



Policy Number:	26-03
Policy Name:	Quality Management (QM) Program Description
Authority:	County Contract with Department of Health Care Services (DHCS) for Mental Health and Drug Medi-Cal Organized Delivery System (DMC-ODS)
Original Policy Date:	February 27, 2026 Effective Date: 02/27/26
Policy Last Revised:	N/A
Supersedes:	N/A
Attachments:	A. Description of Performance Monitoring Activities

PURPOSE

This QM Program description defines the QM Program’s structure and elements, assigns responsibility to appropriate individuals, and adopts or establishes quantitative measures to assess performance and to identify and prioritize area(s) for improvement.

In order to make meaningful use of data to inform processes, BHRS views the assessment of services and data as integrally linked to the improvement of services. Therefore, BHRS uses the term “Quality Management” to refer to all Quality-related activities, including activities that are commonly identified as “Quality Assurance,” “Quality Assessment,” and “Quality Improvement” activities.

POLICY

Quality Management Structure and Processes

I. Quality Management Program

The purpose of the Quality Management Program of San Mateo County Behavioral Health and Recovery Services is to provide a framework within which the Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS) programs shall:

- Monitor the service delivery system with the aim of improving the processes of providing care and better meeting the needs of its members;
- Monitor the system-wide quality of clinical care, clinical services, and administrative or member services against objective standards;
- Implement mechanisms to address meaningful clinical issues affecting members system-wide;



- Implement mechanisms to monitor appropriate and timely intervention of occurrences that raise quality of care concerns. BHRS shall take appropriate follow-up action when such an occurrence is identified. BHRS shall evaluate the results of the intervention at least annually;
- Enhance care to individuals and families through ongoing assessment of their needs and preferences, with focused attention on cultural, ethnic, and language differences;
- Promote fair, efficient, effective and appropriate use of behavioral health resources;
- Ensure continuity and coordination of care with physical health care providers; and
- Define the relationship of the QM program to other organizational components, including agency and individual contractors.

The QM Program further defines the scope and content of the Quality Assessment and Performance Improvement (QAPI) program including:

- The authority, roles and responsibilities of individuals who are involved in the QAPI program;
- The QAPI program's structure and elements (e.g., meeting frequencies, roles, subcommittee descriptions, etc.); and
- Adopts or establishes quantitative measures to assess performance and to identify and prioritize area(s) for improvement.

BHRS shall evaluate the impact and effectiveness of its QAPI Program annually and update the Program as necessary per Cal. Code Regs., tit. 9, § 1810.440(a)(6). (42 C.F.R. § 438.330(e)(2).)

The QM Program is written in full compliance with Quality Improvement and Utilization Review Standards developed by the Department of Health Care Services (DHCS) and the Centers for Medicare and Medicaid Services (CMS). It affirms that San Mateo County will monitor changes in state and federal regulation or policy and will make every effort to assure consistent, full compliance with regulations. The QM Program further affirms that San Mateo County will make every effort to comply with all relevant legal mandates in its delivery of behavioral health services. These QM mandates are written into individual and agency contracts to assure their regulatory compliance in administrative and clinical practice.

II. QM Program Structure

A. Authority and Responsibility

1. The QI Program shall be accountable to the BHRS Director as described in Cal. Code Regs., tit. 9, § 1810.440(a)(1). The BHRS Director maintains overall authority for program direction and management.
2. The BHRS Medical Director is responsible for providing professional judgment regarding matters of quality of care, peer review, and clinical and medical procedures.
3. The BHRS Quality Manager must be a licensed mental health practitioner. The Quality



Manager is responsible for implementation of the QM Program.

4. The BHRS Compliance Officer is responsible for developing and implementing policies, procedures, and practices designed to ensure compliance with the requirements of the contract and who reports directly to the Behavioral Health Director and Board of Supervisors.

B. Participation

The QM Program shall include active involvement in the planning, design and execution of the QM Program by practitioners and providers, members who have accessed specialty mental health services or SUD services through BHRS, family members, legal representatives, or other persons similarly involved with members as described in Cal. Code. Regs., tit. 9, § 1810.440(a)(2)(A-C).

C. Scope of QM Program

This QM Program is broad in scope and informs the structure and process of all behavioral health services provided by San Mateo County. These include:

1. All community-based services directly provided by the County;
2. All community-based services provided by contracted individual providers;
3. All community-based services provided by contracted mental health and substance use disorder organizational providers;
4. All psychiatric inpatient services for indigent and Medi-Cal clients provided by contracted private hospitals; and additionally
5. All psychiatric inpatient services for indigent and Medi-Cal clients provided by the San Mateo Medical Center.

The QM Program shall oversee subcontractors' compliance through on-site monitoring reviews and monitoring report submissions to DHCS. BHRS shall comply with compliance monitoring reviews conducted by DHCS and are responsible to develop and implement Corrective Action Plans (CAPs) as needed.

Unless otherwise noted, services to children and youth, adults, and older adults will follow general descriptions and definitions of service structure and expectations for service delivery. Special needs and exceptions will be clearly identified in appropriate sections of the plan.

III. Practice Guidelines

- A. BHRS shall adopt practice guidelines (42 C.F.R. § 438.236(b) and Cal. Code Regs., tit. 9, § 1810.326) and shall take steps to assure that decisions for utilization management, member education, coverage of services, and any other areas to which the guidelines apply shall be consistent with the guidelines. (42 C.F.R. § 438.236(d))
- B. These practice guidelines will be disseminated to all affected providers and, upon request, to members and potential members (42 C.F.R. § 438.236(c).)



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C. Such guidelines shall meet the following requirements:

1. They are based on valid and reliable clinical evidence or a consensus of health care professionals in the applicable field;
2. They consider the needs of the members;
3. They are adopted in consultation with network providers; and
4. They are reviewed and updated periodically as appropriate. (42 C.F.R. § 438.236(b).)

IV. Quality Improvement Committee (QIC)

A. Purpose

As part of the contract with the Department of Health Services, BHRS must establish a QI Committee to review the quality of Specialty Mental Health Services (SMHS) and Substance Use Disorder (SUD) services provided to members. The QI Committee shall recommend policy decisions; review and evaluate the results of QI activities, including performance improvement projects; institute needed QI actions; ensure follow-up of QI processes; and document QI Committee meeting minutes regarding decisions and actions taken.

The QIC is embedded in the Quality Improvement Program that aims to monitor BHRS' delivery systems with the aim of improving the processes of providing care and better meeting the needs of its members.

B. Related Policies

See BHRS Policy 16-11: Quality Improvement Committee for full scope of QIC responsibilities and subcommittees.

V. Quality Assessment and Performance Improvement Program (QAPI)

A. Purpose

The QM Program shall have an ongoing comprehensive Quality Assessment and Performance Improvement (QAPI) Program for the services it furnishes to members (42 C.F.R. § 438.330 (a)). The QAPI Program shall improve established treatment outcomes through structural and operational processes and activities that are consistent with current standards of practice.

B. Basic Elements of QAPI Program

The QAPI Program shall include at least the following elements:

1. Performance improvement Projects (PIPs).
2. Collection and submission of performance measurement.
3. Mechanisms to detect both underutilization and overutilization of services.

C. List of QI Activities

QI Activities that are part of the QAPI Program may include, but are not limited to:

1. Collecting and analyzing data to measure against the goals, or prioritized areas of



- improvement that have been identified;
2. Identifying opportunities for improvement and deciding which opportunities to pursue;
 3. Identifying relevant committees internal or external to the Contractor to ensure appropriate exchange of information with the QI Committee;
 4. Obtaining input from providers, members and family members in identifying barriers to delivery of clinical care and administrative services;
 5. Designing and implementing interventions for improving performance;
 6. Measuring effectiveness of the interventions;
 7. Incorporating successful interventions into the Contractor's operations as appropriate; and
 8. Reviewing member grievances, appeals, expedited appeals, State Hearings, expedited State Hearings, provider appeals, and clinical records review. as required by Cal. Code Regs., tit. 9, §1810.440(a)(5).

VI. Quality Improvement Work Plan

A. Purpose

The Quality Improvement (QI) Work Plan (also referred to as the QAPI/QM Plan) shall evaluate the impact and effectiveness of its quality assessment and performance improvement program. The QI Work Plan will be updated annually with documented annual evaluations and documented revisions as needed. The QI Work Plan will include:

B. Evidence of the monitoring of activities including, but not limited to:

1. Review of Member Grievances, Appeals, Expedited Appeals
2. State Hearings, expedited State Hearings
3. Provider appeals, and
4. Clinical records review as required by Cal. Code Regs., tit. 9, §1810.440(a)(5) and 42 C.F.R. § 438.416(a);

C. Evidence that QI activities, including performance improvement projects, have contributed to meaningful improvement in clinical care and member service;

D. A description of completed and in-process QI activities, including performance improvement projects. The description shall include:

1. Monitoring efforts for previously identified issues, including tracking issues over time.
2. Objectives, scope, and planned QI/QM activities for each year. Within this objective, there shall be QI activities in each of the following six areas:
 - a. Monitoring the service delivery capacity of BHRS.
 - b. Monitoring client satisfaction



- c. Monitoring BHRs service delivery system and meaningful clinical issues that affect its clients
 - d. Monitoring continuity and coordination of care with physical health care providers and other human service agencies
 - e. Monitoring provider appeals
3. Targeted areas of improvement or change in service delivery or program design.
 4. A description of mechanisms implemented to assess the accessibility of services within its service delivery area. This shall include goals for:
 - a. Responsiveness for the 24-hour toll-free Access Call Center telephone number,
 - b. Timeliness for scheduling of routine appointments,
 - c. Timeliness of services for urgent conditions,
 - d. Timeliness to the first dose of NTP services,
 - e. Access to after-hours care.
 - f. Strategies to reduce avoidable hospitalizations.
 - g. Coordination of physical and mental health services with waiver services at the provider level.
 - h. Assessment of the members' experiences.
 5. Evidence of compliance with the requirements for cultural competence and linguistic competence, including access to services in the prevalent non-English languages.

VII. External Quality Review

- A. BHRs shall undergo annual, external independent reviews of the quality, timeliness, and access to the services covered under BHRs' Contract with the Department of Health Care Services (DHCS), which are conducted pursuant to Subpart E of Part 438 of the Code of Federal Regulations. (42 C.F.R. §§ 438.350(a) and 438.320)

VIII. Monitoring of Performance

A. Purpose

To monitor the BHRs service delivery system with the aim of improving the processes of providing care and better meeting the needs of its members.

B. Performance Measures

The QM Program shall adopt or establish quantitative measures to assess performance and to identify and prioritize area(s) for improvement.

1. Include collection and submission of performance measurement data required by the Department, which may include performance measures specified by CMS. The Contractor shall measure and annually report to the Department its performance, using



the standard measures identified by the Department.

C. Performance Improvement Projects (PIPs)

A minimum of two Performance Improvement Projects (PIPs) in each delivery system (MHP and DMC-ODS) will be conducted per year, including any PIPs required by DHCS or CMS. Each delivery system will include one PIP which shall focus on a clinical area and one PIP which shall focus on a non-clinical area. There may be times in which a PIP may be counted toward both the MHP and DMC-ODS, which would result in fewer than 4 total PIPs needing to be completed.

1. PIP Requirements

- a. Each PIP shall, through ongoing measurements and intervention:
 - i. Be designed to achieve significant improvement, sustained over time, in health outcomes and member satisfaction;
 - ii. Include measurement of performance using objective quality indicators;
 - iii. Include implementation of interventions to achieve improvement in the access to and quality of care;
 - iv. Include an evaluation of the effectiveness of the interventions based on the performance measures collected as part of the PIP; and,
 - v. Include planning and initiation of activities for increasing or sustaining improvement. (42 C.F.R. § 438.330(d)(2).)
- b. The status and results of each performance improvement project will be reported to DHCS as requested, but not less than once per year. (42 C.F.R. § 438.330(d)(3).)
- c. Each PIP shall be completed in a reasonable time period so as to generally allow information on the success of PIPs in the aggregate to produce new information on quality of care annually.

D. Performance Monitoring Activities

The QAPI Program shall include collection and submission of performance measurement data required by the Department, which may include performance measures specified by CMS. The Contractor shall measure and annually report to the Department its performance, using the standard measures identified by the Department. (42 C.F.R. § 438.330 (a)(2), (b)(2), (c)(2).)

BHRS shall conduct performance monitoring activities throughout BHRS' operations. See Attachment A for a detailed list of Performance Monitoring Activities.



SIGNATURES

Approved: _____ *Signature on File*
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 BHRS Director

REVISION HISTORY

Date of Revision	Type of Revision	Revision Description