



**NORTH SOUND  
MENTAL HEALTH ADMINISTRATION**

**QUALITY MANAGEMENT OVERSIGHT COMMITTEE  
COMMITTEE MEETING PACKET**

**February 25, 2004**

## **QMOC GUIDING PRINCIPLES**

The QMOC charge is to guide the quality assurance and quality improvement activities of mental health services within the NSMHA region. In assessing the necessary data and making appropriate recommendations, the QMOC members agree to the following:

- ◆ **Help create an atmosphere that is SAFE.**
- ◆ **Maintain an atmosphere that is OPEN.**
- ◆ **Demonstrate RESPECT and speak with RESPECT toward each other at all times.**
- ◆ **Practice CANDOR and PATIENCE.**
- ◆ **Accept a minimum level of TRUST so we can build on that as we progress.**
- ◆ **Be SENSITIVE to each other's role and perspectives.**
- ◆ **Promote the TEAM approach toward quality assurance.**
- ◆ **Maintain an OPEN DECISION-MAKING PROCESS.**
- ◆ **Actively PARTICIPATE at meetings.**
- ◆ **Be ACCOUNTABLE for your words and actions.**
- ◆ **Keep all stakeholders INFORMED.**

Adopted: 10-27-99  
Revised: 01-17-01

**North Sound Mental Health Administration  
Quality Management Oversight Committee  
NSMHA Conference Room  
February 25, 2004  
12:30 – 2:30**

**AGENDA**

			<b>Page #</b>
<b>1.</b>	<b>Open the meeting &amp; comments from the Chair</b>		
<b>2.</b>	<b>Approval of January 2004 Minutes</b> <small>Action Item</small>	<b>Chair Byrne</b>	<b>3</b>
<b>3.</b>	<b>Reports</b>		
	<b>A. Quality Management Department Report</b> <small>FYI and Discussion</small>	<b>Ms. Klamp</b>	15 min <b>8</b>
	<b>B. Actuarial Study</b> <small>FYI and Discussion</small>	<b>Mr. Wight</b>	30 min <b>9</b>
	<b>C. Integrated Report</b> <small>FYI and Discussion</small>	<b>Mr. McDonough</b>	20 min <b>10</b>
	<b>D. Residential Issues</b> <small>FYI and Discussion</small>	<b>Mr. Long</b>	15 min <b>11</b>
	<b>E. CECS Revisions</b> <small>FYI and Discussion</small>	<b>Ms. Vaughan</b>	20 min <b>12</b>
	<b>F. Client Satisfaction Annual Report – FY 2003</b> <small>FYI and Discussion</small>	<b>Ms. Bacon</b>	15 min <b>13</b>
<b>4.</b>	<b>Other Business</b>		
	<b>A. Meeting Evaluation Results</b>	<b>Chair Byrne</b>	5 min
<b>5.</b>	<b>Adjourn</b>		

**North Sound Mental Health Administration  
Quality Management Oversight Committee  
NSMHA Conference Room**

**January 28, 2004**

**12:30 – 2:30**

**Draft**

**MINUTES**

**Present:**

Andy Byrne, QMOC Chair, Board of Directors  
Wendy Klamp, NSMHA Quality Manager  
Beckie Bacon, NSMHA QRT  
Sharri Dempsey, NSMHA Tribal Liaison/OCA Manager  
Mary Good, NSMHA Advisory Board  
Gary Williams, Whatcom County Coordinator  
Joan Lubbe, NSMHA Advisory Board  
Karen Kipling, Director, Care Crisis Response, VOA  
Chuck Davis, Ombuds  
Bob LeBeau, Clinical Director, APN  
Joan Dudley, Assistant Director, Lake Whatcom Center  
Nancy Jones, Snohomish County Coordinator  
Maile Acoba, Skagit County Coordinator  
Susan Ramaglia, Skagit NAMI  
Janet Lutz-Smith, Whatcom County Advisory Board

**Not Present:**

Claudia D'Allegrì, Sea Mar

**Others Present:**

Chuck Benjamin  
Greg Long  
Diana Striplin  
Terry McDonough  
Shari Downing

**1. Open the meeting & comments from the Chair**

Chair Byrne opened the meeting at 12:40 pm. He welcomed the new members to QMOC and introductions were made. Andy spoke about the email he received about Jere LaFollette's leaving APN and asked Joan Dudley to speak about this. Joan stated that the APN Management Council has been looking at cost containment and overhead. Jere has been in the mental health system for 27 years. With NSMHA and APN blending the quality management, the decision was made that APN will go back to its original purpose of a Limited Liability and a pass through for the funding. With the current funding issues it is important to make sure clients get served. Will APN as an organization continue? Yes it will continue. They are consulting with legal council on the set up. Andy asked Bob LeBeau if he had anything that he wanted to say. Bob stated that this is very sad for him; Jere has been his boss for 13 years. This is a significant loss for him personally and professionally. There are in the process of staff meeting with Human Resources listing out our responsibilities and they are looking at reassignment of most of responsibilities. We are hanging out and seeing where this process takes us. Bob thinks APN will be much different. He doesn't think that it will be an active participant in system management any more. It is unclear what will happen to APN. Andy invited any announcements that they may be making over the upcoming year, to feel free to bring them to QMOC. **Ms. Klamp made a motion to write a letter of appreciation to Jere from QMOC.** Mr. Benjamin stated that Jere has been a key figure in the mental health system for 27 years, he has played some very vital roles and it would be very fitting

to give recognition to Jere for his participation. The good news in all this is that APN is taking a leadership role and standing behind the promise of getting more resources to direct services, and he commended them for the effort as hard as it is, for following through. He also stated that APN is more than a pass through for dollars, the APN has established the central Access through Compass Health and the Acute Care team is part of APN. Ms. Good stated that possibly consumers would feel sad about him leaving; and we could do a plaque of appreciation from the system as a whole or from the Advisory Board. **Motion to write letter of appreciation to Jere LaFollette from QMOC seconded, motion passed unanimously.**

**2. Approval of December 2003 Minutes**

Motion to approve as written, seconded, all in favor, **motion carried**

**3. Reports**

**A. Quality Management Department Report**

Ms Klamp gave the Quality Management Department Report for December. Wendy stated that she wished to congratulate 3 staff from the North Sound that has gone to the 2-day Utilization Management Training. The staff members were Linda Benoit, Terry McDonough and herself. She was surprised at how hard the test was. She is pleased to inform the committee that all three of them passed. They were also very fortunate to have several members from Compass accompany them to the training. They all passed as well and she would also like the committee to know that Stacy Alles is the smartest person in the region with the highest score. Wendy stated achievement of that certificate is really no small thing, it lets us start our utilization management program with confidence that we have the training to do a quality job and the credibility to know what we are doing in that regard from a national organization and that we will maintain that credential. We are also always pleased to report that we have kept the WSH census under its target cap in spite of the fact that the better we do the more it costs us. Ms. Lutz-Smith asked why it was important to maintain the population at WSH? Wendy stated that we have a cap that the state has set of 93 beds at WSH if we were to exceed that we would receive liquidated damages of \$400.00 per day. Chuck stated that there is bill in the legislature that would raise it to 3 times to \$1200.00 per day. Wendy added that if we were to go over we would get fined. We have Debbie Page and Santiago Iscoa who work down there and do such a superb job of discharge planning and case management to make sure people get transitioned back to the community as quickly as appropriate. Although we keep our census below, the state hospital itself has been over census very frequently as somebody else is sleeping in our beds and we often are not able to get people into our beds when we need to. That's the dilemma. We also did a corrective action plan to MHD and she will be giving that report later today. See attachment A for more details Wendy was thanked for her report.

Janet asked for more information on the bill that is going to the legislature and Chuck stated that he would email it to her. Andy asked if there were any other legislative issues going on. Chuck stated the WMIP project in Snohomish County and gave the committee an update on the WMIP. Andy stated that the group would need more information and possibly a presentation on this project and he doesn't see a spot on the agenda for it. Chuck stated that this Friday morning from 9:30 until 11:30 at the Skagit PUD he will be doing a presentation on the WMIP project and he is inviting all stakeholders to attend and if we have their emails you have been invited. It is a good place to come if you want to know more about it to write letters to your legislators. Andy

suggested that people make every attempt to be at the meeting Friday morning to get educated on the WMIP project.

### **B. NSMHA PHP Audit Corrective Action Plan**

Ms Klamp indicated that the NSMHA sent a corrective action plan to MHD for our PHP audit. Kelly Foster has requested some revisions. A revised corrective action plan has been submitted and accepted by MHD. This years audit report was very positive, and the majority of the areas were outstanding, however there were two areas of concern. One was the documentation scores. The outpatient critical record reviews still had some scores below the 90% benchmark. We are going to continue the ongoing peer review at the provider level and focus our attention on the cluster of scores that are particularly a concern in the audit and quarterly through the Quality Management to review these scores, and scores below the 90% we will ask for a corrective action plan. We will do concurrent reviews where NSMHA staff will go out and do the same review on the records and in 2004 we will be doing what we are calling interrater for reliability reviews to see if the peer review scores and our scores are pretty close. Beginning in late 2004 we will be doing our concurrent reviews where we will be doing about 500 charts. Another area is the crisis plan cluster score. Beckie will be working with providers in a workgroup to develop a new form, and some new tools for the crisis plan have been implemented. This month we will do a crisis plan cluster review and will report back to the committee next month on the scores. There is extensive documentation training going on at Compass Health and we are looking to see if that training will help improve scores as new clinicians go through this training program. The other recommendation was that we needed to be looking at UM and resource management components. We now have people certified, we have established a program, we have a subcommittee and a charter, we have reassigned staff to this function, and a component of the QM plan is utilization management. We will also be looking at Access as we receive the Notices of Action, which are notices that someone has been denied access and we will be reviewing for appropriateness. Wendy was thanked for her report.

### **C Quality and Utilization Management Report**

Mr. McDonough announced that he will be presenting the Quality and Utilization Management Report to the committee today and will be asking for their approval to recommend it to the Board of Directors next month. Terry recognized all that have had input on the QM planning including consumers, providers and allied systems that attended the QM planning meeting on December 1, 2003. He also would like to thank NSMHA support staff and the NSMHA IS/IT staff for their technical assistance. Terry gave a very comprehensive PowerPoint presentation on the new plan. He indicated what is different about this plan is that we have a more specifically defined utilization management plan. See Attachment C for more details. Andy asked the committee for a motion to recommend approval to the Board of Directors. **Motion was made and seconded. Motion passed unanimously.**

### **D. Response from Regional QMC to QMOC request for revision to CECS manual**

Ms. Klamp reported back to the committee the response from the QMC committee on QMOC's request to revise the CECS definition of exclusionary criteria for residential facilities around assault. Wendy indicated that we have a more complicated issue than we thought. We will be redoing the whole definition section of the CECS and we will look into the boarding home WAC's. We are still waiting for MHD's approval on the CECS so it is not an urgent thing. A workgroup has been formed and is taking on the task as quickly as possible. Wendy was thanked for her report.

### **E. BBA Requirements / MHD Quality Strategy**

Ms. Klamp handed out the State Quality Strategy. They say that is final but they keep sending us new ones. The State Quality Strategy drives everything that we do in our contracts with providers and the work that we must do to satisfy the Mental Health Division. The BBA of 1997 has come into effect and we are now required to meet these very strict guidelines and rules that were written for large insurance agencies. So, they have tried to adapt them to our situation through the Quality Strategy. The two things that are the most important to know is that this will make a huge change to our complaint and grievance policy. Diana is our expert and she will be heading up the effort to try and adapt our policy to meet the BBA requirement. It is very complicated and very difficult, as it relies on interpretation from the state that they haven't been able to get to us yet. The other thing is the state stamp on clinical guidelines. Previously in our contract they required that we implement clinical guidelines. This region has been looking at this for several years and planned on complying, but now the state has decided to do this at the state level and there will be a state workgroup convened to develop these guidelines. It would be wise for us to participate in this but it would be foolish for us to start on our own. Wendy stated that she wanted this committee to be informed on what is going on. Sharri would like us to look at timelines for our consumers here and if they keep pushing this out we would take the lead. Andy stated as soon as the state is able to give us some sort of timeline as to when they will be starting this committee. He would not want to start a parallel process, Sharri agreed. Andy asked Wendy to keep this group informed to the projected start of this project and if we get nervous we will revisit it at a later date. The committee agreed and thanked Wendy for her report

### **F. Telesage Outcomes Project Update**

Ms. Striplin indicated that this consumer project was one part of the statewide performance indicators incentive. It was a legislative order for the Mental Health Division to have more accountability and measure consumer outcomes. Telesage is the vendor selected to implement the outcomes measure in Washington State. Telesage will be implemented in our region in March. There are three trainings to take place with MHD in January and February. We will collect data through consumer self-reporting from all consumers upon entry in our system in 3 and 6-month increments and then every six months after that. There will be standard outcome reports distributed to RSN's. The NSMHA can also access the raw data and develop our own reports with our IS system. The three components are; consumer surveys, consumer outcomes and performance indicators. We will begin thinking about: 1. At the provider level, which technology they would like to implement in the outcomes system? 2. What reports do we want to develop on our own? Diana will update this committee regularly on the process.

### **G. 2004-2005 Audit Schedule and Plan**

Ms. Klamp handed out the 2004 – 2005 Audit schedule to the group.

## **4. Other Business**

### **A. Meeting Evaluation**

Chair Byrne asked the committee to please fill out the meeting evaluation and turn in at the end of the meeting.

## **5. Adjourn**

Chair Byrne adjourned the meeting at 2:37 p.m.

The Next QMOC meeting is scheduled for February 25, 2003 12:30 pm.

Respectfully submitted,

Shari Downing

Please Note:

The attachments referenced herein are part of the official record and attached to the file copy. Please contact the NSMHA at 1-800-684-3555 extension 243 if you have any questions, comments or concerns.

## **NSMHA COMMITTEE DISCUSSION FORM**

**AGENDA ITEM: Quality Management Department Report**

**PRESENTER: Wendy Klamp, NSMHA Lead Quality Specialist**

**COMMITTEE ACTION: Action Item ( ) FYI & Discussion (x) FYI only ( )**

**SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:**

- ✓ Summaries of the month's activities of the Quality Management Department and Quality Specialist staff will be provided at the meeting.

**CONCLUSIONS/RECOMMENDATIONS:**

- ✓ A summary of Quality Management Department activities will be given to the QMOC on a monthly basis

**TIMELINES:**

- ✓ Ongoing

**HANDOUTS:**

The report will be distributed at the meeting.

## **NSMHA COMMITTEE DISCUSSION FORM**

**AGENDA ITEM: State Medicaid Actuarial Rate Study**

**PRESENTER: Dean Wight**

**COMMITTEE ACTION: Action Item ( ) FYI & Discussion (x) FYI only ( )**

**SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:** The Federal government is now requiring the state to set Medicaid rates every two years, based on the volume and cost of service modalities specified in the state Medicaid plan. Some services NSMHA providers have provided do not fit those modalities, and will not be valued in the rate setting process. There may be insufficient “State-only” dollars to pay for those services. This will reduce the flexibility of NSMHA and its providers to meet the needs of seriously mentally ill consumers.

**CONCLUSIONS/RECOMMENDATIONS:**

N/A

**TIMELINES:**

N/A

**ATTACHMENTS:**

Handouts will be distributed at the meeting.

## **NSMHA COMMITTEE DISCUSSION FORM**

**AGENDA ITEM: 4<sup>th</sup> Biennial Quarter 2002-2003 Integrated Report**

**PRESENTER: Terry McDonough**

**COMMITTEE ACTION: Action Item ( ) FYI & Discussion (X) FYI only ( )**

### **SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:**

- NSMHA Quality Management Department Activities and Reports during the last six months of 2003 are presented and discussed
- Follow up activities to issues identified during the 3<sup>rd</sup> Biennial Quarter 2002-2003 are also presented and discussed
- Accomplishments achieved during the 4<sup>th</sup> Biennial Quarter 2002-2003 are presented

### **CONCLUSIONS/RECOMMENDATIONS:**

- This information is being presented to QMOC to inform them of NSMHA Quality Management Department activities during the last six months of 2003

### **TIMELINES:**

- Biennial Quarter Integrated Reports from the NSMHA Quality Management Department are presented to QMOC every six months

### **ATTACHMENTS:**

- NSMHA Quality Management Department Integrated Report for the 4<sup>th</sup> Biennial Quarter 2002-2003

## **NSMHA COMMITTEE DISCUSSION FORM**

**AGENDA ITEM: Residential Issues**

**PRESENTER: Greg Long**

**COMMITTEE ACTION: Action Item ( ) FYI & Discussion (x) FYI only ( )**

### **SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:**

This is an alert for QMOC Members to be aware of serious issues arising regarding residential services. Supervised residential facilities for people with very serious and persistent mental illnesses have been a key component of the residential continuum of services in the North Sound Region. Currently, the following two issues are of concern:

1. CMS has raised the issue that Medicaid should not be paying for services to people housed in IMDs (Institutes for Mentally Diseased) and they view any residential facility over 15 beds as an IMD. Residential facilities over 15 beds in the North Sound Region include Lake Whatcom Residential Center (65 beds), Madison House (55 beds), Bailey Center Crisis Beds (25-27 beds), Aurora House (20 beds), Green House (20 beds) and possibly Ovenells. These facilities would need to be funded by State-Only funds of which the North Sound Region has only a very limited amount, probably insufficient at present to cover this requirement. Provider, Regional and State Administrators are working to resolve this issue.
2. Three supervised residential facilities (Aurora House, Haven House, and Ovenells Boarding Home) in the Region have had serious enough problems that placement was stopped by the provider or directed by Residential Licensing of DSHS. Corrective action plans and other measures are underway to correct these issues.

### **CONCLUSIONS/RECOMMENDATIONS:**

No action is necessary at this time. However, the significant changes in supervised facilities may be proposed by providers or required Federal/State funding or policy in the future.

**TIMELINES:** Uncertain

**ATTACHMENTS:** None

## **NSMHA COMMITTEE DISCUSSION FORM**

**AGENDA ITEM: CECS Revisions**

**PRESENTER: Linda Vaughan**

**COMMITTEE ACTION: Action Item ( ) FYI & Discussion ( X) FYI only ( )**

### **SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:**

Since the Clinical Eligibility and Care Standards were approved by the NSMHA Board of Directors December 11, 2003, a need for revision has become apparent in two areas:

- (1) The "Washington State Medicaid Program – Minimum Covered Diagnoses" listed in MHD's Exhibit C, contained some changes to which NSMHA had not been made aware. The NSMHA list will be updated to match MHD's Exhibit C listing.
- (2) We have had requests from our Ombuds and providers regarding the need for clarification within the Residential Section. This section will be brought into closer alignment with the related licensing WAC's (388-76, 388-78A and 246-325.)

### **CONCLUSIONS/RECOMMENDATIONS:**

The CECS's existing "State-wide Access Standards" Diagnosis lists (pages 8 – 10), will be replaced by the MHD's Minimum Covered Diagnoses (Exhibit C).

The CECS Residential standards section is in the process of being rewritten and reformatted by representatives of Ombuds, NSMHA and residential provider agencies.

### **TIMELINES:**

N/A

### **ATTACHMENTS:**

Exhibit C – MHD Contract will be handed out at the meeting

## **NSRSN COMMITTEE DISCUSSION FORM**

**AGENDA ITEM: Quality Review Team**

**PRESENTER: Beckie Bacon**

**COMMITTEE ACTION: Action Item ( ) FYI & Discussion (X) FYI only ( )**

### **SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:**

#### **I. Client Satisfaction Annual Report – FY 2003**

- Compass South, North, Island and Total Residential Services
- Compass South, North, Island and Total Outpatient Services
- Other Associated Provider Network Residential Services
- Other Associated Provider Network Outpatient Services
- Combined APN Residential Services
- Combined APN Outpatient Services
- Sea Mar Services
- North Sound Region Services

#### **CONCLUSIONS/RECOMMENDATIONS:**

- Improvements/Regressions
- Trends

#### **II. Quality Review Team**

- Provider Satisfaction Report on Quality Review Team
- Events of Note, Activities and Duties Performed