



# SALISH BH-ASO POLICIES AND PROCEDURES

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## **SALISH BH-ASO POLICIES AND PROCEDURES**

### **QUALITY MANAGEMENT SYSTEM OVERVIEW**

The Salish Behavioral Health Administrative Services Organization's (SBH-ASO) Quality Management Plan (QMP) is a working document within the Quality Management Program (the Program) that describes the system and activities that guide quality assurance and improvement to ensure the on-going practice of evaluating, monitoring, and improving the quality of behavioral health services delivered within the three counties served by the SBH- ASO.

Monitoring tools and activities, outlined below, include:

- Annual Subcontractor Monitoring Reviews
- Monitoring and Review of Critical Incidents
- Utilization Management Trends Reports
- Quality Indicator Tracking
- Grievance and Appeals Tracking Review and Tracking
- Compliance and Program Integrity Plan
- Salish Leadership Team Meetings (including SBH-ASO Medical Director, SBH-ASO Administrator, SBH-ASO Clinical Director, and others as designated)

#### **Purpose**

The activities of the Quality Management Plan seek to assure compliance and continuous improvement within the system including:

1. Meeting HCA contract requirements in accordance with General Fund State/Federal Block Grant (GFS/FBG) requirements, Crisis Services Performance Measures, and the Federal Block Grant Annual Progress Report template.
2. Monitoring and planning quality improvement activities.
3. Inclusion of Individual voice and experiences. This may include feedback and trends reported by Office of Behavioral Health Advocacy (OBHA), grievance data, and feedback from the Behavioral Health Advisory Board (BHAB).
4. Inclusion of provider voice and experience, which may include feedback through involvement in Integrated Provider meetings, SBH-ASO Quality and Compliance Committee, provider complaints, and provider appeals.

### **QUALITY MANAGEMENT PROGRAM OVERSIGHT**

The Quality Management Program is operated under the joint oversight of the SBH-ASO Medical Director and SBH-ASO Clinical Director.

#### **Executive Board**

The Executive Board authorizes the Program via its approval of this Plan, charging the Quality Assurance and Compliance Committee (QACC) with the responsibility of providing ongoing



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operational leadership of continuous quality improvement activities at the SBH- ASO. The ongoing activities of the Program are carried out by SBH-ASO staff and the members of the SBH-ASO Provider Network.

### **Advisory Board**

The SBH-ASO Behavioral Health Advisory Board (BHAB) provides community and individual input to the SBH-ASO Staff and Executive Board.

The BHAB will:

- Solicit and use the input of Individuals with mental health and/or substance use disorders to improve behavioral health services delivery in the region;
- Provide quality improvement feedback to the SBH-ASO, key stakeholders, and other interested parties.

BHAB Membership Requirements:

1. Be representative of the geographic and demographic mix of service population;
2. Have at least 51 percent of the membership be persons with lived experience, parents or legal guardians of persons with lived experience and/or self-identified as a person in Recovery from a behavioral health disorder;
3. Law Enforcement representation;
4. County representation;
5. No more than four elected officials;
6. No employees, managers, or other decision makers of subcontracted agencies who have the authority to make policy or fiscal decisions on behalf of the subcontractor; and
7. Terms are staggered three years to ensure ongoing membership coverage. Multiple terms may be served.

### **Quality Assurance and Compliance Committee (QACC)**

The QACC meets quarterly and provides oversight of the quality assurance and improvement processes and activities, as well as the Program Integrity and Compliance program for the SBH-ASO. The QACC provides direct oversight of this document and the SBH-ASO Compliance and Program Integrity Plan. The ICQ is chaired by the SBH-ASO Clinical Director and designee.

The QACC membership includes:

- representatives from each of the providers
- the Salish regional Behavioral Health Advocate from Office of Behavioral Health Advocacy
- Designated SBH-ASO staff.

### **Internal Quality Committee (IQC)**

The IQC meets monthly and provides input to the quality assurance and improvement processes as well as the QACC. The QACC is chaired by SBH-ASO Clinical Director and designee.

The IQC Membership includes:



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- All SBH-ASO Staff under the guidance of the SBH-ASO Medical Director and SBH-ASO Clinical Director.

### **Network Providers**

Network Providers maintain their own Quality Management Plans that is unique to their agency and in alignment with SBH-ASO Quality Management Plan. On-going provider participation in the Quality Management Program is required.

Expectations for these plans are informed by regional trends, unique trends or characteristics of each agency, contract requirements, and relevant statutes. The SBH- ASO evaluates provider plans for objective and measurable performance indicators. The plans are monitored through the Annual Monitoring Review process.

### **MONITORING TOOLS AND ACTIVITIES**

The SBH-ASO Quality Management Program functions to monitor performance in four main areas: quality of services, satisfaction, administrative practices, and compliance. The SBH-ASO analyzes information gathered through quality assurance activities to develop improvement strategies to enhance quality in any one or more of the identified categories.

Information regarding the quality and appropriateness of care individuals receive through network services is gathered from an array of sources and activities. Trends and issues identified through the collection and analysis of information are reported to the providers, the SBH-ASO Leadership Team, the QACC, and/or the Advisory Board.

### **Annual Subcontractor Monitoring Reviews:**

The SBH-ASO has a standardized process for subcontractor annual monitoring reviews. The purpose of the reviews is to monitor subcontractor administrative, clinical, fiscal, compliance, and culturally and linguistically appropriate practice as outlined in the current SBH-ASO subcontract. Reviews may also be conducted on a more frequent basis if indicated.

**Implementation Plan/Process:** SBH-ASO staff will conduct subcontractor annual monitoring reviews. These reviews ultimately provide oversight, feedback, recommendations, and Corrective Action Plans when warranted. Results of Annual Monitoring Reviews are summarized for the SBH-ASO Leadership Team, QACC, SBH-ASO Compliance Officer, and BHAB. Individual reports are provided to the subcontractors.

### **Monitoring and Review of Critical Incidents:**

On an ongoing basis, SBH-ASO assures all contractually defined critical incidents (CI) occurring within the network are reported to HCA and reviewed in a standardized way as per policy.

**Implementation Plan/Process:** Critical incidents are reported to the SBH-ASO from the providers in accordance with the ASO Critical Incident Policy. This information is used to



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identify trends, track investigations, and analyze concerns. The SBH-ASO maintains a Critical Incident subcommittee which reviews all CI reported to the SBH-ASO. The SBH-ASO coordinates with the providers to collect and forward information to HCA regarding regional efforts to decrease the possibility of similar incidents in the future, as appropriate and required by contract. Chart reviews and targeted reviews of provider CI files may be performed as necessary. The QACC reviews the trends noted annually and recommends further region-wide system improvements.

### **Utilization Management Trends Reports**

The Utilization Management Trends report is generated by the internal SBH-ASO authorization database and describes statistics and patterns regarding authorization and utilization of behavioral health services. The report includes measures related to inpatient, outpatient, crisis, and residential services.

The SBH-ASO has mechanisms in place to detect both overutilization and underutilization and are reviewed quarterly by the SBH-ASO Leadership Team.

Overutilization metrics include:

- 3 or more crisis contacts in 30 days (excluding 24-hour toll-free crisis line contacts)
- 10 or more 24-hour toll-free crisis line calls in 30 days
- Inpatient stays (psychiatric and/or secure withdrawal management) greater than 20 days
- 3 or more inpatient stays within 120 days

**Implementation Plan/Process:** Utilization management data is collected from the monthly authorization tracking reports. SBH-ASO Leadership Team monitors its adherence to contracted utilization management timelines. The Utilization Manager, SBH-ASO Leadership Team, and the QACC analyzes the reports for trends and opportunities for improvement relating to SBH-ASO funded behavioral health services.

### **Quality Indicators Tracking**

The QACC oversees the contractual measures of performance, by tracking quality indicators.

Quality metrics are tracked, but are not limited to:

- by the SBH-ASO Customer Service line reports
- Mental Health Block Grant and Substance Use Block Grant reports,
- Crisis System Call Center Performance reports
- crisis logs,
- supplemental provider data reports and encounter data reports; and
- Salish Notification and Authorization Program (SNAP) reports.

The QACC reviews data reports provided by QM Program staff and makes recommendations based on those reports.

**Implementation Plan/Process:** All indicators are reported to the Internal Quality Committee (IQC) and QACC at least quarterly. Baseline and targets, if applicable, are established by SBH-ASO Leadership Team and as required by contract. Data collected and analyzed for



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each indicator assists the QACC and SBH-ASO to identify necessary improvements and implement change to enhance the overall quality of behavioral health services within the region.

### **Grievance and Appeal Tracking**

The SBH-ASO has a system in place for individuals to pursue grievances, appeals, and access Administrative Hearings. The SBH-ASO generates the Grievance System deliverable report, as required by HCA, which tracks SBH-ASO grievances, appeals, Administrative Hearings, and Notices of Adverse Authorization Determinations including Actions on a quarterly basis. The QACC reviews the SBH-ASO quarterly grievance reports to assess trends and inform quality assurance activities.

**Implementation Plan/Process:** The SBH-ASO collects grievance data directly submitted and resolved within the SBH-ASO and generates a quarterly report. SBH-ASO staff coordinates with the Office of Behavioral Health Advocacy (OBHA) related to outreach and grievance activities within the Salish Region. The QACC reviews the Office of Behavioral Health Advocacy presentations to assess trends and inform quality assurance activities.

### **Compliance and Program Integrity Plan**

The SBH-ASO Compliance and Program Integrity Plan establishes a culture within the network that promotes prevention, detection, and resolution of instances of conduct that do not conform to federal and state law as well as federal and state funded health care program requirements. SBH-ASO Staff members, Executive Board members, and subcontractors that encompass the operations of the SBH-ASO are expected to act in accordance with the Compliance and Program Integrity Plan.

**Implementation Plan/Process:** The Compliance and Program Integrity Plan includes mechanisms to immediately investigate and report allegations of fraud and abuse to the statewide reporting entity, Medicaid Fraud Control Division, and the HCA. The SBH-ASO Compliance Officer reviews compliance plans and evidence of applicable trainings through the Annual Monitoring reviews for each provider and subcontractor. Recommendations are made as needed. The QACC reviews any findings and recommendations to assess trends and inform quality assurance activities.

## **INCORPORATING FEEDBACK**

The SBH-ASO will incorporate feedback from monitoring and analysis activities described in this plan. This feedback is incorporated into SBH-ASO quality management and improvement processes from a variety of stakeholders including:

### **Community including Individuals and Family Members**

- Community Feedback is continually gathered by the SBH-ASO Customer Service Line, SBH-ASO Advisory Board, and SBH-ASO community engagement





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- Information reported by Office of Behavioral Health Advocacy specific to residents of the Salish Region.
- Biennial Needs surveys

### **Tribal**

- SBH-ASO engages network providers, and local Tribal Social Services/Wellness program directors to ensure culturally competent services and system coordination.
- SBH-ASO engages with tribal partners and the HCA Tribal Liaison regarding Crisis Coordination Plans.

### **Network Providers**

- Input is gathered individually as well as through their participation on the QACC and other regional meetings.

### **Other Stakeholders**

- Feedback is incorporated from the monitoring activities of the HCA.
- Results of monitoring activities described in this plan are summarized and reviewed by the QACC and reported to the Advisory Board and Executive Board, as appropriate. Results of each monitoring activity will be documented and communicated to each network provider, as applicable.
- The QACC identifies opportunities for improvement and makes recommendations based on findings. Recommendations may include development of procedural changes or clinical practices.
- Feedback from the MCO Crisis Delegation audits
- Input from FYSPRT Quarterly Reports

## **REVIEW OF QUALITY MANAGEMENT PLANS AND STRATEGIES**

The Quality Management Plan is reviewed at least annually, and a report is generated. The necessity for Quality Management Plan changes is identified by the SBH-ASO Leadership Team based upon contractual changes, through the QACC, and the results of quality management activities described in this plan.

The Quality Management Plan may be revised by SBH-ASO Leadership Team upon recommendation of the QACC. Recommendations are based on data and analysis from the full range of quality assurance activities, including results received from external audits or HCA reviews. Changes to the plan must also occur when required by changes in relevant statutes. The Executive Board reviews the annual quality report and approves the Quality Management Plan that is disseminated to providers, stakeholders, and the public via the SBH-ASO website.



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### SUMMARY OF MONITORING TOOLS AND TIMELINES

Monitoring Tool	Frequency	Oversight
<b>Annual Subcontractor Monitoring</b>	Annual	<ul style="list-style-type: none"> <li>• SBH-ASO Leadership Team</li> <li>• SBH-ASO Compliance Officer</li> <li>• QACC</li> <li>• BHAB</li> </ul>
<b>Monitoring and Review of Critical Incidents</b>	Ongoing IQC (Monthly) QACC (Quarterly)	<ul style="list-style-type: none"> <li>• SBH-ASO Staff</li> <li>• IQC</li> <li>• QACC</li> <li>• CI Review subcommittee</li> </ul>
<b>Utilization Management Trends Reports</b>	SBH-ASO Leadership Team (Quarterly) QACC (Quarterly)	<ul style="list-style-type: none"> <li>• SBH-ASO Leadership Team</li> <li>• SBH-ASO UM Program</li> <li>• QACC</li> </ul>
<b>Quality Indicator Tracking</b>	IQC (Monthly) QACC (Quarterly)	<ul style="list-style-type: none"> <li>• IQC</li> <li>• QACC</li> <li>• SBH-ASO Staff</li> </ul>
<b>Grievance and Appeal Tracking</b>	IQC (Monthly) Quarterly Report QACC (Quarterly)	<ul style="list-style-type: none"> <li>• SBH-ASO Staff</li> <li>• QACC</li> </ul>
<b>Compliance and Program Integrity Plan</b>	QACC (Quarterly)	<ul style="list-style-type: none"> <li>• SBH-ASO Staff</li> <li>• Compliance Officer</li> <li>• QACC</li> </ul>