Quality Assurance Requirements for Directly-Operated Programs

Purpose:

To establish a standard process for directly-operated programs for monitoring and reviewing network adequacy, access to care, utilization of services, documentation and claiming to ensure compliance with Federal, State and Local laws and regulations and also enhance staff training and service delivery.

General Quality Assurance (QA) Requirements:

1. All directly-operated programs shall have a written QA process
2. All directly-operated programs shall have a QA representative
3. All directly-operated programs shall participate in the Department's QA process

Written Quality Assurance Process

The written QA process is to identify the specifics around how each individual directly-operated provider will meet the Department's QA requirements.

1. The written QA process must include:
    a. Who is responsible for each element of the QA process, including back up staff;
    b. When elements of the QA process will be done;
    c. How elements will be done;
    d. Additional QA activities the program will conduct specific to the needs of the program;
    e. Contact information
2. Programs must use the QA Process form to document their QA process.
3. The QA Process form must be submitted to the QA Division as instructed by the Quality Assurance Division-Policy & Technical Development.
4. The QA Process form must be current. If there are any changes, the QA Process form should be re-submitted to the QA Division.

Quality Assurance Representative

The QA representative is responsible for serving as subject matter expert at each individual directly-operated program and overseeing the QA process.

1. The QA representative must possess a license in one of the following disciplines:
    a. Psychiatrist
    b. Psychologist
    c. Social Worker
    d. Marriage and Family Therapist
    e. Registered Nurse (include Nurse Practitioner and Clinical Nurse Specialist)
2. The QA representative is responsible for:
    a. Ensuring the written QA process is completed and submitted to the QA Division as requested
    b. Ensuring all required elements of the QA process are met;
    c. Reviewing the following on-line trainings:

Quality Assurance Requirements for Directly-Operated Programs

i. Access to Care Timeframe Reminders
ii. Access to Care & Recording Initial Requests
iii. New Criteria to Access SMHS and Medical Necessity
iv. Documentation Redesign
v. Intensive Care Coordination (ICC) Training Module
vi. TCM Needs Evaluation Intro Powerpoint
vii. Reimbursement & Claiming Training Module
viii. Community Outreach Services Training Module
ix. Introduction to Quality Assurance Resources

d. Attending the Service Area QIC meetings and the monthly Quality Assurance/Error Correction (QA/EC) Call In Show and disseminating information shared
Note: if unable to attend the QA/EC Call In Show, listening to the recording of the show is acceptable
e. Reviewing the Organizational Provider's Manual, Guide to Procedure Codes, Quality Assurance Bulletins and Clinical Forms Bulletins
f. Serving as a resource person to all program staff for documentation, procedure code, and claiming questions
g. Contacting the QIC Liaison if questions arise

Quality Assurance Process

The QA process is designed to ensure each directly-operated provider is monitoring documentation and providing feedback to practitioners in order to improve compliance with State, Federal and local regulations and policies.

1. On a weekly basis, each directly-operated provider must run the following reports and make corrections in accord with the Error Correction (EC) Manual:
    a. Service Information Check Report
    b. Active Clients by Primary Program of Service Report
    c. Missing ICD10 Diagnosis Report
    d. Progress Note Duration Mismatch Report
2. On an annual basis (for providers with more than 1000 active clients or on a biennial basis for all other providers), directly-operated provider's must participate in at least one QA Check-In with the QA Division.
    a. The initial conference call will be initiated by the QA Division to discuss trends from the past year, findings from the QA Division's chart review, and instructions for conducting additional chart reviews
    Note: Some of the charts to be reviewed will be the same charts QA has already reviewed
    b. Participate in a follow-up conference call with the QA Division to discuss program findings from the chart review
    c. As applicable, submit an action plan to the QA Division which may include:
        i. Follow up on specific clinical records;
        ii. Identifying training needs;
        iii. Conducting additional chart reviews;
        iv. Establishing new monitoring processes.

Quality Assurance Requirements for Directly-Operated Programs

3. Based on the directly-operated provider's unique needs and the identification of priority levels by the QA Division, directly-operated providers must participate in conference calls, chart reviews and additional QA related actions.
    a. Different priority levels of program monitoring and oversight will be provided by the QA Division based on a number of factors including level of compliance with basic Medi-Cal regulatory standards and potential impact of non-compliance
    b. Directly-operated programs in need of a high level of monitoring (priority 1):
        i. Will be determined by:
            1. More than an average of 1000 active clients AND
            2. Three or more consecutive months of:
                a. Twenty percent (20%) or more initial requests for services are not provided within access to care timeframes and/or
                b. Fraud, waste and abuse
            3. Specific areas of concern identified by the QA Division
        ii. Must:
            1. Have their claims held
            Note: The QA Division will coordinate this with the Central Business Office
            2. Participate in conference calls every other week with the QA Division, to include the Program Manager, clinic supervisors, and the District Chief, to address QA issues, chart review findings, sources of problems, etc.
            3. Complete the QA Process form to identify causes of errors, the plan to address errors, how to prevent errors, and how to effectively monitor/fix errors.
            4. Take corrective action which may include staff training, staff shadowing by the QA Division, and modifications to workflows
            5. Correct held claims once non-compliance drops below the numbers referenced in section 4(b)(i)(2)
            Note: Claiming will resume once this step is complete
    c. Directly-operated programs in need of a medium level of monitoring (priority 2):
        i. Will be determined by:
            1. For programs with more than 1000 active clients, having two consecutive months at the levels of noncompliance referenced in section 4(b)(i)(2) and/or
            2. For programs with less than 1000 active clients, having three or more consecutive months at the levels of noncompliance referenced in section 4(b)(i)(2) and/or
            3. QA discretion based on identifiable concerns
        ii. Must:
            1. Participate in a one-time conference call initiated by the QA division to discuss and develop a plan to address the findings