

6. Have a developed, implemented and maintained Quality Assurance (QA) Program. The Division of Health Care Financing and Policy (DHCFP) is committed to achieving a structured, internal monitoring and evaluation process. The process is designed to improve quality of care and encourage behavioral health centers of excellence which achieve comprehensive outcome based care. Each BHCN will have a QA Program that continually assesses quality measures and seeks to improve services on an ongoing basis. A QA program description will be submitted upon enrollment. An updated program description with QA report results will be provided to the DHCFP annually on the anniversary of the BHCN enrollment month. The BHCN's QA program description and report must include the following:
- a. A list of behavioral health services and evidence based practices that the BHCN provides to recipients.
 - i. Identify the goals and objectives of the services and methods which will be used to restore recipient's highest level of functioning.
 - b. An organization chart that outlines the BHCN's supervisory structure and the employees and positions within the agency. The organizational chart must identify the medical supervisor, clinical supervisor(s), direct supervisor(s), affiliated qualified mental health professional(s) and qualified mental health associate(s) including names and National Provider Identifier (NPI) numbers for each.
 - c. Document how clinical and supervisory trainings are conducted and how they support standards to ensure compliance with regulations prescribed within MSM Chapter 400. Provide a brief description of material covered, date, frequency and duration of training, location, names of employees that attended, and the name of the instructor.
 - d. The BHCN QA report must demonstrate Effectiveness of Care, Access/Availability of Care, and Satisfaction of Care. Refer to the QIO-like vendor's Billing Manual for further instruction concerning the required Quality Measures below. The following quality measures are required:

Effectiveness of Care

- i. Identify the percentage of recipients demonstrating stable or improved functioning.
- ii. Develop assessment tool to review Treatment and/or Rehabilitation Plans and report results of assessment.

Access and Availability of Care

- i. Measure timeliness of appointment scheduling between initial contact and rendered face to face services.

Satisfaction of Care

- i. Conduct a recipient and/or family satisfaction survey(s) and provide results.
- ii. Submit a detailed grievance policy and procedure.

- e. The DHCFP may require the BHCN to submit a DHCFP approved Corrective Action Plan (CAP) if the BHCN's QA report has adverse findings. The BHCN's CAP shall contain the following and must be provided within 30 days from date of notice:
 - i. The type(s) of corrective action to be taken for improvement;
 - ii. The goals of the corrective action;
 - iii. The time-table for action;
 - iv. The identified changes in processes, structure, internal/external education;
 - v. The type of follow-up monitoring, evaluation and improvement.
- f. QA Programs must be individualized to the BHCN delivery model and services provided. Duplication of QA documentation between BHCNs may be cause for rejection without review.

Failure to submit QA Program documentation or failure to meet standards of the QA Program and/or Corrective Action Plan (CAP) as required in MSM 403.B.6 within designated timeframes will result in the imposition of sanctions including, but not limited to, partial suspension and/or termination of the BHCN provider contract.

A BHCN that is accredited through the Commission on Accreditation of Rehabilitation Facilities (CARF), Joint Commission, or Council of Accreditation (COA) may substitute a copy of the documented QA program and report required for the certification in lieu of the requirements in 403.B.6. Accreditation must be specific to a BHCN delivery model.