMO activities that support performance and outcomes improvement by continually evaluating the provision of services both formally and informally through a process of audits, interviews and documentation reviews.

The OSAR will respond to consultation recommendations by DSHS related to staff training, self-monitoring activities and use of quality management tools to improve quality of services. BHIPS reports will be monitored weekly for accuracy of reporting.

Improvement and Tracking
The Quality Management Department is responsible for tracking quality improvement efforts, bringing attention to areas needing improvement and monitoring to see that intervention has occurred. This information is reviewed and analyzed with management employees, including the Senior Management Team, and any other relevant employees. This includes organizational processes and outcomes and service processes and outcomes. Information obtained through the measurement of organizational and service assessments are analyzed and procedures put in place for continuous quality improvement. Procedures can include action plans, goals, or continuous monitoring and feedback until acceptable thresholds are met. Directors are empowered to make changes to improve systems at the local level and the Sr. Management Team at the organizational level. At the provider level, server productivity, compliance with the performance contract, billing reconciliation, and risk management data is reviewed on a monthly basis. The local service directors review relevant reports with service providers to ensure needed services and assessments are provided in a timely manner, that there is adequate service documentation, and that work performance is maximized.

On a quarterly basis the following information and data is monitored and reviewed by the Utilization Management/Quality Management Committee:

- Utilization Management data (server productivity, no show/cancellation rates, revenue resource availability, length of time in service, etc.)
- critical incidents data (consumer incidents, injuries and illnesses, employee injuries, vehicle accidents, medication errors, deaths, rights violations, etc.)
- Quality Management Activities (billing accuracy, lost revenue report, data accuracy, target compliance requirements, etc.)

The following is collected and analyzed on a continuing basis by the Utilization Management/Quality Management Committee:

- stakeholder input
- consumer and community satisfaction
- Organizational Best Practices
- contractor profiling

Communicating and Updating the Plan
On an annual basis the Quality Management Plan will be reviewed by the Utilization Management/Quality Management Committee, the Planning and Network Advisory Committee, and the Board of Trustees. Needed revisions will occur with input from all stakeholders. Responsibility for this process lies with the Quality Management Department.

Information about the Quality Management Plan occurs through printed materials, distribution of the Plan, presentations and employee training sessions.

BLUEBONNET TRAILS COMMUNITY MHMR CENTER		
Operating Procedure XV.M.1.	Title: Program Compliance Plan	
		Revision Date: 5/01/2005
		Review Date:

Office of Primary Responsibility	Cross References	Program Reference: All Programs
Quality Management	External: Medicaid Provider Manual, Medicare Provider Manual, HCS Rules, ICF-MR Rules, Texas Administrative Code, ECI Standards, Performance Contract	
	Internal: Program Compliance Policy Credentialing Procedure	
Original Effective Date: 12/01/2000	Responsible Person Signature:	
	Executive Director Signature:	

PURPOSE:

The purpose of the Program Compliance Plan (PCP) is to assure implementation of the Bluebonnet Trails Community Mental Health and Mental Retardation Center (BTCMHMRC) policy to provide services, including Medicaid and Medicare, that are needed, authorized, appropriately documented and of benefit to the consumer. The PCP serves as the Corporate Compliance Plan for BTCMHMRC.

The BTCMHMRC PCP exists to assure compliance with all rules, policies, and procedures for service implementation and billing.

Standards of Conduct for employees, contractors or agents

The governing board of BTCMHMRC is the "Board of Trustees" and is appointed by the county judges in each of the eight counties. They are ultimately responsible for approving and assuring the implementation of all policies, including the standards of conduct. This is completed with the assistance of the Chief Executive Officer (CEO) and his/her designees.

The standards of conduct are described as follows and have become the policies and procedures for BTCMHMRC . The standards of conduct are available for review by all employees, contractors and agents of the organization

It is the responsibility of each employee, contractor or agent of BTCMHMRC to comply with all laws, rules, policies, and procedures for service implementation and billing. Each employee, contactor or agent of BTCMHMRC is held accountable to the organization for complying with all laws, rules, policies, and procedures for service implementation and billing. In addition, it is the responsibility of each employee, contractor, or agent of BTCMHMRC to report the knowledge of any fraud or abuse to the Corporate Compliance Officer (CCO). Employees, contractors or agents of BTCMHMRC will face disciplinary action for acts constituting fraud or abuse in any program. "Fraud" is defined by Medicaid as "an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person." "Abuse" is defined as "provider practices that are inconsistent with sound fiscal, business or medical practice, and result in an unnecessary cost tot the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for healthcare."

Subcontractors and suppliers should be treated in a fair and reasonable manner, consistent with all applicable laws and regulations in accordance with good business practices. BTCMHMRC abides by the principle of competitive procurement to the extent possible. Purchasing decisions will be made based on objective criteria. BTCMHMRC will always employ the highest business standards. All requests for proposals will be judged objectively and in accordance with Center procedures before a selection is made. Employees will not accept gifts from businesses associated with BTCMHMRC without prior approval of the CEO. Gifts of little value, (food or items to advertise), may be accepted by employees, contractors or agents of BTCMHMRC. We will not contract with any individual who is a current employee of BTCMHMRC.

A conflict of interest may occur if the employees, contractors, or agent's activities or personal interests influence or appear to influence their ability to make objective decisions in the course of their job responsibilities. A conflict of interest may also exist if the demands of any outside activities hinder or distract them from the performance of their job or cause them to use company resources for non-business reasons. It is the employees, contractors or agents responsibility to remain free of conflicts of interests in the performance of their job with BTCMHMRC.

It is the responsibility of each employee to safeguard the confidentiality of all client information, including clinical records, both paper and electronic. They are required to be safeguarded against loss, damage, or unauthorized use.

It is the responsibility of each BTCMHMRC employee, contractor, or agent to preserve our organization's assets, including time, materials, supplies, equipment and information. Assets are to be maintained for business related purposes. The personal use of any BTCMHMRC asset without the prior approval of the supervisor is prohibited. Use of BTCMHMRC assets for personal gain is also prohibited.

It is the policy of BTCMHMRC to keep complete and accurate records of all transactions. The Clinical Records Committee is charged with forms review and approval, review of the clinical records reviews, developing procedures for documentation practices in the consumer record, developing a standardized record system and determining the elements to be included in the official consumer record. The Committee meets quarterly.

In the day to day functions of BTCMHMRC issues arise that relate how people in the organization deal with one another. One example involves gift giving for certain occasions. No one should feel compelled to give gifts to anyone and gifts should be appropriate to the occasion and never be lavish. Employees, contractors or agents should not be made to feel compelled in fundraising efforts.

Unethical or illegal behavior by center employees, contractor or agent of BTCMHMRC must be reported to the Director of Quality Management at 512-244-8322. This number will be considered the "Hotline" for the reporting of unethical or illegal behavior. BTCMHMRC has a zero tolerance policy for retaliation for reporting of unethical or illegal behavior.

The policies and procedures for BTCMHMRC are found on the Network for all employees to access. Employees are notified when any changes or revisions are made and may print them out for further dissemination as needed. Department heads and program directors are responsible for assuring all employees receive information and training on policies and procedures.

All employees, contractors and agents of BTCMHMRC will receive a copy of the PCP and ongoing training in its implementation

Over site of the Program Compliance Plan

The Director of Quality Management has been designated as the Corporate Compliance Officer (CCO) for BTCMHMRC. The Director of Quality Management reports directly to the Director of Authority Functions and is charged with operating and monitoring the compliance program. The CCO has the authority to access all relevant documentation and records, including medical records, financial records, human resources files and records, all contracts, marketing materials, proposals, sales contracts and all agreements describing business relationships.

It is the responsibility of the CCO to oversee and monitor the PCP through Quality Assurance functions such as coordination of internal/external audits and reviews. The CCO, in partnership with Human Resources and Human Resource Development, will also be responsible for developing and implementing training for all employees in the compliance program through systematic competency based training. Training will be conducted face to face with employees in order to answer questions regarding the PCP and clarify issues surrounding fraud or abuse of any program.

The CCO is responsible for coordinating investigations and presenting the outcome to the CEO of the organization for dispensation. To ensure long-term interest and a commitment to compliance, the organization will expect the highest standards of conduct from all employees, contractors and agents of the organization.

The Corporate Compliance Committee (CCC) will include the CEO, Chief Administrative Officer, Chief Operating Officer, Director of Crisis Services, Director of Mental Health Services, and the Corporate Compliance Officer. The CCC is responsible for reviewing both the external environment for trends in failure to maintain compliance and our own internal compliance with program rules, both programmatic and fiscal compliance. The committee will assist in the development of the compliance program and policies and procedures for BTCMHMRC, by developing standards of conduct for employees, contractors and agents. In addition, the committee will recommend and review monitoring practices for compliance and assist the CCO in determining the organization's strategy for promoting compliance. Concerns, complaints and problems, as identified through information from the hotline and the Human Rights Officer (regarding complaints) will be reviewed by the CCC on a quarterly basis. Information reviewed will also include the outcome of any investigation that arises. Lastly, the committee will assist the CCO in creating the PCP and quarterly report format.

Delegation to trustworthy employees

Prior to becoming an employee, vendor, contractor or agent of BTCMHMRC, a review will be completed to insure the provider has not been excluded from participation from the Medicaid or Medicare program. This review is completed by the Quality Management Department for credentialed employees. Any potential employee, vendor, contractor or agent found to be excluded from the Medicaid or Medicare program is also excluded from doing business with BTCMHMRC.

If it is known that a potential employee, vendor, contractor or agent is currently under investigation they will be excluded from being hired or conducting business with BTCMHMRC until the investigation is complete. It is the responsibility of each department to insure compliance by reviewing the list of excluded providers on the Internet.

All employees undergo an interview, physical capacity review, criminal history check, drug screening, and reference check prior to employment. Providers must meet applicable health plan credentialing requirements and maintain applicable licenses, certifications, registrations and other legally necessary and recognized credentials in accordance with the laws of the State of Texas and policies of the Texas Department of Mental Health and Mental Retardation (DSHS AND DADS). Credentialing is performed for eligible providers who wish to perform services on behalf of BTCMHMRC, either as part of the internal network or as a part of another health care plan with whom BTCMHMRC may decide to contract and to protect the safety and dignity of BTCMHMRC consumers by ensuring that services are provided by appropriately trained individuals and to ensure that the agency receives compensation for billable services rendered in behavioral health and chemical dependency.

Training and education of employees, contractors and agents
Training for new providers begins with the New Employee Orientation program under the direction of the Human Resources Department. New employees receive training in all areas mandated by DSHS AND DADS, program standards and BTCMHMRC policy. This is the first education employees receive regarding program compliance, ethics, accountability and their duty to report fraud or abuse. Specialized training occurs for clinical employees and direct care employees both in orientation and on site.

The Sr. Management Team is notified of any changes, clarifications or revisions to rules, policies and procedures through consortium meetings, workshops, printed materials, journals and over the Internet. Information is forwarded to all employees, including clinicians, auditors, medical employees, the Quality Management Department and the Reimbursement Department. Additionally, training occurs at the provider level through Service Coordinator meetings and training meetings for providers of rehabilitation services. As requested, training is provided by the Quality Management Department. .

Specific, one on one competency based training for service coordinators is provided by clinical employees. Training for providers of skills trainers is provided by the program director and the skills training specialist. Training for providers of Medical services occurs at monthly physicians meetings and individually by the Medical Director. Ongoing training occurs in each site if identified as a need by audits or if requested by the employee or supervisor. Records of attendance are kept of all training conducted and at the end of training the session is evaluated by the participants.

Monitoring of systems
Systems have been put in place to assure compliance, correct any errors and repay billing errors through auditing and reviews as follows:

- Duplicate billing audits – Through the automated billing system, any overlapping or duplicate billings are noted. Quality Management employees

review all noted overlapping or duplicate billings and obtain corrections or resolve discrepancies before they are billed. This may include corrections to the billing system, corrections to the documentation or clarification of the services provided. A clinician resolves all associated tasks related to duplicate billing.

- Medicaid Audits – The Quality Management Department employees and clinicians conduct Post Billing Medicaid audits of HCS services, ECI service coordination and therapy, MH and MR service coordination and rehabilitation services. At least 10% of the individuals receiving Medicaid services each quarter are reviewed to assure the following: the data supports the billing, the individual is eligible for the service, and the service was provided on the date and at the time shown on the claim.
- Special audits of Card Services – As requested, audits of Medicaid and Medicare Card Services occur. Approximately 5% of the people receiving Card services are reviewed to assure the following: the data supports the billing, the service was provided by a credentialed clinician, and the service was provided on the date and at the time shown on the claim.
- Review of external audits - All external audits are reviewed by the Quality Management Department. Plans of correction are coordinated if needed and information is disseminated to the field.
- Records reviews – Record reviews to assure documentation follows all standard rules and BTCMHMRC procedures are conducted by the Clinical Records Administrator.

Through our client database, Anasazi, notification is sent to providers when services or activities are required to meet standards. These reports are compiled by the Program Directors, who are responsible for ensuring compliance with timelines. Also, the Anasazi Suspense system suspends all billings that do not meet the eligibility requirements or authorization requirement of the specific Medicaid program. Program Directors are responsible for correcting the Anasazi system or notifying the Reimbursement Department that the service should not be billed and the reason why.

Results of audits are reviewed by the Utilization Management/Quality Management Committee (also the CCC), Planning and Network Advisory Committee, and the Professional Review Committee. The charge of the Professional Review Committee is to oversee and ensure the delivery of quality care to the people served. Topics discussed may include, but are not limited to the following:

- Sentinel Event Reviews
- Performance Profiling/Evaluation
- Utilization Review
- Credentialing and Reappointment Review
- Clinical Policy Development

Plans of correction are required and follow up is provided to assure that if the problems are systems failures, corrective action is taken. When required, individual training occurs with employees to remedy problems. At the conclusion of each audit

a face-to-face exit and education session with program directors and employees occurs. Copies of all audits are distributed to the Program or Center Directors to develop a plan of correction. The plan of correction is sent to Quality Management employees to recoup funds or resolve any further discrepancies.

Ongoing monitoring of employee feedback, appeals outcomes and disciplinary action will occur at the quarterly Utilization Management/Quality Management Committee meeting. This meeting will also serve as a meeting of the Corporate Compliance Committee. An annual external audit of Medicaid and Medicare processes may be conducted if a consultant is available.

Disciplinary systems enforcement
It is the policy of the BTCMHMRC that all employees are expected to comply with the Center standards for conduct and performance. Any noncompliance with these standards must be remedied in a timely manner.

BTCMHMRC endorses a policy of progressive corrective action, which provides employees with ongoing written feedback from their supervisor, with a notice of deficiencies and the opportunity to improve. However the CEO retains the right to override all of these procedures at her/his discretion.

The BTCMHMRC Board of Trustees' authority for all operations, and policies and procedures is vested with the CEO. BTCMHMRC employees are employed at the pleasure of the Executive Director. BTCMHMRC operates under the legal doctrine of "EMPLOYMENT-AT-WILL" and, within requirements of state and local law regarding employment, can dismiss an employee at any time, with or without notice, for any reason or no reason. Every effort is made to ensure that employee dismissals are not made in an arbitrary and capricious manner; however, these personnel policies do not constitute an employment agreement between the Center and any of its employees and in no way restricts the at-will nature of employment. BTCMHMRC has the right to change these policies at any time, without prior notice to employees.

Each employee receives an annual evaluation, which, in addition to work tasks, addresses compliance with BTCMHMRC policies and procedures.

Response to detected offenses and prevention of reoccurrence
Based on internal audits, compliance error rates are kept by center, program and by employee to assure mistakes are corrected and patterns of mistakes are addressed. All errors require that a plan of correction be submitted to the Quality Management Department. Patterns of complaints and errors are reviewed by the CCC to determine the plan of action to take to resolve the problem. The plan may include but is not limited to, additional training, changes in policies or procedures or changes in our systems of service delivery. When questionable conduct is identified, it is investigated and if needed, disciplinary action is taken.

It is the policy of BTCMHMRC to provide services, including Medicaid and Medicare, that are needed, authorized, appropriately documented and of benefit to the consumer. All programs will follow the appropriate rules, policies, and procedures for service implementation and billing. It is the policy of BTCMHMRC to repay any funds, including Medicaid and Medicare, received in error.