

**Department:** Health Department **Program Contact:** Jennifer Gulzow  
**Program Offer Type:** Support **Program Offer Stage:** As Adopted  
**Related Programs:** 40065, 40067  
**Program Characteristics:**

**Executive Summary**

Quality Management (QM) includes the Compliance, Quality Improvement (QI), Records, Reporting, Evolv and Billing teams. The teams work in conjunction to assure the Division has access to infrastructure supports and services. The teams provide technical assistance and support to all Division staff as well as contracted agencies who have access to the Evolv Electronic Health Record (EHR). These teams advance racial equity by providing real time information and data on systems, programs and policies that perpetuate systemic barriers to opportunities and benefits for BIPOC and other underserved populations.

**Program Summary**

The QM, QI and Compliance teams conduct: internal and external agency audits, internal investigations and Root Cause Analysis, onboarding, policy and procedure development and review, contract reviews, timely responses to complaints and assure compliance with grievance procedures. In addition, they monitor Fraud, Waste and Abuse and manage audits from external parties.

There is one dedicated QM staff for Residential Services. This position is responsible for coordinating residential quality and tracking reportable residential adverse incidents annually; facilitating Critical Incident Reviews for high risk incidents; assisting the State with licensing visits and Oregon Administrative Rules (OARs) compliance for residential treatment homes and facilities; investigating complaints about residential care; and monitoring progress of providers found to be out of compliance with OARs.

The Reporting team uses SSRS and Tableau to produce visuals and reports for measuring outcomes and fulfilling our contractual Reporting duties. They work closely with the Data Governance program, IT and other Health Department Reporting teams to allocate and share county resources. They continue to lead in the implementation of industry best-practices for the software development lifecycle, version control, user documentation, and process standardization.

The Evolv team provides oversight/administration of the Evolv EHR. They build custom forms and fields in the system for teams to collect data and work in conjunction with the Reporting team for the data entering and exiting the system. They perform ongoing upgrades and system maintenance to ensure system efficiencies. The team has representation at the National level in the role of Board President, helping to support big improvements in Netsmart’s approach to our experience as an Evolv customer.

The Billing team implements and tracks communication procedures for provider billing set-up to prevent claim denials and reprocessing. They monitor access and use of CIM and MMIS data platforms, ensuring access controls. This year they optimized workflows to prevent and quickly respond to authorization related denials and monitoring of insurance coverage for BHD clients. They developed and delivered training materials to BHD staff on level of care forms, Care Oregon billing requirements, CIM usage and Fraud, Waste and Abuse.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	# of clinical reviews and incident reports reviewed	14,307	12,000	13,000	13,500
Outcome	Percent of incidents residential programs mitigated through immediate safety implementations	97	3	97	97
Output	Number of requests managed by Decision Support <sup>2</sup>	3,300	4,900	4,100	4,000

**Performance Measures Descriptions**

<sup>1</sup>This was changed to reflect the number of incidents that do not require a review by Critical Incident Review team, demonstrating increases or decreases in safe residential environments over time.

<sup>2</sup>Includes billing support tickets, Evolv project, support and reporting requests. CCO 2.0 changed the work/workload of the DSU team. 4,900 is a best guess estimate. Workload was down in FY20 as teams adjusted to changes in duties.

## Legal / Contractual Obligation

Each provider of community mental health and developmental disability service must implement and maintain a QA program. Elements of the QA program include maintaining policies and procedures, grievance management, fraud and abuse monitoring, performance measurement, and contract management.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
<b>Program Expenses</b>	<b>2021</b>	<b>2021</b>	<b>2022</b>	<b>2022</b>
Personnel	\$872,778	\$1,753,918	\$904,329	\$1,855,187
Contractual Services	\$0	\$210,676	\$0	\$236,536
Materials & Supplies	\$7,206	\$72,246	\$15,315	\$81,927
Internal Services	\$176,583	\$451,446	\$184,686	\$356,033
<b>Total GF/non-GF</b>	<b>\$1,056,567</b>	<b>\$2,488,286</b>	<b>\$1,104,330</b>	<b>\$2,529,683</b>
<b>Program Total:</b>	<b>\$3,544,853</b>		<b>\$3,634,013</b>	
<b>Program FTE</b>	6.31	12.59	5.96	12.94

<b>Program Revenues</b>				
Intergovernmental	\$0	\$1,299,251	\$0	\$1,518,272
Beginning Working Capital	\$0	\$1,189,035	\$0	\$1,011,411
<b>Total Revenue</b>	<b>\$0</b>	<b>\$2,488,286</b>	<b>\$0</b>	<b>\$2,529,683</b>

## Explanation of Revenues

This program generates \$148,260 in indirect revenues.

- \$ 1,011,411 - Health Share of Oregon (Medicaid): Based on FY20 Medicaid Rates
- \$ 267,294 - Health Share Unrestricted Medicaid (Off the top) funding
- \$ 737,142 - State Mental Health Grant: LA 01 System Management and Coordination
- \$ 433,836 - Unrestricted Medicaid fund through CareOregon
- \$ 80,000 - State Mental Health Grant: A&D 66 Decision Support

## Significant Program Changes

**Last Year this program was:** FY 2021: 40068 Behavioral Health Quality Management

Changes in funding/positions are due to the following: CCO 2.0 in 2020 reduced funding for these programs when Medicaid was removed. Positions were covered with BWC last year. There are deficits in this program again this year.