Program #40068 - Behavioral Health Quality Management | FY 2024 Adopted

Department:	Health Department	**Program Contact:**	Jennifer Gulzow
Program Offer Type:	Support	**Program Offer Stage:**	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 collaboratively to assure the Division is able to rapidly identify, prevent, and mitigate risk; provide timely and meaningful data and outcomes to demonstrate appropriate stewardship of public funds and inform program development; maintain secure electronic health records and billing; and assure compliance with regulatory and policy requirements. These teams support workforce retention by attending to onboarding and training needs of employees. . 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 Description

The QM, QI and Compliance teams conduct: internal and external agency audits, internal investigations and Root Cause Analysis, coordinate onboarding, policy and procedure development and review, contract reviews, timely responses to complaints and assure compliance with grievance procedures; 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 software to produce visuals and reports for measuring outcomes and fulfilling Reporting duties. They work closely with the Data Governance program, Information Technology (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,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 Community Integration Manager (CIM) and Maintenance Management Information System (MMIS) data platforms, ensuring access controls. This year they reviewed rate changes for mental health and addiction services and updated fee schedules for internal and external providers to ensure payments for services are correct and optimized. They also developed and delivered training materials to BHD staff on Fraud, Waste and Abuse.

Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	# of clinical reviews and incident reports reviewed	12,384	13,500	13,362	13,500
Outcome	Percent of incidents residential programs mitigated through immediate safety implementations	96	98	97	96
Output	Number of requests managed by Decision Support Unit	3,455	3,800	3,549	3,800
Outcome	100% of policies and procedures will be transitioned into Health Department platform Compliance 360 in FY23 [1]	N/A	100	N/A	N/A

Performance Measures Descriptions

[1] This outcome is being deactivated. Health Department QM teams are reviewing department policy management software. Moving BHD policies in now would be counterproductive and inefficient.

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
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$1,060,528	$2,021,151	$1,201,348	$2,173,957
Contractual Services	$0	$216,854	$10,752	$185,521
Materials & Supplies	$16,261	$82,228	$18,030	$87,619
Internal Services	$102,499	$436,366	$217,646	$342,731
Total GF/non-GF	**$1,179,288**	**$2,756,599**	**$1,447,776**	**$2,789,828**
Program Total:	**$3,935,887**		**$4,237,604**	
Program FTE	6.51	13.31	7.17	13.65

Program Revenues				
Intergovernmental	$0	$1,501,208	$0	$1,687,177
Beginning Working Capital	$0	$1,255,391	$0	$1,102,651
Total Revenue	**$0**	**$2,756,599**	**$0**	**$2,789,828**

Explanation of Revenues

This program generates $199,056 in indirect revenues.
      $ 1,175,263 - Health Share of Oregon (Medicaid) Beginning Working Capital
State: $ 744,779 - State Mental Health Grant: LA 01 System Management and Coordination
      $ 484,751 - Unrestricted Medicaid fund through CareOregon
State: $ 80,000 - State Mental Health Grant: A&D 66 Decision Support
      $ 305,035 - Health Share Unrestricted Medicaid (Off the top) funding

Significant Program Changes

Last Year this program was: FY 2023: 40068A Behavioral Health Quality Management