



Salt Lake County

CY 2026

Quality Assessment and Performance Improvement
(QAPI) Plan

Optum Salt Lake County Approval

Anni Butterfield Digitally signed by Anni Butterfield
Date: 2026.03.23 08:33:18 -06'00'

Anni Butterfield, LCSW, MBA
Executive Director, Optum Salt Lake County

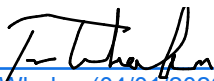
Date



Gina Attallah, LCSW
Deputy Director, Optum Salt Lake County

March 3, 2026
Date

Salt Lake County Division of Behavioral Health Services Approval



[Tim Whalen \(04/01/2026 13:56:17 MDT\)](#)

Tim Whalen, LCSW
Director, Mental Health
Salt Lake County Division of Behavioral Health Services

Date



At the center of all Quality Assessment and Performance Improvement (QAPI) efforts are the members, youth, and families we serve.

TABLE OF CONTENTS

- I. Introduction and mission/vision 5**
- II. Goals of the QAPI Program..... 6**
- III. QAPI purpose and process 6**
- IV. Scope of the QAPI program 8**
- V. Program structure and resources 13**
- VI. Annual QAPI Work Plan..... 18**
- VII. QAPI Work Plan Evaluation..... 19**
- VIII. Confidentiality 19**

I. Introduction and mission/vision

For Optum, Quality Assessment and Performance Improvement (QAPI) is not a department, but a central tenet in the way we conduct all aspects of our operation. We are continually monitoring multiple areas of our performance; our impact on members, youth and families, and providers; and constantly looking for ways to improve. The core goals of our QAPI Plan are straightforward: greater levels of recovery and improved resiliency for members, youth, and families. To achieve these goals, Optum SLCo has structured a comprehensive QAPI Plan that provides the framework for continuous monitoring and evaluation of all aspects of behavioral healthcare delivery and service.

The QAPI program promotes recovery and resiliency in the following ways:

- **Communication** with members, youth, families, providers, and other stakeholders to provide a current and accurate understanding of needs in the system. Optum seeks to empower individuals and families to live in their communities with health and wellness, dignity, security, and hope.
- **Performance measurement** focuses on indicators of recovery and resiliency in addition to monitoring clinical and administrative oversight functions. Therefore, interventions to improve quality will center on efforts to increase recovery of adults and build resiliency in youth and families. These performance measures are further demonstrated by specific metrics outlined in the QAPI Work Plan.
- **Member and family involvement in planning and goal setting** to develop an individualized recovery and resiliency plan. Member and family involvement is monitored through audits of clinical records and feedback from members and family members through a variety of communication avenues.
- **Systems are improved through the Performance Improvement Projects (PIPs) process** which is built on the recovery and resiliency values of Optum. Members, family members, advocates, medical providers, and behavioral health professionals work together to identify systems in need of change, gather and study related data, develop resolutions with an emphasis on recovery and resiliency, then follow and monitor the implementation of solutions to ensure effectiveness and efficiencies and make adjustments as needed.

Our mission is to help people live their lives to the fullest. The organizational vision is to be a constructive and transformational force in the healthcare system. Core principles that were adopted to aid employees in living the mission and reaching the vision are as follows:

- Ethical conduct - Do the right thing at all times.
- Member focus - Define our success by the quality, value, and service we provide.
- Diversity - Conduct every interaction with members and each other with an awareness, sensitivity, understanding and respect for differences in race, color, national origin, sex, sexual orientation, gender identity, religion, age, or disability.
- Positive and respectful work environment - Treat every employee, every member, every member's family and caregivers, and every vendor with respect. Demonstrating a positive attitude is the first step.
- Accountability - Take responsibility for our actions and targets, and consider how personal efforts affect co-workers, our workplace, and our members.
- Success - Operate a profitable, growing, disciplined and well-run organization.

Optum is committed to fulfilling this mission and providing evidence-based behavioral health and wellness programs that empower the people we serve to lead healthier and more productive lives. The QAPI program's mission is to support the Optum mission, vision, and values by effectively managing the quality of health care and services delivered. To accomplish this mission, Optum SLCo tracks behavioral healthcare outcomes and member satisfaction through collaborative relationships with our members,

providers, and other stakeholders. This includes monitoring of contracted provider performance through ongoing clinical collaboration, analysis of utilization and clinical data, and evaluation of member satisfaction and dissatisfaction. Optum supports the efforts of its providers through information analysis, education, administrative support, and its behavioral health management expertise. Furthermore, Optum assures exemplary customer service by offering comprehensive behavioral healthcare products supported by reliable operations.

II. Goals of the QAPI Program

The overall goals of the QAPI program for Optum SLCo remain ongoing as we continue to strive to improve the quality of care and services delivered to members, promote safe clinical practices, improve satisfaction, enhance cultural responsiveness, and meet the needs and expectations of our members, providers, and other stakeholders. In order to achieve its overall goals, the QAPI Program strives to:

- A. Build partnerships with members, providers and other stakeholders and involve them in the planning and development of the QAPI program.
- B. Ensure timely access to behavioral health services that are clinically sound, based on the most current and prevalent clinical knowledge, practices, and technology, and are provided by appropriately trained and qualified professionals.
- C. Increase member voice, choice, and satisfaction.
- D. Improve collaboration with the primary care and criminal justice systems.
- E. Ensure members' confidentiality is maintained at all times, and services are provided in compliance with all local, state and federal mandates.
- F. Afford members their rights and the dignity they deserve in receiving care through the Optum SLCo Network.
- G. Design mechanisms to improve patient safety practices with providers.
- H. Develop and maintain QAPI resources, structures, and processes that support Optum SLCo.
- I. Assure quality functions are deployed across all segments of Optum SLCo.
- J. Identify root causes of problems that produce poor quality and encourage "best practices" through QAPI monitoring and evaluation activities.

III. QAPI purpose and process

The QAPI process provides the mechanism by which barriers to delivering optimal mental health care and substance use disorder treatment services can be identified, opportunities prioritized, and interventions implemented and evaluated for their effectiveness in improving performance. The Executive Director, Medical Director, and QAPI and Compliance Director, with support of the QAPI Committee, are charged with the effective implementation of this process.

The purpose of the QAPI program is to implement policies and procedures within the organization that ensure the highest quality of care and services for members. The QAPI program provides a system for objective and systematic monitoring and evaluation of the quality, appropriateness, efficiency and effectiveness of clinical care and services delivered.

Quality Improvement is the integrative process that links knowledge, structure, and processes together throughout the Optum SLCo organization and addresses the activities undertaken to improve the quality and safety of clinical care and the quality of service provided to members.

The QAPI program has been developed to incorporate a Continuous Quality Improvement (CQI) process consisting of ongoing analysis of clinical data and program results, identifying and prioritizing opportunities

for improvement, implementing interventions, and evaluating the effectiveness of those interventions on the quality of care and services. The CQI process is supported by the QAPI Plan, Work Plan and Annual Work Plan Evaluation. This allows Optum SLCo to determine what it intends to accomplish and to measure the impact of any changes that are made. Through focused attention on tracking, trending, periodic monitoring, and analysis of care and service, the QAPI program and its associated activities can be reviewed and updated to be consistent with current business needs and the needs of the members.

Annual QAPI Work Plan

QAPI activities are implemented in accordance with an Annual QAPI Work Plan, under the oversight of the QAPI Committee. The Work Plan is reviewed and approved by the QAPI Committee. All clinical QAPI activities are developed and implemented with continuous and substantial involvement of practicing mental health clinicians, members, family members and advocates, under the direction of the Medical Director and the QAPI and Compliance Director (SLCo Contract, Attachment D, 1.3)

Data collection and analysis

Opportunities for improvement are continuously identified and addressed through a systematic process. Recognized important aspects of care and service are routinely monitored, and the performance of Optum SLCo is evaluated against appropriate benchmarks or performance goals. Data is collected through a number of sources, including the Optum SLCo Management Information System (myAvatarNX), provider satisfaction surveys, state member satisfaction surveys (such as MHSIP, YSS and YSS-F), geo-mapping analysis, member complaints, administrative and clinical reviews, site visits, and credentialing information.

Barrier analysis

When quality of care or services does not meet the expected standards, a barrier analysis is conducted to assess the reasons for the identified deficiencies. Techniques used to determine the barriers or root causes for the results may include the collection of additional data, stratification of the data, or analysis of subgroup data in order to drill down sufficiently to understand the reasons for the results. Common techniques of QAPI such as brainstorming, cause-and-effect diagramming, identification of key factors, and others are used to identify barriers to improvement. Citations from literature that contain information about barriers to performance that have already been identified may also be used.

Interventions

In accordance with the barrier analysis, opportunities for improvement are identified and prioritized focusing on variables that can result in improved performance. Appropriate interventions are deliberated, selected, and implemented to overcome the barriers. Interventions may be recommended by the QAPI Committee.

Evaluation of effectiveness

All interventions and corrective actions are followed by re-assessment or re-measurement to evaluate the effectiveness of the intervention. Trends are identified and analyzed to determine their significance. Causal links between the interventions and the results that are observed are examined. Interventions that influenced the outcome, with differentiation of those that were most influential, are identified including any intervening or confounding factors that may have contributed to any changes that occurred.

Communication of results

Results of QAPI program activities are communicated to Optum SLCo operational units, and externally to members and families, Optum SLCo QAPI Committee, Salt Lake County Division of Behavioral Health Services (DBHS) Behavioral Health Advisory Board, contractors, and other stakeholders as appropriate.

Provider involvement

Provider involvement is an important aspect of the Optum SLCo QAPI process. Optum SLCo obtains and incorporates input and representation from providers in a number of ways at various levels of its QAPI structure. Foremost in this process is the Provider Advisory Committee, comprised of a range of behavioral health providers representing a variety of specialties. The Provider Advisory Committee supports QAPI by providing input and expertise relative to clinical issues, including implementation of mandated clinical Performance Improvement Projects, practice guidelines and evidence-based/promising practices, preventive health programs, and coordination and continuity of care across the healthcare continuum.

IV. Scope of the QAPI program

The scope of the QAPI program encompasses all segments of Optum SLCo, including care management, care coordination, network management, credentialing, recovery and resiliency, provider relations, information technology and QAPI. The population affected includes all members, youth, and families accessing mental health and substance use disorder (SUD) services at all levels of care, including crisis intervention, inpatient care, residential treatment, outpatient services, and American Society of Addiction Medicine (ASAM) levels of care. Aspects of service and care are measured against established performance goals. Key metrics are measured and trended on a quarterly and/or annual basis. The QAPI Committee analyzes the performance to identify and follow-up on areas of opportunity. Optum SLCo continually identifies opportunities for improvement and uses the following criteria to prioritize opportunities:

- Aspects of care occurring most frequently or affecting large numbers of members
- Diagnoses associated with high rates of morbidity or disability if not treated in accordance with accepted community standards
- Issues identified from local demographic and epidemiological data
- Access to care
- Stakeholder expectations
- Regulatory requirements
- Availability of data
- Ability to impact the problem
- Available resources
- Critical incidents
- Audit Findings

A. Important aspects of service and care monitoring

Specific aspects of service and care monitored through the QAPI program are listed in the QAPI Work Plan. QAPI activities are imbedded in all Optum core processes. Services provided to members, youth, and families are implemented at a local level, assuring that the needs of the local delivery system are met.

Specific metrics are established in the QAPI Work Plan which can be updated throughout the year to reflect progress on QAPI activities and input from the healthcare delivery system.

Data trends and efforts related to improvement actions are reported during QAPI Committee Meetings and in the Annual QAPI Work Plan Evaluation. If a continuous aspect of service and care being monitored does not meet a performance goal, Optum conducts an analysis of barriers and opportunities for improvement and implements actions to improve performance and meet the goal by an established date. The results of those actions are also reviewed for effectiveness.

B. Performance Improvement Projects

As further defined in Policy QA003 Performance Improvement Projects, the QAPI Committee annually prioritizes activities, endorses, or re-endorses policies and procedures and continually monitors for improvement (SLCo Contract, Attachment D, 1.4). To ensure an adequate scope of QAPI activities, Optum SLCo assesses the demographic characteristics and health risks of its covered population to implement and prioritize Performance Improvement Projects (PIPs) that reflect the health needs of significant groups within the covered population. In addition, the QAPI Committee will implement any PIP topics specified by Salt Lake County, the Utah Department of Health and Human Services and/or CMS contractors (SLCo Contract, Attachment D, 1.1(C), 1.4). Quality activities are also developed in collaboration with the support of providers, members, their families, and member advocates. PIPs are implemented in accordance with the CMS protocol for conducting PIPs, including:

1. Measurement of performance using objective quality indicators.
2. Implementation of system interventions to achieve improvement in quality.
3. Evaluation of the effectiveness of the interventions.
4. Planning and initiation of activities for increasing or sustaining improvement.

Implementation of new PIPs or any significant changes proposed to existing PIPs will be subject to approval. As such, reports reflecting new or changing PIPs will be submitted to Salt Lake County and/or the Utah Department of Health and Human Services prior to execution (SLCo Contract, Attachment D, 1.4 [C]).

C. Peer reviews

Optum monitors provider and facility adherence to quality standards via site visits and ongoing review of complaints, adverse events and sanctions, and limitations on licensure. The purpose of the Peer Review program is to monitor accessibility, quality, adequacy, and outcomes of services delivered.

Optum performs audits of network providers to review clinical and administrative policies and procedures, clinical records against standards, and adherence to timely access to care requirements for the purpose of monitoring compliance with the Optum SLCo contract, including state and federal requirements. If the practitioner or facility treatment record review fails to meet an established goal, corrective action, training and/or a re-audit may be required. Follow-up reviews measure progress on corrective actions until the goal is met or until the provider is terminated from the network. Results of practitioner and facility treatment record reviews are included in practitioner and facility recredentialing files.

Practitioner and facility credentialing/recredentialing files also include information on complaints and findings of adverse events, sanctions, and limitations on licensure for consideration during the credentialing/recredentialing process.

D. Optum Clinical Criteria and Preferred Practice Guidelines

Optum adopts Clinical Criteria and Preferred Practice Guidelines as tools to assist providers and Care Advocates in determining the appropriate type and level of care for members. Optum Clinical Criteria guides utilization management determinations by standardizing utilization management decisions regarding the most appropriate and available level of care needed to treat a member's presenting problems. Preferred Practice Guidelines establish practice standards for the effective treatment of major DSM diagnostic categories. Preferred Practice Guidelines are developed by the Office of Substance Use and Mental Health (OSUMH) and recognized by PMHP contractors (SLCo Contract, Attachment B, 12.7). OSUMH guidelines are supplemented by guidelines adopted from external, nationally recognized organizations such as the American Psychiatric Association and the Academy of Adult and Adolescent Psychiatry. Optum Clinical Criteria and Preferred Practice Guidelines are available to all Optum providers, facilities, members, families, advocates, and the general public. These documents are available on paper

by request for providers, members, and others.

E. Reviews for underutilization and overutilization

Utilization data are monitored on an ongoing basis by the Utilization Management Committee. This is accomplished through system reports that compare the data on an aggregate level and by provider type. Data are quantitatively and qualitatively analyzed and trended to monitor for under-utilization and over-utilization. In the event that a particular utilization metric falls outside established control limits, the data are further analyzed at the member, practitioner, and facility levels. (SLCo Contract, Attachment D 1.2 [A][3]).

F. Satisfaction surveys

An assessment of member satisfaction is conducted at least annually (SLCo Contract, Attachment B, 12.7). Satisfaction surveys are conducted at a regular frequency with at least one (1) member satisfaction survey conducted annually using surveys such as the Mental Health Statistics Improvement Program (MHSIP), Youth Services Survey (YSS) and Youth Services Survey-Family (YSS-F). This assessment is based on a survey of a sample of members who received services from the Optum SLCo Provider Network within the previous fiscal year. Results are analyzed at least annually in the QAPI Committee. As opportunities to improve satisfaction are identified and prioritized, interventions are implemented and analyzed for their effectiveness and the need for further action.

The Network Services Department conducts the annual Provider Satisfaction Survey, and the results are reviewed by the QAPI Committee and the Provider Advisory Committee. Both committees analyze the survey results and work with Network Services staff to identify opportunities to improve process and to increase member and provider satisfaction.

G. Timely access to care

Optum SLCo maintains business hours to facilitate easy access to authorizations and other services (SLCo Contract, Attachment B, 5.1.4, 5.1.5, 10.4, 11.2.4). In addition, Optum SLCo consistently reviews and monitors its processes to ensure that access to necessary covered mental health services occurs within acceptable timeframes, as specified within policy *Access Standards and Care Advocacy Center Hours of Operation*. Network practitioners and facilities are expected to track access to care when a member contacts them directly for mental health services. Optum SLCo monitors network practitioners and facilities to ensure compliance with access standards and requires corrective actions if there is failure to comply (SLCo Contract, Attachment B, 10.4.4). Optum SLCo gathers both internal and external data to conduct ongoing monitoring of timely access to care, and the results are reviewed by the QAPI Committee. The QAPI Committee analyzes the results and collaborates with operational staff to identify opportunities for improvement.

H. Training and orientation

Optum SLCo staff are provided the necessary training to enable them to perform their jobs effectively. Topics covered in the training program include, but are not limited to:

- Confidentiality (HIPAA and other Federal and State Regulations)
- Regulatory requirements (e.g., Salt Lake County Division of Behavioral Health Services Contract for Mental Health Services, State of Utah Medicaid Manuals)
- Orientation to job-specific functions and applicable policies and procedures
- Optum Clinical Criteria
- Fraud, Waste and Abuse

The orientation program components include:

- Mandatory All-Staff Training

- Unit-Specific Training

Ongoing training includes:

- Mandatory All-Staff Responsiveness Updates addressing topics such as changes in policies and procedures and regulatory requirements;
- Clinical Responsiveness Updates for clinical staff addressing topics such as psychopharmacology, new technologies in the behavioral health industry and clinical topics that are identified as necessary to keep staff members current in behavioral health care;
- Cultural Responsiveness Training for all Optum Salt Lake County staff to improve the quality and effectiveness of our interaction with members, providers, community stakeholders and co-workers.

I. Stakeholder communications

Optum SLCo will engage in a variety of communication methods to gather input from stakeholders and to communicate program information and changes. These include:

1. Speak outs and other public forums
2. Telephonic contact
3. Stakeholder participation in committees including:
 - a. QAPI Committee
 - b. Provider Advisory Committee
4. Outreach by Peer Specialists from Optum SLCo Recovery and Resiliency
5. Written program information
6. Participation in community-wide health fairs and other public events designed to offer information about resources in the community
7. Network Services communications
8. Provider trainings
9. Optum SLCo website
10. Working relationships with allied delivery systems including, but not limited to:
 - a. Courts and criminal justice
 - b. K-12 schools
 - c. Housing services
 - d. Employment services
 - e. County law enforcement
 - f. Salt Lake County Chemical Dependency Program
 - g. Health plans serving Salt Lake County members
 - h. Division of Child and Family Services
 - i. Accountable Care Organizations (ACOs)
11. Member Satisfaction Surveys

J. Member safety

Optum is not a direct provider of care and, therefore, has a special role in improving member safety that involves fostering a supportive environment to help providers improve the safety of their practices. Exhibit A provides details on how Optum SLCo addresses member safety improvement. Optum SLCo tracks, trends, and analyzes adverse clinical safety occurrences, such as critical incidents, clinical quality of care complaints and fraud and abuse, related to both inpatient facilities and network providers.

In addition to analyzing the data generated from tracking and trending member safety issues, comprehensive policies and procedures address the management of critical incidents and clinical quality of care complaints to reduce clinical risk. For critical incidents, also known as sentinel events, a formal review occurs. A clinical quality of care complaint is a complaint or concern that arises subsequent to assessment, treatment, and/or referral services being rendered to a member by a provider.

K. Coordination of care

To facilitate the provision of seamless, continuous, and appropriate care, Optum SLCo strives to coordinate a member's care throughout the continuum of behavioral health services, as well as with medical care. To this end, Optum SLCo implements policies and procedures which address following up with providers as well as members for appropriate information sharing in an effective, confidential, and timely manner across all levels of care. Optum SLCo also ensures that members receive timely access to and follow-up with appropriate behavioral health clinicians.

When members are receiving inpatient behavioral health services, Optum SLCo monitors continuity and coordination of mental health services with general medical care by collaborating with relevant medical delivery systems and physicians to:

- Exchange necessary information
- Obtain appropriate diagnosis, treatment and referral of mental health disorders commonly seen in primary care
- Use of psychopharmacological medication
- Achieve timely access for appropriate treatment and follow-up for individuals with coexisting medical and behavioral disorders
- Implement and/or support preventive mental health programs in collaboration with contracted health plans and other customers

When members are receiving outpatient behavioral health services, Optum monitors continuity and coordination of behavioral health services between the Optum SLCo provider with primary care physicians, prescribers, and specialists through clinical records reviews for appropriate releases of information and supporting documentation in the medical record.

As Optum SLCo identifies and prioritizes opportunities for improvement, the organization revises, develops, and implements processes to improve continuity and coordination of care and collaboration of healthcare delivery systems. To this end, Optum SLCo elicits participation and input from behavioral health providers, and other healthcare providers and key stakeholders in the community to facilitate integrated care. Optum SLCo achieves this through integration of its QAPI program with contracted health plans and other clients and by soliciting input from healthcare providers and members in the QAPI process.

L. Cultural considerations

Optum SLCo has developed a Cultural Responsiveness Plan to document the methods we use to promote culturally competent and culturally responsive care and to track our level of success in achieving goals related to Cultural Responsiveness (SLCo Contract, Attachment B, 10.2.4). The goals of the Cultural Responsiveness Plan include:

Goal I: Identify policies and procedures that ensure cultural responsiveness is integrated and reflected throughout Optum SLCo and the provider network.

Goal II: Ensure Optum SLCo actively recruits, retains, and promotes a diverse staff at all levels of the organization.

Goal III: Ensure network providers across all disciplines have ongoing education, training, and clinical consultation in culturally and linguistically appropriate service delivery and dispute resolution.

Goal IV: Ensure Optum SLCo staff across all disciplines have ongoing education, training, and clinical consultation in culturally and linguistically appropriate service delivery and dispute resolution.

Goal V: Implement quality improvement activities to monitor cultural responsiveness within the provider network, customer satisfaction, and identify service gaps in the system.

Goal VI: Identify diversity and inclusion best practices and promote these strategies and supports throughout Optum SLCo and the provider network.

Goal VII: Provide language assistance services that are relevant to the needs of all people in Salt Lake County including those who (a) speak a language other than English, (b) are deaf or having hearing impairments, (c) are blind or have visual impairments, and/or (d) have limited reading ability.

The methods used to achieve the goals of the Cultural Responsiveness Plan shall serve as the *Methods of Administration Plan*, a means of assuring programs of Optum SLCo, activities, services and benefits are equally available to all persons without regard to race, color, national origin, disability, sexual orientation, or age.

M. Grievances and appeals

As defined in Policies *Member Grievances, Appeals Process* and *State Fair Hearing Process*, Optum SLCo and its contracted providers afford members access to a grievance process that promotes resolution of grievances at the lowest possible level, protects member rights, promotes quality improvement in the delivery of publicly funded community behavioral health services. Salt Lake County retains the responsibility of managing Member Appeals, for purposes of investigation and resolution. Aggregated data from grievances and appeals, including any evidence of trends, may be reported quarterly to the QAPI Committee for further action as needed.

N. External audits

The QAPI department, under the oversight of the Executive Director, is responsible for coordinating efforts to prepare for external audits such as the External Quality Review (EQR) and audits by collaborative agencies. The QAPI and Compliance Director or designee pulls in other Optum SLCo staff as necessary to prepare for external audits and to participate in the on-site audit process. This process is further defined in Policy QA05: *External Audit Preparation and Corrective Action*.

V. Program structure and resources

A. Governing Body

As required in the Salt Lake County Contract for Behavioral Health Services (SLCo Contract, Attachment D, 1.1), Optum SLCo's Executive Director shall be responsible for the administration of the QAPI Program. The SLCo QAPI Committee is an interdisciplinary committee which has the authority to report its findings and recommendations for improvement to the Executive Director. Committee meetings attendance and/or review of meeting minutes, provides ongoing communication and collaboration among the executive director, the Optum Policy and Procedure Committee and representatives from all other functional areas of the organization.

B. Medical Oversight

Physician oversight, direction, and involvement play an essential role in the QAPI process and ensure that clinical activities are planned and developed within that framework. The Optum SLCo Medical Director is the designated senior mental healthcare practitioner advising aspects of the QAPI program related to clinical care and safety, is accountable for providing leadership for, and is actively involved in the implementation of the QAPI program. Performance accountabilities for the Medical Director include, but are not limited to, the following:

- Ensure that all quality management initiatives pertaining to the delivery and management of care are clinically sound, promote member safety, and are based on current best practices.
- Co-chair the QAPI and UM Committees.
- Participate in and provide support to other committees for the development of appropriate assessment and evaluation efforts, intervention strategies, and corrective action plans.
- Participate in the development of the QAPI program, QAPI Work Plan and the Work Plan Evaluation.
- Investigate Sentinel Events (SEs) and Quality of Care concerns (QOCs)

C. QAPI program

The QAPI program covers all QAPI processes for Optum SLCo. Participation and input from Optum SLCo staff, network providers, members, families, advocates, and allied professionals contribute to the QAPI program. The Optum SLCo Medical Director and Executive Director have substantial involvement in the QAPI program along with other staff within Salt Lake County. The Provider Advisory Committee provides a focused time for the sharing of ideas, problem solving, and consensus building. The committees additionally work on finalizing projects scheduled for presentation at the QAPI Committee meeting.

D. Quality Committees

The following committees support the QAPI program and form the QAPI Committee Structure.

Local Salt Lake County Committees

QAPI Committee

- A. Role/Purpose: The QAPI Committee's purpose is to outline a strategic and systematic approach toward monitoring and improving the quality of care for members residing in the Salt Lake County service area and served through the Optum funded behavioral health system. The Optum SLCo QAPI program structure serves an integrating function, planning effective and efficient services, monitoring quality assurance, and implementing quality improvement activities to achieve improved outcomes as a result of mental health care and services for members in the Salt Lake County service area. The QAPI Committee is responsible for the implementation of the QAPI Work Plan with the mission to improve the behavioral health and well-being of the members and thereby ensuring high quality services which focus on recovery for adults and resiliency for youth and families, they can achieve their personal goals and live, work, and participate in their community.
- B. Structure/Relation to Organization: Overseen by the VP, Behavioral Health Public Sector, each stand-alone public sector site has Quality Improvement (QI) leadership and/or support staff responsible for implementation and management of the QI Program as defined by state/entity contract. The national QI Program is responsible for overseeing development, implementation of policies and procedures and ongoing performance monitoring. The QAPI Committee supports Optum SLCo, which is ultimately responsible for assuring compliance with federal and state requirements, continuous improvement in quality of care, and utilization of resources as specified in the contractual relationship with Salt Lake County. The following Committees report to the QAPI Committee:
 1. Provider Advisory Committee
 2. Utilization Management Committee
- C. Chair: The QAPI and Compliance Director and Medical Director co-chair the QAPI Committee.
- D. Authority: The QAPI Committee reports to the Executive Director of Optum SLCo, who has full authority to implement all actions related to the QAPI program.

- E. Endorsement: The QAPI Committee has the ability to voice support or a lack of support for proposed action by Optum SLCo, however it should be noted that decisions for action are made by the Executive Director.
- F. Function/Key Responsibilities: The QAPI Committee is responsible for monitoring the activities of the Optum QAPI program in Salt Lake County. It is actively involved in reviewing, analyzing, and enhancing the QAPI program, implementing needed actions, and ensuring follow-up to those actions.

The committee acquires active participation and input from members and families, providers, and other key stakeholders. All network providers are expected to actively participate in the QAPI process by contributing input through committee meetings, responding to surveys, attending provider forum meetings, cooperating with site audits, participating in performance improvement projects, and applying QAPI concepts to their own policies, procedures, and practices.

- G. Key responsibilities include:
 - i) Approval of annual QAPI Plan, QAPI Work Plan and QAPI Work Plan Evaluation
 - ii) Oversight of Performance Improvement Projects
 - iii) Review QAPI studies on a regular basis
 - iv) Optum SLCo leadership who are members of the QAPI Committee, may assign staff to specific QAPI initiatives and track progress on action plans, review the results, and evaluate the effectiveness of action plans
 - v) Disseminate findings of quality improvement activities as appropriate to Optum SLCo, Salt Lake County DBHS staff, members and families, providers, and other stakeholders
 - vi) Conduct thorough systematic data collection of identified measures and indicators
 - vii) Establish performance goals for trended indicators
 - viii) Review and compare quarterly indicators and performance data and recommend actions to improve outcomes
 - ix) Provide required QAPI reports to external stakeholders
 - x) Assure confidentiality of all QAPI process related information when related to peer review, individual performance, or professional conduct
 - xi) Maintenance of QAPI Committee structure, including review of subcommittee activities
 - xii) Dedicate time during each meeting for public input from any person who is attending the meeting
- H. Frequency of Meetings: Meetings occur at least quarterly.

- I. Membership:
 - i) Optum QAPI and Compliance Director (Co-Chair) or designee
 - ii) Optum Medical Director (Co-Chair)
 - iii) Optum Executive Director
 - iv) Representatives from member and family organizations Member(s)
 - v) Family member(s)
 - vi) Optum Director of Clinical Operations
 - vii) Optum Designated Recovery & Resiliency Team Member
 - viii) Optum Director of Provider Contracting & Provider Relations
 - ix) Other Optum staff as needed
 - x) Optum Network Providers
 - xi) Salt Lake County DBHS representative(s)

Provider Advisory Committee

- A. Role/Purpose: The Provider Advisory Committee allows for network provider input into the Optum utilization management/care management and QAPI programs.
- B. Structure/Relation to Organization: The Provider Advisory Committee reports to the QAPI Committee.
- C. Chair: The meetings are co-chaired by the Director of Clinical Operations and the Director of Provider Contracting & Provider Relations.
- D. Function/Key Responsibilities:
 - i) Reviews and provides input into the QAPI program.
 - ii) Reviews and provides input on service or clinical quality monitors.
 - iii) Provides input into utilization management/care management processes, documents and decision-making tools.
 - iv) Encourages and promotes improved communication between the provider network and Optum SLCo.
 - v) Provides a mechanism whereby providers can contribute feedback about various aspects of Optum.
 - vi) Shares information between network providers and Optum SLCo relative to trends in the managed care industry
 - vii) Reviews and provides input into the Provider Satisfaction Survey results and action plans.
- E. Frequency of Meetings: Quarterly or more frequently when needed.
- F. Membership:
 - i) Optum Director of Clinical Operations (co-chair)
 - ii) Optum Director of Provider Contracting & Provider Relations (co-chair)
 - iii) Network Physicians, Psychologists and masters level providers
 - iv) Facility Representative(s)
 - v) Optum QAPI and Compliance Director
 - vi) Optum IT Reporting staff
 - vii) Salt Lake County DBHS representative(s)

Utilization Management Committee

- A. Role/Purpose: The Utilization Management Committee functions as a workgroup designed to assure that utilization of behavioral health services and resources are consistent with the service needs of members, within evidence-based practice standards and provided in an effective, cost-efficient manner.
- B. Structure/Relationship to Organization: The Utilization Management Committee reports to the QAPI Committee.
- C. Chair: The Medical Director and the Director of Clinical Operations co-chair this meeting.
- D. Function/Key Responsibilities:
 - i) Reviews, communicates, and implements policies and procedures for utilization management to continually monitor and evaluate the adequacy and appropriateness of the delivery of behavioral

health services.

- ii) Reviews timeliness of medical necessity determinations for treatment, continued stays, and services rendered.
- iii) Monitors over/under utilization, identifying outliers, and evaluating trends of service delivery for quality and outcome improvement opportunities.

E. Frequency of Meetings – These meetings occur monthly. *When meetings need to be canceled, data is distributed to the membership for independent review. Any questions may be addressed in the following meeting. The meeting minutes will reflect canceled meetings.

F. Membership – Membership will include the following Optum SLCo staff:

- i) Optum Medical Director (co-chair)
- ii) Optum Director of Clinical Operations (co-chair)
- iii) Optum QAPI and Compliance Director or designee
- iv) Optum Director of Provider Contracting & Provider Relations
- v) Optum Care Coordination Supervisor
- vi) Optum IT Reporting staff
- vii) Optum Care Advocate staff, as needed
- viii) Optum Finance staff, as needed
- ix) Peer Specialist(s)
- x) Salt Lake County DBHS representative(s)

Corporate Committees:

The following Optum corporate committees are available to provide support to the local Salt Lake County operation:

National Peer Review Committee (NPRC)

The National Peer Review Committee is a national committee chaired by an Optum medical director and is also composed of Optum behavioral health personnel licensed in a variety of disciplines from across the country. The group meets monthly to review sentinel events and quality of care concerns which meet the highest ratings on the severity scale, which is included in the policy. This committee makes recommendations for actions for improving member care and safety.

Operational Policy & Standards (OPS) Committee

The purpose of the OPS Committee is to oversee all care advocacy, EAP and provider network-related policies and procedures as well as other core documents, standard clinical programs, and accreditation-related activities within UBH. The scope of the committee's purpose extends across all lines of business.

The committee promotes operational processes that meet internal, regulatory and industry standards by providing a framework for the review, approval and communication of policies and procedures as well as other core documents, clinical programs, and accreditation-related activities. The committee further promotes the integrity and quality of operational processes by monitoring relevant outcomes and serves as a forum for communicating business changes and other significant organizational changes that impact operational processes.

The Chief Medical Officer of Behavioral Solutions, Vice President of Care Advocacy, and Sr. Vice President of Care Advocacy Center Operations co-chair the committee.

Quality Improvement Committee (QIC)

The QIC serves as the enterprise-wide oversight body that reviews, monitors, evaluates, and directs improvement of the quality and safety of service and clinical activities performed by Optum Behavioral Solutions (OHBS). The committee has accountability for all OHBS business. The council has accountability for the QI programs of all OHBS entities, including UBH. In that capacity, the QIC reviews, monitors, and makes recommendations for enterprise-wide standard QI activities, oversees service and clinical performance measures, analyzes clinical risk management strategies and initiatives, oversees accreditation activities, and oversees QI activities in key departments, including Network Services, Claims, Claims Customer Service, and Intake. The OHBS Vice President of QI chairs the QIC.

Credentialing Committee

The Credentialing Committee is responsible for approving credentialing and recredentialing decisions for Optum practitioners and for assessing facilities. The Credentialing Committee meets at least monthly, but more frequently if necessary. The committee is comprised of a range of behavioral health practitioners. The Credentialing Committee reviews the credentials of practitioners, and in accordance with Optum’s credentialing and recredentialing criteria approves practitioners for participation in the Optum clinical network.

E. Minutes

QAPI Committee meeting minutes are created within a reasonable time frame and signed and dated in the next subsequent meeting when revisions are made, and minutes approved. Copies of the minutes are maintained on site and subject to review by Salt Lake County DBHS.

F. QAPI Information System Resources

Information System Resources

Data Source	Description
Optum Management Information System – MyAvatarNX	Management Information System of which Optum operates for SLCo contract

VI. Annual QAPI Work Plan

The Annual QAPI Work Plan is developed from the previous year’s work plan and re-evaluated against identified trends or areas of concern. The work plan includes the following related to proposed QAPI activities:

- Project/initiative
- Responsible personnel
- Goals
- Methodology/action plan
- Timeline for completion of the activities

The work plan is a dynamic document updated as needed to reflect changes in processes, priorities, and activities. The work plan is used to:

- Ensure performance targets continue to be met.
- Identify opportunities for improvement.
- Develop action plans based on root cause analysis for targets not met.
- Ensure implementation of appropriate actions in a timely fashion.
- Monitor effectiveness of interventions implemented.
- Develop additional targets and or activities when indicated.

The QAPI Committee approves the work plan. Optum staff responsible for Work Plan goals provide updates in quarterly QAPI meetings.

VII. QAPI Work Plan Evaluation

The QAPI Work Plan Evaluation is conducted annually and is presented to the QAPI Committee for endorsement.

The evaluation analyzes the effectiveness of the organization's:

- Activities to continuously improve the quality of care and service delivered to members.
- Processes for member access to needed care.
- Actions to improve member and clinician satisfaction.

The QAPI Work Plan Evaluation considers relevant input from the QAPI Committee structure, providers, members, families, and other stakeholders.

The QAPI Work Plan Evaluation includes:

- A review of the results
- Dates of completion
- Constraints/barriers
- Recommendations/next steps

The evaluation of the overall effectiveness of the QAPI program gives careful consideration to all aspects of the program. Optum SLCo addresses issues such as the adequacy of the resources devoted to the program, committee structure, provider participation and leadership involvement. The evaluation provides recommendations to consider when determining whether to restructure or change the QAPI program for the subsequent year.

VIII. Confidentiality

Optum confidentiality policies and procedures provide for the security and appropriate use of member information designated as protected health information (PHI) by state and federal regulations. These policies govern the use of PHI in QAPI program activities, preventing its inadvertent, purposeful, and improper disclosure, loss, altering, tampering, destruction, or misuse. Optum employees and business associates (e.g., contractors, providers) with access to PHI receive orientation and agree to adhere to privacy and confidentiality policies and procedures. For Optum employees, any breach in confidentiality may result in disciplinary action and for business associates, may result in contract termination.

EXHIBIT A. Member/patient safety plan

Introduction

Effective strategies for proactively reducing errors and ensuring patient safety require an integrated and coordinated approach to synthesize knowledge and experience for management of actual and potential risks. Healthcare organizations can encourage learning about what constitutes an error, promote internal reporting of findings, actions taken to reduce risk, and focus on process and system improvement that minimizes individual blame. Even though research is scarce, there is information available to inform the development of initiatives targeting the reduction of errors, regardless of treatment setting. It is reported that 45,000-98,000 Americans die each year due to medical errors. The costs of such errors are huge; medication errors alone during inpatient medical hospitalizations have been estimated to cost as much as \$2 billion per year within the United States. There are also costs, which are not directly measurable, such as member dissatisfaction and loss of trust from members and providers. Cumulatively, these costs are tremendous.

Optum is not a direct provider of care, and therefore has a special role in improving patient safety that involves fostering a supportive environment to help practitioners and providers improve the safety of their practices. Optum personnel are responsible for identifying, reporting, and documenting risk management and potential quality of care problems that impact the clinical safety of the member. Effective strategies for proactively reducing errors and ensuring safety require an integrated and coordinated approach to synthesize knowledge and experience for the management of actual and potential risks. Activities encourage learning about errors and encourage internal reporting of what has been found, actions taken to reduce risk, and a focus on process and system improvement that minimizes individual blame. Member safety issues are monitored at local and enterprise levels to ensure:

- Complaints or concerns about quality or appropriateness of services are investigated and that appropriate corrective actions or interventions are implemented.
- Member safety activities are established.
- Operations are compliant with local, state, and federal regulatory practices.

Monitoring and improvement activities

QAPI practices can qualify as member safety activities including those that focus on improving performance to an adequate threshold and a safe level of accuracy. Optum SLCo monitors areas of potential clinical risk for members, assures the safety of members, and takes action when necessary to alter conditions that produce poor quality. This might include the altering of processes and structures associated with the delivery of mental health, substance use and employee assistance program services. Optum SLCo focuses on activities having a high probability of impact that capture adverse outcomes, procedural breakdowns, and sentinel events. Data gathering from these activities informs quality improvement to reduce the potential for harm.

Preferred Practice Guidelines

Optum adopts diagnosis-specific practice guidelines for acute and chronic care that are relevant to the local population. Optum adopts nationally recognized guidelines developed by experts and approved by professional organizations. Preferred Practice Guidelines are developed by OSUMH and recognized by PMHP contractors (SLCo Contract, Attachment B, 12.7). OSUMH guidelines are supplemented by guidelines adopted from external, nationally recognized organizations such as the American Psychiatric Association and the Academy of Adult and Adolescent Psychiatry. Optum Clinical Guidelines are made available to clinicians and members upon request.

Collaboration on continuity and coordination of care

Faulty communication can compromise member safety. Optum SLCo collaborates with behavioral health and medical delivery systems to promote continuity and coordination of care across the healthcare continuum.

Activities to promote coordination and continuity of care between mental health and medical care may include:

- Improving exchange of information
- Collaboration when either the primary care provider (PCP) or another clinician is prescribing psychotropic medication
- Collaboration when the patient has a coexisting medical diagnosis
- Collaborative implementation of preventive health program(s)
- Notification of inpatient hospitalization for mental health treatment

Activities to promote continuity and coordination of care throughout the continuum of behavioral health services may include:

- Improving exchange of information
- Improving access and follow-up to appropriate behavioral health clinicians in the network
- Participating on QAPI Committee and subcommittees

Quality of care

Optum SLCo immediately reviews quality of care complaints and grievances to ensure that the quality of care delivered to members is in accordance with professionally recognized standards of practice. In addition, Optum SLCo takes action on quality of care concerns to reduce risk to its members. A quality of care grievance is defined as an expressed dissatisfaction about any matter other than an adverse benefit determination that relates to the quality of clinical treatment services conducted by a provider.

After the investigation of a quality of care grievance, corrective action(s) or intervention(s) are implemented when appropriate. A quality of care grievance may be referred to the National Peer Review Committee (NPRC) consisting of Optum behavioral health clinicians and medical directors for analysis and further investigation, as necessary. Investigations may include a request for medical records. A clinician or facility about whom a quality of care grievance is being investigated may be asked to respond to any identified deficiency.

Sentinel events review

A sentinel event is defined as an unexpected occurrence involving death or serious physical injury, or the risk thereof, which occurs during the course of a member receiving behavioral health treatment. This includes while receiving facility-based treatment (behavioral health inpatient, residential, partial hospital, day treatment, intensive outpatient, and ASAM 3.5 to 2.1 levels of care). For the purpose of this document, sentinel events are defined as any of the following events, or the risk thereof:

1. Completed suicides of members engaged in any level of care at the time of death or engaged in treatment within the 60 previous calendar days.
2. Serious suicide attempts, requiring an overnight admission to a hospital medical unit, while in facility-based or within 30 days of discharge from a behavioral health (BH) facility-based treatment.
3. Homicides attributed to Optum SLCo members while engaged in any level of care at the time of the incident or engaged in treatment within the previous 60 calendar days.
4. Unexpected deaths while in BH facility-based treatment.
5. An abduction of a member occurring on facility premises while in BH facility-based treatment.
6. Serious injuries requiring an overnight admission to a hospital medical unit, of members while in BH facility-based treatment.
7. Serious physical assaults, of or by members requiring intervention at a medical facility/medical unit/ER, that occur while in BH facility-based treatment.

8. Sexual assaults, of or by members, that occur while in BH facility-based treatment.
9. An instance of care (at any level) ordered or provided to a member by someone impersonating a physician, nurse, or other health care professional.

The local ad hoc group comprised of Optum SLCo staff, and the Salt Lake County DBHS Associate Director of Treatment Services reviews all reported incidents to determine if criteria for a sentinel event is met. If so and quality of care concerns are identified which could have contributed to the sentinel event, the case is referred to the National Peer Review Committee comprised of Optum behavioral health personnel licensed in a variety of disciplines from across the country. The group meets monthly to review sentinel events and quality of care concerns which meet the highest ratings on the severity scale, which is included in the policy. This committee makes recommendations for actions for improving member care and safety.

In addition to the internal sentinel event review process, Optum also tracks critical incidents as defined by Utah Medicaid. These incidents, which occur on behavioral health facility premises, are reported quarterly and include medication errors resulting in an impact on member well-being, status or functioning.

Credentialing/recredentialing

Optum has mechanisms in place for credentialing and recredentialing of behavioral health practitioners with whom it contracts or employs who fall within its scope of authority and action. Optum evaluates the facility and treatment record keeping practices prior to credentialing. For all contracted providers, performance monitoring occurs for recredentialing such as monitoring of member complaints, quality of care issues, and ongoing monitoring of sanctions and complaints demonstrating periodic review and implementation of appropriate interventions when instances of poor quality are identified.

Informed consent

Individuals have the right to determine the course of treatment, whether consent is given verbally or in a written document. This ensures that individuals are informed and understand all the important aspects of their care and treatment. Optum SLCo has established policies to ensure that clinicians and providers obtain consent from individuals when treatment is initiated in accordance with appropriate state legislation.

Privacy and confidentiality of health information

Information about a member's medical care, including mental health treatment and chemical dependency diagnosis and treatment, and other personal information about members, is highly confidential and protected by state and federal law. There are severe penalties for not following prescribed rules with respect to the disclosure of confidential member information. Optum SLCo treats its obligations to preserve the confidentiality of patient health information and other personal information seriously and expects all departments and employees to do so. Optum SLCo protects the confidentiality of all member health information in its possession, including mental health treatment and chemical dependency diagnosis and treatment and prevention, and other personal information about members. This is in keeping with recognized rights to privacy and in accordance with the applicable accreditation standards for Managed Behavioral Healthcare Organizations.

Member and provider satisfaction

Patient safety, when considered from the point of view of the managed care organization, includes physical and mental well-being. Mental well-being encompasses satisfaction with services in that if a member is dissatisfied, it means that they may not be receiving the quality of services needed. If a provider is dissatisfied, this may translate into treatment not meeting the standards and practices promoted by Optum SLCo. Additionally, Optum SLCo has written policies and procedures for thorough, appropriate, and timely resolution of grievances and provides member information about how to submit a grievance.

Decision documentation, prompt resolution and notification of grievance resolution as well as data analysis are critical to promote member satisfaction and proactively address potential quality problems.

Internal training

Optum trains employees in various topics relating to patient safety. These training sessions are intended to enhance already existing skills as well as to develop those needed in newer employees. The Optum training program includes:

- Initial orientation and/or training for all staff before assuming assigned roles and responsibilities.
- Ongoing training as needed to maintain professional responsiveness.
- Training in state and federal regulatory requirements as related to job functions.
- Documentation of all training provided for staff including but not limited to:
 - Conflict of interest
 - Confidentiality
 - Organizational structure
 - Fraud, Waste and Abuse

Information distribution

Optum SLCo actively informs its service users, providers, and clinicians of issues pertaining to member safety and well-being through our website. Content includes:

- Member rights and responsibilities
- Member and clinician satisfaction survey results
- Best practice guidelines
- Quality information
- Confidentiality

Collection of data on actions to improve patient safety

Optum SLCo has a plan to collect data to improve member safety. This Work Plan, including strategies for its implementation, is reviewed annually by the QAPI Committee and updated as necessary.

Evaluation

As part of its annual QAPI Work Plan Evaluation, Optum SLCo determines the effectiveness of its practices for patient safety activities (e.g., trending of measures to assess performance in the quality and safety of clinical care and the quality of service and evaluation of the overall effectiveness of the QAPI program, including progress toward influencing safe clinical practices throughout the network). The evaluation provides evidence of the effectiveness of practices, determines if opportunities for improvement exist, notes the degree of improvement where the process of care was found to improve, and identifies any policies and procedures that require development. In conducting the evaluation, Optum SLCo strives to:

- Maintain and enhance a framework of assessing the main elements of Optum SLCo patient safety activities.
- Document any barriers and limitations in current practices.
- Communicate the results in an organized and accessible way, making sure the “take home” message is easily understood by Optum SLCo personnel, network providers, and members.
- Emphasize changing the system to make treatment safer for members by continually focusing on the structure, processes, and outcomes of care.