Salish Behavioral Health Organization
Quality Management Plan
FY 2017

Table of Contents Page #

SALISH BHO

QUALITY MANAGEMENT PLAN POLICIES AND PROCEDURES

Policy Name: Quality Management Plan **Policy Number:** 10.01

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OVERVIEW

The Salish Behavioral Health Organization (SBHO) Quality Management Plan is a working document created 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 SBHO. The Quality Management Plan is approved by the SBHO Quality Improvement Committee (QUIC) and the Executive Board and facilitated by SBHO staff.

ELEMENTS OF THE QUALITY MANAGEMENT SYSTEM

Executive Board

The Executive Board is the main leadership and decision-making body of the SBHO. The Executive Board is comprised of three county commissioners, one from each constituent county: Kitsap, Jefferson and Clallam, and one tribal representative from the Jamestown S'Klallam Tribe. The Executive Board meets quarterly and receives updates from the Quality Improvement Committee (QUIC) and recommendations from the SBHO Advisory Board, Quality Review Team (QRT) and staff, as appropriate. Based on recommendations, the Executive Board may require contract modifications.

SBHO Staff

The SBHO staff manages and facilitates the daily operations of the network. The SBHO staff consists of a Regional administrator and a Deputy Administrator who supervise a Quality Assurance Manager, Quality Assurance Analyst/Assistant, Resource Manager/Compliance Officer, Adult Clinical Services Manager, Children's Clinical Services Manager, Chemical Dependency Manager, Residential and Long Term Care Programs Supervisor, Information Systems Manager, Fiscal Officer, a part-time contracted PIP coordinator, and an administrative support position. These staff members provide technical

support to providers and are on-site as needed or at least quarterly. They also provide support to the QRT, both the Mental Health QUIC and the Substance Use Disorder (SUD) QUIC, and the Advisory and Executive Boards. The SBHO contracts with a not-for-profit administrative services organization (AS)), CommCare, for service authorization and utilization management. If any position is vacant, other staff will assume the responsibilities of that position in facilitating the Quality Management Plan.

Advisory Board

The purpose of the SBHO Advisory Board is to provide community and consumer input to the Executive Board and staff. The Advisory Board consists of a minimum five members who come from the three constituent counties as well as two tribal representatives. At least 51% of the board consists of Behavioral health consumers or their family members. The Advisory Board meets monthly to review reports from the SBHO staff, QUIC and QRT. The Advisory Board then makes recommendations to the SBHO staff and Executive Board. Optimally, at least two members of the QUIC serve on the Advisory Board.

Ombuds

The SBHO Ombuds advocates for SBHO clients and assists providers to ensure dignified and quality services. The Ombuds operates independently from the SBHO and providers. The Ombuds report trends concerning client perceptions, family satisfaction, and ancillary provider issues to the QUIC, QRT, and SBHO Administrator.

Quality Improvement Committee (QUIC)

The QUIC provides oversight of the quality improvement process and activities for the SBHO. SBHO strives to achieve a QUIC membership comprised of at least 6 members who represent the perspective of those who have received or are receiving services in a publicly funded behavioral health system. These members may include representatives from the QRT, the Advisory Board, peer counselors or the Ombuds staff. Membership may also include an individual or family member of an individual who is not affiliated with one of these groups, who has received or is receiving publicly funded behavioral health services. Finally, there are representatives from each of the four providers, and an SBHO staff to facilitate, typically the QA Manager. At least one member is an individual whose perspective and experiences support the interests of children and families. The QUIC meets quarterly, to review system-level trends and to make recommendations to the SBHO regarding quality assurance issues and opportunities for improvement within the network. The QUIC also provides direct oversight of the SBHO Compliance Plan and Utilization Management Committee.

Quality Review Team (QRT)

The purpose of the QRT is to monitor and evaluate the delivery of behavioral health services within the SBHO. The QRT consists of five to ten members who are appointed by the SBHO Advisory Board and are representative of the demographics of the region. It includes consumers, family members, and advocates. The QRT gathers information by conducting biennial client surveys and may conduct on-site reviews of providers. They report their findings along with recommendations to the providers, the SBHO, the QUIC, Advisory Board, and to the State of Washington Department of Social and Health Services' Division of Behavioral Health and Recovery (the Department). Our goal is for at least one QRT member to serve on the QUIC.

Utilization Management Committee (UMC) and Clinical Directors Meeting (joined)
The Utilization Management Committee and Clinical Directors meeting have been combined, and are co-chaired by the SBHO Resource Manager and Adult Services Manager. It systematically monitors and evaluates service authorization, clinical appropriateness and utilization trends to ensure enrollees are receiving timely and appropriate services to meet their needs. The members are responsible for the SBHO Utilization Management Plan and Levels of Care documents. In addition, the members evaluate the network to ensure there are adequate services and appropriate use of resources throughout the system. This process is continuous and focuses on quality and cost effectiveness. The Committee meets quarterly and consists of the co-chairs, provider representatives, and the CommCare Clinical Care Manager. The SBHO Administrator and the CommCare Psychiatric Medical Director may provide consultation to the UMC. The meeting reports trends and region-wide issues to the SBHO Administrator, and to the QUIC as applicable.

Behavioral Health Service Providers
There are five community mental health providers located in Kitsap, Jefferson and Clallam Counties. They are: Peninsula Behavioral Health (PBH; formerly known as Peninsula Community Mental Health Center), West End Outreach Services (WEOS), Discovery Behavioral Health (DBH; formerly known as Jefferson Mental Health Services), Kitsap Mental Health Services (KMHS) and RMH Services. There are 13 substance use disorder providers: Agape Unlimited, Cascadia Addiction – Bountiful Life Treatment Center, Kitsap Recovery Center (KRC), KMHS, West Sound Treatment Center, Beacon of Hope, Cedar Grove Counseling, Olympic Personal Growth Center, Reflections Counseling, Specialty Services II & III, True Star Behavioral Health Services at Clallam County Juvenile and Family Services, and WEOS.
Providers have an organizational structure and quality assurance systems unique to their agency. The provider agencies have their own Quality Management (QM) Plan that incorporates the SBHO QM Plan.

PURPOSE

The activities of this plan seek to assure compliance and continuous improvement within the system regarding:

- Cultural competency
- Age appropriate services
- Commitment to recovery, rehabilitation, and reintegration philosophies
- Clinical practices based on valid and reliable evidence
- Coordination and continuity of care
- Appropriate utilization of services
- Maintenance of capacity
- Accessibility

- Enrollee participation
- Stakeholder participation
- Continuous system improvement

MONITORING TOOLS AND ACTIVITIES

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

The following chart describes the quality assurance activities and tools used to monitor performance in each of three categories:

	Quality of Services	Satisfaction	Administrative Practices	Compliance
Surveys	Quality Review Team (QRT) Site Visits and Reports Behavioral Health Enrollee Survey (BHES) Consumer Satisfaction Data	Behavioral Health Enrollee Survey (BHES) Consumer Satisfaction Data Provider Consumer Satisfaction Survey		
Reports	Quality Indicators Tracking Cross-System Outcome Measures for Adults Enrolled in Medicaid Ombuds Monthly Activity Quarterly Grievance Reports Resource Utilization Trends	Ombuds Monthly Activity and quarterly Grievance Reports	SBHO Provider Dashboard Revenue and Expenditure Report	CommCare Monthly Authorization Reports (standard authorizations, denials/appeals, and re-admission hospitalizations) Peninsula Regional Assessment Tool (PRAT) Report Ad Hoc Reports
Reviews	Standard Chart Reviews Practice Guideline Reviews Crisis Chart Reviews High Utilizer Chart Reviews Under-Utilization Chart Reviews Residential Services Reviews Evaluation and Treatment Center Reviews Ad Hoc Reviews Sentinel Events Reviews/Tracking Annual Administrative Review	QRT Site Visits Grievance and Appeal Tracking Annual Administrative Review	Provider and Subcontractor Administrative Review Sub delegation Contractor Reviews Annual Administrative Review	Chart Reviews (as listed in Quality of Services column) Data Integrity Reviews Provider and Subcontractor Administrative Reviews SBHO Compliance Plan and Committee Charter Sub delegation Contractor Reviews Annual Administrative Review

COLLECTING AND ANALYZING INFORMATION

Information regarding the quality and appropriateness of care consumers receive through the network services is gathered from the array of sources and activities, as listed above. Trends and issues identified through the collection and analysis of information are reported to the providers, the SBHO Administrator, the QUIC, and/or the Advisory Board. Plans for collecting and analyzing information are as follows:

Chart Reviews and Other Targeted Reviews

Description: The standard and crisis chart reviews are a key quality assurance activity performed by the SBHO staff to monitor and analyze the quality and intensity of services as well as the fit between services needed and those actually provided. Additional chart review tools may be developed when trends are identified through the results of quality assurance activities that warrant an ad hoc review.

Specifically, these chart review tools and processes:

- evaluate the continuity of services from the consumer's request for services through discharge,
- assess the degree to which services progress the consumer toward recovery and resiliency,
- incorporate items from the Department of Licensing tool for inter-rater reliability,
- include items that evaluate provider compliance with the SBHO contract, policies, and pertinent WAC regulations;
- include items that monitor crisis services, timeliness of response, incorporation of individual and family voice and provision of services in least restrictive environments;
- include items that monitor appropriateness of authorization practices for outpatient admission and continuing care,
- include items that monitor over and underutilization of services,
- assess client needs such as age related, cultural and linguistic related, coordination of care for special populations, housing and linkages with other systems, and cultural and linguistic competence;
- monitor that consumer rights are clearly stated;
- monitor and explore targeted issues as identified by quality indicators tracking or other indicators,
- evaluate treatment plans for timeliness, participation of enrollee and natural supports, applicable consultation with specialists, and other WAC requirements; and
- monitor coordination of care with other systems, including consumers' primary care providers.

Data Collection and Analysis Plan: The SBHO staff conducts analyses of consumer care covering a representative sample of at least 822 consumers, primarily through chart reviews, annually. In general, the numbers of reviews are divided proportionally among providers based on the number of individuals served. The representative sample may include the following types of targeted reviews:

- Reauthorization-focused
- Admission-focused
- Crisis Services
- High Utilization

- Underutilization Reviews
- Intake reviews of Individuals not authorized for care
- Supported Employment Services
- Residential Services
- Evaluation and Treatment Center Services
- Practice Guideline Adherence

Additional analyses of care may be conducted as indicated by results of monitoring activities. Data collected from chart reviews are compiled and analyzed by SBHO staff as reviews are completed. Reports are prepared and compared with previous reviews to identify trends and evidence of improvement. Review results are reported to the providers, and the SBHO Administrator. System-wide trends are reported to QUIC.

Practice Guideline Reviews:
Description: The SBHO adopts practice guidelines based on valid and reliable research-based clinical evidence demonstrating their utility in driving positive clinical outcomes, reflecting promising practices, or reflecting a consensus of national behavioral health professionals**.** The SBHO practice guidelines are adopted from the American Psychiatric Association (APA), and include one for Schizophrenia and one for Bipolar Disorder. (See 11.14 Practice Guidelines). Each practice guideline has a corresponding monitoring tool.

Data Collection and Analysis Plan: At least once per year a sample of charts of active clients with a diagnosis of schizophrenia and bipolar disorder will be reviewed for adherence to the appropriate guideline. Results will be provided to providers.

Over and Under-Utilization Monitoring Project
Description: The SBHO expects each consumer to receive the right amount and type of service. The SBHO has a variety of mechanisms in place to detect both overutilization and underutilization of services. These include: Reports and data describing utilization trends, Quality Indicator Tracking, Administrative Reviews, Admission, and Reauthorization focused Chart Reviews, and other quality assurance monitoring results. When potential over and underutilization trends are detected, the SBHO responds by developing specific projects to investigate, define, and correct system problems**.** These projects may be developed in consultation with stakeholders through the Advisory Board, QUIC meetings, UMC, or Network Provider Clinical Directors.

Data Collection and Analysis Plan: The SBHO has multiple methods to detect over and underutilization such as:

- Examination of the authorized level of service and service provision match and clinical appropriateness through chart reviews
- Reports that examine trends of inpatient utilization including length of stay at the evaluation and treatment center versus community hospitals
- Data describing authorization and service trends and patterns
- Quality indicators measuring inpatient utilization per capita for youth, follow-up services after inpatient services, timely access to services, and inpatient readmission rates

- Data describing utilization patterns for specific modalities of service
- Complaint and grievance patterns

Current projects include:

Overutilization: The SBHO generates a report identifying consumers who have had more than one hospitalization within 30 days. The SBHO evaluates the associated data and relevant services. Services may be evaluated using the crisis chart review tool which has a section with review items for high utilization only. System trends and improvement plans are to be reported to QUIC as identified.

Underutilization: The SBHO identifies a sample of intakes of clients for whom a determination that "access to care standards" were not met. These intakes are reviewed for thoroughness, quality, and whether adequate information was documented to justify the determination. This project is completed at least once per year. Regional trends are reported to the QUIC. The QUIC may delegate any regional trends to the appropriate regional committee for problem solving, with results reported back to QUIC.

Over/Underutilization: The SBHO's Children's Care Manager provides monitoring and leadership regarding the authorization of continued care for youth inpatient stays as well as requests for admissions to Children's Long Term Inpatient Programs (CLIP) to ensure that services for youth are provided in the least restrictive setting. This monitoring is provided at least weekly.

Sentinel Events

Description: The SBHO assures all contractually defined sentinel events occurring within the network are reported to the Department and reviewed in a standardized way as per policy. (See SBHO Policy 2.01 Sentinel Events.)

Data Collection and Analysis Plan: Sentinel events are recorded through provider reports and tracked on a spreadsheet. The spreadsheet is used to identify trends, track investigations, and analyze concerns. The SBHO records, reports, and reviews sentinel events occurring within the region (see SBHO Policy 2.01 Sentinel Events). The SBHO works with the provider(s) to collect and forward information to the Department regarding efforts to prevent or lessen the possibility of similar incidents in the future, as appropriate. Chart reviews and targeted reviews of provider critical incident files may be performed as necessary. The UMC/Clinical Directors review the annual trends noted on the SBHO Incident spreadsheet annually and may review specific incidents, as well as recommend further, region-wide system improvements. Compliance with this policy is also monitored through the Administrative Review process.

Data Integrity Reviews

Description: The SBHO monitors the accuracy of data reported by comparing it to documentation in the clinical notes.

Data Collection and Analysis Plan: a random sample equal to or greater than 822 encounters sent to the Department for services during the contract year are compared with service documentation in the clinical file. The encounters are selected from a minimum of 200 client charts. Verification for each randomly selected encounter record includes the following minimum data elements: date of service, name of service provider, service

location, procedure code (i.e., CPT and HCPCS) and modifiers (if applicable), service unit/duration, and provider type, as well as whether the service code agrees with treatment described. Analysis and reporting includes findings of error rate for each data element and aggregate the results for the following categories:

- Match – Match reflects cases where there are exact matches of all the minimum data elements for each randomly selected sample between the Subcontractor's encounters and those in the clinical records

- No Match – No match reflects cases where the Subcontractor's encounters do not match the clinical records. There are three (3) error types for this category:
  1. Erroneous – Encounters that occurred and are presented by an electronic record, but contain incorrect data or missing any of the minimum data elements.
  2. Missing (i.e., Not in Encounter Record) – Clinical record contains evidence of a service but is not represented by the electronic record.
  3. Unsubstantiated (i.e., Not in Medical Record) – Encounters submitted by the Subcontractor but either cannot be verified in the clinical record or is duplicated.

The SBHO will aggregate the findings by the error types. Reports are provided to each provider at least annually. Review results are also reported to the SBHO Administrator and SBHO Compliance Officer. System-level trends are reported to the QUIC.

Peninsula Regional Assessment Tool (PRAT) Report

Description: The SBHO monitors the timely authorization process outlined in the provider contract and the SBHO Level of Care requirements. The PRAT is a tool used by all of the mental health providers in the region to describe an assessment and request for outpatient authorization of mental health services. The PRAT Report analyzes the number of PRATs submitted to CommCare more than two weeks past the service request date. It also identifies the number of admission, continuing care, and inactivation outpatient authorization requests sent to CommCare from each provider, which allows the UMC to target trends by type of PRAT request. Finally, it monitors the time taken from request for authorization to authorization determination by CommCare.

Data Collection and Analysis Plan: The data for this report is gathered monthly and sent to the SBHO by CommCare and analyzed by the Resource Manager. The report is reviewed at the monthly UMC meetings. A similar process in being developed for the SUD authorizations which will also be communicated during the SUD Providers meeting.

Resource Utilization Trends Reports

Description: The Resource Utilization Trends report is generated by CommCare and describes statistics and patterns regarding authorization and utilization of mental health services. The description includes inpatient, outpatient, residential services; and call volume.

Data Collection and Analysis Plan: Per the SBHO Utilization Management Plan, utilization management data is collected from the monthly authorization tracking reports. (See 7.06 Utilization Management Plan.) The Resource Manager and the UMC analyzes

the reports for trends and opportunities for improvement relating to service authorization and utilization.

Inpatient Discharge Report

Description: The SBHO uses this report to monitor each authorized mental health inpatient discharge on a standardized report. The report identifies information by network provider, as well as hospital. The report is used to identify inpatient length of stay and discharge patterns, by provider and/or hospital.

Data Collection and Analysis Plan: The data for this report is gathered monthly and sent to SBHO by CommCare and analyzed by the Resource Manager. The report is reviewed at the monthly UMC meetings.

Inpatient Retro-Denial Report

Description: The SBHO uses this report to monitor each requested inpatient retro-active authorization and authorization denial. The report provides number of retro-authorizations requested and by what hospital, as well as the scenario with each request. The report is used to report any inpatient denials. The report identifies information by network provider, as well as hospital, so that trends of concern are easily recognized and addressed immediately.

Data Collection and Analysis Plan: The data for this report is gathered monthly and sent to SBHO by CommCare and analyzed by the Resource Manager. The report is reviewed at the monthly UMC meetings.

Inpatient 30-Day Re-admission Report

Description: The SBHO developed this report as a request from the Utilization Management Committee. This report lists the number of monthly inpatient re-admissions within 30-days from a previous inpatient discharge. The report is used to identify re-admission trends and quality of care/ coordination concerns from an inpatient discharge. This report has prompted further analysis and data collection/verification which is being assessed by the QUIC.

Data Collection and Analysis Plan: The data for this report is gathered monthly and sent to the SBHO by CommCare and analyzed by the Resource Manager. The report is reviewed at the monthly UMC meetings.

Quality Indicators Tracking

Description: The SBHO has established Quality Indicators as part of the SBHO Quality Management Work Plan that measure performance, effective service delivery, and network efficiency. These Quality Indicators are driven by contract and CFR requirements as well as data collected from chart reviews, administrative reviews, satisfaction surveys, and other data maintained in the SBHO Information System. All Performance Indicators required by contracts with the Department are included as quality indicators. Additionally there are at least two ongoing regional performance indicators identified with input from the SBHO QUIC, as required by contract, and reflect one of the following areas:

- Access and Availability
- Care Coordination and Continuity

- Effectiveness of Care
- Quality of Care
- Hope, Recovery, and Resiliency
- Empowerment and Shared Decision Making
- Self-Direction
- Cultural Competency
- Health and Safety Measures
- Consumer Health Status and Functioning
- Community Integration and Peer Support
- Quality of Life and Outcomes
- Promising and Evidence-Based Practices
- Provider effectiveness and satisfaction
- Integrated Programs and Systems Integration

Regional Performance Indicators are identified on the Quality Indicators Document and reviewed quarterly at QUIC and up to monthly by the SBHO Advisory Board. Stakeholder input on development of all Quality Indicators is achieved through consultation with the Advisory Board and the QUIC.

Data Collection and Analysis Plan: The Quality Assurance Manager and Quality Assurance Analyst collects data, calculates measures, and develops an analysis for each quality indicator. Findings are reported to providers as appropriate. All indicators are reported to QUIC at least annually. The QUIC evaluates the impact and effectiveness of the indicators and modifies them as appropriate. Baseline and targets are established for each indicator. Data collected and analyzed for each indicator assists the SBHO to identify necessary improvements and implement change to enhance the overall quality of behavioral health services within the region. All results of contract indicators required by the state will be made available to the public.

Regional Surveys

Description: Consumer satisfaction and outcome data for the SBHO is collected from several sources, including:

1. **QRT Interviews:** The QRT gathers information about consumer satisfaction and quality of service (See Policy 9.08 Quality Review Team).
2. **The Behavioral Health Enrollee Survey (BHES):** The BHES survey is conducted by Washington State University. It replaces the Mental Health Statistics Improvement Program (MHSIP). Clients who have received mental health services are randomly selected to participate in the survey. Various outcomes, including National Outcome Measures (NOMS), and satisfaction ratings are measured.

Data Collection and Analysis Plan:

1. The QRT conducts biennial, reviews utilizing client surveys for each provider and ancillary providers. Findings and generated improvements are presented to the SBHO Advisory Board, and may be reviewed by the QUIC if recommended by the Advisory Board.

2. Once the annual results are published, SBHO staff develops a summary for review and discussion by the QUIC of the MHSIP survey results annually. Agency specific BHES results may also be provided as deemed necessary by the QUIC.

The QUIC uses information from these sources to determine the degree to which behavioral health services are driven by individual/family voice and participation and meeting the needs of consumers, and to shape improvement activities in the region.

Grievance and Appeal Tracking

Description: The SBHO has a system in place for individuals to pursue grievances and appeals and access DSHS administrative fair hearings. (See Chapter 6 - Complaint, Grievances and Appeals Policies.) The SBHO generates the Grievance deliverable report, as required by the Department, which tracks SBHO grievances, appeals, and DSHS fair hearings for adult and children's services. The Ombuds provides monthly reports that track the Ombuds outreach activities.

Data Collection and Analysis Plan: All SBHO contracted provider agencies report grievances to the SBHO on a quarterly basis. The Ombuds forward monthly reports on concerns and grievances in the network to the QUIC and SBHO Administrator. The Ombuds also report trends and issues they have identified to the QUIC at quarterly intervals. The SBHO collects grievance data directly submitted and resolved within the SBHO office and generates a report annually, at minimum. All service denial and appeal data is collected from CommCare. The QUIC reviews the SBHO grievance reports to assess trends and inform quality assurance activities.

Utilization Management /Clinical Director's Meetings and Clinical Staffing Meetings

Description: SBHO staff members provide technical assistance, collaboration, and leadership regarding effective clinical practices, adherence to statutes, and utilization and resource management through regional meetings with Clinical Directors, DMHPs, and through clinical staffing meetings as a means towards system improvement. These meetings are also used to share statewide system changes, such as Medicaid expansion and Children's System re-design.

Data Collection and Analysis Plan: If concerning trends are identified they are presented to the appropriate group for development of a plan to address the issue. The QUIC maintains oversight through feedback loops including information about plans and outcomes of the issues addressed at regional clinical meetings.

Administrative and Subcontractor Reviews:

Description: The SBHO has a standardized process for network provider and subcontractor administrative reviews (see Policy 9.03 Provider and Subcontractor Administrative Review). The purpose of the reviews is to monitor provider and subcontractor administrative and compliance practices.

Data Collection and Analysis plan: Provider and Subcontractor Administrative Reviews are conducted annually by SBHO staff (see Policy 9.03a Administrative Review Tool).

These reports provide feedback and recommendations using measurement standards consistent with industry standards. Results of Administrative Reviews are summarized for the Advisory Board, system-wide-trends are reported to QUIC, and reports are published on the SBHO website. (See SBHO Policy 9.03 Provider-Subcontractor Administrative Review.)

Compliance Plan

Description: The SBHO Compliance 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; and federal and state funded health care program requirements. (See Policy 5.17a Compliance Plan and Policy 5.17b Compliance Plan Checklist.) The SBHO Compliance Committee oversees the annual review and revision of the Compliance Plan. The Committee finalized an accompanying Compliance Charter that outlines their roles and responsibilities. SBHO staff members, governing board members, QUIC members, QRT members, network contractors, and subcontractors that encompass the operations of the SBHO are expected to act in accordance with the SBHO Compliance Plan.

Data Collection and Analysis Plan: The Compliance Plan includes mechanisms to immediately investigate and report allegations of Medicaid fraud and abuse to the statewide reporting entity, Medicaid Fraud Control Unit. The SBHO compliance officer reviews compliance plans and evidence of applicable trainings through the administrative reviews occurring annually for each provider and subcontractor. The SBHO facilitates regional implementation of new state and federal compliance requirements, such as monthly excluded parties reviews. The review includes consideration as to whether the compliance issue is a system-wide trend, warranting regional investigation. Recommendations are made as appropriate. The SBHO compliance Officer provides an annual overview of each fiscal year's compliance issues to the QUIC.

Revenue and Expenditure Reports:

Description: Financial and cost information for each provider is gathered and analyzed by the Administrator through biannual revenue and expenditure reports, annual provider audits, and the annual cost report.

Data Collection and Analysis Plan: The financial and cost information is compared against statewide averages and historical trends. Each network provider is monitored annually by a SBHO team which examines justification for all line item expenditures, and ties expenditures reported in the agencies' Revenue and Expenditure report back to agency primary records. Fiscal reports are shared with staff from the Department, and if unsubstantiated billings are identified, network providers are required to return funds. Regional meetings occur quarterly with agency financial directors to provide technical assistance and clarification of the Revenue and Expenditure report.

Annual Review Reports

Description: The SBHO ensures that reviews of the network providers within the region are conducted at least annually to include:

- Timely access that meets the Access Standards set forth by the Department.
- Consistent referrals with primary medical care.
- Quality Improvement activities including Performance Improvement Projects.
- Efforts to create the expectation and support the delivery of behavioral health services that are driven by and incorporate the voice of the Enrollee and those they identify as family.
- The degree to which behavioral health services delivered are age, culturally, and linguistically competent.
- Monitoring activities are in place to make sure that attempts are made to provide behavioral health services in the least restrictive environment.
- A review of services that are being provided that promote recovery and resiliency.
- Local efforts to provide services that are integrated and coordinated with other formal/informal service delivery systems.

Collected data such as monitoring activities and results, external quality review findings, agency audits, consumer grievances and services verification are incorporated into feedback and quality assurance activities.

Data Collection and Analysis Plan: Elements described above are collected primarily through provider reports, as well as chart reviews, administrative reviews, and other review processes described in this plan.

PERFORMANCE IMPROVEMENT PROJECTS

In addition to monitoring performance in quality of services, satisfaction, administrative practices, and compliance, the SBHO also conducts two or more performance improvement projects (PIPs) at all times. (See Policy 10.02 Performance Improvement Projects.) These projects are aimed at assessing and improving processes, and thereby outcomes, of care. All PIPs conducted by the SBHO will target improvement in relevant areas of clinical care and non-clinical services, and will seek to improve services beyond minimal compliance with contract terms and statutes.

INCORPORATING FEEDBACK

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

- **Consumers and family members**
    - Feedback is continually gathered from their participation on the QRT, QUIC, and Advisory Board.
    - Input is gathered through the consumer and family focus groups which are facilitated biannually for each provider by the QRT.
    - Satisfaction data for the SBHO is collected from the Behavioral Health Enrollee Survey (BHES).
    - Inter-Tribal meetings are held biannually with the SBHO, network providers and local Tribal Social Services/ Wellness program directors to ensure culturally competent services and system coordination.
- **Network Providers**
    - Input is gathered through their participation on the QUIC and UMC.

    - Input may also be gathered through Clinical Director's meetings, DMHP meetings, or other meetings.
- **Other Stakeholders**
    - Feedback is gathered and incorporated from the monitoring activities of the External Quality Review Organization (EQRO).
    - Feedback is incorporated from the monitoring activities of the Department.
    - Results of monitoring activities described in this plan are summarized and reviewed by the QUIC, 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.
- Each Network Provider is expected to develop a plan to address areas needing improvement.
- The QUIC identifies opportunities for improvement and makes recommendations based on findings. Recommendations may include development of procedural changes or clinical practices. Changes may be facilitated by the Network Providers, the Advisory Board, the UMC, the Clinical Directors, or other processes developed within the SBHO.
- The Clinical Directors Meeting, facilitated by the SBHO Resource Manager, uses monitoring results and recommendations made by the QUIC to inform their choices when developing clinical standards, changing clinical practices, and/or implementing evidenced based practices.
- The Resource Manager uses results from the monitoring process to inform the SBHO sponsored trainings for Network Providers.
- The Utilization Management Committee, facilitated by the SBHO Resource Manager, uses the information from the quality assurance activities described in this plan to identify barriers to improvement and maximize utilization management mechanisms.
- The Financial Directors meeting, facilitated by the SBHO Administrator or their designee, and attended by the SBHO Fiscal Officer providers a format to share information, standardize financial reports, and provide training information.
- The Compliance Committee meets quarterly according to the Compliance Charter to review new regulations, share protocols, and discuss local scenarios.
- The Designated Mental Health Professional (DMHP) meeting, facilitated by the SBHO Adult Clinical Manager, addresses issues directly related to the crisis and inpatient coordination aspects of the delivery system.
- The SBHO administrator may meet with executive directors from each provider agency as necessary to review and discuss administrative issues, agency compliance, and cost efficiency. The QUIC may coordinate with any of these processes to develop system interventions, as necessary.
- Based on information from the SBHO administrator and QUIC, the Advisory Board evaluates whether implementation of system changes are effective and may make recommendations for system-wide improvements to enhance the quality of services within the network. The advisory board may report their recommendations to the SBHO administrator and/or the Executive Board for further action.
- The Executive Board may require contract modifications. When the Executive Board requires contract modifications, the SBHO Administrator is responsible for implementation. The SBHO Administrator and staff evaluate if contract terms resulting from Executive Board action are effectively and consistently implemented throughout the network.

ACCOUNTABILITY

The SBHO Executive Board, consisting of the three elected county commissioners, one from each constituent county, demonstrates ultimate local accountability. The SBHO must respond to direct citizen feedback about the quality and sufficiency of services available and local cost shifts (to jails or public health), and develop strategies to meet the unique cultural and geographic characteristics within the catchment area.

Providers and subcontractors are held accountable for compliance with statutes, regulations, contract requirements, and agreements through the SBHO Compliance Plan, annual Provider and Subcontractor Administrative Reviews, and other quality assurance activities described in this plan. All feedback and plans resulting from it will be documented. Information generated from each of these functions is disseminated to the Administrator and summarized for the QUIC and the Advisory Board.

Administrative Reviews: If deficiencies or areas for improvement are noted in the results of an administrative review, corrective action plans are required within 30 days of receiving the written report from the SBHO. (See SBHO Policy 9.09 Corrective Action Plan.)

Chart Reviews: Both summaries and individual feedback for each chart review are provided to providers following the completion of the reviews. Feedback includes recommendations regarding any issues of concern as well as notations highlighting exceptional examples of quality care or documentation. It is expected that providers will address any issues of concern. Feedback will include systemic patterns of strengths and areas requiring improvement. Generally, tabulated items scoring below 90% on a particular review summary require a system level action plan for improvement, and may result in a formal request for a corrective action plan. Regional trends are identified annually.

Timely Authorization Process: When the percentage of overdue PRATs reaches 15 or more in any given month for a provider, a corrective action plan may be required. Each corrective action plan is presented and reviewed at the monthly UMC meeting.

QRT: When the QRT conducts in-depth appraisals of each provider's services, they make recommendations to the ancillary providers. Providers are expected to respond within 30 to 60 days in writing to the QRT recommendations, stating which recommendations they will implement including timeframes, and provide explanations for the recommendations they do not plan on implementing. Providers are also expected to provide a report within 12 months describing their current status regarding implementation of recommendations.

Quality Indicators: When any quality indicator measure falls below the established benchmark as described in this policy for more than one quarter without at least a 10% improvement, a system level action plan for improvement may be required, and a formal request for a corrective action plan may be requested. All benchmarks for quality indicators that are also core performance measures required by the Department will be consistent with those provided in the contract between the SBHO and the Department. When a quality indicator that is required by the Department does not meet the threshold described in this policy, a performance improvement project may be required by the Department.

- **Data Integrity:** Data discrepancies in the clinical record that are identified through the encounter data validation review process must be corrected as

possible. A formal request for a corrective action plan will be requested on any analysis that reveals an error rate outside of acceptable standards. Acceptable standards are as follows:

Type	Percent
Match	≥ 95%
No Match	≤ 5%
Unsubstantiated (Not in Medical Record)	≤ 2%

When specific performance issues become apparent through any other monitoring and analysis process, SBHO staff may require system level problem solving, including a formal request for a corrective action plan. The SBHO has policies and procedures in place to request corrective action plans from providers and subcontractors. (See Policy 9.11 Corrective Action Plan.) The SBHO staff is responsible to monitor that providers have effectively implemented corrective action plans. SBHO staff may also provide technical assistance, collaboration, and leadership regarding effective clinical practices and adherence to statutes through meetings with Clinical Directors, DMHPs, the UMC, and clinical staffing meetings as a means towards system improvement. Providers will provide a status of corrective action implementation at quarterly QUIC meetings.

REVIEW OF QUALITY MANAGEMENT PLANS AND STRATEGIES

The quality management plan is reviewed at least annually. The necessity for quality management plan changes are identified through QUIC meetings and quality management activities described in this plan. Information, analysis, trends, and recommendations are reported monthly to the Advisory Board.

The quality management plan may be revised by SBHO staff upon recommendation of the QUIC. Such recommendations are based on data and analysis from the full range of quality assurance activities, including results from the Performance Improvement Projects, results received from external quality reviews, and the Department reviews. Changes to the plan must also occur when required by contract obligations or changes in relevant statutes. Examples of revisions that may occur include, but are not limited to:

- **Revision of the Quality Indicators:** The Quality Indicators focus on the clinical and non-clinical objectives with the intent to measure and improve overall, sustainable quality within the system. The QUIC is responsible for incorporating the analysis of Quality Indicator results into the quality improvement activities conducted by the SBHO. Existing Quality Indicators may be modified or additional quality indicators may be developed and incorporated.
- **Revision of the Quality Improvement Work Plan:** The Quality Improvement Work Plan is a document that provides a summary and general timeline for all quality assurance activities. This may be revised to reflect any other changes in the overall plan.

- **Revision of any other aspect of the overall Quality Management Process:** Any other process, such as the processes used for monitoring or incorporating feedback, may be revised through this process.

The approved Quality Management Plan is then disseminated to providers and other stakeholders within the network.

Network service providers are required to develop a Quality Management Plan unique to their agency. Expectations for these plans are informed by regional trends, unique trends or characteristics of each agency, contract requirements, and relevant statutes. The SBHO evaluates provider plans for objective and measurable performance indicators. The plans are approved by the SBHO and monitored through the annual Administrative Review process.

SALISH BHO

QUALITY MANAGEMENT PLAN POLICIES AND PROCEDURES

Policy Name: Performance Improvement Projects **Policy Number:** 10.02

Reference: DSHS contract; WAC 388-865-0264 and 42 CFR 438-240
Effective Date: 02/2008

Revision Date(s): 4/2015; 7/2016; 9/2016; 7/2017

Reviewed Date: 4/2015; 7/2016; 9/2016; 7/2017

Approved by: SBHO Executive Board

CROSS REFERENCES:

- Plan: Quality Management Plan

PURPOSE

To ensure that the SBHO assesses and improves processes, and thereby outcomes, of consumer care through methodologically sound practices of designing, implementing, and reporting improvement projects.

DEFINITIONS

Improvement strategy: an intervention designed to change behavior at an institutional, practitioner or beneficiary level.

Quality Indicator: A quantitative or qualitative characteristic (variable) reflecting a discrete event or status that is to be measured.

PROCEDURE

SBHO shall conduct two Performance Improvement Projects (PIPs). SBHO shall conduct additional PIPs if required by the Department. There shall be at least one project aimed at improving relevant areas of clinical care, and one aimed at improving non-clinical services in process at all times. The goal of each project is to achieve significant and sustainable improvement in care that is expected to have a favorable effect on health outcomes and enrollee satisfaction. Projects shall consist of ongoing measurements and intervention to sustain improvements over time.

Each project shall be developed and executed by adhering to the following steps:

1. **Select the study topic**: Topics selected for study must reflect the Medicaid enrollment in terms of demographic characteristics, prevalence of disease and the potential consequences (risks) of the disease. Topics may be assigned by the Department and must be approved by the Department.

2. **Define the study question(s):** The question the study is designed to answer shall be clearly stated, in writing.

3. **Select the quality indicator(s) to be studied:** Each project shall have one or more quality indicators for use in tracking performance and improvement over time. All indicators must be objective, clearly and unambiguously defined, and based on current clinical knowledge or health services research.

4. **Use a representative and generalizable study population:** Once a topic has been selected, measurement and improvement efforts developed must be system-wide (i.e., each project must represent the entire Medicaid enrolled population to which the PIP study indicators apply). The study may review:

   - data for that entire population, or
   - a sample of that population.

   Sampling must be representative of the identified population.

5. **If sampling is necessary, use sound sampling techniques**: Sampling techniques must provide valid and reliable (and therefore generalizable) information on the quality of care provided.

6. **Reliably collect data**: Procedures used to collect data for a given PIP must ensure that the data collected on the PIP indicators are valid and reliable. The strategy for developing a data collection plan should include:

   - clear identification of the data to be collected
   - identification of the data sources and how and when the baseline and repeat indicator data will be collected
   - specification of who will collect the data
   - identification of instruments used to collect the data

   The study design should specify a data analysis plan which defines statistical analysis techniques and which reflects the following considerations:

   - whether qualitative, quantitative, or both will be collected
   - whether the data will be collected on the entire population or a sample
   - whether the measurements obtained from the data collection activity will be compared to the results of previous or similar studies, and whether the PIP

will be compared to the performance of an MCO/PIHP, a number of MCOs/PIHPs, or different provider sites

7. **Implement intervention and improvement strategies:**
   - Interventions undertaken should be related to causes/barriers identified through data analysis and quality indicator processes
   - Interventions must be system interventions such as
     - educational efforts
     - changes in policies
     - targeting of additional resources
     - other organization-wide initiatives to improve performance
   - If quality indicator actions were successful, the new process should be standardized and monitored
   - If repeated measures indicate that quality indicator actions were unsuccessful, possible causes should be identified, and possible solutions, such as a different improvement strategy, should be considered and implemented

8. **Analyze data and interpret study results:** Data analysis should be conducted by examining performance on the selected quality indicator using the statistical analysis techniques defined in the data analysis plan. The following should be considered to ensure that data analysis and interpretations are appropriate and valid:
   - The analysis of the findings should be conducted according to the data analysis plan
   - The results and findings should present numerical PIP data in a way that provides accurate, clear, and easily understood information
   - The analysis should identify:
     - initial and repeat measurements of the prospectively identified indicators for the project
     - statistical significance of any differences between the initial and repeat measurements
     - factors that influence the comparability of initial and repeat measurements
     - factors that threaten the internal or external validity of the findings
   - The analysis of the study data should include an interpretation of the extent to which the PIP was successful and what follow-up activities are planned as a result

9. **Plan for "real" improvement:** A plan should be documented to evaluate whether any change in performance is real. This plan should address the following:

- whether there is quantitative improvement in processes or outcomes of care according to the predetermined project indicators

- whether the improvement has “face” validity in that it appears to have been the result of the planned quality indicator intervention as opposed to some unrelated occurrence
- whether there is any statistical evidence that any observed performance improvement is true improvement

10. **Achieve sustained improvement:** To ensure that the improvement on a project is sustained, additional measurements of the quality indicator must be made after the first repeat measurement. Sustained improvement should be demonstrated through repeated measurements over comparable time periods.

11. **Timeframes:** Each performance improvement project must be completed in a reasonable time period so as to generally allow information on the success of performance improvement projects in the aggregate to produce new information on quality of care every year.

MONITORING

1. This policy is a mandate by contract and statue. This policy and these projects are monitored through use of the SBHO data system and the selection of topics and progress on PIPs are monitored by QUIC.

2. If a provider performs below expected standards for project participation or submission of data requirements during the review period listed above, a Corrective Action will be required for SBHO approval. Reference SBHO Corrective Action Plan Policy 9.11.

SALISH BEHAVIORAL HEALTH ORGANIZATION
Quality Management Organizational Chart