



Community Mental Health Partnership of Southeast Michigan Job Description

Job Title: Compliance and Quality Manager

Supervision Received: Chief Operating Officer

Position ID: Tier 3

Salary Range: 60,000-89,000

FLSA Exempt Status: Exempt

Position Status: Full-time

Last Review/Approval: August 31, 2021

Job Summary

Under administrative supervision of the PIHP Chief Operating Officer, the Compliance and Quality Manager implements and oversees a regulatory compliance program for a four-county prepaid inpatient health plan covering all direct and contractual service providers regarding MDHHS contract standards and applicable federal laws to staff members and the provider network. The Compliance and Quality Manager is responsible for monitoring and evaluating all aspects of the CMHPSM Quality Assessment and Performance Improvement Program (QAPI) and monitoring the delegated functions related to federal Medicaid Managed Care Rules and state contract requirements for both CMHSPs and SUD providers. The Compliance and Quality Manager will provide leadership and oversight to the region in these areas and will ensure committee structures, composition and workplans support consistent implementation of these functions. The Compliance and Quality Manager manages all Medicaid contractual review processes and provides oversight for corrective action planning and implementation.

Essential Duties and Responsibilities

- Develop and implement, with approval of CMHPSM CEO and the CMHPSM Board, an annual review the Compliance Plan and periodic reports where applicable.
- Develop and implement a monitoring system consistent with the specifications of the compliance plan, including assessing areas of compliance risk, regular audits and reporting.
- Develop and implement reporting systems designed to encourage staff and contract staff to identify and report instances of non-compliance.
- Investigate and make recommendations regarding all occurrences of non-compliance with regulations, including managing inquiries for potential fraud or abuse of public funds and submits required reports to OIG.
- Develop and provide appropriate training for staff and contract providers regarding regulatory requirements as specified in the CMHPSM Compliance Plan including the Standards of Conduct, reporting of retaliation-free non-compliance.
- Work with all CMHPSM Departments to provide an effective compliance program. Notify COO in writing of all substantiated and on-going investigations of non-compliance.
- Oversee, coordinate and monitor the day-to-day compliance activities of the CMHPSM.
- Represent the Compliance Committee and comply with the Compliance Plan.
- Present periodic and annual reports on the Compliance Program to Board of Directors.
- Ensure the system has effective mechanisms to determine that persons (staff, Board members, vendors and providers) have not violated federal or state laws and regulations or engaged in improper or unethical conduct.
- Communicates regularly with the PIHP Chief Executive Officer, PIHP Chief Operating Officer, CMHPSM staff members, regional committees and partner CMHSP staff and Executive Directors.

- Assumes the role and duties of the CMHPSM Privacy Officer, including ensuring applicable policies and operations are implemented in the CMHSP and SUD systems of care, completing investigations and reporting functions where applicable.
- Works in collaboration with CMHPSM Security Officer, local compliance/privacy staff, and local IT/IS staff in addressing privacy and security management related to IT/IS functions.
- Tracks and reports compliance related activities to the appropriate PIHP/CMHSP affiliate, Providers, State and Federal levels as scheduled, including manages external federal and state audits.
- Develop, implement and/or update Compliance related Policy and Procedures.
- Oversees monitoring of PIHP delegated functions, reviews corrective action findings and plans improvements.
- Collaborates and coordinates with the CMHPSM Finance department in areas related to compliance and fraud monitoring and reporting, including potential fraud investigations and service verification monitoring.
- Compiles annual quality improvement plan, analyzes data and trends, identifies opportunities for improvement, measures performance and reports outcomes.
- Represents the PIHP in various state and regional meetings, acting as chair where appointed.
- Exercises discretion and judgment when representing the position of the CMHPSM at all times.
- Establishes and maintains effective working relationships with the CMHPSM Regional Board, staff members, community members and various public and private organizations.
- Understands, adheres to and maintains competency with federal, state, MDHHS, PIHP, and applicable accreditation standards, policies, procedures and contract requirements of all applicable funding sources.

Utilization Management

- Participates in consulting and developing consistent access, utilization management/utilization and review standards appeals processes across the region.
- Provides guidance and direction on the development of utilization management/utilization management protocols and works with CMHSPs and SUD providers on local implementation.
- Provide consultation and leadership to the regional Utilization Review Committee.
- Ensures MDHHS, Medicaid Managed Care, and accreditation standards for utilization management are met across the CMHPSM region.

Customer Services

- Ensures customer services are compliant with state and federal regulation Ensures approval by MDHHS of annual provision of the Customer Services Handbook.
- Ensures customer involvement, empowerment and active participation in PIHP planning and monitoring.
- Ensures customer complaint, grievances and appeals are followed by CMHSPs and SUD providers in the region.
- Provides leadership to the regional Customer Services and Utilization Management/Utilization Review Committee relevant to state and federal requirements for grievances and incorporation of stakeholder/customer feedback.
- Serves as the PIHP Customer Services contact with state and federal entities.

Quality Management

- Oversee the development and implementation of the CMHPSM Quality Assessment and Performance Improvement Program (QAPIP) description, annual plan and evaluation.
- Ensures performance assessments are conducted at each partnering CMHSP.
- Ensures quality and performance improvement measures are implemented and monitoring of compliance and corrective action plans with these standards are followed by the CMHSP and SUD provider network.
- Ensures regulatory and corporate compliance is managed.
- Ensures research and program evaluation protocols are followed and administered.
- Ensures quality improvement activities are implemented.
- Provides leadership and PIHP-level monitoring in the analysis of critical incidents and sentinel events in the CMHSP and SUD systems of care

- Provides leadership to the regional committees in the areas of quality and performance improvement, including regional committees and state councils/work groups.
- Works in collaboration with CMHPSM information systems and Information Management staff in addressing quality management related to IT/IS functions in the region.

Education and Experience Requirements

1. Master's degree preferred, in compliance or related field of Social Work, Psychology, Nursing, Public Administration, Health Administration, Law, or other related Behavioral or Medical Science. Individuals with a master's degree in a relevant field of study must have a minimum of three years of professional experience in compliance, managed care, community mental health or substance use disorder services, or related field required.
2. Bachelor's degree in related field of Social Work, Psychology, Nursing, Public Administration, Health Administration, Law, or other related Behavioral or Medical Science. Individuals with a bachelor's degree in a relevant field of study must have a minimum of five years of professional experience in compliance, managed care, community mental health or substance use disorder services or related required.
3. Minimum of one year of experience in Utilization Review or Management processes
4. Experience with research, data and program evaluation, healthcare funding, program planning and administration, and the provision of clinical services is desirable

Licenses and Certifications

The qualifications listed above are guidelines. Other combinations of education and experience that could provide the necessary knowledge, skills and abilities to perform the job shall be considered.

Competencies Required

- Ability to read and interpret contract and other legal documents
- Ability to gather and or analyze data sets
- Skill in designing policies and procedures and facilitating process improvement
- Ability to organize large amounts of documentation for auditing purposes
- Ability to use judgment when producing appropriate documentation to meet external requirements
- Ability to adapt verbal or written communication style to broad audience
- Ability to resolve issues for a wide variety of individuals and agencies
- Ability to initiate and manage projects with little direction
- Skill in providing leadership and professionalism in all interactions
- Skill in identifying and managing changes to policies and procedures
- Skill in delegating tasks appropriately
- Ability to effectively manage direct reports to produce desired outcomes
- Ability to judge quality and plan for improvements
- Skill in inspiring ethical behavior and resolving ethical dilemmas
- Ability to apply strategic thinking to complex situations
- Ability to adapt to frequently changing circumstances

Physical Demands and Work Environment

The physical demands and work environment described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Duties require sufficient mobility to work in a normal office setting and use standard office equipment including a computer, vision to read printed materials and a computer screen and hearing and speech sufficient to communicate in person or over the telephone.

Special Position Requirements

This position requires possession of a valid Michigan driver’s license or method of transportation to travel within the CMHPSM region and to meetings outside of the region when requested.

Please note this job description is not designed to cover or contain a comprehensive listing of activities, duties or responsibilities that are required of the employee for this job. Duties, responsibilities and activities may change at any time with or without notice.

This document does not create an employment contract, implied or otherwise, other than an "at will" relationship.

This job description has been approved by:

Chief Executive Officer _____

Date _____

Position authorized by CMHPSM Regional Board

Date: August 13, 2014

Employee signature below constitutes employee’s understanding of the requirements, essential functions and duties of the position.

Employee _____

Date _____