STANDARD I. QAPI PROGRAM STRUCTURE AND OPERATIONS -- WRITTEN DESCRIPTION	
QAPI PROGRAM COMPONENT	**STANDARDS/GUIDELINES**
	The MCO has a quality improvement infrastructure necessary to continuously improve the quality and safety of clinical care and services it provides to its members.
1. QAPI Program Written Description *42 CFR 438.240(a)(1)* *42 CFR 438.240(e)(2)* *SMM 2091.7* *NCQA QI 1 Standards & Guidelines* *RFP*	❑ The written QAPI Program Description clearly delineates the role and function of the HP's quality improvement (QI) structures and processes as well as the assignment of responsibility. At a minimum, it addresses the following:
2. QAPI Program Goals and Objectives	☐ Annually developed overall goals and objectives.
3. QAPI Program Scope	☐ A comprehensive scope addressing the quality of:
	• Clinical medical care;
	• Behavioral health care;
	• Member safety, and
	• Non-clinical aspects of service, including the availability, accessibility, coordination and continuity of care.
4. QAPI Program Range of Care	☐ The entire range of care provided by the HP, including all:
	• Demographic groups
	• Care settings (e.g. inpatient, ambulatory {including care provided in private practice offices}, and home care
	• Types of services (e.g. preventive, primary, specialty care and ancillary care).
5. Governing Body Accountability *NCQA Standards & Guidelines 2006*	❑ The written description stipulates that the Governing Body, accountable for providing organizational governance of the HP's QAPI Program, is:

STANDARD I. QAPI PROGRAM STRUCTURE AND OPERATIONS -- WRITTEN DESCRIPTION	
QAPI PROGRAM COMPONENT	**STANDARDS/GUIDELINES**
	• The Board of Directors, or
	• A subcommittee or the HP's senior management staff (external to the QI Committee).
Governing Body Oversight Responsibilities	❑ The governing body's oversight responsibilities are documented in sufficient detail in meeting minutes to demonstrate that this body has directed and followed up on QAPI Program actions when necessary.
	• Governing body responsibilities include annual review and approval of the:
	○ Written QAPI Program Description,
	○ Annual Work Plan,
	○ QAPI Program Annual Assessment and Written Evaluation, and
	○ If developed as a separate document, the Annual UM Program Written Evaluation.
	• Governing body also:
	○ Receives written reports (committee minutes, annual reports, status reports, etc.) from the designated Quality Committee describing actions taken, progress in meeting objectives, and improvements made.
	○ On a periodic basis, but no less than annually, governing body formally reviews QAPI Program activity written reports, including studies conducted, results, subsequent actions, and aggregate data on utilization and quality of services rendered to assess the QAPI Program's continuity and effectiveness.
	○ Following review of written reports the governing body takes action, as appropriate, and directs that the operational QAPI Program be modified to accommodate review findings and issues of concern
6. QAPI Program Supervision *NCQA Standards & Guidelines 2006*	☐ QAPI Program Description specifies the role of:
Designated Physician	• A designated physician who:
	○ Participates in or advises the Quality Monitoring/Improvement Committee, particularly in areas involving or affecting clinical care and patient safety;

STANDARD I. QAPI PROGRAM STRUCTURE AND OPERATIONS -- WRITTEN DESCRIPTION	
QAPI PROGRAM COMPONENT	**STANDARDS/GUIDELINES**
	○ Generally chairs the QI Committee; and
	○ Has substantial involvement in the QAPI Program.
Designated Licensed Behavioral Health Practitioner	• The designated licensed behavioral health practitioner who:
	○ Participates in or advised the Quality Monitoring/Improvement Committee or a behavioral health subcommittee that reports to the Quality Monitoring/Improvement Committee, and
	○ Is involved in the behavioral health care aspects of the QAPI Program.
7. Quality Improvement Committee (QIC) *42 CFR 438.240*	❑ The written QAPI Program describes an identifiable structure responsible for performing QAPI functions within the HP and includes:
NCQA Standards & Guidelines 2006	• A Quality Improvement Committee (QIC) is charged with developing, implementing and overseeing the QAPI Program.
QIC Composition	• Practitioners participate in the QAPI Program/activities through planning, design, implementation and/or review.
QIC Meetings	• At a minimum, QIC meetings are held quarterly.
QIC Responsibilities	• The QIC's responsibilities include:
	○ Recommending policy.
	○ Analyzing and evaluating the results of the QI activities.
	○ Insuring practitioner participation in the QAPI Program through planning, design, implementation or review.
	○ Instituting needed actions.
	○ Ensuring follow-up, as appropriate.
	• The QIC is accountable to the governing body and submits regularly scheduled reports to the governing body.

STANDARD I. QAPI PROGRAM STRUCTURE AND OPERATIONS -- WRITTEN DESCRIPTION	
QAPI PROGRAM COMPONENT	**STANDARDS/GUIDELINES**
8. QIC and Sub-Committees *NCQA Standards & Guidelines 2006*	☐ The QAPI Program description clearly specifies the operating boundaries as well as the role, structure, function and the reporting relationships of the QIC and the subcommittees, including the committee(s) associated with oversight of delegated activities.
9. QAPI Program Work Plan *NCQA Standards & Guidelines 2006*	☐ The QAPI Program description provides for an annually developed Work Plan.
10. QAPI Program Annual Assessment and Written Evaluation *NCQA Standards & Guidelines 2006*	☐ The written QAPI Program provides for an annual written Program evaluation that includes:
	• A description of completed and ongoing QAPI activities (including all delegated functions) that address the quality and safety of clinical care and quality of services.
	• Trending of measures to assess performance in the quality and safety of clinical care and quality of services.
	• Analysis of the results of QAPI initiatives, including analysis of barriers to achieving each program goal.
	• Areas with opportunities for improvement, including barrier analysis.
	• Recommendation(s) for remedial/corrective action(s).
	• Evaluation of the overall effectiveness of the QAPI Program, including progress toward influencing network-wide safe clinical practices.
11. Coordination of QI Activities with Other Management Activities	• QAPI Program, as well as DHS and/or EQRO activity findings, conclusions, recommendations, actions taken and results of actions taken, are documented and reported to appropriate HP individuals/entities through established QI channels.
	• QI activities are linked with other HP management functions such as:
	○ Utilization management
	○ Risk management
	○ Service access and availability
	○ Provider network management and provider services/relations
	○ Member services, including grievance system activities
	○ Information system management

STANDARD I. QAPI PROGRAM STRUCTURE AND OPERATIONS -- WRITTEN DESCRIPTION	
QAPI PROGRAM COMPONENT	**STANDARDS/GUIDELINES**
QAPI Program Information for Providers and members	☐ The HP makes information about its QAPI Program available to its practitioners and members, including a description of the QAPI Program and a report on the organization's progress in meeting its goals.

STANDARD II RESOURCE AND STAFFING	
QAPI PROGRAM COMPONENT	**STANDARDS/GUIDELINES**
1. Resources and Staffing	☐ The QAPI Program Description includes a description of resources that the HP devotes to the QAPI Program in order to:
NCQA Standards & Guidelines 2006	• Complete QI/UM activities in a competent and timely manner.
RFP §51.000	• Fulfill specific requirements in *RFP §51.000*
HP Medical Director	○ The HP shall have on staff a locally based Medical Director licensed to practice medicine in the State of Hawaii, to oversee the quality of care furnished by the plan and to ensure care is provided by qualified medical personnel.
HP Staff Resources and Systems *RFP §51.200 Support Staff and Systems*	○ The HP shall have in place adequate material resources and organizational and administrative systems to ensure that it can meet contractual obligations.
Staff Qualifications	○ The HP shall insure that all staff have the necessary qualifications (i.e. education, skills, and experience) to fulfill the requirements of their respective positions.
Staff Training	○ The HP shall conduct initial and ongoing training of all staff to ensure they have the information and knowledge to perform the specific functions required in the QUESTProgram contract.

STANDARD III. SYSTEMATIC PROCESS FOR MONITORING QUALITY	
QAPI PROGRAM COMPONENT	**STANDARDS/GUIDELINES**
	☐ The HP has policies and procedures, and mechanisms to objectively and systematically monitor and evaluate the entire range of care provided to all demographic groups, in all care settings, and all types of services. The HP activities are aimed at monitoring quality, member safety, and appropriateness of care and service, and pursuit of opportunities for improvement on an ongoing basis.
I. Performance Improvement Projects (PIPs)	
1. Performance Improvement Projects (PIPs) -- Written Policies and Procedures *42 CFR 438.240(b)(1)* *42 CFR 438.240(d)(1)* *42 CFR 438.240(d)(2)* *RFP 50.520 & 50.530* *MQD 2005 – 2006 Performance Improvement Projects (PIPs) – Policy and Timeline, September 2005*	☐ The HP's QAPI Program includes written policies and procedures for performance improvement projects (PIPs) that comply with *42 CFR 423.240*, CMS' final protocol, Version 1.0 dated May 1, 2002, *Conducting Performance Improvement Projects*, and DHS' most current *PIP Policy and Timeline*. The HP's policies and procedures stipulate:
	• The methodologies and organizational arrangements to be used to implement studies/activities.
42 CFR 438.240(a)(2)	• Provisions for PIP topic selection may be by CMS and/or DHS.
2. Performance Improvement Projects (PIPs) *42 CFR 438.240* *RFP 50.530*	☐ The HP's PIPs focus on clinical and non-clinical areas and include the following elements:
	☐ Ongoing measurement of performance using objective quality indicators.
	• Each PIP shall be completed in a time period determined by DHS (Fiscal Year: July 1 to June 30) to allow aggregate information on the success of PIPs to produce new information on quality of care every year.
3. PIP Components *Appendix ___ Validation of PIPs. 2005 – 2006 PIP Tool Completion Instructions (DHS/HSAG)*	☐ The HP's Performance Improvement Projects include the following components:

STANDARD III. SYSTEMATIC PROCESS FOR MONITORING QUALITY	
QAPI PROGRAM COMPONENT	**STANDARDS/GUIDELINES**
Activity I	• Selection of a study topic (by the HP or by CMS and/or DHS)
Activity II	• A clearly defined answerable study question.
Activity III	• Clearly defined study indicator(s) to be monitored and evaluated that may be specified by the DHS and/or CMS.
Activity IV	• A correctly identified study population.
Activity V	• Valid sampling techniques.
Activity VI	• Accurate/complete data collection.
Activity VII	• Appropriate planned/implemented improvement strategies.
Activity VIII	• Sufficient data analysis and interpretation which involves a method for analyzing the results to indicate any meaningful change in performance/member health outcomes and/or member satisfaction, as well as, ways in which the HP can improve the care it delivers to members. The HP's policies and procedures reflect that this component:
Activity IX	• Real improvement achieved -- Reported improvement in performance is observed during the baseline measurement.
Activity X	• Sustained improvement over time is reflected.
4. PIP Reporting Requirements *42 CFR 438.240(d)(2)* *42 CFR 438.240(c)* *RFP 50.530 and 52.403*	☐ The HP's policies and procedures stipulate that on an annual basis:
	• The HP submits to the DHS and the EQRO, PIP reports on the designated PIP documentation tool for validation by the State's EQRO.
	• The HP includes the PIPs in the HP's annual QAPI Program evaluation.

STANDARD III. SYSTEMATIC PROCESS FOR MONITORING QUALITY	
QAPI PROGRAM COMPONENT	**STANDARDS/GUIDELINES**
II. Other Quality and Utilization of Care Studies to Monitor Clinical and Service Delivery Areas	
5. Additional Quality of Care Studies	☐ In addition to conducting PIPs, the HP also conducts other quality of care/services studies, and
	☐ Based on quality and utilization data, selects clinical and service delivery areas for on-going monitoring.
	☐ Studies/Activities relating to Program Integrity issues – refer to Standard XIII. Program Integrity – Written Compliance/Fraud and Abuse Program Description, #4. Studies/Activities
III. Disease Management	
6. Disease Management *NCAQ Standards & Guidelines 2006*	☐ The HP has policies and procedures reflecting that it actively intervenes to help members and practitioners manage chronic conditions.
	☐ Each DM Program content addresses:
	• The mechanisms that allow the member or practitioner to assess how well the condition is being managed.
	• Treatment plans/interventions.
	• How the HP tracks member adherence to the program's treatment plans.
	• Consideration of other health conditions.
	• Lifestyle issues (i.e. smoking, lack of exercise, obesity, poor nutrition, etc.)
	☐ The systematic identification of members who qualify for its programs on an annual basis.
	☐ Mechanisms for providing members with information regarding DM Programs.
	☐ Mechanisms for informing practitioners about the DM Programs.
	☐ Mechanisms for measuring DM Programs' effectiveness.

STANDARD III. SYSTEMATIC PROCESS FOR MONITORING QUALITY	
QAPI PROGRAM COMPONENT	**STANDARDS/GUIDELINES**
IV. Practice Guidelines	
7. Practice Guidelines *42CFR 438.236(b)* *RFP 50.550*	☐ The HP uses clinical practice guidelines to help practitioners and members make decisions about appropriate health care for specific clinical conditions. The HP's policies and procedures reflect that:
	• Practice guidelines are relevant to the needs of its members.
	• Are based on valid and reliable clinical evidence, from recognized sources or a consensus of health care professionals in a relevant field;
	• Are adopted in consultation with in-network providers;
	• Are reviewed and updated periodically as appropriate;
42CFR 438.236(c)	• Are disseminated to all affected providers and, upon request, to potential members;
42CFR 438.236(d)	• Are applied to decisions for utilization management, member education, coverage of services, and other areas, including the process and outcomes of healthcare delivery as well as access to care.
42 CFR Section 438.6(h) *42 CFR 422.208* *RFP 50.550*	• Are consistent with CFR Section 438.6(h) and 422.208, regarding Physician Incentive Programs.
V. Performance Measurement	
8. Performance Measurement *42 CFR 438.240(b)(2)* *42 CFR 438.240(c)* *RFP 50.520 and 52.402*	☐ The HP has policies and procedures and mechanisms to meet requirements relating to Performance Measurement.
	☐ Annually, the HP will measure and report to the DHS its performance, using standard performance measurement data (HEDIS measures) required by the DHS.
VI. Safety and Quality Data Collection	
9. Safety and Quality Data Collection	☐ The HP has a plan for collecting and providing information regarding safety and quality, including:

STANDARD III. SYSTEMATIC PROCESS FOR MONITORING QUALITY	
QAPI PROGRAM COMPONENT	**STANDARDS/GUIDELINES**
NCQA Standards QI 2 Program Operations (2006)	
	• The scope and time frame for implementation, and
	• Actions to be taken, such as:
	○ Activities to collect information on providers' actions to improve patient safety.
	○ Activities to make performance data publicly available for members and practitioners.
VII. Monitoring and Evaluation of Quality by Appropriate Clinicians	
10. Quality Review -- Appropriate Clinicians	☐ Appropriate clinicians monitor and evaluate quality through the review of individual cases where there are questions about care, and through studies analyzing patterns of clinical care and related services.
11. Multi-disciplinary Teams	☐ Multi-disciplinary teams are used, when indicated, to analyze and address systems issues.
VIII. Corrective Action	
12. Remedial Action	☐ The QAPI Program includes written policies and procedures for taking remedial action when opportunities for improvement are identified.
13. Assessment of Effectiveness of Corrective Actions	☐ Remedial actions are monitored and evaluated to assure appropriate changes and improvements are being made, and practice patterns are tracked.
14. Remedial Action/ Follow-up	☐ The HP follows-up on identified issues to ensure that actions for improvement have been effective.

STANDARD IV: MEMBER RIGHTS AND RESPONSIBILITIES	
QAPI PROGRAM COMPONENT	**STANDARDS/GUIDELINES**
1. Written Policy on Member Rights and Responsibilities *42 CFR 438.100* *RFP §50* *State's Quality Strategy Attachment A-3*	☐ The HP's written policies and procedures regarding members' rights and responsibilities shall have mechanisms to ensure implementation and compliance with provisions specified in *42 CFR 438.100* and provisions in *RFP §50,* including but not limited to:
2. Member Rights	• The rights guaranteed to each HP member stipulated in *RFP §50.340.*
3. Member Enrollment	• Requirements in *RFP §50.360* relating to the Member Identification Card.
	• Provision of an enrollment packet to all new enrollees in compliance with *RFP §50.100,* including:
4. Member Rights	○ An explanation of member's rights, including those related to the grievance system and member's disenrollment rights (*RFP §50.520)*
5. Member Handbook *RFP §50.330*	○ A member handbook.
6. Information on Member Responsibilities *RFP §50.130*	○ A description of member responsibilities.
7. Member Services	• Provision of member services detailed in *RFP §50.300,* including:
8. Member Education *42CFR 438.10*	○ Educating members in compliance with requirements in *RFP §50.310.*
9. Requirements for Written Materials *42 CFR 438.10(d)(1)(i)*	○ Meeting the requirements for written materials for members stipulated in *RFP §50.320* and §50.380 (Internet Presence/Web Site)

STANDARD IV: MEMBER RIGHTS AND RESPONSIBILITIES	
QAPI PROGRAM COMPONENT	**STANDARDS/GUIDELINES**
10. Toll-Free Telephone Hotline *RFP §50.370*	○ Compliance with requirements of the toll-free hotline service for members.
11. Translation Services *42 CFR 438.10©(4)* *RFP §50.390*	○ Provision of translation services to any member who speaks any non-English language regardless of whether a member speaks a language that meets the threshold of a prevalent non-English language.
12. Provider Directory *RFP §50.350*	☐ HP shall insure compliance with its responsibilties relating to the Provider Directory.

STANDARD V. MEMBER GRIEVANCE SYSTEM	
QAPI PROGRAM COMPONENT	**STANDARDS/GUIDELINES**
1. Member Grievance System *Attachment A-2 State Quality Strategy* *42 CFR 438.400* *42 CFR 438.228* *42 CFR 438.402* *42 CFR 438.404* *42 CFR 438.406* *42 CFR 438.408* *42 CFR 438.420* *42 CFR 438.424* *RFP 50.600*	☐ The HP's policies and procedures regarding the formal Member Grievance System is in compliance with applicable CFR provisions and *RFP §50.600.*
2. Documentation, Tracking and Trending	☐ The HP has mechanisms to insure that, at a minimum, it is capable of:
	• Initiating and maintaining all documentation relevant to each grievance and appeal.
	• Generating the quarterly grievances and appeals reports in the format required by the DHS and submitting these reports to the DHS in a timely manner.
	• Providing grievance-specific and/or appeal-specific documentation requested by the DHS and/or its designee.
	• Generating required letters to members (i.e. acknowledgment letters, notification letters, etc.) in a timely manner.
	• Tracking each grievance and appeal from the initial expression of dissatisfaction through resolution, and generating reports reflecting the HP's tracking activities.
	• Trending all grievances and appeals and generating reports reflecting the HP's trending activities.
3. Compliance Monitoring	☐ The HP has mechanisms to monitor compliance with all grievance and appeal-related requirements and to take corrective action if necessary.

STANDARD VI. PROVIDER CONTRACTS	
QAPI PROGRAM COMPONENT	**STANDARDS/GUIDELINES**
1. Provider Contracts and Provider Services	The HP shall have policies and procedures and mechanisms to insure compliance with all provider contract and provider service-related provisions in the RFP, including, at a minimum:
	☐ *§ 40.210* (Required Providers)
	☐ *40.220* (Provider Accessibility),
	☐ *40.221* (Primary Care Providers),
	☐ *40.230* (Provider "Gag Rule" Prohibition),
	☐ *40.240* (Provider Contracts),
	☐ *40.250* (Provider Services),
	☐ *50.610* (Member Grievance System – General Requirements).
	☐ *40.900* (Cultural Competency)
2. Provider Grievance System *RFP 40.250* *Appendix ___ State of Hawaii Quality Strategy, Attachment A-6*	☐ The HP shall have policies and procedures and mechanisms to implement the requirements stipulated in the State's BBA Language Update, QUEST MEMO, ADM 0311, Attachment A-6 *Grievance System Reporting Instructions For Providers.*
3. Documentation, Tracking and Trending Provider Complaints, Grievances and Appeals	☐ The HP has mechanisms to insure that it is capable of:
	• Initiating and maintaining documentation relevant to each complaint, grievance and appeal, including provider notification of the disposition of a provider's grievance or appeal.

STANDARD VI. PROVIDER CONTRACTS	
QAPI PROGRAM COMPONENT	**STANDARDS/GUIDELINES**
	• Generating the quarterly complaints, grievances and appeals reports in the format required by the DHS and submitting these reports to the DHS in a timely manner.
	• Providing grievance-specific and/or appeal-specific documentation requested by the DHS and/or its designee.
	• Tracking each grievance and appeal from the initial expression of dissatisfaction through resolution, and generating reports reflecting the HP's tracking activities.
	• Trending all grievances and appeals and generating reports reflecting the HP's trending activities.
4. Compliance Monitoring	☐ The HP has mechanisms to monitor compliance with all provider complaints, grievances and appeals-related requirements as well as to take corrective action if necessary.

STANDARD VII. AVAILABILITY OF PRACTITIONERS AND ACCESSIBILITY OF SERVICES	
QAPI PROGRAM COMPONENT	**STANDARDS/GUIDELINES**
1. Policies and Procedures	The HP has established written standards/policies and procedures for access and availability of services in compliance with provisions in *42 CFR 438.206(b)(1), 42 CFR 438.210,* and relevant sections of the *RFP.*
2. Provider Network – Required Providers *RFP 40.210*	☐ The HP shall develop, maintain and monitor a network of providers in compliance with provisions in *RFP §40.200.* The HP shall:
	• Ensure that it has the network capacity to serve the expected enrollment in respective service areas.
	• Cover and provide all benefits and services under contract.
	• Offer an appropriate range of services and access to preventive and primary care services.
	• Maintain a sufficient number, mix, and geographic distribution of providers of services.
3. Accessibility Standards	The HP shall insure that it has:
	☐ A sufficient provider network to ensure members can obtain needed health services within the wait times stipulated in *RFP §40.220.*
	☐ Mechanisms to monitor provider compliance with access standards as well as to take corrective action if necessary.
4. Covered Benefits and Services	☐ The HP shall ensure that it complies with all requirements in *RFP §40.300* (Covered Benefits and Services).
5. Provision of Services – Additional Requirements	☐ The HP shall ensure that it also ensures compliance with requirements in the following sections of the RFP:
	• *§40.500* (Care Coordination/Case Management System) – Refer to Standard VIII.
	• *§40.600* (Craniofacial Review Panel Recommendations),

STANDARD VII. AVAILABILITY OF PRACTITIONERS AND ACCESSIBILITY OF SERVICES	
QAPI PROGRAM COMPONENT	**STANDARDS/GUIDELINES**
	• *§40.700* (Advance Directives),
	• *§40.800* (Behavioral Health Managed Care Health Plan)
	• *§40.900* (Out-of-State and Off-Island Coverage),
	• *§41.000* (Other Services to be Provided), and
	• *§42.000* (Transition of Care).

STANDARD VIII. CONTINUITY OF CARE

QAPI PROGRAM COMPONENT	STANDARDS/GUIDELINES
1. Policies and Procedures	❑ The HP has policies and procedures, and mechanisms to ensure compliance with *RFP §*40.400 (Care Coordination/Case Management System), *RFP §40.314* Services for Members with Special Health Care Needs (SHCNs) as well as requirements outlined here.
2. CC/CM Services – Organizational Structure & Staffing	❑ The CC/CM system/services are organized, structured and caseloads are assigned to ensure, at a minimum:
42 CFR 438.208	• Timely referral/access to CC/CM services.
	• Timely access and delivery of the right/medically necessary care/service required by members, at the right time, and in the appropriate amount.
	• Continuity, coordination and integration of members' care.
3. CC/CM Staff	❑ CC/CM staff are qualified and possess the training, skills, and knowledge to effectively perform their role and responsibilities.
4. Levels of CC/CM Services	❑ If the HP develops differing levels of CC/CM Services, criteria for determination of assignment of levels are clearly defined.
5. Identification of Designated Primary Care Provider *42 CFR 438.208*	❑ HP's must ensure that each member has an ongoing source of primary care appropriate to his or her needs and a person or entity formally designated as primarily responsible for coordination of the health care services furnished to the member.
6. Needs Assessment *42 CFR 438.208*	❑ The CC/CM system includes needs assessment process with criteria used to screen/identify members in need of CC/CM services.
7. Initiating Contact	❑ There is a process with specific timeframes for initiating contact the member/designated representative.
8. CC/CM Coordinator Assignment	❑ There are provisions for assignment of a CC/CM for each member's case, and for informing the member and their PCP of the assigned CC/CM staff as well as how to contact them.

STANDARD VIII. CONTINUITY OF CARE

QAPI PROGRAM COMPONENT	STANDARDS/GUIDELINES
9. Care Planning Process *42 CFR 438.208*	☐ The care planning process includes: • Individual Care Plan (ICP) components, • Development of a member-centered ICP, • The appropriate time frames for ICP development and implementation.
10. Involvement in ICP Development *42 CFR 438.208* *42 CFR 438.100* *42 CFR 438.102*	☐ A methodology is in place to ensure that the member's PCP, other relevant providers, and if appropriate their family, are also involved in the ICP development process.
11. Evaluation of ICP Effectiveness *42 CFR 438.208*	☐ There are policies and procedures in place to ensure that the implementation of the member's ICP is monitored/evaluated for effectiveness, and is revised as frequently as the member's condition warrants.
12. Documentation *42 CFR 208*	☐ The documentation of all CC/CM activities includes:, at a minimum: • The assessment of member's needs, • The ICP, • Member's response to the ICP, • Any revisions made to the ICP as well as all consultations, referrals, interactions, case conferences, correspondence, and • Other activities related to CC/CM services.
13. Confidentiality *42 CFR 438.224* *42 CFR 438.208*	☐ The HP ensures confidentiality of member information in accordance with professional ethics, state and federal laws, including HIPAA compliance provisions.

STANDARD VIII. CONTINUITY OF CARE	
QAPI PROGRAM COMPONENT	**STANDARDS/GUIDELINES**
14. Informing PCP	☐ There are mechanisms to ensure that, at a minimum, the member's PCP receives information about: • All out-of-home placements; • Reports of consultations, and referrals; • Medications/treatments prescribed by specialists; • Outcome of referrals (i.e. to medical and/or behavioral health specialists, substance abuse programs, CPS, community-based services/resources, etc.).
15. Behavioral Health Information Sharing	☐ There are mechanisms to provide for the timely sharing of the appropriate information between a members' behavioral health care provider and their PCP in a confidential manner. These processes are aimed at 1) ensuring that members with coexisting medical and behavioral health conditions receive seamless, continuous coordination and appropriate care, and 2) addressing the potential quality problems arising from the fragmentation of medical and behavioral health care. At a minimum, the HP shall address the following: • Member's behavioral health treatment plan, and • Prescribed treatments and psychopharmaceutical medications.
16. Coordination and Continuity *42 CFR 438.208*	☐ The HP's CC/CM system provides for:
	• Coordination and follow up of inpatient care/services and discharge plan (i.e. ensuring continuity of care when members are discharged on medications which are normally prior authorized or not on the HP's formulary).
	• Coordination and continuity of outpatient care/service needs.
	• Referrals to, and coordination with, community-based resources/services that provide services that are not covered by QUEST.
	• Coordination and continuity with other HPs from whom the member receives services
	• Coordination and continuity of care when members transition to other programs (e.g. behavioral health managed care plan, Medicaid fee-for-service program, Medicare).

STANDARD VIII. CONTINUITY OF CARE	
QAPI PROGRAM COMPONENT	**STANDARDS/GUIDELINES**
17. Sharing Pertinent Information *42 CFR 438.208*	☐ The HP's CC/CM system has processes for receiving and sharing of pertinent information, and interfacing with the member, the member's PCP, and as appropriate, the member's family, other HP departments and other providers involved in member's care, and other HPs.
18. Discontinuation of Services	☐ The HP has criteria for discontinuing CC/CM services and mechanisms to inform relevant individuals.
19. Interfacing and Integrating *42 CFR 438.208*	☐ The CC/CM system provides for interfacing with, and integration of CC/CM services provided by provider agencies.
20. Coordination of Care *42 CFR 438.208*	☐ If multiple internal sections of the HP provide CC/CM services, there are mechanisms to ensure integration and coordination as well as prevent duplication of effort.
21. Information System *42 CFR 438.242*	☐ The CC/CM system is linked to the HP's information system. The system is able to: • Track CC/CM activities, • Support evaluation of the CC/CM system and • Generate reports.
Individuals with Special Health Care Needs	
22. Identification of Individuals with Special Health Care Needs (SHCNs) *42. CFR 438.208*	☐ There are mechanisms to ensure that upon enrollment, the HP identifies members with special needs (as specified by the State) as required and in a timely manner.
23. Assessment of Individuals with SHCN *RFP §40.314*	☐ Members identified with SHCNs are assessed within 30 days of identification by appropriately trained and credentialed health care professionals.

STANDARD VIII. CONTINUITY OF CARE	
QAPI PROGRAM COMPONENT	**STANDARDS/GUIDELINES**
24. Case Management of Individuals with SHCN *42 CFR 438.208*	☐ Once the HP has determined that the member meets the SHCNs criteria, the following shall apply:
	• Individuals with SHCNs shall have access to providers who are experienced in delivering the appropriate care and are available and physically accessible.
	• If an appropriate network provider is not available, the HP allows members to see an out-of-network provider.
	• The HP permits either a standing referral or an adequate number of direct access visits to specialists as determined by the individual's PCP, and considers the use of specialists as a primary care provider in certain circumstances.
	☐ The HP coordinates care with other Medicaid agencies and community organizations in order to prevent duplication of benefits (e.g. Early Intervention Program (a State PAHP), Department of Health-Child & Adolescent Mental Health Division (a State PIHP), Community Care Services, etc.).
25. Adults with Special Health Care Needs	☐ The HP defines adults with special health care needs as those individuals 21 years of age and older who have chronic physical or behavioral conditions that require health related services of a type or amount beyond that generally required by adults.
26. Adult Medical Conditions	☐ The HP's CC/CM policies and procedures include adult referrals for CC/CM services based on:
	• Conditions such as asthma, diabetes, hypertension, chronic obstructive lung disease, high risk pregnancy and/or
27. Additional Groups of Adults Identified *42 CFR 428.208*	• Identification through the HPs quality improvement and utilization review processes.

STANDARD VIII. CONTINUITY OF CARE	
QAPI PROGRAM COMPONENT	**STANDARDS/GUIDELINES**
	○ Individuals whose use of prescription medications includes atypical antipsychotics and the chronic use of opioids, the chronic use of polypharmacy, and other chronic usage of specific drugs that exceed the usage of other adults in the HP as identified by the HP.
	○ Individuals whose utilization of emergency room services is beyond that generally used by other adults in the HP for the treatment of chronic medical conditions such as asthma and diabetes. Individuals who use or need speech therapy, occupational therapy, and/or physical therapy for chronic medical conditions that exceed the utilization of other adults in the HP.
	☐ If the member is determined to have SHCNs, ensure that the member's PCP and other appropriate providers (in consultation with the individual or the individual's caregiver) develop a plan of treatment. The contractor is responsible to review and approve the treatment plan.
28. Direct Access to Specialists *42 CFR 428.208*	☐ The HP has a mechanism to allow members to directly access a specialist (for example, through a standing referral or an approved number of visits) as appropriate for the member's condition and identified needs.
29. Children with Special Health Care Needs	☐ The HP defines children with special health care needs as individuals under 21 years of age who have a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that generally required by children.
30. Child Medical Conditions	☐ The HP's CC/CM policies and procedures include child referrals for:
	• Conditions such as asthma, diabetes, hypertension, chronic obstructive lung disease, high risk pregnancy and/or
31. Additional Groups of Children Identified	• Identification through the HPs quality improvement and utilization review processes:
	○ Children who take medication for any behavioral/medical condition that has lasted or is expected to last at least 12 months (excludes vitamins, fluoride)

STANDARD VIII. CONTINUITY OF CARE	
QAPI PROGRAM COMPONENT	**STANDARDS/GUIDELINES**
	○ Children who are limited in their ability to do things that most children of the same age can do because of a serious medical/behavioral health condition that has lasted or is expected to last at least 12 months.
	○ Children who need or receive speech therapy, occupational therapy, and/or physical therapy for a medical condition that has lasted or is expected to last at least 12 months.
	○ Children who need or receive treatment or counseling for an emotional, developmental, or behavioral problem that has lasted or is expected to last at least 12 months.
32. Providing Assessment Results to other HPs, if Appropriate	☐ The HP has made provisions to provide results of its identification and assessment of members with SHCNs to other health plans so those activities need not be duplicated.