

910 QUALITY MANAGEMENT AND PERFORMANCE IMPROVEMENT

PROGRAM SCOPE

REVISION DATE: 10/11/2023, 12/07/2022, 10/01/2020, 8/1/2018,
7/15/2016

EFFECTIVE DATE: May 27, 2016

REFERENCES: 42 CFR Part 438, 42 CFR 438.2, 42 CFR 438.208, 42 CFR
438.242, 42 CFR 438.310(c)(2), 42 CFR 438.320, 42 CFR 438.330 AMPM
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PURPOSE

This policy applies to the Administrative Services Subcontractors' (AdSS) and establishes the requirements regarding the scope, administration, management, and implementation of the Quality Management and Performance Improvement (QM/PI) Program. This policy sets forth roles and responsibilities of the Division to provide oversight and ongoing Evaluation of the Administrative Services Subcontractors' (AdSS) compliance with QM/PI Program requirements.

DEFINITIONS

1. “Administrative Services Subcontract/Subcontractor” means an agreement that delegates any of the requirements of the Contract with AHCCCS, including, but not limited to the following:
 - a. Claims processing, including pharmacy claims,
 - b. Pharmacy Benefit Manager (PMB),
 - c. Dental Benefit Manager,
 - d. Credentialing, including those for only primary source verification (i.e., Credential Verification Organization [CVO]),
 - e. Management Service Agreements,
 - f. Medicaid Accountable Care Organization (ACO),
 - g. Service Level Agreements with any Division or Subsidiary of a corporate parent owner, and
 - h. Comprehensive Health Plan (CHP) and DDD Subcontracted Health Plan.

A person (individual or entity) who holds an Administrative Services Subcontract is an Administrative Services Subcontractor. Providers are not Administrative Services Subcontractors.

2. "Corrective Action Plan" or "CAP" means a written work plan that identifies the root cause(s) of a deficiency. The CAP is made up of goals and objectives; actions and tasks to be taken to facilitate an expedient return to compliance; methodologies to be used to accomplish CAP goals and objectives; and staff responsible to carry out the CAP within the established timelines.
3. "Evaluation" or "Evaluating" means the process used to examine and determine the level of Quality or the progress toward improvement of Quality and performance related to Division service delivery systems.
4. "Health Information System" means the data system that collects, analyzes, integrates, and reports data and can achieve the objectives of 42 CFR Part 438. The system provides information in the following areas: utilization; claims; grievances

and appeals; and disenrollments for other than loss of Medicaid eligibility (42 CFR 438.242).

5. "Long Term Services and Supports" or "LTSS" means services and supports provided to Members of all ages who have functional limitations or chronic illnesses that have the primary purpose of supporting the ability of the Member to live or work in the setting of their choice, which may include the individual's home, a worksite, a Provider- owned or controlled residential setting, a nursing facility, or other institutional setting (42 CFR 438.2).
6. "Member" means the same as "Client" as defined in A.R.S. §36-551.
7. "Monitoring" means the process of auditing, observing, Evaluating, analyzing, and conducting follow-up activities, and documenting results via desktop or on-site review.
8. "Outcomes" means changes in patient health, functional status, satisfaction, or goal achievement that result from

health care or supportive services (42 CFR 438.320).

9. "Performance Improvement Project" or "PIP" means a planned process of data gathering, Evaluation and analysis to determine interventions or activities that are projected to have a positive Outcome. A PIP includes measuring the impact of the interventions or activities toward improving the Quality of care and service delivery. Formerly referred to as Quality Improvement Projects (QIP).
10. "Provider" means any individual or entity that contracts with the AdSS for the provision of covered services, or ordering or referring for those services to Members enrolled in an AdSS' health plan, or any subcontractor of a Provider delivering services pursuant to A.R.S 36-2901.
11. "Quality" as it pertains to external review, means the degree to which a contractor described in 42 CFR 438.310(c)(2) increases the likelihood of desired Outcomes of its Members through:
 - a. Its structural and operational characteristics.

- b. The provision of services that are consistent with current professional, evidenced-based knowledge.
- c. Interventions for performance improvement (42 CFR 438.320).

POLICY

A. QUALITY MANAGEMENT AND PERFORMANCE IMPROVEMENT (QM/PI) PROGRAM

- 1. The AdSS's QM/PI Program shall establish and implement a QM/PI Program that includes the following elements:
 - a. PIPs,
 - b. Collection and submission of performance measurement data,
 - c. Mechanisms to detect both under and overutilization of services, and
 - d. Mechanisms to assess the quality and appropriateness of care furnished to Members with special health care needs.

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2. The AdSS's QM/PI program shall also include the following elements for Long-Term Services and Supports (LTSS):
 - a. Mechanisms to assess the quality and appropriateness of care furnished to Members using LTSS, including:
 - i. Assessment of Care between care settings; and
 - ii. A comparison of services and supports received with those set forth in the Member's treatment or service plan, if applicable, and
 - b. Participation in efforts by the State to prevent, detect, and remediate critical incidents that are based, at a minimum, on the requirements of the State for home and community-based waiver programs.

**B. QUALITY MANAGEMENT AND PERFORMANCE IMPROVEMENT
PROGRAM COMPONENTS**

The AdSS shall adhere to the QM/PI Program requirements as specified in Contract and AMPM Chapter 900. As part of the QM/PI Program, the AdSS shall:

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- a. Demonstrate that Members' rights and responsibilities are defined, implemented, and monitored;
- b. Ensure that medical records and communication of clinical information for each Member reflects all aspects of Member care, including ancillary and behavioral health services, as specified in AMPM Policy 940. Supporting policies shall include processes for electronic signatures when electronic documents are utilized;
- c. Conduct temporary or provisional, initial, and re-credentialing processes for individual and organizational providers in accordance with the requirements as specified in AMPM Policy 950;
- d. Implement a process for tracking and trending Quality of Care (QOC) concerns, service issue resolutions, and grievance and appeals that meets the standards as specified in AMPM Policy 960, 42 CFR 438.400, and 42 CFR 438.242 et seq.;

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- e. Develop and implement planned activities to meet or exceed AHCCCS-mandated Performance Measure Performance Standards (PMPS), as specified in Contract and required by AMPM Policy 970, and PIP goals, as required by AMPM Policy 980;
- f. Implement processes to review and evaluate its quality improvement data for accuracy, completeness, logic, and consistency as well as trend quality improvement data to identify potential areas for improvement;
- g. Evaluate performance measure and PIP results based on a number of demographics in order to reduce, to the extent practical, health disparities based on but not limited to age, race, ethnicity, sex, primary language, and disability status;
- h. Identify goals or objectives and implement interventions that are meaningful, specific, and applicable to the population(s) served;

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- i. Ensure and demonstrate ongoing communication and collaboration between the QM/PI Program and other functional areas of the organization;
- j. Demonstrate the obtainment and incorporation of input from AHCCCS Members, stakeholders, advocates, and contracted providers in matters related to the QM/I Program activities;
- k. Develop and implement a process for monitoring the quality and coordination between physical and behavioral health services. The process shall include procedures utilized to:
 - i. Ensure timely updates occur between Primary Care Physicians (PCPs) and behavioral health providers regarding a Member's change in health status. The updates shall include, but are not limited to:
 - 1) Diagnosis of chronic conditions;
 - 2) Changes in physical or behavioral health condition or diagnosis;

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- 3) Support for the petitioning process, if applicable;
- 4) Transition to or from an ACC-RBHA, based on Serious Mental Illness (SMI) designation, when appropriate. This could include transitions for:
 - a) Qualifying opt-out conditions;
 - b) Inter-ACC-RBHA transfers across Geographical Service Area (GSA);
 - c) Intra-ACC-RBHA transfer provider to provider but across county, within same GSA; and
 - d) All medication prescribed, or changes made in medication or dosage.
- I. Promote timely engagement and appropriate service levels for adult Members, as well as enrolled youth and caregivers;
- m. Identify, monitor, and implement interventions for High Needs/High Cost (HN/HC) Members to ensure appropriate

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and timely service provision for behavioral or physical health needs;

- n. Identify protocol or practices to monitor appropriate use of methodologies for screening or identification of high needs adult Members, and maintain policies for monitoring and documentation of ongoing implementation for AHCCCS review;
- o. Identify standards for adults with an SMI diagnosis for all levels of service intensity;
- p. Establish mechanisms to connect Members and families to family run organizations;
- q. Provide training and monitoring for provider use of Substance Abuse Mental Health Services Administration (SAMHSA) Fidelity Tools including Assertive Community Treatment, Supported Employment, Supportive Housing, and Consumer Operated Services;
- r. Provide training of clinical and general staff, including front office staff, on eligibility and use of services available for

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substance use prevention or treatment through funds available for individuals that are Non-Title XIX/XXI eligible including but not limited to Substance Abuse Block Grant (SABG) and Mental Health Block Grant (MHBG) funding, as specified in AMPM Policy 320-T1. Promote Evidence Based Practices in Substance Use Disorder (SUD) Treatment Services;

- s. Develop a process to identify and refer youth and young adults to the behavioral health system when identified as having a diagnosed SUD;
- t. Ensure the implementation and completion of American Society of Addiction Medicine (ASAM) Criteria (most current edition at the time of service) in substance use disorder assessments, service planning, and level of care placement, and monitor fidelity of ASAM implementation in accordance with AHCCCS directed phased in approach;
- u. Develop a process to increase and promote physical health care providers' knowledge of health-related topics

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including substance use screening, overdose reversal medications, and Medication Assisted Treatment (MAT) options available to Members;

- v. Promote suicide prevention, following the Zero Suicide Model, to support the identification and referral of Members in need of behavioral health or crisis services.

Promotion and referral shall include, but not be limited to:

- i. Community Members;
- ii. Physical health providers;
- iii. Behavioral health providers;
- iv. Interested stakeholders; and
- v. Agencies that serve individuals at increased risk for suicide (Veterans, individuals with Posttraumatic Stress Disorder (PTSD), Native Americans, middle aged white males, Members of the Lesbian, Gay, Bisexual and/or Transgender Queer/Questioning (LGBTQ+) community, foster care, those age 65 and older, juvenile justice, and women post-partum).

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- w. Identify Veteran and service Member enrollment within the behavioral health system and initiate referrals when behavioral health needs are identified;
- x. Implement policies and procedures that require individual and organizational providers to report to the proper authorities, as well as the AdSS, incidents of abuse, neglect, injuries (e.g., falls and fractures), exploitation, healthcare acquired conditions, and or unexpected death as soon as the providers are aware of the incident. Providers shall submit Incident, Accident, and Death reports to the AdSS as specified in 9 A.A.C. 10, AMPM Policy 960, and AMPM Policy 961;
- y. Implement policies and procedures that require individual and organizational providers to monitor and trend all suicides or suicides attempts;
- z. Implement policies and procedures to ensure that all providers recognize signs and symptoms of suicidal ideation and at-risk behaviors for children and adults

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regardless of mental health status. Policies and procedures shall identify requirements for care coordination between behavioral health providers and PCPs or other medical practitioners involved in Member's care in the event that a physical health or behavioral health practitioner witnesses a patient with suicidal ideation, at-risk behaviors or when there is a significant change in either the behavioral or physical health condition of a Member;

- aa. Conduct new Member Health Risk Assessment (HRA) within 90 days of the Member's effective enrollment date.
 - i. The AdSS shall develop and implement a process to ensure that a "best effort" attempt has been made to conduct an initial HRA of each Member's health care needs;
 - ii. The process shall also address activities to follow up on unsuccessful attempts to contact a Member within 90 days of the effective date of enrollment;
 - iii. Each attempt shall be documented; and

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- iv. The AdSS shall develop processes to utilize the results of HRAs to identify individuals at risk for or with special health care needs, and coordinate care (42 CFR 438.208);
 - 1) Refer to AMPM Policy 1620-A and AMPM Exhibit 1620-1 to obtain time frames for which ALTCS case managers shall have an initial contact with newly enrolled ALTCS Members; and
 - 2) Refer to AMPM Policy 580 and ACOM Policy 417 to obtain time frames for which the AdSS shall have initial contact with referred Members for behavioral health services.

- bb. Ensure continuity of care and integration of services utilizing:
 - i. Programs for care coordination that include coordination of covered services with community and social services, generally available through

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- contracted or non-contracted providers within the AdSS's service area;
- ii. Monitoring of referral activities for both the PCP and the behavioral health provider during referral to, coordination of care with, and transfer of care between the PCP and the behavioral health provider;
 - iii. Monitoring to ensure that when a Member is transitioning from the physical health provider to the behavioral health provider, or vice-versa, that bridge medications are provided as specified in AMPM Policy 310-V and AMPM Policy 520;
 - iv. Monitoring of PCP's coordination of care with the Behavioral Health Medical Professional (BHMP), when PCPs are providing medical management services for the treatment of mild depression, anxiety, Attention Deficit Hyperactivity Disorder (ADHD), and SUD, or Opioid Use Disorder (OUD) for Members with an SMI designation; Monitoring shall ensure that medication

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management by the PCPs is given within the PCP's scope of practice;

- v. Monitoring when PCP is providing treatment of mild depression, anxiety, ADHD, SUD, or OUD to ensure that medications are not contraindicated, based on Member's SMI designation or other behavioral health condition and/or functional status;
- vi. Monitoring when a PCP is providing medical management services for a Member to treat a behavioral health disorder, and it is subsequently determined by the PCP and AdSS that the Member shall receive care through the behavioral health system for Evaluation or continued medication management services, the AdSS's subcontracted providers shall assist the PCP with the coordination of the referral and transfer of care. The PCP and the involved behavioral health provider shall document

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- the care coordination activities and transition of care in the Member's medical record;
- vii. Utilizing Arizona's Controlled Substances Prescription Monitoring Program (CSPMP), in accordance with A.R.S. § 36-2606;
 - viii. Monitoring of the behavioral health provider's referral to, coordination of care with, and transfer of care to PCP, as well as usage of Arizona's CSPMP, in accordance with A.R.S. § 36-2606; and
 - ix. Monitoring of coordination between behavioral health providers and PCPs or other medical practitioners involved in Member's care in the event that a physical or behavioral health practitioner witness a patient with suicidal ideation or at-risk behaviors.
- cc. Implement policies and procedures that specify:
- i. The process for Members selecting, or the AdSS assigning, a PCP who is formally designated as having primary responsibility for coordinating the

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Members overall health care. The PCP shall coordinate care for the Member including coordination with the BHMP or Behavioral Health Professional (BHP); and

- ii. Processes for provision of appropriate medication monitoring for Members taking antipsychotic medication (per national guidelines):
 - 1) Monitoring metabolic parameters for lithium, valproic acid, carbamazepine;
 - 2) Renal function, liver function, thyroid function, glucose metabolism, screening for metabolic syndrome and involuntary movement disorders;
 - 3) Provision of medication titration according to, drug class requirements and appropriate standards of care:
 - a) The circumstances under which services are coordinated by the AdSS, the

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- methods for coordination, and specific documentation of these processes;
 - b) Specify services coordinated by the AdSS's Disease Management Unit; and
 - c) The requirements for timely and confidential communication of clinical information among providers, as specified in AMPM Policy 940.
- dd. Implement measures to ensure that Members:
- i. Are informed of specific health care needs that require follow-up;
 - ii. Receive, as appropriate, training in self-care and other measures they may take to promote their own health; and
 - iii. Are informed of their rights and responsibilities including, but not limited to the responsibility to adhere to ordered treatments or regimens.

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- ee. Develop and implement procedures for Members with special health care needs, as defined in Contract, including:
 - i. Identifying Members with special health care needs, including those who would benefit from disease management;
 - ii. Ensuring an assessment by an appropriate health care professional of ongoing needs of each Member identified as having special health care need(s) or condition(s);
 - iii. Identifying medical procedures, or behavioral health services as applicable, to address or monitor the need(s) or condition(s);
 - iv. Ensuring adequate care coordination among providers, including but not limited to, other AdSSs or insurers and behavioral health providers, as necessary;

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- v. Ensuring a mechanism to allow direct access to a specialist as appropriate for the Member's condition and identified special health care needs (e.g., a standing referral or an approved number of visits); and
 - vi. Implement processes and measures to ensure that Members receive Special Assistance, based on criteria as specified in AMPM Policy 320-R.
- ff. Maintain a health information system that collects, integrates, analyzes, validates, and reports data necessary to implement its QM/PI Program (42 CFR 438.242). Data elements shall include:
- i. Member demographics and designations (e.g., Children's Rehabilitative Services [CRS]);
 - ii. Encounter data and provider characteristics;
 - iii. Services provided to Members; and
 - iv. Other information necessary to guide the selection of, and meet the data collection requirements for

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performance measures, PIPs, and QM/PI Program oversight.

- gg. Include requirements, either in Contract or as an extension of the Contract, for practitioners or providers to cooperate with quality improvement activities and allow the AdSS to utilize their performance measure data;
- hh. Ensure the following requirements related to data integrity:
 - i. Information or data received from providers is accurate, timely, and complete;
 - ii. Reported data is reviewed for accuracy, completeness, logic, and consistency, and the review and Evaluation processes used are clearly documented. Information that is rejected shall be tracked to ensure errors are corrected and the data is resubmitted and accepted; and
 - iii. Corrective actions are implemented with providers or vendors when data utilized for implementing and

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maintaining its QM/PI Program, including data necessary to calculate and report performance measures, received from providers or vendors is not accurate, timely, or complete.

ii. Results of the AdSS's quality improvement data review, analysis, reporting, and Evaluation are shared with AdSS staff and stakeholders with internal corrective actions implemented when self-identified concerns and performance deficiencies are identified.

i. AdSS staff and providers are kept informed of at least the following:

- 1) QM/PI Program requirements, activities, updates, or revisions;
- 2) Study and PIP results;
- 3) Performance measures and results;
- 4) Utilization data; and
- 5) Profiling data results.

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- jj. All Member and provider information are protected by Federal and State law, regulations, or policies is kept confidential; and
- kk. Maintenance of records and documentation as required under State and Federal law.
- ll. All QM/PI Program Components shall be supported through the development, implementation, and maintenance of policies and procedures. All policies and procedures shall be specific to each line of business.

**C. QUALITY MANAGEMENT AND PERFORMANCE IMPROVEMENT
PROGRAM ADMINISTRATIVE STRUCTURE AND OVERSIGHT**

1. The AdSS shall administer the QM/PI Program through a clear and appropriate administrative structure that maintains the ultimate responsibility for the QM/PI Program.
2. The AdSS shall ensure the QM/PI Program work resides within the QM/PI Unit and adheres to requirements as specified in Contract and AMPM Chapter 900.

2. The AdSS shall ensure administrative structure for oversight of its QM/PI Program adheres to requirements of this section, which specify the roles and responsibilities of the following:
 - a. The governing or policy-making body;
 - b. The Chief Medical Officer (CMO) or designated Medical Director and the local Chief Executive Officer (CEO);
 - c. The QM/PI Committee;
 - d. The Peer Review Committee;
 - e. QM/PI Program Staff;
 - f. Delegated Entities; and
 - g. The AdSS's executive management.
3. The AdSS Governing or Policy Making Body shall oversee and be accountable for the QM/PI Program, as well as review the QM/PI Program Plan, inclusive of the Work Plan and Work Plan Evaluation, and any applicable updates related to changes in the QM/PI Program scope prior to submission to AHCCCS. Changes in the QM/PI Program scope include any alterations made to the AdSS's QM/PI Program structure from one year to the next. This

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may also include line of business, population, and geographic service area changes.

5. The Board of Directors, and in the absence of a Board, the executive body, shall review and approve the QM/PI Program Plan, as demonstrated via an attestation of approval by the Board of Directors or executive body.
6. The Board of Directors, and in the absence of a Board, the executive body, formally evaluates and documents the effectiveness of its QM/PI Program strategy and activities, at least annually, as demonstrated via an attestation of approval by the Board of Directors or executive body.
7. The local CMO or designated Medical Director and CEO shall be responsible for the implementation of the QM/PI Program Plan and shall have substantial involvement in the implementation, assessment, and resulting improvement of QM/PI Program activities.
8. The AdSS's CMO or designated Medical Director shall review and sign all QM/PI policies.

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9. The AdSS shall have an identifiable and structured local Arizona QM/PI Committee that is responsible for QM/PI Program functions and responsibilities.
 - a. At a minimum, QM/PI Committee Membership shall include:
 - i. The local CMO or designated Medical Director as the chairperson of the Committee. The local CMO or designated Medical Director may designate the local Associate Medical Director as their designee only when the CMO or designated Medical Director is unable to attend the meeting. The local CEO may be identified as the co-Chair of the QM/PI Committee;
 - ii. The QM/PI Manager(s);
 - iii. Representation from the functional areas within the organization;
 - iv. Representation of contracted or affiliated providers serving AHCCCS Members; and

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- v. Clinical representatives of both the AdSS and the provider network.
- b. The QM/PI Committee shall ensure that each of its Members are aware of the requirements related to confidentiality and conflicts of interest by having signed statements on file or QM/PI Committee sign-in sheets with requirements noted;
- c. The QM/PI Committee shall meet at a minimum of quarterly or more frequently, as needed.
 - i. The frequency of committee meetings shall be sufficient to monitor all program requirements and to monitor any required actions; and
 - ii. The AdSS shall provide evidence of actual occurrence of these meetings through minutes and other supporting documentation.
- d. The QM/PI Committee shall review the QM/PI Program objectives, policies, and procedures as specified in Contract and shall update the policies when processes or

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activities are changed substantially. The QM/PI policies and procedures, and any subsequent modification to them, shall be available upon request for review by AHCCCS QM or Quality Improvement (QI) Teams;

- e. The QM/PI Committee shall:
 - i. Review, evaluate, and approve any changes to the QM/PI Program Plan;
 - ii. Develop procedures for QM/PI Program responsibilities and clearly document the processes for each QM/PI Program function and activity;
 - iii. Develop and implement procedures to ensure that Contractor staff and providers are informed of the most current QM/PI Program requirements, policies, and procedures; and
 - iv. Develop and implement procedures to ensure that providers are informed of information related to their performance.

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- f. The QM/PI Committee meeting minutes shall clearly document discussions of the following when deficiencies are noted:
 - i. Identified issues;
 - ii. Responsible party for interventions or activities;
 - iii. Proposed actions;
 - iv. Evaluation of the actions taken;
 - v. Timelines including start and end dates; and
 - vi. Additional recommendations or acceptance of the results, as applicable.

9. The AdSS Peer Review process shall have the purpose of improving the QOC provided to Members by both individual and organizational providers.
 - a. The AdSS Peer Review scope shall include cases where there is evidence of deficient quality, or the omission of the care or service provided by a participating, or non-participating, physical, or behavioral health care

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professional or provider whether delivered in or out of state.

- b. The AdSS Peer review shall be defined by specific policies and procedures which shall address the following requirements:
 - i. The AdSS shall not delegate functions of Peer Review to other entities;
 - ii. The Peer Review Committee shall be scheduled to meet at least quarterly, or more frequently, as needed; and
 - iii. Peer review activities may be carried out as a stand-alone committee or in an executive session of the AdSS's QM Committee.
- c. The Peer Review Committee shall consist of the following at minimum:
 - i. AdSS's local CMO or designated Medical Director as Chair;

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- ii. Contracted medical providers from the community that serve AHCCCS Members; and
 - iii. Contracted behavioral health providers from the community that serve AHCCCS Members.
- e. The AdSS Peer Review process shall ensure that providers of the same or similar specialty participate in review and recommendation of individual Peer Review cases.
 - f. The AdSS's Peer Review Committee shall utilize peers of the same or similar specialty through external consultation if the specialty being reviewed is not represented on the AdSS's Peer Review Committee;
 - g. The AdSS Peer Review Committee Members shall sign, may be an electronic signature, a confidentiality and conflict of interest statement at each Peer Review Committee meeting;
 - h. The AdSS Committee Members shall not participate in Peer Review activities if they have a direct or indirect interest in the Peer Review Outcome;

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- i. The AdSS Peer Review Committee shall evaluate referred cases based on all information made available through the QM process;
- j. The AdSS Peer Review Committee is responsible for making recommendations to the AdSS's CMO or designated Medical Director.
 - i. The Peer Review Committee shall determine appropriate action which may include: peer contact, education, reduced or revoked credentials, limit on new Member enrollment, sanctions, and/or other corrective actions;
 - ii. The AdSS CMO or designated Medical Director shall be responsible for implementing the actions. Adverse actions taken as a result of the Peer Review Committee shall be reported to AHCCCS QM Team as specified in contract,
- k. The AdSS Peer Review Committee is responsible for making appropriate recommendations to the AdSS's CMO

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or designated Medical Director regarding initiation of referrals for further investigation or action to: Division of Child Safety (DCS), Adult Protective Services (APS), Arizona Department of Health Services (ADHS) Licensure Unit, appropriate regulatory agency or board; and AHCCCS.

- i. Notification shall occur when the Peer Review Committee determines care was not provided according to the medical community standards.
 - ii. The AdSS shall submit the report to the regulatory agency as soon as possible, but no later than 24 hours after the determination; and
 - iii. The report may be submitted verbally or electronically, email or online, as appropriate for the regulatory agency.
- I. The AdSS shall develop a process to timely report the concern to the appropriate regulatory agency, including DCS or APS, ADHS, the Attorney General's Office, law

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enforcement, Office of Inspector General (OIG), and AHCCCS QM, for further research, review, or action.

- i. The AdSS shall submit the report to the regulatory agency as soon as possible but no later than 24 hours of becoming aware of a concern; and
 - ii. The report shall be submitted verbally or electronically, as appropriate.
- m. The AdSS Peer Review Committee policies and procedures shall assure that all information used in the Peer Review process is kept confidential and is not discussed outside of the Peer Review process. The AdSS's Peer Review Committee reports, meetings, minutes, documents, recommendations, and participants shall be kept confidential except for implementing recommendations made by the Peer Review Committee;
- n. The AdSS shall make Peer Review documentation available upon request to AHCCCS for purposes of QM, monitoring, and oversight;

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- o. The AdSS shall maintain High-level Peer Review summaries as part of the original QOC file;
- p. The AdSS shall demonstrate:
 - i. How the Peer Review process is used to analyze and address clinical issues;
 - ii. How providers are made aware of the Peer Review process; and
 - iii. How providers are made aware of the procedure for grieving Peer Review findings.
- q. Matters appropriate for Peer Review shall include:
 - i. Cases where there is evidence of deficient quality,
 - ii. An omission of the care or service provided by a participating or non-participating physical health care or behavioral health care provider, facility, or vendor,
 - iii. Questionable clinical decisions, lack of care or substandard care,
 - iv. Inappropriate interpersonal interactions, unethical behavior, physical, psychological, or verbal abuse,

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- neglect, and exploitation of a Member or Members,
family, staff, or other disruptive behavior
demonstrated by a provider,
- v. Criminal or felonious actions related to practice,
 - vi. Issues that immediately impact the Member and that are life threatening or dangerous, and
 - vii. Issues that have the potential for adverse Outcome.
10. The AdSS QM/PI Program Staffing shall have qualified local personnel to carry out the functions and responsibilities specified in AMPM Chapter 900 in a timely and competent manner.
- QM/PI Program positions performing work functions related to the Contract shall have a direct reporting relationship to the local CMO or designated Medical Director and the CEO. The AdSS is responsible for Contract performance, whether or not subcontractors or delegated entities are used. As part of the QM/PI Program Staffing requirements, the AdSS shall:
- a. Maintain an organizational chart that shows the reporting relationships for QM/PI Program activities and the percent

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of time dedicated to the position for each specific line of business:

- i. The QM/PI Program organizational chart shall be maintained and demonstrate the current reporting structures, including the number of full time and part time positions, staff names, and responsibilities; and
 - ii. This chart shall also show direct oversight of QM/PI Program activities by the local CMO or Medical Director.
- b. Develop a process to ensure that all staff is trained on the process for referring suspected QOC concerns to the QM Team that shall be provided:
- i. During new employee orientation no later than 30 days after the date of hire; and,
 - ii. At a minimum, annually thereafter.
- c. Develop and implement policies and procedures outlining:

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- i. QM/PI Program staff qualifications including education, certifications, experience, and training for each QM/PI Program position; and
 - ii. Mandatory QM/PI Program Staff or Management attendance at AHCCCS Contractor meetings unless attendance is specified as optional by AHCCCS.
- d. Attend or participate in, and maintain associated documentation for, applicable community initiatives and collaborations as well as implement specific interventions to address overarching community concerns, including, but not limited to:
- i. Quality Management and Quality Improvement;
 - ii. Maternal child health;
 - iii. Early and Periodic Screening, Diagnostic and Treatment (EPSDT) and Dental;
 - iv. Chronic Disease management;
 - v. Long-Term Care;
 - vi. Behavioral health;

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- vii. Justice Involvement;
 - viii. Opioid and substance use;
 - ix. Suicide;
 - x. Social determinants of health;
 - xi. Veterans' resources and services; and
 - xii. Specific community initiatives and collaborations,
and as required by AHCCCS.
- e. AHCCCS sponsored activities are not considered
community initiatives or collaborations.
11. The AdSS shall oversee Delegated Entities by:
- a. Ensuring accountability for all functions and responsibilities
delegated to other entities is maintained as specified in
AMPM Chapter 900;
 - b. Ensuring the methodologies for oversight and
accountability for all delegated functions be integrated into
the overall QM/PI Program, meeting requirements for all
delegated functions as specified in AMPM Chapter 900;

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- c. Including accredited agencies in the AdSS's oversight process;
- d. Providing, as a prerequisite to delegation, a written analysis of its historical provision of QM/PI Program oversight function, which includes:
 - i. Past goals and objectives; and
 - ii. The level of effectiveness of the prior QM/PI Program oversight functions shall be documented.
- e. Having policies and procedures requiring that the delegated entity report all allegations of QOC concerns and quality of service issues to the AdSS no later than 24 hours of awareness; QOC or service investigation and resolution processes shall not be delegated;
- f. Evaluating the entity's ability to perform the delegated activities prior to delegation. Evidence of such Evaluation includes the following:
 - i. Review of appropriate internal areas, such as QM;

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- ii. Review of policies and procedures and the implementation of them; and
 - iii. Documented Evaluation and determination that the entity is able to effectively perform the delegated activities.
- g. Establishing a written contract, prior to delegation, that:
- i. Specifies the delegated activities and reporting responsibilities of the entity to the AdSS; and
 - ii. Include the AdSS's right to terminate the contract or perform other remedies for inadequate performance.
- h. The AdSS shall monitor the performance of the entity and the quality of services provided on an ongoing basis and review annually a minimum of 30 randomly selected cases per line of business for each function that is delegated. Documentation shall be kept on file for Division review. Monitoring shall include, but is not limited to:
- i. Utilization;
 - ii. Member and provider satisfaction;

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- iii. QOC concerns; and
- iv. Complaints.
- i. The AdSS shall monitor entities that have been delegated services who are accredited through the National Committee for Quality Assurance (NCQA) or another nationally recognized entity, by reviewing a minimum of 10 randomly selected files per line of business for each function that is delegated. If any issues or concerns are noted within the files reviewed, the Division shall expand the sample to no less than 30 files in order to fully assess and identify issues and implement remediation efforts with the delegated service provider. Monitoring results shall be submitted to AHCCCS in accordance with ACOM Policy 438.
- j. The following documentation shall be kept on file and available for Division review:
 - i. Evaluation reports;

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- ii. Results of the AdSS's annual monitoring review of the delegated entity utilizing AHCCCS required standards for the contracted functions;
- iii. Corrective Action Plans (CAP)s; and
- iv. Appropriate follow up of the implementation of CAPs to ensure that quality and compliance with AHCCCS requirements for all delegated activities or functions are met.

D. QM/PI PROGRAM MONITORING AND EVALUATION ACTIVITIES

The AdSS shall develop and implement mechanisms to monitor and evaluate its service delivery system and provider network that demonstrates compliance with all the requirements included within this Policy. Delegated entities conducting monitoring activities shall have direct oversight by the AdSS's QM/PI Program QM staff. QM/PI Program monitoring and Evaluation activities shall include at minimum the following:

1. QM/PI Program scope of monitoring and Evaluation shall be comprehensive. It shall incorporate the activities used by the

AdSS and demonstrate how these activities will improve the quality of services and the continuum of care in all services sites. These activities shall be clearly documented in policies and procedures.

2. If collaborative opportunities exist to coordinate organizational monitoring, the lead AdSS shall coordinate and ensure that all requirements in the collaborative arrangement are met.
3. Monitoring provider compliance with policies, training, and signage requirements aimed at preventing and reporting abuse, neglect, and exploitation as specified in Division and AHCCCS Minimum Subcontract Provisions and Contract.
4. Information and data gleaned from QM/PI Program monitoring and Evaluation that shows trends in QOC concerns shall be used in developing quality improvement initiatives. Selection of specific monitoring and Evaluation activities shall be appropriate to each specific service or site.
5. Development and implementation of methods for monitoring PCP activities related to:

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- a. Referrals for behavioral health care,
 - b. Coordination with the behavioral health system (e.g., ACC-RBHAs and behavioral health providers),
 - c. Transfer of care, when clinically indicated, based on severity of behavioral health need, and
 - d. Use of the CSPMP. Monitoring procedures for the CSPMP process shall include:
 - i. Assurance of communication between prescribers, when controlled substances are used,
 - ii. Provider-mandated usage of the CSPMP, and
 - iii. Integration strategies and activities focused on improving individual health Outcomes, enhancing care coordination, and increasing Member satisfaction.
6. Development and implementation of methods for monitoring behavioral health provider activities related to:
- a. Referrals for physical health care,
 - b. Coordination with the physical health system,

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- c. Use of the CSPMP. Monitoring procedures for the CSPMP process shall include:
 - i. Assurance of communication between prescribers, when controlled substances are used,
 - ii. Include provider-mandated usage of the CSPMP, and
 - iii. Integration strategies and activities focused on improving individual health Outcomes, enhancing care coordination, and increasing Member satisfaction.

- 7. Reporting of all QOC concerns including, but not limited to:
 - a. Incidents of abuse, neglect, exploitation, suicide attempts, opioid-related concerns, alleged human rights violations, and unexpected deaths to the Division QM Team as soon as the AdSS is aware of the incident and no later than one business day, as specified in Contract. The AdSS is expected to investigate and report case findings, including identification of organizational providers, individual

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providers, paid caregivers, or the specific individual rendering the service,

- b. Identified QOC concerns, reportable incidents, and/or service trends to the Division QM Team immediately upon identification. Reporting shall include trend specifications such as providers, facilities, services, and allegation types,
 - i. AdSS QOC trend reports shall be incorporated into monitoring and Evaluation activities and presented to the QM/PI Committee. Policies and procedures shall be adopted to explain how the process is routinely completed.
- c. The AdSS is expected to investigate all potential Health Care Acquired Conditions (HCAC) and Other Provider-Preventable Conditions (OPPC) as QOC concerns within the AHCCCS QM Portal. For more information, refer to AMPM Policy 960.

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8. Incorporation of the ADHS licensure and certification reports and other publicly reported data in their monitoring process, as applicable.
9. A process to ensure notification is made to the AdSS's QM clinical staff when a delegated auditing entity identifies either a Health and Safety Concern, Immediate Jeopardy situation, or other serious incident, which impacts the health and safety of a Member. On-site reviews related to Health and Safety Concerns, Immediate Jeopardy situations, or other serious incidents are to be conducted in accordance with the requirements as specified in AMPM Policy 960.
10. The AdSS shall be responsible for ensuring health and safety of Members in placement settings or service sites that are found to have survey deficiencies or suspected issues that may impact the health and safety of AHCCCS Members by:
 - a. Participating in both individual and coordinated efforts to improve the QOC in placement settings or service sites;
and

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- b. Utilizing clinical quality staff trained in QOC investigations to conduct on-site reviews if there is a health or safety concern identified either by the AdSS, Division, AHCCCS, or other party.
11. The AdSS QM staff shall conduct the monitoring of services and service sites, in accordance to Attachment A. While the AdSS may also consider incorporating regulatory agency licensing reviews, such as annual inspection surveys, as part of the monitoring of services and service sites, the regulatory agency reviews shall not be used as the sole basis for the entire monitoring Evaluation by the AdSS. Refer to Attachment A for the list of AHCCCS services, service sites, and monitoring frequency.
12. Implementation of policies and procedures for ALTCS Contractors specific to the annual monitoring of attendant care, homemaker services, personal care services, respite services and habilitation services. When deficiencies or potential deficiencies are

identified, they shall be addressed from a Member and from a system perspective.

13. Coordination of mandatory routine quality monitoring and oversight activities for organizational providers, including home and community based service settings, when the provider included is in more than one AdSS network. A collaborative process shall be utilized in counties when more than one AdSS is contracted with and utilizes the facility as specified in Contract.
14. The AdSS, or the lead AdSS, if AdSS collaborative monitoring was completed, shall submit the AdSS monitoring summary to Division QM Team as specified in Contract. Additionally, a standardized and agreed upon tool shall be used and include at a minimum:
 - a. General quality monitoring of these services includes, but is not limited to, the review and verification of:
 - i. The written documentation of timeliness,
 - ii. The implementation of contingency plans,
 - iii. Customer satisfaction information,

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- iv. The effectiveness of service provisions,
- v. Mandatory documents in the services or service site personnel file including:
 - 1) Cardiopulmonary resuscitation,
 - 2) First Aid,
 - 3) Verification of skills or competencies to provide care,
 - 4) Evidence that the agency contacted at least three references, one of which shall be a former employer. Results of the contacts shall be documented in the employee's personnel record, and
 - 5) Evidence that the provider conducted the pre-hire and annually thereafter search of the APS Registry as required in Division and AHCCCS Minimum Subcontract Provisions.
- b. Specific quality monitoring requirements for ALTCS Contractors are as follows:

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- i. Direct Care Services, as specified in AMPM Policy 1240-A, Attendant care, Personal Care and Homemaker services, monitoring as specified in Attachment B. Monitoring shall include verification and documentation of all of the following:
 - 1) Mandated written agreement between the Responsible Person, and designated representative and the Direct Care Worker (DCW), as specified in AMPM Policy 1240-A, which delineates the responsibilities of each,
 - 2) Evaluation of the appropriateness of allowing the Member's immediate relatives to provide direct care services,
 - 3) Compliance with ensuring DCWs meet competencies to provide care including training, testing, verifying/sharing of DCW test records and continuing education requirements in accordance with Attachment B. For more

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- general information on the DCW training and testing standards, as specified in AMPM Policy 1240-A and ACOM Policy 429, and
- 4) Timeliness and content of supervisory visitations as specified in AMPM Policy 1240- A.
- ii. Sampling methodology for monitoring of direct care services shall assure that all provider agencies and all employees have an equal opportunity to be sampled, provider agencies shall be included in the sample frame even if the number of employees does not meet a statistically significant level. All employees shall be included in the sample frame including those who are in the pool of workers but are not currently assigned to a Member,
 - iii. The AdSS shall monitor that the LTSS services a Member receives align with those that were documented in the Member's LTSS treatment/service plan [42 CFR 438.330 (b)(5)(i)],

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- iv. The AdSS shall have mechanisms to assess the quality and appropriateness of care provided to Members receiving LTSS services including between settings of care and, as compared to the Member's service plan [42 CFR 438.330 (b)(5)(i)], and
- v. The AdSS may also consider incorporating the use of surveys to assess the experience of Members receiving LTSS services as a key component of the AdSS's LTSS assessment process.

Signature of Chief Medical Officer: 
[Anthony Dekker \(Oct 4, 2023 16:58 PDT\)](#)
Anthony Dekker, D.O.