



Policy 26-03 Attachment A: Description of Performance Monitoring Activities

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I. Member and System Outcomes

A. Purpose

Mechanisms shall be implemented to assess member/family or provider satisfaction. Member/family or provider satisfaction will be assessed by:

1. Gathering and analyzing data from the annual DHCS’ Consumer Perception Surveys;
2. Surveying member/family satisfaction with the Contractor’s services at least annually;
3. Evaluating Member grievance and appeal logs, including Fair Hearings and resolution of member grievances at least annually (42 CFR §438.66).
4. Evaluating Provider complaint and appeal logs;
5. Evaluating requests to change persons providing services at least annually.
6. The Contractor shall inform providers of the results of member/family satisfaction activities.

B. Standard:

The above activities will be evaluated on an annual basis.

II. Timely Access to Services

A. Purpose:

Mechanisms will be implemented to monitor appropriate and timely intervention of occurrences that raise quality of care concerns. Data related to timely access and Access Call Center data will be reviewed to assess performance on this measure. BHRS shall take appropriate follow-up action when such an occurrence is identified. The results of the



intervention shall be evaluated by BHRS at least annually. Monitoring access to care standards (10 business-day rule for routine care). Analyzing no-show rates and appointment availability.

B. Related Policies:

BHRS Policy 25-07: Network Adequacy Standards

III. Care Coordination

A. Purpose

Ensure continuity and coordination of care with physical health care providers and coordinate with other human services agencies used by its members. The effectiveness of any MOU with a physical health care plan will be assessed.

IV. Utilization management (UM), Utilization review (UR)

A. Purpose

BHRS shall have mechanisms to detect both underutilization of services and overutilization of services. (42 C.F.R. § 438.330(b)(3).) UM processes assure that members have appropriate access to SMHS as required by law. UR is a means of verifying that medically necessary services are provided to Medi-Cal members, who meet medical necessity and criteria for member access to SMHS as established in BHIN 21-073, in compliance with the applicable state and federal laws and regulations. Types of data that will be used to evaluate UM and UR include, but are not limited to:

1. Enrollment and disenrollment data;
2. Audited financial and encounter data

V. Medication Monitoring

A. Purpose

Mechanisms are implemented to monitor the safety and effectiveness of medication practices. The purpose of Medication Monitoring is to assure the quality of psychotropic medication treatment for mental health and medication assisted treatment for substance use. The monitoring mechanism shall be under the supervision of a person licensed to prescribe or dispense prescription drugs. Monitoring shall occur at least annually. Medical management committee (which goes by the name "Pharmacy and Therapeutics Committee" in BHRS) reports and minutes will be reviewed to evaluate performance on this measure.

The objectives are to:

- Increase the effectiveness of psychotropic medication use.
- Reduce inappropriate prescribing of psychotropic medication.
- Reduce the likelihood of the occurrence of adverse effects.
- Assure appropriate laboratory work is obtained at the onset and during the course of treatment.



- Increase the likelihood that related physical examinations occur and are documented.
- Improve the client and family's treatment compliance with respect to psychotropic medication use.
- Encourage client/family education about psychotropic medications in order to improve their participation in informed consent procedures and in treatment.

B. Standard

At least 5 charts per prescriber per year will be peer reviewed under the guidance of the Medical Chief/Lead Psychiatrist.

C. Related Policies

BHRS Policy 04-08: Medication Monitoring and BHRS Policy 20-07 Medication Monitoring for Youth set the standards for the Medication Monitoring process.

VI. Psychological Autopsy Process

A. Purpose

A psychological autopsy is a protected Peer Review process applied whenever there has been a client death by suicide, homicide, or suspicious circumstances. The focus of this QI review is to identify system procedures or policies that could be improved.

B. Standard

100 percent of cases where a client death is by suicide, homicide, or suspicious circumstances has occurred will be reviewed in a Psychological Autopsy.

The BHRS Medical Director has the responsibility to assure that Psychological Autopsies occur in a timely manner, and to report findings to the QI Committee.

C. Related Policies

BHRS Policy 00-10: Quality Improvement/Peer Review of Cases in which Death has Resulted from Suicide, Homicide or Suspicious Causes

VII. Peer Review

A. Purpose:

Peer Review is a valued QI process, intended to improve care for clients, not to function as a supervisory tool for managers. Peer Review is a legally protected activity, and is not subject to discovery; Peer Review may not be described as a case conference and is not reported in the client chart.

B. Standard

Any staff member who has direct clinical involvement with clients will present one client's case to a group of clinician's peers at least once annually.

Monitoring by QI assures that Peer Review occurs, but does not include review of the checklists written for individual clinicians.



C. Related Policies

Peer Review is mandated by BHRS Policy 94-03, Peer Review, and is inclusive of all county behavioral health clinical staff and clinical staff of contracted providers. The policy applies to full and part-time staff, but is optional for trainees.

VIII. Critical Incident Data Collection

A. Purpose

The Critical Incident Report is a CONFIDENTIAL reporting tool to document occurrences inconsistent with usual administrative, clinical, and facility practice. The reporting form indicates areas of significant risk, variability and concern that would trigger a report. This listing is not meant to be all-inclusive and the judgment of staff is relied upon to report all incidents that impact quality care or service. The critical incident report provides:

- A mechanism for immediate notification to Behavioral Health Administration of unusual events within our system, and
- A risk management/quality improvement tool that facilitates clinical and administrative procedure development, in-service education, facility improvement, and improvements in care models.
- The requirement to document, report and analyze critical incidents applies to all county mental health staff and also to staff of community mental health agencies.

B. Related Policies

BHRS Policy 93-11: Critical Incident Reporting

IX. Credentialing and Monitoring

A. Purpose

BHRS will assure that its healthcare practitioners have the training and experience to provide quality care. Choosing practitioners who will work well in the care delivery system is part of this responsibility. The credentialing process will operate in a timely manner to allow for early detection of potential problems that could have an impact on the care provided to clients.

Credentialing policies apply to all licensed, waived, and registered behavioral health practitioners. This includes but is not limited to: psychiatrists, psychologists, clinical social workers, marriage and family therapists, registered nurses, nurse practitioners, and certified SUD counselors.

Credentialing policies shall be applied across the MHP and DMC-ODS to assure high quality care wherever services are offered.

B. Delegation of Credentialing

BHRS is responsible for assuring its clients that the same standards for provider participation are adhered to across the entire organization.

There are circumstances where delegation of credentialing is appropriate, as long as policies



are developed that specify at least the same credentialing criteria as are used by BHRS. In addition to community mental health agencies, other organizations to which credentialing may be delegated include professional group practices, hospital-based clinics, Independent Practice Associations (IPAs), and Administrative Services Organizations (ASO).

C. Related Policies

BHRS Policy 98-09: Delegation of Credentialing, Re-credentialing, Re-certification or Reappointment of Providers.

D. Program / Agency Specific Guidelines

1. County Operated Clinics

a. Purpose

BHRS relies on San Mateo County Employee and Public Services (EPS) policies to assure the competency and appropriateness of new applicants for employment as clinical practitioners. However, while the initial screening and selection process is a valuable and important component in a credentialing process, it does not perform all the critical reviews necessary to fully assess the practitioner's ability to deliver care.

b. Standard

All licensed, waived, registered, or certified candidates for employment or under consideration for contract will be subject to credentialing review as defined in current policy.

All professional employees as described above will be re-credentialed at the time of license or certification renewal.

Any negative findings from an initial or subsequent credentialing review will be reported to appropriate supervisors or managers for their review and action.

c. Related Policies

BHRS Policy 19-08 and BHRS Policy 99-04 establishes objective credentialing and re-credentialing criteria for licensed, waived, or registered professional staff employed or contracted with BHRS.

2. Contracted Community Agencies

The function of assuring the competency of their clinical staff is delegated to community mental health agencies through the clinic certification process. BRHS shall verify the integrity of this process during site certification visits and more often as appropriate and necessary to assure compliance.

a. Standard

Agencies shall follow BHRS criteria for internal credentialing of licensed staff.

Agencies shall document their procedures to assure the competency of other



clinical and administrative staff to provide quality mental health care and to process claims for services

3. Contracted Individual Providers

BHRS recognizes its responsibility to develop and implement a credentialing and re-credentialing process to select and evaluate the practitioners who participate in service delivery for its clients.

a. Related Policies:

BHRS Policy 19-08: Credentialing and Re-Credentialing Providers

BHRS Policy 99-04: Waiver/Registration in Lieu of License

BHRS Policy 98-05: Credentialing for Independent Contracted Providers

BHRS Policy 19-07: Provider Selection and Retention (Mental Health Network of Care) Policy

BHRS Policy 98-10: Concerns/Complaints about MHP Individual and Organizational Contract Providers

X. Outcome and Quality Measures

Purpose: To analyze and measure tools and assessment that measure changes in a beneficiary's symptoms, functioning, or quality of life. Some examples include but are not limited to: CANS (child and adolescent needs and strengths) for youth and PSC-35 (emotional and behavioral health in children).

XI. Other Performance Monitoring Functions

Certification of Organizational (agency) Provider Sites - Effective with statewide consolidation of outpatient Medi-Cal services and the assumption of greater county risk in providing those services, the responsibility for site certification was given to counties.

DHCS has retained the responsibility for certifying/recertifying county owned and operated sites.

Inpatient chart reviews are conducted by QI staff on charts from all private hospitals, contract or noncontract, serving MHP clients. This utilization review function consists of retrospective review of charts, and currently includes close to 100% of episodes claimed to Medi-Cal for MHP clients in private hospitals.

A. Related Policies

BHRS Policy 98-12: Agency Provider Certification