

Mental Health and Substance Abuse Division

Setting standards and CQI

Encounter Data Verification Reviews

The goal of the Department of State Health Services (DSHS), Quality Management and Compliance Unit, data verification process is to implement valid and reliable procedures to evaluate, promote, and continuously improve mental health community service data reported to and used by DSHS and the Legislature.

The purpose of DSHS oversight is to ensure compliance with the Performance contract requirements, to verify the accuracy of:

- WebCARE,
- encounter data, and
- Medicaid claims data

And to support Local Mental Health Authority (LMHA) quality improvement processes related to data reporting and accuracy oversight.

DSHS Standing Work Groups

- All Standing workgroups:
 - Meet weekly.
 - Comprised of DSHS staff from all units in MHSA division as well as enterprise IT staff.
 - Invite center representatives to participate and comment on new initiatives.
- RDM Policy Workgroup
 - Provides clarification of questions from providers.
 - Considers policy changes.
 - Directs changes to WebCARE
- Crisis Services Workgroup
 - Determines Crisis Services policies.
 - Reports policy changes to RDM and Service Array workgroups.
- Service Array Workgroup
 - Determines service codes and data rules.
 - Incorporates any RDM changes to MH service array (procedure codes and encounter rules).
 - Directs changes to MBOW
- Medicaid Policy and Oversight Workgroup
 - Determines Medicaid oversight policy for Mental Health Rehabilitation and Targeted Case Management.
 - Coordinates with Medicaid Operating Agency, Providers, and Medicaid Payer.
 - Directs changes to MBOW.

DSHS Routine Communications with Providers

- RDM Policy Workgroup
 - Directs changes to WebCARE.
 - Interacts with Service Array workgroup to develop training and documentation concerning MBOW data.
 - Quarterly RDM conference calls with Centers.
 - Provide guidance for RDM training
 - Ongoing training on established policies
 - Training for new policies.
- Crisis Services Workgroup
 - Monthly conference calls
- Service Array Workgroup
 - Conference calls and Web-based demonstrations as needed.
 - Develops training documents and report explanations pertaining to service array.
- Data Verification Process
 - Quarterly conference calls and Web-based demonstrations to discuss tools and reports.
 - Inter-rater reliability.
 - Self Monitoring pool.

Texas Council of Community Mental Health and Mental Retardation Centers, Inc. Center Consortia

- All consortia meet quarterly
- Executive Directors Consortium -- include reports and presentations from:
 - DSHS Contracts Management Unit
 - RDM Workgroup
 - Crisis Services Workgroup
 - Medicaid Workgroup
 - CMBHS Workgroup
- Behavioral Health Consortium for Children & Adults – include reports and presentations from:
 - RDM Workgroup
 - Crisis Services Workgroup
 - CMBHS Workgroup
- Financial Management Consortium– include reports and presentations from:
 - Contracts Management Unit
 - Service Array Workgroup
 - Medicaid Workgroup

Texas Council of Community Mental Health and Mental Retardation Centers, Inc. Center Consortia

- Information Management Consortium– include reports and presentations from:
 - DSHS and HHSC IT staff
 - CMBHS Workgroup
 - Service Array Workgroup
 - Medicaid Workgroup

- Quality Management Consortium– include reports and presentations from:
 - Quality Management staff (including Data Verification results).
 - Service Array Workgroup
 - Medicaid Workgroup
 - RDM Workgroup
 - Crisis Workgroup

Keys to CQI – DSHS QM and Center QM

- QM Best Practices and Standards
- Maintain good relationships between DSHS and Centers
- Data Verification Self Monitoring
- Data Verification Inter-rater analysis
- Change Management

CMBHS Focus Group

- The Focus Group's members are clinicians
- IS business analyst and SME's participate
- The Focus Group's purpose is to collect and document the system requirements in such a way that they can be used by the software developers to create the application
- System requirements for CMBHS must support clinical best practices, comply with laws and contracts and meet DSHS and local data needs

CMBHS -- Data Integration Informs Policy

- Obtaining a better picture of client needs and problems
- Tracking the whole health and human experience over time
- Improved measuring of outcomes for providers, agencies and the HHSC enterprise
- Better understanding of the impact of multiple agency interventions
- Improved projections of future client and population needs

Considerations During Development of CMBHS

- Current and emerging policy issues
- Budget and competing state and local needs
- Client care vs. data management system
- Technological advances and limitations
- Service quality and outcomes
- Oversight for clinical quality and compliance
- Facilitate meeting state and local data and reporting needs
- Support clinical best practices
- Facilitate compliance with laws and contracts