

MONO COUNTY

BARGAINING UNIT: MCPE

NON-EXEMPT

QA COORDINATOR I SALARY RANGE: 70

QA COORDINATOR II SALARY RANGE: 74

QA COORDINATOR III SALARY RANGE: 78

DATE ESTABLISHED: 2/1/04

DATE REVISED: 9/21/21

QUALITY ASSURANCE COORDINATOR I/II/III

DEFINITION: Under direction of the Mental Health Director or designee, plans, organizes, participates in and coordinates the Behavioral Health Department's Quality Assurance Program, including oversight and monitoring of Medi-Cal documentation, policies and procedures, and access to care.

CLASS CHARACTERISTICS: The Quality Assurance (QA) Coordinator I/II/III fulfills the duties of the compliance officer and ensures compliance with State and Federal regulations related to Medi-Cal and the County's Performance Contract with the Department of Health Care Services (DHCS). Additionally, this position tracks changes in regulation through DHCS Information Notices and helps ensure systems remain compliant in this dynamic environment. This position is the lead staff member responsible for preparing for annual External Quality Review Organization (EQRO) and Triennial Reviews conducted by DHCS.

The QA Coordinator I is the entry level into the series. Incumbents work under appropriate supervision to ensure the Department is meeting essential compliance mandates.

The QA Coordinator II is the journey level in the series. Incumbents are expected to demonstrate knowledge of behavioral health compliance and/or systems. This position includes the responsibilities listed above but differs from the entry level to the series in that incumbents will provide recommendations related to system and quality improvement, as well as aspects of billing systems. While not required, incumbents in this class may be licensed and building their compliance-related expertise to grow into the advanced journey-level class. If licensed, incumbents will be more involved in monitoring clinical components and will participate in the on-call crisis team.

The QA Coordinator III is the advanced journey-level class in the series. Incumbents in this class must be licensed and have advanced knowledge of behavioral health compliance and/or systems. Examples of eligible licensures include Marriage and Family Therapist, Clinical Social Worker, Clinical Psychologist, or Registered Nurse. This position includes the responsibilities listed above but differs from the entry and journey level positions in that it is expected to develop compliance- and quality improvement-related systems and may supervise lower-level staff. This position is also involved in monitoring clinical system components and will participate in the on-call crisis team.

REPORTS TO: Behavioral Health Director

CLASSIFICATIONS DIRECTLY SUPERVISED: QA Coordinator III may supervise Staff Services Analyst or Fiscal Technical Specialist

EXAMPLES OF DUTIES: *(Essential functions, as defined under the American with Disabilities Act (ADA), may include the following tasks, knowledge, skills and other characteristics. This list of tasks is ILLUSTRATIVE ONLY, and not a comprehensive listing of all functions and tasks performed by positions in this class.)*

QA Coordinator I/II/III:

- Plans, organizes and coordinates the Quality Assurance Program, monitors program integrity, and ensures adherence to Quality Assurance Standards;
- Conducts and leads compliance reviews in accordance with state issued guidelines and internal policies and procedures including gathering, creating, and completing all documentation related to EQRO, Triennial, and Corrective Action Plans
- Conducts and/or coordinates investigations of alleged violations of the compliance-related laws and/or the Code of Conduct and makes recommendations for corrective actions;
- Reviews documentation to determine compliance with funding sources, criteria, agency policies and procedures, and state and Federal guidelines;
- Coordinates and monitors Utilization Review procedures; chairs the Quality Improvement Committee (QIC) and the Compliance Committee (CC);
- Ensures compliance with the detailed requirements of Medi-Cal and Medicare programs including coordination of chart and peer review and medication monitoring reports;
- prepares drafts of plans or modifications to plans and policies for submission to the QIC, Mental Health Director and the State,
- Acts as a primary liaison with the Quality Assurance Division of the State Department of Health Care Services, attends trainings sponsored by State agencies, including the annual CalQIC Conference;
- Compiles, disseminates and interprets information to staff and management verbally and by means of developing written policy or training materials;
- Reviews Information Notices issued by DHCS and ensures ongoing compliance based on complex shifting requirements;
- Responsible for organizing, updating, and providing staff training on departmental policies and procedures plans and provides in-service training to employees to assure quality of care and proper documentation in client charts;
- Performs other duties and responsibilities as assigned.

QA Coordinator II/III

- Develops and recommends new/revised procedures and/or corrective action plans to resolve service and system issues, to improve customer care systems and to optimize the utilization of resources;
- Conducts training and periodic audits of billing records to assure compliance with program standards, assuring compliance with all billing policies and procedures;
- Performs chart review and reviews medication monitoring reports
- Provides consultation and advises on Quality Assurance matters to the Director, Clinical Supervisor, and other staff responsible for implementation of the Quality Assurance and Program Integrity Program;
- Assists in the development of medical records forms, consistent with developments in the field;
- If licensed, will participate in the on-call crisis team.

QA Coordinator III

- Participates in the on-call crisis team and may supervise lower level staff;
- Develops improved behavioral health tracking systems consistent with developments in the field;
- Provides oversight of the mental health Short-Doyle Medi-Cal billing program and all other billing functions of the mental health and alcohol/drug programs;
- Conducts reviews of contracts and grants to ensure regulatory and fiscal compliance with Federal and state laws identifies problems/issues or potential problem areas needing corrective action;
- Develops compliance measurement systems designed to evaluate individual progress and/or program effectiveness;

- meets with employees, supervisors, managers, contractors, service providers, clients, etc. to identify strengths/weaknesses of the organization and consumer satisfaction with services;

MINIMUM QUALIFICATIONS:

Knowledge of:

- Federal and state laws and regulations applicable to the conduct of compliance and quality assurance reviews such as: Health Insurance Portability and Accountability Act (HIPAA), Mental Health, Medicare and Medi-Cal requirements, including quality assurance standards; and False Claims statutes.
- Principles, practices and professional standards of medical records management, practice procedures and terminology;
- Applicable federal, state and local laws, regulations, and financing and the effect on this financing in relation to maintenance of medical records and the utilization review process;
- Techniques in evaluating the effectiveness of the records keeping system, peer evaluation process and the utilization process;
- Principles and techniques of developing and implementing training programs.
- Customer service techniques for dealing with customers, often in a difficult or confrontational situation.
- Formats and appropriate terminology for written communications such as business correspondence, policies, procedures and statistical and narrative reports.
- Standard office procedures, practices, equipment, personal computers, and software.
- Journey level and advanced classifications will have more specialized knowledge of billing and contracting systems and the practices and procedures related to continuous quality improvement.
- Licensed incumbents will have knowledge of 5150 assessment procedures and associated regulations.

Ability to:

- Plan, organize and manage a quality assurance and records management program;
- Independently interpret applicable county, state and federal regulations, policies and guidelines;
- Manage a variety of simultaneous work projects and carry them through to successful completion.
- Develop and provide effective training to staff on regulatory requirements;
- Maintain confidentiality and keep accurate records and document compliance-related actions taken.
- Prepare clear and concise reports, correspondence and other written materials;
- Establish and maintain effective working relationships with a variety of different individuals, departments and agencies, including staff and consumers with diverse backgrounds;
- Learn and adopt agency core values, purposes, goals and practices and understand how program objectives relate to these goals;
- Exercise sound independent judgment and initiative within established policy guidelines, determining the appropriate course of action and demonstrating personal diplomacy in difficult and/or stressful situations;
- Journey level and advanced incumbents will have the ability to research and analyze technical program information, evaluate alternative courses of action and making sound recommendations for program modification or enhancements, as well as collect, review, and compile data to establish/identify compliance and/or quality management issues.
- If licensed, assess clients appropriately to identify if they meet criteria for a 5150 hold. Create safety plans with clients and families as needed.

Training and Experience: Any combination of training and experience which would provide the required knowledge and abilities is qualifying. A typical way to obtain the required knowledge and abilities might be:

QA Coordinator I:

- Education: Bachelor's degree or higher from an accredited college or university with a major in Accounting, Business Administration, Finance, Health Administration, Public Administration, Social Work, or a closely related field OR Equivalent experience
PLUS:
- Experience: Two years of full-time paid experience in a public or non-profit social services or public health agency performing work in one or more of the following areas: regulatory compliance, quality assurance, legal analysis, health law and/or administration, health or social services information management, and/or regulatory investigations of health care.

QA Coordinator II:

- Possession of one of the following valid licenses issued by the State of California may be considered during the rating and/or selection process: Physician; Licensed Psychologist; Licensed Clinical Social Worker; Licensed Marriage, Family and Child Counselor; or Registered Nurse. All licenses, certificates and registrations must be kept current while employed in this class.
OR:
- Experience: Four years of full-time paid experience in a public or non-profit social services or public health agency performing work in one or more of the following areas: regulatory compliance, quality assurance, legal analysis, health law and/or administration, health or social services information management, and/or regulatory investigations of health care.

QA Coordinator III:

- Possession of one of the following valid licenses issued by the State of California may be considered during the rating and/or selection process: Physician; Licensed Psychologist; Licensed Clinical Social Worker; Licensed Marriage, Family and Child Counselor; or Registered Nurse. All licenses, certificates and registrations must be kept current while employed in this class.
PLUS:
- Experience: Two years of full-time paid experience in a public or non-profit social services or public health agency performing work in one or more of the following areas: regulatory compliance, quality assurance, legal analysis, health law and/or administration, health or social services information management, and/or regulatory investigations of health care.

The duties listed above are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related or a logical assignment to the position. The job description does not constitute an employment agreement between the employer and employee and is subject to change by the employer as the needs of the employer and requirements of the job change.

TYPICAL PHYSICAL REQUIREMENTS: Sit for extended periods; frequently stand and walk; normal manual dexterity and eye-hand coordination; corrected hearing and vision to normal range; verbal communication; use of audio-visual equipment; use of office equipment including computers, telephones, calculators, copiers, and FAX.

TYPICAL WORKING CONDITIONS: Work is performed in an office environment; travel may be required; frequent contact with staff and public.

Must possess a valid California Driver's license by the time of appointment.