

ORGANIZATIONAL PROCEDURE

PROCEDURE # 7.1a		EFFECTIVE DATE	REVISED DATE
TITLE:	QUALITY ASURANCE AND PERFORMANCE IMPROVEMENT PROGRAM	11/21/2013	7/1/2025
ATTACHMENT TO		REVIEW DATES	
POLICY #:	7.0	1/1/2015, 9/9/20202, 7/1/2025	
POLICY TITLE:	QUALITY MANAGEMENT		
CHAPTER:	QUALITY IMPROVEMENT		

I. PURPOSE

To develop, implement, maintain and evaluate a Quality Assessment and Performance Improvement Program (QAPIP) Plan and Report. The report shall include analysis of critical incidents, risk events, sentinel events and shall facilitate quality improvement processes.

- A. **PROCEDURES** LRE will have a written description of its Quality Assessment and Performance Improvement Program, which specifies an organizational structure that supports a quality assessment system to design, measure, analyze, and improve the outcomes of governance, management, clinical, support functions, and considers internal and external consumer and stakeholder needs and expectations
- B. LRE and each LRE Member Community Mental Health Service Programs (CMHSPs) member will ensure the QAPIP will:
 1. Develop a means to measure performance using standardized indicators in the areas of access, efficiency, and outcome.
 2. Ensure achievement of minimum performance levels and a means to analyze the causes of any statistical outliers on State defined performance indicators.
 3. Ensure the development of performance improvement projects that achieve through ongoing measurement and intervention demonstrable and sustained improvement in significant aspects of clinical and non-clinical services that can be expected to have a beneficial effect on health outcomes and consumer satisfaction.
 4. Include the process and follow-up of sentinel events, other critical incidents, and risk events.
 5. Ensure quarterly review analyses of data from the behavior treatment review committee where intrusive or restrictive techniques have been approved, and where physical management or 911 calls to law enforcement have been used in an emergency behavioral crisis.
 6. Include periodic quantitative and qualitative assessments of experiences of individuals receiving services. The assessments are representative of the

consumers served and address the issues of quality, availability, and accessibility of care.

7. Ensure that consumers are active in the review and analysis of the qualitative and quantitative methods through their participation in project teams or work groups.
8. Ensure there is a process for the adoption, development, implementation, and continuous monitoring and evaluation of practice guidelines.
9. Develop and implement procedures for credentialing, re-credentialing, and privileging of both licensed and non-licensed providers.
10. Implement a verification methodology to ensure services reimbursed by Medicaid are furnished to enrollees by the affiliates, providers, and subcontractors.
11. Ensure LRE operates a utilization management program.
12. Annually monitor the LRE provider network, including affiliates or sub-contractors delegated managed care functions.
13. Use an index to identify vulnerable individuals and events that put them at risk of harm to determine opportunities to improve care and outcomes.

II. CHANGE LOG

Date of Change	Description of Change	Responsible Party
7/1/2025	NEW Procedure – removed from Policy	Chief Operating Officer