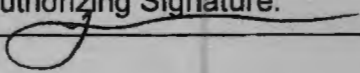


NORTH CENTRAL WASHINGTON BEHAVIORAL HEALTH POLICY AND PROCEDURE MANUAL		Policy No:	4.1
Chapter:	QUALITY MANAGEMENT	Page:	1 of 9
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Title:	QUALITY ASSURANCE AND IMPROVEMENT	Date Revised:	10.11.2010
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		Authorizing Signature:	

AUTHORITY: WAC 388-865-0264, 0266, 0375
DSHS Title XIX Contract and Federal Waiver
PIHP/State Contracts
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SCOPE: This policy applies to North Central Washington Behavioral Health (NCWBH) and its contractors (agencies/providers), and subcontractors (referred to as contractors or agencies or providers throughout this policy).

PURPOSE: This policy establishes the NCWBH Quality Management Plan.

DEFINITIONS: *Quality Assurance:* activities seeking outcomes of compliance with minimum requirements and expected levels of performance, quality, and practice

Quality Improvement: activities seeking to improve quality of performance above minimum requirements and expectations

POLICY:

1. PURPOSE

The North Central Washington Behavioral Health organization (NCWBH) commits to efforts of quality management guided by its mission, *"Providing high-quality, culturally appropriate, person-centered services through an integrated behavioral health network."*

The Quality Management Plan provides clear structure to the Quality Assurance and Improvement process by:

- 1) Identifying necessary and effective Quality Management strategies;
- 2) Implementing these strategies in a consistent manner;
- 3) Outlining methods of monitoring to review effectiveness of implementation;

- 4) Identifying avenues of feedback to inform ongoing activities;
- 5) and incorporating feedback into activities and future Quality Management Plans.

2. PARTICIPANT STRUCTURE

The NCWBH Quality Management Plan is built on the foundation of clients, professionals, and the community working together to evaluate the service delivery system. Participants interact through committees and formal feedback processes.



a. North Central Washington Behavioral Health Organization

NCWBH employees contribute to the Quality Management Plan through assigned duties in areas of fiscal and contract management, data submission, clinical care and client services, compliance, and overall quality management. Formal Quality Management participation includes:

- Quality Team

Quality Team is led by NCWBH Quality Manager with meetings held monthly. The team is comprised of NCWBH staff to review quality concerns and develop initiatives with respect for contract guidelines, federal and state requirements, clinical care, and data submission.

Quality Team responsibilities include:

- Collecting, analyzing, and monitoring data and clinical charts as created by contracted network providers
- Implementing necessary changes across the system with consideration for integration of clinical and data needs
- Preparing information to be provided for review to Quality Review Team, Advisory Board, and/or Governing Board

- Monitoring deadlines for NCWBH and contracted provider deliverables and other required submissions
- Identifying gaps and areas of improvement in service delivery, documentation, and reporting
- Management Team
Management Team is led by NCWBH Fiscal and Contracts Manager with meetings held monthly. The team is comprised of at least one (1) provider representative from each provider holding positions in their respective agencies in Administration, Director, Management, or designees. Management Team responsibilities include:
 - Discussing any changes or updates to the behavioral health network system
 - Reviewing or clarifying contracts and other related requirements
 - Coordinating and collaborating across the network system
 - Identifying gaps and areas of improvement in network coordination
- Information Systems Quality Team (ISQT)
ISQT is led by NCWBH IS Administrator with meetings held monthly. The team is comprised of at least one (1) provider representative from each provider holding positions in their respective agencies in information systems and data administration. ISQT responsibilities include:
 - Discussing data submission, accuracy, integrity, and continuity
 - Database consultation, including implementation and use of electronic health record for data collection and submission
 - Reviewing changes to process/procedure and discussion issues with data submission
 - Reviewing and requesting changes to the electronic health record system
- Clinical Team
Clinical Team is led by NCWBH Clinical Director with meetings held monthly. The team is comprised of at least one (1) provider representative from each provider holding positions in their respective agencies in clinical supervision, program management, or clinical directorship. Clinical Team responsibilities include:
 - Reviewing and discussing the clinical process and expectations
 - Receiving training from NCWBH Clinical Director on policy and procedure and practice guidelines
 - Coordinating and consulting between providers on complex cases
 - Identifying gaps and areas of improvement in service delivery and coordination

b. Governing Board

NCWBH Governing Board assumes all responsibility for oversight of the behavioral health organization/prepaid inpatient health plan. The board is comprised of one (1) elected official from each of the counties in the regional service area (Chelan, Douglas, and Grant). Responsibilities include:

- Considering recommendations made by Advisory Board or other appropriate entity regarding NCWBH operations
- Directing NCWBH Administrator in taking appropriate action in response to recommendations or requests

c. Advisory Board

The Advisory Board is a volunteer community member board that advises NCWBH and Governing Board on service delivery and operations. Members are expected to represent the area's geographic and demographic population, including minority and cultural diversity. Fifty-one percent (51%) of board membership is comprised of members with lived experience, family, and/or who self-identify as a person in recovery from a behavioral health disorder. Other members include local law enforcement, community partners, other professionals, and community members. An Advisory Board Chair is selected to facilitate meetings independent of NCWBH. Responsibilities of Advisory Board include:

- Identifying areas of growth and improvement through data collection, analysis, and monitoring
- Reviewing information provided by NCWBH and providing feedback
- Reviewing information provided by Quality Review Team and providing feedback
- Presenting recommendations to the Governing Board for approval

d. Quality Review Team

The Quality Review Team (QRT) is established following guidelines outlined in WAC 388-865-0266 and operates independently of NCWBH. QRT is comprised of members with lived experience, family, and/or who self-identify as a person in recovery from a behavioral health disorder. Representatives of the QRT are invited to join the Advisory Board. QRT members review the service delivery system through analysis of data, meetings and feedback with consumers and/or their families, and feedback from allied partners with special consideration paid to the following:

- Service diversity, accessibility, and availability of alternatives to hospitalization, including cross-system coordination and range of treatment options
- Overall quality of care, including assessment of the degree to which services are focused on the individual with respect for age and culture
- Effectiveness of NCWBH and contracted provider coordination with allied systems including, but not limited to, schools, state and local hospitals, jails, and shelters
- Individual outcomes in rehabilitation and recovery and consumer satisfaction

e. Ombuds Services

Ombuds Services are made available in accordance with WAC 388-865-0262. NCWBH contracts Ombuds services with a community partner to ensure independent functionality from NCWBH and providers.

Responsibilities include:

- Working as a consumer advocate
- Assisting with filing and resolution of Grievances with NCWBH or providers
- Facilitating and overseeing the QRT
- Submitting monthly complaint/Grievance reports to NCWBH
- Providing quality improvement recommendations to the Advisory Board and Governing Board

f. Family Youth and System Partner Roundtable (FYSPRT)

The FYSPRT meetings are intended to provide a forum for youth and families who have received services from the broader children's systems to discuss their experiences with community partners and identify gaps in the community network. NCWBH employs a FYSPRT Coordinator who organizes the roundtable, including member recruitment, and assists in facilitating meetings. Membership is comprised of community partners and past or present youth and family service recipients. A FYSPRT representative is invited to join the Advisory Board.

g. Contracted Providers

Contracted providers in NCWBH service area provide direct service and support to eligible clients and families. Representatives from providers participate in Management Team, ISQT and Clinical Team and attend Stakeholders, Advisory Board, and Governing Board. Provider representatives may be asked to participate in additional committees as needed and appropriate to content or intent.

h. Stakeholders

Allied community partners meet once per month to review and discuss systems delivery from all aspects of health and social services. Participants may include, but are not limited to, representatives of social and health services, social service provider agencies, behavioral health provider agencies, local hospital and other healthcare providers, local law enforcement and juvenile justice, and local government. Two groups meet for these purposes – Stakeholders of Chelan and Douglas Counties and Stakeholders of Grant County. A representative of Stakeholders provides updates and feedback to the Governing Board.

i. Clients and Families

Clients of behavioral health services and their families and supports are the foundation of Quality Management. All recipients of NCWBH provider services provide feedback to the system through exercising their right to file Grievances. Clients also have access to Ombuds Services for advocacy assistance. Clients are also encouraged to complete Satisfaction Surveys at

various points of treatment services with results reviewed by the QRT and Clinical Team. Formal participation is encouraged through QRT and Advisory Board.

3. QUALITY ASSURANCE AND IMPROVEMENT

NCWBH regularly monitors data submission, clinical activities, and administrative functions for Quality Assurance and Improvement. Specific monitoring activities and targeted initiatives are described in the Quality Management Work Plan, including expected outcomes and methods of measurement.

a. Data Submission and Monitoring

NCWBH Information Systems Administrator and Analysts ensure all data is collected and submitted in accordance with guidelines established by Federal and State guidelines as outlined in in NCWBH MIS Quality Control and Assurance Plan and/or policy and procedure. NCWBH IS staff also provide technical assistance in the use of the electronic health record for data entry, submission, and correction.

In addition to Quality Assurance, data reports are obtained from the electronic health record systems to support Quality Improvement activities. Data reflecting Performance Measures, Performance Improvement Plan interventions, and other targeted areas is collected and analyzed. Trends in data provide feedback on effectiveness of improvement initiatives.

b. Clinical Monitoring

NCWBH monitors the clinical provision of services by contracted providers through reviews of client charts and other clinical documentation. A representative sample of client charts (the smaller of 10% or a total of 500) is reviewed annually. Providers are monitored for essential compliance with WAC standards, adherence to Practice Guidelines, and for use of targeted interventions outlined in Performance Improvement Plans or other Quality Improvement initiatives. At a minimum, the following is reviewed:

- Traceability of Services, including documentation of established Medical Necessity and meeting Access to Care Standards
- Timeliness of Services, including compliance with access and appointment standards
- Range of Services/Network Adequacy
- Provision of culturally competent services
- Coordination with Primary Care and other providers
- Over/Underutilization of Services

c. Contract Monitoring (Administrative Reviews)

Providers are monitored for contract compliance once per year during the Administrative Review. Provider policies and procedures are verified, personnel files are reviewed, technology security is reviewed, and facility walk-throughs are completed. Data Submission/Monitoring and Clinical

Monitoring results are included in the overall Administrative Review score and results.

NCWBH holds additional contracts and subcontracts to maintain operations and make necessary treatment modalities and services available. Contracts and activities are monitored depending on delegated duties and subcontract requirements. These include:

- Out of network substance use disorder residential treatment providers are monitored by their "home BHO" using a state-wide review tool to ensure all residential facilities for SUD treatment meet state-wide standards. Results are available amongst BHOs for review. NCWBH contracts with ten (10) out of network providers for residential services.
- Authorizations for outpatient mental health and outpatient and residential substance use disorder services are completed by a subcontracted agency. Utilization management plans and authorization instructions and any subsequent revisions or updates are provided to the subcontractor for guidance in authorization decisions. NCWBH monitors daily reports of authorizations and denials and assists providers and the subcontractor in ensuring adequate information is available to make authorization determinations.
- NCWBH holds a regional contract for 24-hour Crisis Line Services. Two crisis line phone numbers are available depending on the individual's county of residence. Daily call summary reports are sent to the crisis service providers with respect to the caller's county of origin. Providers are expected to review these reports to identify further needs of the callers. Reports of total call volume and outcomes will be monitored by NCWBH at least monthly to ensure appropriate call volume within contract and verify adherence to call procedures.

d. Grievance Reporting and Monitoring

NCWBH and providers develop Grievance policies in adherence with applicable standards. Providers are monitored for development of policy, training of staff, provision of information to clients, reporting of Grievances and Resolutions, and completion of acknowledgments and notifications within established timelines. Provider Grievance and Resolution reports are monitored quarterly with additional reviews conducted when necessary. Grievance and Resolution reports from Ombuds Services are requested quarterly. NCWBH provides Grievance, Resolution, and Appeal reports to DBHR quarterly. These reports include total Grievances, Resolutions, and Appeals received/processed by all providers, Ombuds, and NCWBH.

e. Incident Reporting and Review

All critical incidents meeting criteria established by contract are reported to DBHR within required timelines. Providers are required by contract and policy

to notify NCWBH of incidents within these timelines and conduct or participate in incident reviews. Incident reviews may require a review of clinical charts and/or provider policy and procedure. Recommendations for improvement may be made and any notable trends in incident type or frequency may be used in Quality Improvement initiatives.

f. Contract Deliverables

NCWBH maintains compliance with required contract deliverables. Duties to complete submission of these are assigned to appropriate NCWBH staff and reviewed during NCWBH Quality Meeting. Contracted providers are monitored for compliance with contract deliverables with respect for accuracy, completeness, and timeliness of submission. Requests for submission may be made during appropriate provider attended meetings (ISQT, Management, and/or Clinical Team).

g. Utilization Management

NCWBH ensures all services are provided at an appropriate scope, duration, and frequency with respect to clinical assessment and client choice and agreement. Utilization Management Plans are written for mental health services and substance use disorder services. Contracted providers and subcontracted authorization agencies are regularly monitored for adherence to these established guidelines of medical necessity, Access to Care Standards, and service provision appropriate to the assessed Level of Care for mental health services (by LOCUS/CALOCUS) or ASAM Placement for substance use disorder services. Periodic updates to State or NCWBH guidelines are provided to providers and the subcontracted agency with follow-up reviews held to ensure implementation of changes. Reviews are conducted as part of Clinical Monitoring, Administrative Review (Contract Monitoring), and/or targeted monitoring as needed.

h. Fiscal Monitoring

NCWBH completes a Cost Allocation Plan to set methods and processes for allocating funding to contracted providers and subcontractors. Allocations are made with consideration for eligible individuals, service area, provided services, and other contract stipulations. NCWBH submits quarterly Revenue and Expense Reports and is subjected to an annual Financial Audit. All invoices submitted must also include supporting documentation to be reviewed by the payee. Contracted providers are monitored for compliance with fiscal guidelines as applicable to the funding source. Monitoring is completed through submission of quarterly Revenue and Expense Reports, annual Financial Audit, and monthly invoice and supporting documentation review.

i. Compliance Monitoring

NCWBH maintains a Compliance Program with adherence to applicable federal and state standards. Elements of this program are outlined in the Compliance Plan, including completion of a Risk Assessment, designation of

a Compliance Officer, and regular meetings of a Compliance Committee. Monitoring activities are outlined in the Compliance Work Plan. The Compliance Plan and Quality Management Plan may include elements of overlap and are used to inform and develop the necessary activities where these overlaps occur.

4. SUPPORTING DOCUMENTS

Additional documents referenced in this plan that support and detail quality assurance and improvement activities include:

- Quality Management Work Plan
- MIS Quality Control and Assurance Plan
- Utilization Management Plan – Mental Health Services
- Utilization Management Plan – Substance Use Disorder Services
- Cost Allocation Plan
- Compliance Plan
- Compliance Work Plan