



**920 QUALITY MANAGEMENT/PERFORMANCE IMPROVEMENT (QM/PI)
PROGRAM SCOPE**

REVISION DATES: 10/01/16, 10/01/15, 03/01/14, 10/01/13, 04/01/12, 02/01/11, 10/01/09,
10/01/08, 06/01/07, 02/01/07, 04/01/05, 08/13/03, 10/01/01, 10/01/97

INITIAL
EFFECTIVE DATE: 10/01/1994

A. QM/PI PROGRAM COMPONENTS

Contractors shall have a QM/PI Program. The QM/PI (Quality Management/Performance Improvement) Program must:¹

1. Develop a detailed, written set of specific measurable objectives that demonstrate how the Contractor's QM/PI Program meets established goals and complies with all components of this Chapter.
2. Develop and implement a work plan with timelines to support the objectives including:
 - a. A description of all planned goals and objectives for both clinical care and other covered services,
 - b. Targeted implementation and completion dates for quality management measurable objectives, activities and performance improvement projects,
 - c. Methodologies and activities to accomplish measurable goals and objectives,
 - d. The inclusion of measurable behavioral health goals and objectives,
 - e. Staff positions responsible and accountable for meeting established goals and objectives, and
 - f. Detailed policies and procedures to address all components and requirements of this Chapter.
3. ~~All~~ Contractors are required to conduct a new member health risk assessment. Contractors must develop and implement a process to ensure that a "best effort" attempt has been made to conduct an initial health assessment of each member's health care needs including follow up on unsuccessful attempts to contact a member within 90 days of the effective date of enrollment. ~~Documentation of~~

¹ Included as a Contractor requirement



~~e~~Each attempt must be documented. Contractors must develop processes to utilize results of health assessments to identify individuals at risk for and or with special health care needs and to coordinate care (42 C.F.R. 438.208).

- a. Refer to ~~Chapter 1600~~ AMPM Chapter 1600 to obtain time frames in which case managers must have an initial contact with newly enrolled Arizona Long Term Care System (ALTCS) members.
 - b. Refer to AHCCCS contract to obtain time frames in which ~~Behavioral Health~~ Contractors/~~providers~~ must have initial first contact with referred ~~or enrolled~~ members for behavioral health services.²
4. Ensure continuity of care and integration of services through:
- a. Policies and procedures allowing each member to select, or the Contractor to assign, a Primary Care Provider (PCP) who is formally designated as having primary responsibility for coordinating the member's overall health care. The PCP must coordinate care for the member including coordination with the behavioral health medical professional,
 - b. Policies and procedures specifying under what circumstances services are coordinated by the Contractor, the methods for coordination, and specific documentation of these processes,
 - c. Programs for care coordination that include coordination of covered services with community and social services, generally available through contracted or non-contracted providers, in the Contractor's service area,
 - d. Policies and procedures specifying services coordinated by the Contractor's Disease Management Unit, and
 - e. Policies and procedures for timely and confidential communication of clinical information among providers, as specified in AMPM Policy 940 ~~Chapter 900 of this Chapter~~³.
5. Implement measures to ensure that members:
- a. Are informed of specific health care needs that require follow-up,
 - b. Receive, as appropriate, training in self-care and other measures they may take to promote their own health, and

² Appointment standards and referral timeframes are outlined in contract for all contractors

³ Changed to provide consistency throughout the Manual citing Chapters.



QUALITY MANAGEMENT/PERFORMANCE IMPROVEMENT (QM/PI) PROGRAM SCOPE

- c. Are informed of their responsibility to comply with ordered treatments or regimens.
6. Develop and implement procedures for members with special health care needs, as defined in the AHCCCS contract, including:
 - a. Identifying members with special health care needs, including those who would benefit from disease management,
 - b. 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),
 - c. Identifying medical procedures (and/or behavioral health services, as applicable) to address and/or monitor the need(s) or condition(s),
 - d. Ensuring adequate care coordination among providers, including but not limited to, other Contractors/insurers and behavioral health providers, as necessary, and
 - e. 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).
7. Contractors are required to maintain records and documentation as required under State and Federal law.

B. QM/PI PROGRAM MONITORING AND EVALUATION ACTIVITIES

1. If collaborative opportunities exist to coordinate organizational monitoring, the lead Contractor must coordinate and ensure that all requirements in the collaborative arrangement are met.
2. QM/PI Program scope of monitoring and evaluation must be comprehensive. It must incorporate the activities used by the Contractor, and demonstrate how these activities will improve the quality of services and the continuum of care in all services sites. These activities must be clearly documented in policies and procedures.
3. Information and data gleaned from QM monitoring and evaluation that shows trends in quality of care issues must be used in developing PI projects. Selection of specific monitoring and evaluation activities must be appropriate to each specific service or site.



QUALITY MANAGEMENT/PERFORMANCE IMPROVEMENT (QM/PI) PROGRAM SCOPE

4. The Contractor must implement policies and procedures that require the individual and organizational providers to report to the proper authorities as well as the Contractor 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.
5. The Contractor must report all incidents of abuse, neglect, exploitation, and unexpected deaths to the AHCCCS Clinical Quality Management Unit as soon as the Contractor is aware of the incident as specified in Contract⁴. Contractors are expected to investigate and report case findings, including identification of organizational providers, individual providers, paid caregivers, or the specific individual rendering the service.
6. Contractors must report identified quality of care, reportable incidents and/or service trends to the AHCCCS Clinical Quality Management Unit immediately upon identification of the trend, including trend specifications such as providers, facilities, services, and allegation types.
7. Health Care Acquired Conditions (HCAC) and Other Provider Preventable Conditions (OPPC) must be reported to the AHCCCS Clinical Quality Management Unit on a quarterly basis utilizing the template in Exhibit 920-1 as specified in Contract⁵. Contractors are expected to investigate and maintain case files that contain findings.
8. Contractors must incorporate the ADHS licensure and certification reports and other publicly reported data in their monitoring process, as applicable.
9. Contractor quality of care trend reports must be incorporated into monitoring and evaluation activities. Policies and procedures must be adopted to explain how the process is routinely completed.
10. Contractors are 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. Contractors must be active participants in both individual and coordinated efforts to improve the quality of care in placement settings or service sites. On-site reviews conducted by the Contractor's Quality Management clinical clinical quality staff must occur when concerns that have been identified as through the Licensure Survey process an Immediate Jeopardy situation or other mechanisms as having an Immediate Jeopardy situation other areas incidents which impact the health and safety of the member of non-compliance pertaining to member health and safety.

⁴ Deliverable specification are outlined in contract

⁵ Deliverable specification are outlined in contract



~~or has had more than one survey or complaint investigation resulting in a finding of non-compliance with licensure requirements. Contractors must utilize clinical quality staff to conduct on-site reviews if there is a health and/or safety concern identified either by the Contractor, AHCCCS or other party. Contractors must be active participants in both individual and coordinated efforts to improve the quality of care in facilities placement settings or service sites that have been identified by AHCCCS as an Immediate Care Need.~~
⁶ Exhibit 920-2, the Health and Safety Update – Immediate Jeopardy/Immediate Care Need Form must be completed for each onsite review.

Based on findings, Contractors must:

- a. Actively participate in meetings focused on ensuring health and safety of members.
- b. Actively participate in meetings scheduled to develop work plans and corrective action plans to ensure placement setting or service sites compliance with ADHS Licensure and/or AHCCCS requirements.
- c. Participate in scheduled and unscheduled monitoring of placement setting or service sites that are in an Immediate Jeopardy status or have serious identified deficiencies that may affect health and safety of members. ~~(Immediate Care Needs).~~
- d. Assist in the identification of technical assistance resources focused on achieving and sustaining ~~licensure~~ regulatory compliance.
- e. Monitoring placement setting or service sites upon completion of the activities and interventions to ensure that compliance is sustained.

~~10.11.~~ The following services and service sites must be monitored at a minimum annually by Contractor Quality Management staff and must include, but are not limited to, the following:

SERVICES	SERVICE SITES
<ul style="list-style-type: none"> • Behavioral Health Therapeutic Home Care Services • Behavioral Management • Behavioral health personal assistance • Family support • Peer support • Case Management Services 	<ul style="list-style-type: none"> • Behavioral Health Outpatient Clinics • Behavioral Health Therapeutic Home (Adults and Children) • Independent Clinic • Federally Qualified Health Center • Community Mental Health Center • Community/Rural Health Clinic (or Center)

⁶ Clinical staff is required for onsite visits



QUALITY MANAGEMENT/PERFORMANCE IMPROVEMENT (QM/PI) PROGRAM SCOPE

<ul style="list-style-type: none"> • Emergency/Crisis Behavioral Health Services • Emergency Transportation • Evaluation and Screening (initial and ongoing assessment) • Group Therapy and Counseling • Individual Therapy and Counseling • Family Therapy and Counseling • Marriage/Family Counseling • Substance Abuse Treatment • Inpatient Hospital • Inpatient Psychiatric Facilities (resident treatment centers and sub-acute facilities) • Institutions for Mental Diseases • Laboratory and Radiology Services for Psychotropic Medication Regulation and Diagnosis • Non-emergency Transportation • Nursing • Opioid Agonist Treatment • Partial Care (supervised day program, therapeutic day program and medical day program) • Psychosocial Rehabilitation (living skills training, health promotion and supported employment) • Psychotropic Medication • Psychotropic Medication Adjustment and Monitoring • Respite Care 	<ul style="list-style-type: none"> • Crisis Service Provider • Community Service Agency⁷ • Hospital (if it includes a distinct behavioral health or detoxification unit) • Inpatient Behavioral Health Facility • Behavioral Health Residential Facility • Residential Treatment Center • Psychiatric Hospital • Substance Abuse Transitional Center • Unclassified Facility • Integrated Behavioral Health and Medical Facility • Individual Respite Homes
---	---

44-12. The following services and service sites must be monitored at a minimum every three years by Contractors, and must include, but are not limited to, the following:

SERVICES	SERVICE SITES
<ul style="list-style-type: none"> • Ancillary • Dental • Emergency • Early Periodic Screening, Diagnosis and Treatment (EPSDT) • Family Planning • Obstetric 	<ul style="list-style-type: none"> • Ambulatory Facilities • Hospitals • Nursing Facilities • Individual Respite Homes

⁷ No specific footnote needed for CSAs



QUALITY MANAGEMENT/PERFORMANCE IMPROVEMENT (QM/PI) PROGRAM SCOPE

<ul style="list-style-type: none">• Pharmacy• Prevention and Wellness• Primary Care• Specialty Care• Other (e.g. Durable Medical Equipment (DME)/Medical Supplies, Home Health Services, Therapies, Transportation, etc.)	
---	--

OPEN UNTIL 12/10/16



QUALITY MANAGEMENT/PERFORMANCE IMPROVEMENT (QM/PI) PROGRAM SCOPE

12.13. The following services and service sites must be monitored by Arizona Long Term Care System (ALTCS) Contractors every three years, at a minimum, (unless otherwise noted), and must include, but are not limited to, the following:

SERVICES	SERVICE SITES
<ul style="list-style-type: none"> ● Adult Day Health Care* ● Ancillary ● Attendant Care* ● Behavioral Health ● Dental ● Durable Medical Equipment (DME)/ Medical Supplies ● Emergency ● Emergency Alert ● Environmental Modifications ● Early Periodic Screening, Diagnosis and Treatment (EPSDT) ● Family Planning ● Habilitation Services (as applicable) ● Home Delivered Meals ● Home Health Services ● Homemaker* ● Hospice ● Medical/Acute Care ● Obstetric ● Personal Care Services † * ● Directed Care Services ††* ● Prevention and Wellness ● Respiratory Therapy ● Respite Care ● Specialty Care ● Therapies (Occupational Therapy [OT], Physical Therapy [PT], Speech Therapy [ST]) ● Transportation <p>* These services must be reviewed annually. † defined in ARS §36-401(36) †† defined in ARS §36-401(15)</p>	<ul style="list-style-type: none"> ● Assisted Living Centers* ● Assisted Living Homes* ● Ambulatory Facilities ● Behavioral Health Facilities ● Developmentally Disabled (DD) Group Homes* ● Foster Care Homes* ● Hospice* ● Hospitals ● Institution for Mental Diseases* ● Intermediate Care Facility for Persons with Intellectual Disabilities* ● Nursing Facilities* ● Own Home* ● Residential Treatment Centers* ● Traumatic Brain Injury Facilities* ● Individual Respite Homes*



~~13.14.~~ Arizona Long Term Care System (ALTCS) Contractors must implement policies and procedures for the annual monitoring of attendant care, homemaker services, personal care services, respite services and habilitation services. When deficiencies or potential deficiencies are identified, they must be addressed from a member and from a system perspective.

~~14.15.~~ Contractors must coordinate mandatory routine quality monitoring and oversight activities for organizational providers, including Home and Community Based Service (HCBS) placement settings, when the provider is included in more than one Contractor network. A collaborative process must be utilized in ~~urban~~ ~~counties~~ (Maricopa and Pima) ~~counties~~⁸ and in ~~rural~~ counties when more than one Contractor is contracted with and utilizes the facility.

The Contractor (or the lead Contractor if Contractor collaborative monitoring was completed) ~~must shall~~ submit the Contractor Monitoring Summary

~~15.16.~~ ~~results~~ to AHCCCS CQM annually by December 15, as specified in Contract. Additionally, a standardized and agreed upon tool must be used and include at a minimum:

- a. General ~~Quality-quality Monitoring-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,
 - iv. The effectiveness of service provision, and
 - v. Mandatory documents in the services or service site personnel file:
 - (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 must be a former employer. Results of the contacts must be documented in the employee's personnel record.

b. Specific quality monitoring requirements are as follows:

- i. Direct Care Services (Attendant care, Personal care and Homemaker services) monitoring as described in Exhibit 920-3 Organizational Providers Approved/Not Approved Direct Care Worker (DCW) Training and Testing Programs. Monitoring shall (refer to AHCCCS Medical Policy Manual (AMPM) Chapter 1200, Policy 1240 A, Direct Care

⁸ Clarification



~~Services, for detailed information) must include~~ verification and documentation of the following:⁹

~~(a) Verification of the monitoring and documentation of the following:~~

- (i) Mandated written agreement between the member and or member representative and the Direct Care Worker (DCW) which delineates the responsibilities of each,
- (ii) Evaluation of the appropriateness of allowing the member's immediate relatives to provide attendant care, and
- (iii) Compliance with ensuring DCWs meet competencies to provide care including training, testing, verifying and sharing testing records of DCWs. Additionally, the Contractor shall ensure a the provider's provider is compliance compliant with continuing education standards (. Refer to AMPM Chapter 1200, Policy 1240-A, ~~Direct Care Services~~ and ~~AHCCCS Contractor Operations Manual Chapter 400, ACOM Policy 429, Direct Care Worker Training and Testing Program~~). ~~Contractors must incorporate testing results into monitoring tools for organizational providers that are and are not Approved DCW Training and Testing Programs.~~¹⁰
- (iv) Timeliness and content of supervisory visitations as outlined in AMPM Chapter 1200, Policy 1240-A.

ii. Sampling methodology for monitoring of attendant care, personal care, and homemaker service must assure that all provider agencies and all direct care workers have an equal opportunity to be sampled (provider agencies must be included in the sample frame even if the number of employees does not meet a statistically significant level. All employees must be included in the sample frame including those who are in the pool of workers but are not currently assigned to a member).

~~iii. Contractors must shall monitor that the Long Term Services and Supportts (LTSS) the services that a member receiving receives Long Term Services and Supports (LTSS) has obtained to ensure the services align with those that were documented in the member's LTSS treatment plan (§ 42 CFR 438.330(a)(2)(ii).~~¹¹

⁹ Included Exhibit reference

¹⁰ Deleted because reference was previously added. Duplicative language.

¹¹ Reworded for clarification



~~iii.~~iv. Contractors must 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 (438.330).

~~iv.~~v. Contractors may also consider incorporating the use of surveys to assess the experience of members receiving LTSS as a key component of the Contractor's LTSS assessment process (~~§ 42~~ CFR 438.330(a)(2)(ii)).

C. IMPLEMENTATION OF ACTIONS TO IMPROVE CARE

1. Contractors must develop corrective action plans for taking appropriate actions to improve care if problems are identified. The corrective action plans should address the following:
 - a. Specified type(s) of problem(s) that requires corrective action. Examples include, but are not limited to
 - i. Abuse, neglect, and exploitation,
 - ii. Healthcare acquired conditions,
 - iii. Unexpected death,
 - iv. Isolated systemic issues,
 - v. Trends
 - vi. Health and safety issues and, ~~Immediate Jeopardy~~ and Immediate Care Need situations
 - vii. Lack of coordination,
 - viii. Inappropriate blanket authorizations for specific ongoing care needs, and
 - ix. High profile/media events
 - b. Person(s) or body (e.g., Board) responsible for making the final determinations regarding quality issues (all determinations regarding quality issues that are referred for peer review will be made only by the Peer Review Committee chaired by the Chief Medical Officer). For Peer Review Policy, refer to AMPM Policy 910, ~~Section C, A.3 Item 4.~~¹²
 - c. Type(s) of member/provider action(s) to be taken including, but not limited to:
 - i. Education/training/technical assistance
 - ii. Follow-up monitoring and evaluation of improvement
 - iii. Changes in processes, structures, forms

¹² Updated reference



- iv. Informal counseling
 - v. Termination of affiliation, suspension or limitation of the provider (if an adverse action is taken with a provider the Contractor must report the adverse action to the AHCCCS Clinical Quality Management Unit within one business day), and/or
 - vi. Referrals to regulatory agencies.
- d. Documentation of an assessment of the effectiveness of actions taken.
- e. Method(s) for internal dissemination of findings and resulting corrective action plans to appropriate staff and/or network providers, and
- f. Method(s) for dissemination of pertinent information to AHCCCS Administration and/or regulatory boards and agencies (i.e., Arizona Department of Health Services, Arizona Medical Board, Arizona Board of Pharmacy, Arizona State Board of Nursing).
2. Contractors must maintain documentation that confirms the implementation of corrective actions.

OPEN UNTIL 12/10/16