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| Health Care Agency Mental Health and Recovery Services Policies and Procedures | Section Name: | Quality Improvement |
| | Sub Section: | Other |
| | Section Number: | 06.03.01 |
| | Policy Status: | <input type="checkbox"/> New <input checked="" type="checkbox"/> Revised |
| SIGNATURE | | DATE APPROVED |
| Director of Operations Mental Health and Recovery Services | | <u>Signature on File</u> <u>2/15/2023</u> |

SUBJECT:

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| Quality Management and Community Quality Improvement Committee |
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PURPOSE:

To establish a process for ongoing collaboration between the various divisions in the Health Care Agency (HCA) Mental Health and Recovery Services (MHRS) to address quality improvement and quality of clinical care occurrences in order to improve the systems for Medi-Cal beneficiaries who are eligible for mental health services (MHS) and substance use disorder (SUD) services through HCA.

POLICY:

MHRS shall establish a quality management (QM) program to determine quantitative measures to assess performance and to identify and prioritize areas of improvement to ensure Medi-Cal beneficiaries who are eligible to receive MHS and SUD services through HCA receive proper screening, assessment, referral and care coordination.

The QM program oversight shall include the establishment of a Quality Improvement (QI) committee to review the quality of MHS and SUD treatment services provided to beneficiaries.

SCOPE:

This policy covers MHRS in its delivery of MHS through the Mental Health Plan (MHP) and SUD services through the Drug Medi-Cal Organized Delivery System (DMC-ODS) to all Medi-Cal beneficiaries served.

REFERENCES:

[Quality Assessment and Performance Improvement \(QAPI\) Work plan](#)

[Memorandum of Understanding for the Coordination of Behavioral Health Services](#)

[MHRS 01.01.04 Continuity of Care and Referral in SUD programs](#)

Mental Health Plan Performance Agreement between DHCS and the County of Orange

Intergovernmental Agreement (IA) for the provision of DMC-ODS services

DEFINITIONS:

Drug Medi-Cal - Medicaid funding for services for eligible persons with SUD.

Substance Use Disorder (SUD) services - an array of substance use disorder services as defined in the federally approved State Medicaid waiver 1915(b), also known as DMC-ODS in the CalAIM Section 1915(b) waiver.

Specialty Mental Health Services (SMHS) - an array of mental health service as described in regulations (Title IX) and under the authority of the federally approved State Medi-Cal 1915(b) waiver, also known as the Specialty Mental Health Services in the CalAIM Section 1915 (b) waiver.

PROCEDURE:

- I. MHRS shall implement continuous quality improvement processes as described in the MHRS Quality Assessment and Performance Improvement (QAPI) work plan to ensure compliance with quality improvement requirements for MHP and DMC-ODS services including, but not limited to:
 - A. Beneficiary and system outcomes
 - B. Utilization management
 - C. Utilization review
 - D. Provider appeals
 - E. Credentialing and monitoring, and
 - F. Resolution of beneficiary grievances
- II. A Community Quality Improvement Committee (CQIC) shall be established by Authority and Quality Improvement Services (AQIS) as part of the Quality Management program. AQIS CQIC shall function as the MHRS joint MHP and DMC-ODS oversight and multi-disciplinary clinical team that ensures that quality improvement requirements and reporting goals are met.
- III. The AQIS CQIC shall:
 - A. Be a mechanism to monitor appropriate and timely intervention of occurrences that raise quality of care concerns and shall recommend appropriate follow-up action when such an occurrence is identified.
 - B. Review the quality of MHP and DMC-ODS treatment services provided to beneficiaries.

- C. Recommend policy decisions.
 - D. Review and evaluate the results of QI activities, including performance improvement projects.
 - E. Institute needed QI actions.
 - F. Ensure follow-up of QI processes; and
 - G. Document QI Committee meeting minutes regarding decisions and actions taken.
 - H. Meet on a quarterly basis.
- IV. The CQIC includes representatives from:
- A. HCA MHRS Director of Authority and Quality Improvement Services (AQIS)
 - B. HCA MHRS Director of Adult and Older Adult Behavioral Health (AOA)
 - C. HCA MHRS Director of Children, Youth and Prevention Behavioral Health (CYP)
 - D. HCA MHRS Medical Director or designee
 - E. Licensed clinical MHP managers and providers from AQIS, CYS and AOA
 - F. Licensed clinical DMC-ODS managers and providers from AQIS, CYS and AOA
 - G. QI staff from MHRS Contracted providers
 - H. Beneficiaries and family members