

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
910, AMPM 900,

PURPOSE

This policy establishes the requirements of the Division of Developmental Disabilities (Division) regarding the 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. "Executive Body" means ADES Director, ADES Deputy Director and ADES Chief Compliance Officer.
5. "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).

6. “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).
7. “Member” means the same as “Client” as defined in A.R.S.§36-551.
8. “Monitoring” means the process of auditing, observing, Evaluating, analyzing, and conducting follow-up activities, and documenting results via desktop or on-site review.

9. "Outcomes" means changes in patient health, functional status, satisfaction, or goal achievement that result from health care or supportive services (42 CFR 438.320).
10. "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).
11. "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.
12. "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 OVERVIEW

1. The Division shall include the following elements in the QM/PI Program:
 - a. Performance Improvement Projects (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.
2. The Division shall include the following elements for Long-Term Services and Supports (LTSS) in the QM/PI program:
 - 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 Division shall adhere to the following QM/PI Program requirements:

- 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:
 - i. Reflect all aspects of member care, including ancillary and behavioral health services; and
 - ii. Are supported by policies and procedures 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 AMPM Policy 950;
- d. Track and trend 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.;
- e. Develop and implement planned activities to meet or exceed AHCCCS-mandated Performance Measure

Performance Standards (PMPS), as specified in AHCCCS 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 health disparities across demographics, to the extent practical;
- h. Identify goals and objectives and implement interventions that are meaningful, specific, and applicable to the population(s) served;
- i. Ensure ongoing communication and collaboration with other functional areas of the Division;
- j. Demonstrate the obtainment and incorporation of input in matters related to program activities from:
 - i. AHCCCS Members,

- ii. Stakeholders,
 - iii. Advocates; and
 - iv. Contracted providers;
- k. Monitor the quality and coordination between physical and behavioral health services, with procedures to ensure timely updates occur between Primary Care Physicians (PCPs) and behavioral health providers regarding a member's change in health status that shall include:
- i. Diagnosis of chronic conditions,
 - ii. Changes in physical or behavioral health condition or diagnosis,
 - iii. Support for the petitioning process, if applicable,
 - iv. Transition to or from an ACC-RBHA, based on Serious Mental Illness (SMI) designation, when appropriate;
- l. 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 and timely service provision for behavioral or physical health needs through developing processes to:
 - i. Monitor appropriate use of methodologies for screening and identification of high needs adult Members; and
 - ii. Maintain policies for Monitoring and documentation of ongoing implementation for AHCCCS review;
- n. Identify standards for adults with an SMI diagnosis for all levels of service intensity;
- o. Establish mechanisms to connect Members and families to family run organizations;
- p. Provide training and Monitoring for provider use of Substance Abuse Mental Health Services Administration (SAMHSA) Fidelity Tools including:
 - i. Assertive Community Treatment,
 - ii. Supported Employment,

- iii. Supportive Housing; and
- iv. Consumer Operated Services;
- q. Provide training of clinical and general staff on eligibility and use of services available for substance use prevention or treatment through funds available for individuals that are Non-Title XIX/XXI eligible, and as specified in AMPM Policy 320-T1.
- r. 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 implementation and completion of American Society of Addiction Medicine (ASAM) Criteria, utilizing the most current edition at the time of service in:
 - i. SUD assessments,
 - ii. Service planning,
 - iii. Level of care placement, and

- iv. Monitoring fidelity of ASAM implementation in accordance with AHCCCS directed phased in approach;
- u. Ensure AdSS has a process to increase and promote physical health care providers' knowledge of health-related topics 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 considering of the following:
 - 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);

- w. Identify Veteran and service member enrollment within the behavioral health system to initiate referrals when behavioral health needs are identified;
- x. Implement policies and procedures that require:
 - i. Providers to report the following incidents to the proper authorities as well as the Division, as soon as they become aware of the incident:
 - 1) Incidents of abuse,
 - 2) Neglect,
 - 3) Injuries,
 - 4) Exploitation,
 - 5) Healthcare acquired conditions, and
 - 6) Unexpected death.

- ii. Providers to submit Incident, Accident, and Death reports to the Division as specified in 9 A.A.C. 10, AMPM Policy 960, and AMPM Policy 961;
- y. Implement policies and procedures that:
 - i. Require providers to monitor and trend all suicides or suicides attempts;
 - ii. Ensure that all providers recognize signs and symptoms of suicidal ideation and at-risk behaviors for children and adults regardless of mental health status; and
 - iii. Ensure AdSSs 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:
 - 1) Suicidal ideation,
 - 2) At-risk behaviors, or

- 3) Significant change in either the behavioral or physical health condition;
 - z. Develop a process to ensure a Health Risk Assessment (HRA) is conducted within 90 days of a new Member's effective enrollment date that consists of the following:
 - i. A "best effort" attempt is made to conduct an initial HRA of each member's health care needs;
 - ii. Follow up on unsuccessful attempts to contact a Member is made within 90 days of the effective date of enrollment;
 - iii. Each attempt is documented;
 - iv. Results of HRAs are used to identify individuals at risk for, or with special health care needs and coordinate care:
 - 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 Division shall have initial contact with referred Members for behavioral health services.
 - aa. 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 contracted or non-contracted providers within the Division'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:
 - 1) Mild depression;
 - 2) Anxiety;
 - 3) Attention Deficit Hyperactivity Disorder (ADHD); and
 - 4) SUD, or Opioid Use Disorder (OUD) for Members with an SMI designation.
- v. Monitoring to ensure that medication management by the PCPs is given within the PCP's scope of practice;
- vi. 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 or functional status;
- vii. 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 Division that the member should receive care through the behavioral health system for Evaluation or continued medication management services, the Division's subcontracted providers shall assist the PCP with the coordination of the referral and transfer of care.
 - viii. Monitoring documentation of the care coordination activities and transition of care in the member's medical record from the PCP and the involved behavioral health provider;
 - ix. Utilizing Arizona's Controlled Substances Prescription Monitoring Program (CSPMP), in accordance with A.R.S. § 36-2606;

- x. 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
- xi. 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.
- bb. 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 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 Division, the methods for coordination, and specific documentation of these processes;
 - b) Specify services coordinated by the Division's Disease Management Unit; and

- c) The requirements for timely and confidential communication of clinical information among providers, as specified in AMPM Policy 940.
- cc. 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.
- dd. Develop and implement procedures for Members with special health care needs, as defined in the AHCCCS Contract, including:

- i. Identifying Members with special health care needs, including those who may 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 Contractors or insurers and behavioral health providers, as necessary;
- v. Ensuring a mechanism to allow direct access to a specialist as appropriate for the member's condition and identified special health care needs; and

- vi. Implement processes and measures to ensure that Members receive Special Assistance, based on criteria as specified in AMPM Policy 320-R.
- ee. 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;
 - 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:
 - 1) Performance measures;
 - 2) PIPs; and
 - 3) QM/PI Program oversight.
- ff. Include requirements, either in the AHCCCS Contract or as an extension of the AHCCCS Contract, for practitioners and providers to cooperate with quality improvement activities

and allow the Division to utilize their performance measure data.

- gg. Ensure the inclusion of the following requirements related to data integrity:
- i. Information and 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;
 - iii. Information that is rejected shall be tracked to ensure errors are corrected and the data is resubmitted and accepted; and
 - iv. Corrective actions are implemented with providers and vendors when data utilized for implementing and maintaining its QM/PI Program received from providers and vendors is not accurate, timely, or

complete, including data necessary to calculate and report performance measures.

- hh. Results of the Division's quality improvement data review, analysis, reporting, and Evaluation are shared with Division staff and stakeholders, with internal corrective actions implemented when self-identified concerns and performance deficiencies are identified.
- ii. Division staff and providers are kept informed of the following:
 - i. QM/PI Program requirements, activities, updates, or revisions;
 - ii. Study and PIP results;
 - iii. Performance measures and results;
 - iv. Utilization data; and
 - v. Profiling data results.
- 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.

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

1. The Division's QM/PI Program shall be administered through a clear and appropriate administrative structure that maintains the ultimate responsibility for the QM/PI Program.
2. The QM/PI Unit shall conduct all work of the QM/PI Program within the QM/PI Unit, adhering to requirements as specified in the AHCCCS Contract and AMPM Chapter 900.
3. The Division shall require that the Division's administrative structure for 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 DDD Assistant Director;
 - c. The QM/PI Committee;
 - d. The Peer Review Committee;
 - e. QM/PI Program Staff;
 - f. Delegated Entities; and
 - g. The Contractor's executive management.
4. The Executive Body and Executive Leadership Team (ELT) shall:
- a. Oversee and be accountable for the QM/PI Program,
 - b. 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; and
5. The Executive Body and Executive Leadership Team (ELT) shall:
- a. Review and approve the QM/PI Program Plan, as demonstrated via an attestation of approval by the Executive Body and Executive Leadership Team (ELT);

- b. Formally Evaluate and document the effectiveness of its QM/PI Program strategy and activities, at least annually, as demonstrated via an attestation of approval by the Executive Body and Executive Leadership Team (ELT);
- 6. The Division's Chief Medical Officer (CMO) and Division's Assistant Director shall:
 - a. Oversee the implementation of the QM/PI Program Plan; and
 - b. Have substantial involvement in the:
 - i. Implementation;
 - ii. Assessment; and
 - iii. Resulting improvement of QM/PI Program activities;
 - c. The CMO shall approve and sign all QM/PI policies.
- 7. The QM/PI Committee shall have an identifiable and structured QM/PI Committee within the state of Arizona that is responsible for QM/PI Program functions and responsibilities.
 - a. Membership shall include:
 - i. The CMO, serving as the chairperson:

- 1) The CMO may designate the local Associate Medical Director as their designee only when the CMO is unable to attend the meeting; and
 2. The DDD Assistant Director may be identified as the co-Chair of the QM/PI Committee.
- ii. The QM/PI Manager(s):
- 1) Representatives from the functional areas within the Division;
 - 2) Contracted or affiliated providers serving AHCCCS Members; and
 - 3) Clinical representatives of both the Division 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 either:
- i. Signed statements on file; or
 - ii. QM/PI Committee sign-in sheets with requirements noted.

- c. The QM/PI Committee shall conduct meetings, at minimum, on a quarterly basis:
 - i. The frequency of committee meetings shall be sufficient to monitor all program requirements and to monitor any required actions; and
 - ii. The Division shall provide evidence of actual occurrence of these meetings through minutes and other supporting documentation.
- d. The QM/PI Committee shall:
 - i. Review the QM/PI Program objectives, policies, and procedures as specified in the AHCCCS Contract;
 - ii. Update policies when processes or activities are changed substantially; and
 - iii. Make available upon request for review by AHCCCS QM and/or Quality Improvement (QI) Teams, the QM/PI policies, procedures, and any subsequent modifications.
- e. The QM/PI Committee shall also:

- 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 Division 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;
- f. The QM/PI Committee shall ensure meeting minutes clearly document discussions of the following:
- 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.
8. The Division shall have a peer review process with the purpose of improving the QOC provided to Members by both individual and organizational providers.
9. The Division shall ensure the peer review scope includes cases where there is evidence of deficient quality or the omission of the care or service provided by a physical or behavioral health care provider whether delivered in or out of state.
10. The Division shall define the peer review scope through specific policies and procedures which address the following requirements:
- a. The Division shall not delegate functions of peer review to other entities;
 - b. The Peer Review Committee is scheduled to meet at least quarterly, or more frequently, as needed;

- c. The Peer Review Committee may carry out activities as a stand-alone committee or in an executive session of the Division's QM Committee;
- d. The Peer Review Committee consists of:
 - i. The Division's CMO as Chair;
 - 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 Peer Review Committee also includes:
 - i. Providers of the same or similar specialty in review and recommendation of individual peer review cases.
 - ii. Peers of the same or similar specialty through external consultation, if the specialty being reviewed is not represented on the Division's Peer Review Committee;
- f. Peer Review Committee Members:

- i. Shall sign a confidentiality and conflict of interest statement at each Peer Review Committee meeting, electronic signature is permissible; and
- ii. Shall not participate in peer review activities if they have a direct or indirect interest in the peer review outcome;
- g. The Peer Review Committee shall Evaluate referred cases based on all information made available through the QM process;
- h. The Peer Review Committee shall make recommendations to the Division's CMO or their designee, determining appropriate action.
- i. The CMO or their designee shall implement actions recommended by the Peer Review Committee. Adverse actions taken as a result of the Peer Review Committee shall be reported to AHCCCS QM Team as specified in the AHCCCS contract;

- j. The Peer Review Committee shall make recommendations to the Division's CMO or their designee regarding initiation of referrals for further investigation or action to:
 - i. Division of Child Safety (DCS);
 - ii. Adult Protective Services (APS);
 - iii. Arizona Department of Health Services (ADHS) Licensure Unit;
 - iv. The appropriate regulatory agency or board; and
 - v. AHCCCS.

- k. The Peer Review Committee shall notify the organizations listed in the previous section when the Committee determines care was not provided according to the medical community standards:
 - i. To the regulatory agency as soon as possible, no later than 24 hours after the determination; and
 - ii. Verbally or electronically, email or online, as determined by the specific organization(s) guidelines.

- I. The Division shall develop a process to timely report the concern to the appropriate regulatory agency;
- m. The Peer Review Committee shall maintain confidentiality with all information used within the peer review process, keeping reports, meetings, minutes, documents, recommendations, and participants confidential except for when implementing recommendations made by the Peer Review Committee;
- n. The Peer Review Committee shall make documentation available upon request to AHCCCS for purposes of QM, Monitoring, and oversight;
- o. The Peer Review Committee shall maintain high-level peer review summaries as part of the original QOC file,
- p. The Division 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 be outlined in the Division's Peer Review Charter.
- 11. The QM/PI Program shall have local personnel to carry out the functions and responsibilities specified in AMPM Chapter 900 in a timely and competent manner, with QM/PI positions performing work functions related to the AHCCCS Contract reporting directly to the local CMO and the CEO.
- 12. The Division is responsible for AHCCCS Contract performance, whether or not subcontractors or delegated entities are used. As part of the QM/PI Program Staffing requirements, the Division shall:
 - a. Maintain an organizational chart that shows the reporting relationships for QM/PI Program activities and the percent 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.
- b. Ensure all staff are trained on the process for referring suspected QOC concerns to the QM Team:
- i. During 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:
- 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.
13. The Division shall oversee and maintain accountability for all functions and responsibilities as specified in AMPM Chapter 900, which are delegated to other entities.
14. The methodologies for oversight and accountability for all delegated functions shall be integrated into the overall QM/PI Program with the requirements, specified in AMPM Chapter 900, being met for all delegated functions. Accredited agencies shall be included in the Division's oversight process:
 - a. As a prerequisite to delegation, the Division shall provide a written analysis of its historical provision of QM/PI Program oversight function, which includes past goals and objectives. The level of effectiveness of the prior QM/PI Program oversight functions shall be documented.

Examples may include the number of claims, concerns, grievances, or network gaps;

- b. The Division shall have policies and procedures requiring that the delegated entity report all allegations of QOC concerns and quality of service issues to the Division no later than 24 hours of awareness. QOC or service investigation and resolution processes shall not be delegated;
- c. The Division shall Evaluate 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;
 - 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.

- d. The Division shall establish a written contract prior to delegation, that specifies the delegated activities and reporting responsibilities of the entity to the Division;
- e. The Division shall include in the agreement, the Division's right to terminate the contract or perform other remedies for inadequate performance;
- f. The Division shall review annually and monitor performance of the entity and the quality of services provided on an ongoing basis.
- g. The Division shall annually review a minimum of 30 randomly selected cases per line of business for each function that is delegated, keeping documentation on file for AHCCCS review.
- h. The Division shall Monitor:
 - i. Utilization;
 - ii. Member and provider satisfaction;
 - iii. QOC concerns; and
 - iv. Complaints.

- i. The Division shall review the performance and quality of services provided by entities that are accredited through the National Committee for Quality Assurance (NCQA) or another nationally recognized entity, reviewing a minimum of 10 randomly selected files per line of business for each function that is delegated.
- j. 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 if any issues or concerns are noted within the files reviewed.
- k. The Division shall submit Monitoring results to AHCCCS in accordance with ACOM Policy 438.
- l. The Division shall keep the following documentation on file and available for AHCCCS review:
 - i. Evaluation reports;

- ii. Results of the Division's annual Monitoring review of the delegated entity utilizing AHCCCS required standards for the contracted functions;
- iii. Corrective Action Plans, or CAPs; 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

- 1. The Division 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.
- 2. The Division's QM/PI Program QM staff shall directly oversee delegated entities conducting Monitoring activities.
- 3. The Division's QM/PI Program staff shall include the following Monitoring and Evaluation activities:

- a. QM/PI Program scope of Monitoring and Evaluation be comprehensive and:
 - i. Incorporate the activities used by the Division;
 - ii. Demonstrate how these activities will improve the quality of services and the continuum of care in all services sites; and
 - iii. Be clearly documented in policies and procedures.
- b. If collaborative opportunities exist to coordinate organizational Monitoring, the lead Contractor coordinate and ensure that all requirements in the collaborative arrangement are met;
- c. Monitor provider compliance with policies, training, and signage requirements aimed at preventing and reporting abuse, neglect, and exploitation as specified in AHCCCS Minimum Subcontract Provisions and Contract;
- d. Information and data gleaned from QM/PI Program Monitoring and Evaluation that shows trends in QOC concerns are used in developing quality improvement

initiatives. Selection of specific Monitoring and Evaluation activities shall be appropriate to each specific service or site.

- e. Development and implementation of methods for Monitoring PCP activities related to:
 - i. Referrals for behavioral health care,
 - ii. Coordination with the behavioral health system,
 - iii. Transfer of care, when clinically indicated, based on severity of behavioral health need, and
 - iv. Use of the CSPMP. Monitoring procedures for the CSPMP process shall include:
 - a) Assurance of communication between prescribers, when controlled substances are used;
 - b) Provider-mandated usage of the CSPMP; and
 - c) Integration strategies and activities focused on improving individual health Outcomes;

enhancing care coordination, and increasing member satisfaction.

- f. Development and implementation of methods for Monitoring behavioral health provider activities related to:
 - i. Referrals for physical health care;
 - ii. Coordination with the physical health system;
 - c. Use of the CSPMP. Monitoring procedures for the CSPMP process shall include:
 - 1) Assurance of communication between prescribers, when controlled substances are used;
 - 2) Include provider-mandated usage of the CSPMP; and
 - 3) Integration strategies and activities focused on improving individual health Outcomes, enhancing care coordination, and increasing member satisfaction.
- g. Reporting of all QOC concerns including:

- i. Incidents of abuse, neglect, exploitation, suicide attempts, opioid-related concerns, alleged human rights violations, and unexpected deaths to the AHCCCS QM Team as soon as the Division is aware of the incident and no later than one business day, as specified in Contract. The Division is expected to investigate and report case findings, including identification of organizational providers, individual providers, paid caregivers, or the specific individual rendering the service;
- ii. Identified QOC concerns, reportable incidents, or service trends to the AHCCCS QM Team immediately upon identification.
 - 1) Reporting shall include trend specifications such as providers, facilities, services, and allegation types;
 - 2) Division QOC trend reports shall be incorporated into Monitoring and Evaluation

- activities and presented to the QM/PI Committee; and
- 3) Policies and procedures shall be adopted to explain how the process is routinely completed.
- h. Investigate all potential Health Care Acquired Conditions (HCAC) and Other Provider-Preventable Condition (OPPC) as QOC concerns within the AHCCCS QM Portal as described in AMPM Policy 960.
 - i. Incorporation of the ADHS licensure and certification reports and other publicly reported data in their Monitoring process, as applicable.
 - j. A process to ensure notification is made to the Division'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.
 - i. 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;

- ii. In working to ensure 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, the Division shall:

- 1) Actively participant in both individual and coordinated efforts to improve the QOC in placement settings or service sites; and
- 2) Utilize clinical quality staff trained in QOC investigations to conduct on-site reviews if there is a health or safety concern identified either by the Division, AHCCCS, or other party.

- k. The Division QM staff conduct the Monitoring of services and service sites, in accordance to Attachment A. While the Division 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 Division. Refer to Attachment A for the list of AHCCCS services, service sites, and Monitoring frequency;

- I. 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; and
- m. 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 Contractor network. A collaborative process shall be utilized in counties when

more than one Contractor is contracted with and utilizes the facility as specified in Contract. The Division, or the lead Contractor if Contractor collaborative Monitoring was completed, shall submit the Contractor Monitoring summary to AHCCCS QM Team as specified in Contract.

- n. A standardized and agreed upon tool shall be used and contain:
 - i. General quality Monitoring of these services are the review and verification of:
 - 1) The written documentation of timeliness;
 - 2) The implementation of contingency plans;
 - 3) Customer satisfaction information;
 - 4) The effectiveness of service provisions;
 - 5) Mandatory documents in the services or service site personnel file as follows:
 - a) Cardiopulmonary resuscitation;
 - b) First Aid;

- c) Verification of skills or competencies to provide care;
 - d) 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
 - e) Evidence that the provider conducted the pre-hire and annually thereafter search of the APS Registry as required in AHCCCS Minimum Subcontract Provisions.
- iii. Specific quality Monitoring requirements for ALTCS Contractors are as follows:
- a) 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 member/Health Care Decision Maker, 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; and

- 4) Timeliness and content of supervisory visitations as specified in AMPM Policy 1240- A.
 - b) 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;
4. The Division 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);

5. The Division shall monitor that the LTSS services a member receives align with those that were documented in the member's LTSS treatment or service plan 42 CFR 438.330 (b)(5)(i); and
6. The Division may also consider incorporating the use of surveys to assess the experience of Members receiving LTSS services as a key component of the Division's LTSS assessment process.

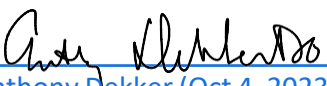
SUPPLEMENTAL INFORMATION:

1. Changes in the QM/PI Program scope include any alterations made to the Division's QM/PI Program structure from one year to the next. This may also include line of business, population, and geographic service area changes.
2. Matters appropriate for peer review shall include, but are not limited to:
 - a. Cases where there is evidence of deficient quality,
 - b. 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,
 - c. Questionable clinical decisions, lack of care and/or substandard care,

- d. Inappropriate interpersonal interactions, unethical behavior, physical, psychological, or verbal abuse, neglect, and exploitation of a member or members, family, staff, or other disruptive behavior demonstrated by a provider,
 - e. Criminal or felonious actions related to practice,
 - f. Issues that immediately impact the member and that are life threatening or dangerous, and
 - g. Issues that have the potential for adverse outcome.
3. Documentation for participation in applicable community initiatives and collaborations, as well as implement specific interventions to address overarching community concerns including, but not limited to:
- a. Quality Management and Quality Improvement,
 - b. Maternal child health,
 - c. Early and Periodic Screening, Diagnostic and Treatment (EPSDT) and Dental,
 - d. Chronic Disease management,
 - e. Long-Term Care
 - f. Behavioral health,

- g. Justice Involvement,
- h. Opioid and substance use,
- i. Suicide,
- j. Social determinants of health,
- k. Veterans' resources and services, and
- l. Specific community initiatives and collaborations, and as required by AHCCCS.

AHCCCS sponsored activities are not considered community initiatives or collaborations.

Signature of Chief Medical Officer: 
[Anthony Dekker \(Oct 4, 2023 16:50 PDT\)](#)
Anthony Dekker, D.O.