

As the public behavioral health authority for five counties in Washington State (Island, San Juan, Skagit, Snohomish, Whatcom), a major purpose of North Sound Behavioral Health Organization (North Sound BHO) is to ensure the provision of quality and integrated behavioral health services for all five counties.

North Sound BHO Quality Management Plan

2017

North Sound Behavioral Health Organization

North Sound BHO Quality Management Plan

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North Sound BHO Quality Management Plan

Introduction

The North Sound Behavioral Health Organization (North Sound BHO) is a public behavioral health authority that serves the Northwest Washington State counties of Island, San Juan, Skagit, Snohomish, and Whatcom. North Sound BHO ensures the provision of Behavioral Health services, which include mental health and substance use services, to the entire five (5) county region. Services will be provided to Medicaid and non-Medicaid recipients, in accordance with the State of Washington Behavioral Health Contracts, using monies available through Federal and State Funding sources.

Mission

North Sound BHO has a history rooted in providing quality standards of care that place a primary importance on the active voices of individuals in planning their care, choosing their goals, and integrating community resources into their individual service-recovery plans. This notion is guided by the overarching goals and mission set forth by Washington State's Department of Social and Health Services (DSHS) and in particular to the Washington State Behavioral Health Administration. The mission of the Washington State Behavioral Health Administration is:

"To transform lives by promoting choice, independence and safety through innovative services."

North Sound BHO prides itself on aligning with the standards and goals set forth by the Center for Medicare and Medicaid Services (CMS), Washington State's DSHS, and DSHS's Behavioral Health Administration. The mission of the North Sound BHO is:

"Empowering individuals and families to improve their health and well-being."

Vision

A system of care that is shaped by the voices of our communities, and people using behavioral health services. The people who work in this system are competent, compassionate, and empowering and supportive of personal health and wellness.

Core Values

- **Integrity:** We nurture an environment of transparency, trust, and accountability
- **Collaboration:** We believe every voice matters
- **Respect:** We accept and appreciate everyone we encounter
- **Excellence:** We strive to be the best in everything we do
- **Innovation:** We endeavor to try new things, be forward thinking, learn from mistakes and be adaptable
- **Culture:** We endeavor to be culturally educated and responsive

Guiding Principles

It is the goal of North Sound BHO to provide a quality service delivery system, which can clinically individualize care, while working within the state funding and contractual guidelines.

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We aim to:

- Maintain quality management capabilities on a regional basis through a single, integrated model.
- Hold administrative costs to a minimum in order to maximize resources available for direct services.
- Demonstrate North Sound BHO mission, vision, core values and guiding principles, which include individual voice, choice and ownership, as well as recovery and resilience.
- Be responsive to individuals and advocates through a system that listens to their needs and offers appropriate services and support.
- Meet state and federal requirements, to include requirements mandated by the State of Washington DSHS, CMS, the Balanced Budget Act (BBA), the Health Insurance Portability and Accountability Act (HIPAA), 42 Code of Federal Regulations (CFR) Part 2, and the state of Washington's External Quality Review Organization (EQRO).
- Implement a shared vision of quality services and a system that is effective, coherent, transparent and easy to navigate for all stakeholders.
- Engage Behavioral Health Agency (BHA) staff and their perspectives regarding service delivery.
- Assure consistency and focus over time in our service delivery models.
- Acknowledge and support successful delivery models.
- Achieve the right balance between resources devoted to service delivery and quality management activities to enhance the delivery of services.
- Create a culture based on using measurements and data to inform decisions regarding services.

Quality Management System Overview

The North Sound BHO Quality Management Plan describes the system and interrelated activities that guide the development and implementation of quality assurance and quality improvement activities that occur within North Sound BHO's five county region. Quality assurance refers to compliance with minimum standards (i.e., rules, regulations, and contract terms) as well as reasonably expected levels of performance, quality, and practice. Quality improvement focuses on activities to improve performance above minimum standards/reasonably expected levels of performance, quality, and practice.

The oversight of all of these functions is charged to North Sound BHO's Internal Quality Management Committee (IQMC) and the regional Quality Management Oversight Committee (QMOC). IQMC has the role of monitoring internal processes and reviewing reports to determine where deficiencies lay. These findings and resultant activities are then sent to QMOC to receive stakeholder feedback and suggestion. QMOC has a collaborative and integrative role, with membership representing key North Sound BHO community stakeholders. These two committees are charged with integrating data collected and reported by North Sound BHO and other key stakeholders into its work of identifying areas that need to be improved.

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Scope

It is the intent of North Sound BHO to develop the Quality Management Program to conform to Washington State's Behavioral Health Administration, Federal requirements (including 42 CFR Part 2), and the standards of HIPAA. To assist in this process, North Sound BHO has been certified as a Coordinated Quality Improvement Program (CQIP), in accordance with the State of Washington DSHS.

The Quality Management Plan represents all of the internal and external quality assurance/improvement activities that are conducted and managed by North Sound BHO. North Sound BHO oversees the provision of an array of behavioral health services that includes outpatient mental health and substance use disorder services, as well as residential services, withdrawal management, and inpatient mental health.

Who We Serve

North Sound BHO's Quality Management Plan addresses outpatient behavioral health services, residential, and withdrawal management services for children, youth, and adults who are enrolled with North Sound BHO contracted BHAs as well as those individuals who utilize crisis and mental health inpatient services. Services will be provided to individuals that reside in the North Sound region who are enrolled in Washington State's Apple Health Program (Medicaid) and who meet Access to Care Standards. Services are also provided within available resources to individuals without health care coverage who meet low-income guidelines.

Any person in the North Sound five-county region, regardless of funding source, is eligible for crisis services. Crisis Services include a 24 hour crisis line, voluntary crisis outreach and stabilization services, crisis triage centers, voluntary inpatient services, mobile outreach and involuntary commitment services.

Enrollee Information

North Sound BHO ensures that required written materials including statements of enrollee rights, benefits booklets, enrollee notices, and other pertinent information are readily available in terminology that is understandable to those we serve and in the prevalent non-English languages spoken in the North Sound BHO region, currently Spanish. In addition, interpreter services are provided for individuals in the North Sound BHO region speaking any non-English language at no cost to the enrollee. Enrollees are notified that oral interpretation is available for any language, and written translation is available in prevalent languages.

North Sound BHO BHAs are expected to provide whatever adaptation and accommodation is necessary including translation in other language(s) to enrollees for whom English is not a first language; use of an interpreter; use of alternative modalities for visually impaired, hearing impaired and cognitive impaired individuals.

North Sound BHO policy requires that its network BHAs provide a copy of the "*Individual Rights*" to each individual at the assessment or subsequent appointment and that this statement be posted in a conspicuous location within the BHA facility.

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Individuals will be notified in writing, in accordance with all state, federal and contract requirements, if their BHA's subcontract with the North Sound BHO is terminated. Termination notification can be initiated by either North Sound BHO or its contracted BHA.

Accountability

North Sound BHO operates as the managed care entity accountable to DSHS for provision of public oversight of the behavioral health services delivery system as currently delivered by its contracted BHAs. North Sound BHO has an obligation to ensure that the care and services delivered by the BHAs meet the standards of the North Sound BHO BHA contracts, applicable CFR, the State of Washington Standards of Care Manual, the State of Washington CMS Waiver, relevant Washington Administrative Codes (WACs), and the Revised Codes of Washington (RCWs).

North Sound BHO acknowledges that it and regionally contracted BHAs will each maintain procedures related to quality assurance, quality management, and utilization management. These procedures will be complementary and should reflect the State of Washington's DSHS and Health Care Authority (HCA) joint Quality Strategy. North Sound BHO recognizes and values the advocacy efforts external to North Sound BHO oversight and that of its contracted BHAs in assuring quality of services. External advocacy is provided by individuals, family members, advocates, National Alliance on Mental Illness (NAMI) groups, North Sound BHO Advisory Board, and other recovery oriented groups. North Sound BHO's County Authorities Executive Committee (Executive Committee) supports and solicits input from these sources. North Sound BHO recommends that a parallel process of quality management effort exist between the North Sound BHO and its contracted BHAs in order to:

- Provide optimal advocacy and clinical support to individuals.
- Provide contract and clinical oversight to ensure BHAs comply with all contractual mandates, with consistent reference to standards of care performance, and sanctions related to nonperformance.
- Guarantee to individuals and advocates that services to them will remain accessible and effective, as well as culturally and linguistically relevant.
- Demonstrate to DSHS/Behavioral Health Administration that North Sound BHO is meeting its contractual obligations and mandates of the State of Washington.
- Promote the concepts of recovery addressed in the Mission Statements of the North Sound BHO and the Washington State Public Behavioral Health System.

External Quality Review Organization (EQRO)

North Sound BHO participates in an annual EQRO monitoring review. The monitoring review process uses standard methods and data collection tools and methods found in the CMS External Quality Review Protocols to assess North Sound BHO's compliance with regulatory requirements; adherence to quality outcomes, and timeliness of, and access to, services provided by North Sound BHO and contracted BHAs. North Sound BHO receives a copy of the final EQRO monitoring review report that contains any findings and/or recommendations found during the review. North Sound BHO makes this report available through print and electronic media to the North Sound BHO Advisory Board and Executive Committee.

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Recommendations, Remedial Action, and Sanctions

Oversight, monitoring, contract compliance and quality improvement are core functions of North Sound BHO. Occasionally, recommendations, remedial action, or sanctions are necessary to carry out these responsibilities. North Sound BHO may require any contracted BHA to plan and execute corrective actions if remedial actions are given. Corrective action plans, developed by contracted BHAs, must be submitted for approval to North Sound BHO within 30 calendar days of notification. Corrective action plans must be provided in a format acceptable to North Sound BHO. North Sound BHO may extend or reduce the time allowed for corrective action depending upon the nature of the situation as determined by unusual circumstances.

North Sound BHO is responsible to DSHS for any remedial action required of North Sound BHO by DSHS. Contracted North Sound BHAs will be responsible to work with North Sound BHO regarding any remedial action required by the state. Any remedial action required of North Sound BHO is reported to the Executive Committee.

The full information detailing BHA responsibilities and requirements regarding remedial actions may be found in each BHA's contract with the North Sound BHO, in the "Oversight, Remedies and Termination" portion of the contract.

Development of the Quality Management Plan

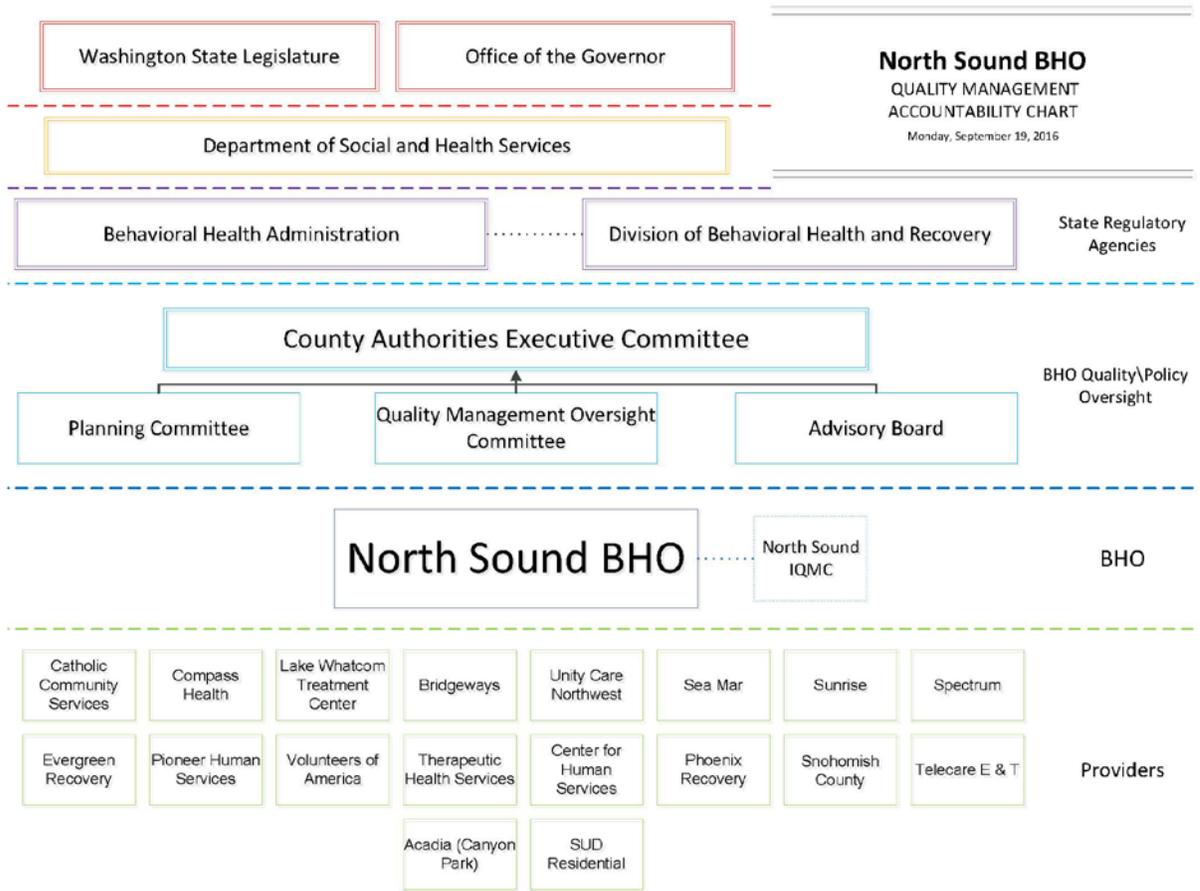
Maintaining and improving quality is inherent in our work each day at the North Sound BHO. At any point in time when a North Sound BHO employee, committee, or BHA recognizes a deficiency in quality, they are encouraged to bring the issue to North Sound BHO's IQMC for investigation. This open accessibility allows North Sound BHO to continuously review and improve upon the processes that are currently in place and strengthen the quality of services that the North Sound BHAs provide.

Along with daily quality oversight and quality improvement activities, North Sound BHO's Quality Management Plan is evaluated and updated on a biennial basis at the end of the calendar year. This review is done by IQMC and is then vetted in a process whereby the North Sound BHO Leadership Team, QMOC, Advisory Board, and Executive Committee have the opportunity to review the plan. Once this process is complete and revisions are made, ultimate approval of the plan is made by the North Sound BHO Executive Director. Any updated plan is automatically sent to the Division of Behavioral Health and Recovery (DBHR) as a means of maintaining alignment with the State of Washington Quality Strategy Plan.

Quality Management Accountability Flow

The following chart displays the accountability that North Sound BHO has to the state and to the individuals served in the North Sound BHO region. This flow shows how multiple levels communicate in quality improvement discussions to develop a more effective system for all individuals.

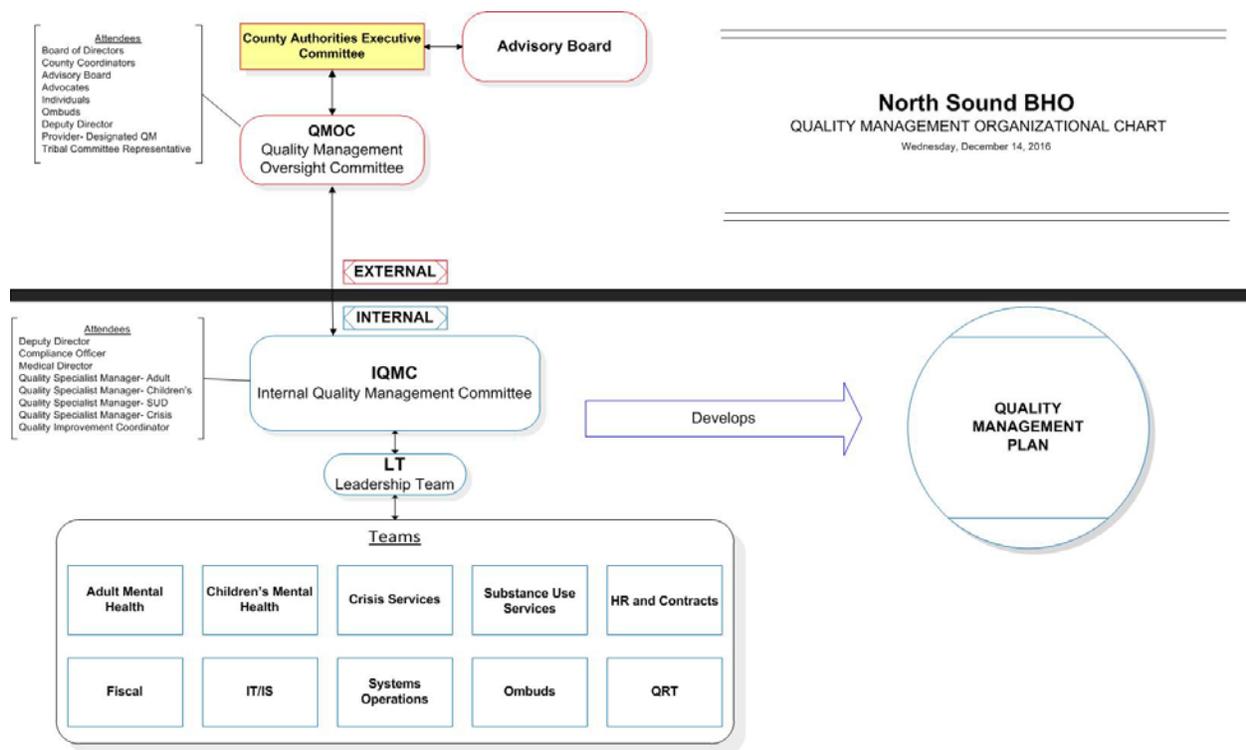
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Quality Management Structure

The following figure represents the flow of quality management activities and illustrates the North Sound BHO’s quality management structure. Sub committees, not identified below, are an integral part of the quality management process and have an obligation to report any and all quality issues to IQMC for further review. Individual staff members are not represented as the teams of North Sound BHO work cross functionally to accomplish all quality management activities.



County Authorities Executive Committee (Executive Committee)

North Sound BHO’s Executive Committee is the governing body of North Sound BHO. It is comprised of elected officials (or their delegates) from Island, San Juan, Skagit, Snohomish and Whatcom counties, Tribal representatives, as well as the Chair and Vice Chair of the North Sound BHO Advisory Board. The Executive Committee delegates oversight of the Quality Management Program to North Sound BHO and has delegated final approval of the Quality Management Plan to the Executive Director. The Executive Committee meets monthly throughout the year. In regard to the Quality Management program, the Executive Committee is accountable to ensure North Sound BHO’s Quality Management program is reviewed and updated on an annual basis.

Advisory Board

The North Sound BHO Advisory Board is comprised of at least 51% of persons who are prior or current enrollees, family and foster-family members, caregivers, and/or parents of children that have a diagnosed serious mental illness. Other members of the Advisory Board include advocates and other

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interested parties from throughout the region that are representative of the demographic character of the region. The region's 8 Tribes are also afforded a seat at the Advisory Board.

Membership designation is as follows:

- Island County (4 members)
- San Juan County (3 members)
- Skagit County (4 members)
- Snohomish County (9 members)
- Whatcom County (6 members)
- Tribes (8 members)

The Advisory Board meets monthly, with a minimum of 10 meetings per year, to review issues of concern and relevance to behavioral health enrollees, their families, and other community stakeholders. The purpose of the Advisory Board is to provide independent advice and input to the North Sound BHO and Executive Committee as well as to local jurisdictions and BHAs. Reports from the Advisory Board will be a regular agenda item at the monthly North Sound BHO Executive Committee meetings.

Quality Management Oversight Committee (QMOC)

North Sound BHO's QMOC is a standing committee of the Executive Committee. QMOC is responsible for the oversight of quality management systems throughout the North Sound BHO region and for reviewing quality management activities conducted throughout the region. A member of the Executive Committee (or designated alternate) serves as the Chair of QMOC. The QMOC Chairperson reports monthly to the Executive Committee regarding regional quality management activities as well as results and/or recommendations. Two Members of the Executive Committee (or designated alternates) are voting members of QMOC. Other voting members include:

- Eleven members nominated by the North Sound BHO Advisory Board, at least three of whom shall be current Advisory Board members, and of the eleven, membership must include a minimum of four active enrollees.
- One Ombuds representative.
- Three County Coordinators who report QMOC activities to colleague County Coordinators who then report to their Advisory Boards.
- One representative from each contracted BHA who delivers services throughout the five counties.
- One Tribal representative nominated by the North Sound BHO Tribal Committee.

Members of QMOC and designated alternates serve for a period of at least one year. QMOC meets on a monthly basis to review key quality indicators and make recommendations to North Sound BHO pertaining to quality issues and concerns. Subcommittees of QMOC will meet as often as needed to accomplish their tasks in a timely manner.

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Internal Quality Management Committee (IQMC)

North Sound BHO's IQMC reviews quality management activities performed at both the regional and BHA level. The committee makes recommendations based upon results of quality management activities and forwards these recommendations to the Leadership Team for discussion. Through the process of consensus, IQMC works to standardize, operationalize, and implement regional quality management activities, including the policies and procedures to define such activities. After review and discussion at QMOC, the recommendations from IQMC will be either forwarded to the North Sound BHO Leadership Team or returned back to IQMC for further review. The Leadership Team reviews the quality management recommendations and decides to either accept the recommendations from IQMC, or return for further review. IQMC is comprised of the following voting members:

- Deputy Director (Chair)
- Quality Improvement Coordinator (Assistant Chair)
- Compliance Officer
- Quality Specialist Manager- Adult Mental Health Services
- Quality Specialist Manager- Children and Youth Mental Health Services
- Quality Specialist Manager- Crisis Behavioral Health Services
- Quality Specialist Manager- Adult and Youth Substance Use Disorder Services
- Medical Director

The following are the common recurring duties and responsibilities of IQMC in carrying out quality management oversight functions:

- Developing and obtaining approval for the biennial North Sound BHO Quality Management Plan and any subsequent revisions in accordance with applicable CFR, WAC, and other regulatory statutes.
- Making recommendations for actions to be taken for continuous quality improvement including the establishment of ad hoc committees to review issues and concerns that need further assessment.
- Identify and determine necessary corrective actions and/or recommendations to be given to the Leadership Team for review.
- Review and analyze organizational and internal standing committee reports on a continuous basis as a means of quality assurance/improvement.
- Reviewing the CQIP and updating the CQIP plan when necessary.

North Sound BHO Teams

Leadership Team

The Leadership Team is the internal governing body of North Sound BHO, responsible for executive level decisions, providing program direction and oversight. The Leadership Team ensures checks and balances are in place to monitor and respond to quality. The Leadership

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Team receives reports and recommendations from IQMC, which are incorporated into the overall organizational vision and decision making process.

Clinical Oversight

Clinical Oversight is comprised of four teams: Adult Mental Health, Child/Youth Mental Health, Behavioral Health Crisis Services, and Adult and Youth Substance Use Disorder Services. The four teams ensure that North Sound BHO maintains necessary expertise for a variety of quality and care management functions. However, the functions and responsibilities are distributed and shared across teams in such a way as to ensure integration. Responsibilities of the Clinical Oversight team include, but are not limited to, availability of services, adequate capacity for services, coordination and continuity of care, allied system coordination, coverage and authorization of services, practice guidelines, evidence-based practices, utilization management, and quality reviews. With these, as well as other North Sound BHO functions, the Clinical Oversight team both receives from and provides to other internal North Sound BHO teams the necessary support to ensure BHA oversight functions.

Contracts

The Contracts Department is responsible for planning, initiating, drafting, and submitting contracts to the Executive Director and Executive Committee for initial approval and ratification. The contracts team has the responsibility of drafting and making recommendations in the following areas:

- Develop and present potential partners and agreements to the benefit of North Sound BHO and the North Sound region.
- Ensure contracts remain valid, updated, and enforceable.
- Work with North Sound BHO's BHAs to ensure contracts are clear, understood, and abided by.
- Monitor and reconcile deliverables on contracts.
- Help maintain North Sound BHO's smooth functioning and the delivery of behavioral health services by procuring Professional Service Contracts for services such as computer maintenance, facility improvement, office cleaning, training and specialty consultation.

Fiscal

The fiscal department is responsible for reviewing and making recommendations to the Executive Committee regarding financial issues that affect the organization. The fiscal team works with all other teams to develop and plan specific programs aimed at serving enrollees. The fiscal team also has the responsibility for reviewing and making recommendations to the Executive Committee on the following issues:

- Develop and present financial projections and models to assure the continuing financial stability and viability of North Sound BHO.

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- Work with the Executive Committee on developing budgets and cost allocation plans for the BHO, agencies and programs.
- Coordinate financial activities with BHAs/vendors, state and county offices and/or divisions.
- Ensure fiscal systems services and records are accurate, timely, and performed in a manner presenting North Sound BHO as competent stewards of public funds.
- Monitor and reconcile inpatient expenses.
- Develop and update rates for the fee for service programs.

Information Systems/Information Technology (IS/IT)

North Sound BHO's IS/IT Department maintains an information system to meet the data and communication requirements of all parties. The use of the information for the purposes of this Quality Management Plan may be reviewed in the Data column of the Quality Management Work Plan. This information will enable North Sound BHO to review and analyze:

- Individual and aggregate level claims data that provides information to the quality management teams\committees to make informative quality decisions.
- The development of baselines and improvement measures designed to evaluate the effectiveness of the Prepaid Inpatient Health Plan (PIHP).
- Provide information for Regional utilization/capacity management

The IS/IT services' duties that directly relate to the Quality Management Plan are:

- Direct and coordinate development and production activities of computerized Management Information System (MIS) department.
- Perform advanced level analyst functions.
- Write specifications, applications and programs necessary for North Sound BHO management reports.
- Supervise the design and implementation of in-house database systems.

Systems Operations Team

This Team is responsible for coordinating and integrating all aspects of North Sound BHO into a strong team environment. Working with North Sound BHO Leadership Team and with other Teams, Work Group Leaders and Managers, this team is responsible for general business functions and systemic continuous improvement of overall operations. This includes, though is not limited to the administrative, logistical and other duties that are necessary for North Sound BHO's day-to-day functioning to create the highest level of efficiency possible. The quality activities overseen by the System Operations Team are:

- Administrative support and organization of all quality management committees
- Frontline customer service communication
- Data reports and analysis
- Grievance system support
- Facilities and office equipment

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Medical Director

The Medical Director is a board certified M.D. in psychiatry with an active license to practice in the State of Washington. The Medical Director is responsible for providing timely medical consultation services to North Sound BHO and BHAs for all doctor-to-doctor communications, medical necessity review and recommendations, grievance issues, appeal and inpatient appeal processes, access to expedited processes, medication reviews, medical practice guidelines and staff in-service trainings. The Medical Director is an integral part of quality management and has the following direct responsibilities in the quality management process:

- Assist deputy director in the development of a comprehensive “Quality Management Plan”.
- Participate in a process improvement project to streamline and update the North Sound BHO utilization review process.
- Provide training to new BHAs on Managed Care utilization management principles.
- Provide training to new BHAs on behavioral health diagnostic and treatment concepts.
- Participate in IQMC meetings and review submitted Quality of Care (QOC) issues.

Independent Functions Contributing to Quality Management

Behavioral Health Ombuds

Ombuds are an integral part of the North Sound BHO’s quality management continuous process improvement life cycle. Funded by North Sound BHO but functionally independent, the Ombuds services are managed by Community Action of Skagit County. The Ombuds staff members are available to assist individuals and family members receiving publically funded behavioral health services access the Grievance System processes as outlined under WAC 388-865, paragraphs 0250 and 0255. The services that Ombuds provide include:

- Advocate for individuals to resolve their issues, from their perspective, at the lowest possible level.
- Educate individuals about their rights.
- Assist with customer service issues as well as requests for grievances, appeals and fair hearings.
- Meet with BHAs to build working relationships as well as to market Ombuds services.
- Assist North Sound BHO with quarterly grievance system reports.
- Report aggregate data on a quarterly basis to North Sound BHO.

Ombuds are charged with providing reports to the IQMC on the types and trends of support provided for assessment of systemic impact and opportunity. In addition, Ombuds provides briefs to the North Sound BHO Advisory Board and Executive Committee. Ombuds are members of QMOC and assist in providing enrollee voice as part of North Sound BHO’s overall quality management plan continuum.

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Quality Review Team (QRT)

QRT is an independent review team that focuses on incorporating enrollee voice in evaluating the performance of North Sound BHO and all contracted BHAs. The team is composed of current, former, and/or the family members of behavioral health individuals. The QRT is expected to provide annual reports to IQMC as well as immediately report any quality of care concern that may come up during reviews. The QRT has the authority to enter and monitor contracted North Sound BHO BHA facilities to determine if quality of care issues exists. The QRT use objective indicators to measure:

- Perceived quality of care through satisfaction surveys.
- The degree to which services are Individual-focused/directed and are Culturally Competent.
- The availability of alternatives to hospitalization, cross-system coordination and range of service options.
- The adequacy of North Sound BHO's cross system linkages including, but not limited to schools, state and local hospitals, jails and shelters.

The QRT will also meet with interested individuals and family members, allied services agencies, including state or community psychiatric hospitals, North Sound BHO contracted BHAs and individuals that represent the age and ethnic diversity of North Sound BHO to determine whether services are accessible and address the needs of the individuals. This is accomplished by evaluating sampled individual recipient perception of services obtained through a standard interview protocol developed by DBHR.

Family, Youth, and System Partner Round Table (FYSPRT)

The FYSPRT was developed under the DSHS Washington State System of Care (SOC) Expansion Project as a key component for ensuring behavioral health and other public child-, youth-, and family-serving systems in Washington State are coordinated and informed by input from multiple stakeholders.

This group of invested stakeholders includes: family and youth; system partners; BHAs; community leaders; system representatives; and others. FYSPRT participants and members convene monthly and have the opportunity to engage in the process of evaluating system-level needs and strengths and identifying strategies for improvement. FYSPRTs are intended to promote development of a system of care that is based on community priorities. By ensuring that families and youth are key collaborators, and are in core positions of leadership, systems of care become more family-driven and youth-guided. Finally, by ensuring that this community mobilization process is representative of the diversity of the community and focuses on issues such as disproportionality and cultural and linguistic competence of services and supports, systems of care become more culturally and linguistically competent.

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Quality Management Activities

All of the quality management activities conducted by North Sound BHO fall in line with the guidelines stipulated in 42 CFR Part 438 Subpart D, E, and F. All of the quality management activities outlined in the Quality Management Work Plan fall into the oversight categories listed below.

Availability of Services

Delivery Network

Maintain and Monitor Network of Appropriate Providers

North Sound BHO conducts a comprehensive review of its BHA network to determine whether or not there are gaps in service throughout the North Sound BHO region. When gaps are determined, North Sound BHO ensures unbiased BHA selection is completed through a procurement process that addresses the quality of the organization as well as financial stability in order to ensure that services are provided promptly and are reasonably accessible and available. The guidelines and procedures that outline the procurement and maintenance of network BHAs can be found in [Policy #1008.00](#).

Second Opinions

At any time during the course of outpatient behavioral health treatment, the principals to treatment (e.g. individual, custodial parents of children and adolescents, others with legal custody, North Sound BHO, or a North Sound BHO-contracted BHA) may submit a request for a second opinion regarding any clinical decision. This second opinion will be provided at no cost to the individual. When the necessary service is not available within the North Sound BHO network, the second opinion will be provided outside of the network. The procedures and guidelines for requesting a second opinion can be found in [Policy #1520.00](#).

Out of Network Services

North Sound BHO has developed a comprehensive care system and strives to provide all medically necessary mental health and substance use disorder care by a North Sound BHO contracted BHA. North Sound BHO and its BHAs have in place a process that permits arranging medically necessary services with an appropriate BHA outside of the North Sound BHO region when that service is not available and/or there is not a clinician with sufficient training and experience to provide the service at any North Sound BHO contracted BHA. Services outside of a North Sound BHO contracted BHA may occur in two ways: as a subcontract between the BHA and the external agency or as an out-of-state referral arranged by North Sound BHO. The guidelines and procedures regulating out of network referrals can be found in [Policy #1522.00](#).

Furnishing of Services

Timely Access

North Sound BHO requires that its BHAs offer all North Sound BHO enrollees, or those individuals attempting to engage in services, hours of operation that are no less than those offered to commercial enrollees or comparable to Medicaid fee for service. Individuals seeking

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services from the North Sound BHO are offered initial assessment appointments within the following timelines:

- Standard assessment appointments should be offered within 10 business days of the request for service.
- Individuals requiring expedited assessment appointments should be offered an assessment within three (3) business days of the request for service.
- Crisis services are available 24 hours a day, 7 days a week.

In order to ensure these timelines are being met, North Sound BHO maintains a regional Access Line, delegated to Volunteers of America (VOA), that provides a centralized point of contact by which individuals can request services within the North Sound region. In addition, individuals may also access services by directly contacting the BHA of their choice. The guidelines and procedures for ensuring adequate access to services can be found in [Policy #1503.00](#).

In 2015-2016 North Sound BHO also contracted with an outside consultant, MTM consulting, to provide a detailed gap analysis of where access deficiencies lie within the North Sound BHO network. This project is aimed at implementing the concept of Open Access and has become the focal point of one of our three performance improvement projects. MTM is also providing consultation to a number of the North Sound BHO BHAs on “Just in Time Prescribing.” This is a method of scheduling prescriber appointments designed to drastically reduce no-shows and improve the system’s ability to provide prescriber appointments in a timely fashion.

Culturally Responsive

North Sound BHO is encouraging our provider network to collaborate with North Sound BHO to implement the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. The CLAS standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and healthcare organizations.

North Sound BHO and its BHAs have policies and procedures designed to promote the development and maintenance of cultural and linguistic competence toward the individuals they serve, employees, and the community at large. North Sound BHO enrollees are provided oral and written information in their native language through certified and qualified interpreters in addition to translators at every aspect of service delivery. This service is provided at no cost to the enrollee. North Sound BHO BHAs facilitate interpreter and translation services to eligible individuals in the language with which the individual prefers to communicate. The guidelines and procedures for implementing cultural competence in the BHA network can be found in [Policy #1521.00](#).

Accessibility Considerations

North Sound BHO and its BHAs will attempt to identify and reduce any barriers that individuals with disabilities may face when attempting to engage in services. North Sound BHO will monitor each BHA’s compliance with the *Americans with Disabilities Act* and *RCW 49.60 Law Against*

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Discrimination. North Sound BHO will attempt to provide alternative service delivery models including but not limited to the provision of telecommunication devices or services for deaf, sight, or hearing impaired individuals in order to engage in or access services. North Sound BHO will work with the BHAs to assist with arranging transportation or provide home based services for eligible individuals. The guidelines and procedures accommodating individuals with disabilities can be found in [Policy #4508.00](#).

Assurances of Adequate Capacity and Services

Adequate Capacity

North Sound BHO maintains and monitors a network of appropriate BHAs that is supported by written agreements and is sufficient to provide adequate access to all services covered under the contract. In establishing and maintaining the network, North Sound BHO considers the following:

- The anticipated Medicaid enrollment in the North Sound BHO region.
- The expected utilization of services, taking into consideration the characteristics and behavioral health care needs of specific Medicaid populations represented in the region.
- The numbers and types (in terms of training, experience and specialization) of BHAs necessary to furnish the contracted Medicaid and Crisis services.
- The geographic location of BHAs and Medicaid enrollees, considering distance, travel time and the means of transportation ordinarily used by Medicaid enrollees.

The guidelines used to ensure North Sound BHO maintains a BHA network that generates an adequate service capacity can be found in [Policy #1506.00](#).

Adequate Services

North Sound BHO carries out a system wide and organizational planning process that establishes its mission, vision, and core values, ensures compliance in accordance with DSHS/Behavioral Health Administration contractual mandates for service delivery, allocates resources, estimates the clinical needs of the community, estimates the service capacity available in response to community trends, and identifies the populations to be served by age groups and other relevant characteristics addressed in the annual strategic plan dashboard. This planning process uses the strategic plan dashboard to ensure services throughout the North Sound BHO network are readily available, accessible, culturally competent and appropriate to the scope and levels of care required by the populations served.

The strategic plan dashboard incorporates a review of the geographic service area as well as aggregate utilization data and BHA staffing models to set goals for maintaining a robust and effective BHA network. The process includes the design of a continuum of care that is responsive to the needs of populations served and is funded to provide adequate and appropriate service to members. The strategic plan dashboard is approved by the Leadership Team and addresses the scope and provision of network services, including the goals of services, quality of care provided to enrollees and the method used to assess and meet the behavioral

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health needs of the region. The process for reviewing and assuring the development of an effective network of BHAs is contained in [Policy #1008.00](#).

Coordination and Continuity of Care

Coordination of Care

Cross System Coordination

North Sound BHO care management policy and procedures focus on ensuring coordination of care with:

- Primary medical care and other health care providers.
- Managed care organizations.
- System coordination to meet the needs of individuals with special health care needs including cultural considerations and out of network specialty behavioral health care.
- Allied systems including, but not limited to, Aging and Long Term Support Administration, Children’s Administration, Department of Corrections and Juvenile Justice and Rehabilitation Administration.

North Sound BHO holds monthly or quarterly meetings with many allied systems. North Sound BHO utilizes several mechanisms (e.g., policy, clinical record review) to monitor expectations for BHAs to fully assess individuals’ needs, including needs beyond behavioral health, ensure these needs are incorporated into individual service planning, and that the provision and coordination of services addresses these identified needs. The guidelines and procedures for North Sound BHO to conduct and manage cross system care coordination efforts can be found in [Policy #1517.00](#) and [Policy #1530.00](#).

North Sound BHO participates in regular care coordination activities with managed care organizations providing Apple Health coverage in the North Sound BHO region. These activities include care coordination meetings to promote improved coordination for shared members. North Sound BHO is also participating in a state-wide pilot focused on working with the MCOs to improve care coordination for frequent utilization of the emergency room.

Intra-Network Coordination

North Sound BHO has the expectation that its contracted BHAs coordinate with mental health inpatient, SUD residential and other more intensive services programs to ensure coordination when enrolled individuals require these levels of behavioral health services. This type of coordination requires significant communication and sharing of information between the BHA and the intensive service agency throughout the entire episode of care for an individual. The guidelines and procedures necessary for coordinating care between North Sound BHO BHAs can be found in [Policy #1510.00](#).

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Continuity of Care

Level of Care Tools and Guidelines

North Sound BHO utilizes several tools to guide utilization. The Level of Care Utilization System (LOCUS) and Child & Adolescent Level of Care Utilization System (CALOCUS) are used to identify the appropriate level of care for individuals at their initial entry to mental health services and during the ongoing episode of care. For each of the six levels of care, North Sound BHO has established guidelines that outline the types of service available and the recommended range of service hours for each level of care. The American Society of Addiction Medicine (ASAM) criteria is used in substance use disorder services to identify the needed level of care for both youth and adult individuals at the initial assessment and during the ongoing episode of care.

Intra-Network Transfers

North Sound BHO requires a comprehensive intra-network BHA procedure that includes coordination activities to occur before, during, and after the transfer. Both the transferring BHA and receiving BHA have a responsibility for ensuring the individual is transferred as seamlessly as possible. Prior to the completion of the transfer North Sound BHO requires both BHAs to have a clinical record open for the individual to ensure successful engagement with the new BHA before their previous clinical record is closed. The guidelines and procedures are dependent on the needs and level of care of the enrollee and can be found in [Policy #1510.00](#).

Enrollees with Special Healthcare Needs

Assessment

North Sound BHO affords all individuals the opportunity to receive an assessment to enter behavioral health services. Any individual with Medicaid behavioral health coverage or who meets state-funding criteria shall be offered an assessment appointment with a Mental Health Professional (MHP) or Chemical Dependency Professional (CDP) within ten business days from the request for service. For individuals with special healthcare needs who require more timely appointments, North Sound BHO will work with BHAs to offer an expedited assessment that will occur within three working days from the request for service. North Sound BHO has built in assessment criteria to incorporate information about the individual from allied health systems. The guidelines and procedure for ensuring all individual are given the opportunity to receive a comprehensive assessment can be found in [Policy #1504.00](#).

Treatment/Service Plans

North Sound BHO BHAs work with each enrollee to create a Recovery/Resiliency Plan, which incorporates the strengths of the individual, to serve as a roadmap to recovery goals and desired outcomes. This mindset is in line with North Sound BHO's principles and fundamentals found in the [Guidelines to Person-Centered Recovery and Resiliency](#). Individuals with special healthcare needs are afforded the same opportunity to assist in the development of a crisis plan that will incorporate any and all allied healthcare system needs. The guidelines and procedures for developing the recovery and resiliency plan can be found in [Policy #1551.00](#).

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Direct Access to Specialists

North Sound BHO contracts with multiple BHAs to develop and maintain specialized programs to serve individuals with more intense healthcare needs. North Sound BHO contracted BHAs provide, identify, define, and specify the amount, duration, and scope of each service the individual receives, in collaboration with the individual. This may include referral for a special type or intensity of service. Examples include psychiatry, group treatment services, mental health or substance use disorder intensive outpatient services, medication assisted treatment, integrated dual disorder treatment, wraparound with intensive services, program for assertive community treatment, geriatric transitions services, and residential mental health treatment. The only behavioral health service requiring special authorization by the North Sound BHO is residential treatment for substance use disorders. For residential SUD treatment, an authorization is provided for a length of time appropriate to the individual's level of need, and extensions can be requested when necessary. Crisis services and substance use disorder detoxification do not require prior authorization. Mental health inpatient authorization is delegated to VOA for a 24/7 real time review.

Coverage and Authorization of Services

Coverage

Scope

North Sound BHO BHAs adhere to the standards described in the *Service Encounter Reporting Instructions (SERI)* developed by DBHR. These instructions list the duration and provider type allowed for each behavioral health service funded by North Sound BHO. BHAs are required to follow these guidelines and are annually audited to validate their service encounter entries. The minimum data set needed to determine this can be found in [North Sound BHO's Data Dictionary](#) while an updated [SERI](#) can be found on the DBHR website.

Nondiscrimination

North Sound BHO will abide by the authorization procedure and timelines according to CFR 42.438, applicable WACs, and RCWs. North Sound BHO BHAs will adhere to CFR and State mandated Individual/enrollee rights guarantees to ensure that no individual is denied service or has service reduced in amount duration or scope solely because of diagnosis, type of illness, or behavioral health condition. The guidelines and procedures outlining the authorization process can be found in [Policy #1505.00](#).

Medical Necessity

North Sound BHO provides coverage for medically necessary services and ensures services are sufficient in amount, duration, or scope and reasonably expected to:

- Improve, stabilize, or prevent deterioration in functioning resulting from the behavioral health issue.
- Provide benefit to the individual.
- Be the most appropriate method of addressing the unmet need(s).

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Services are not arbitrarily denied or reduced. The State determines the definition of medical necessity and North Sound BHO follows this as part of the authorization criteria found in [Policy #1505.00](#).

Authorization of Services

North Sound BHO must adhere to the tools and guidelines utilized across the State for determining whether or not an individual is authorized for services. For individuals who have made an initial request for service and have had an assessment with a North Sound BHO-contracted BHA for which North Sound BHO is the payer, North Sound BHO shall review an authorization request when the BHA substantiates the individual meets financial eligibility, Washington State Access to Care Standards and medical necessity criteria.

North Sound BHO reviews of authorization are conducted by staff or under the supervision of staff who are MHPs and/or CDPs. The determinations made regarding authorization are made in accordance with North Sound BHO policies and procedures and consistent application is ensured through annual inter-rater reliability demonstrations. When necessary, North Sound BHO staff consults with the BHA staff to ensure accurate and complete information in making a determination.

North Sound BHO follows the standard, expedited, and extension timelines for the authorization of services. The authorization periods are dictated by Federal and State regulations and outline the time frames in which individuals must be served. The guidelines and procedures necessary for all authorization activities are found in [Policy #1505.00](#).

Denial of Services

When the determination is to deny services or to authorize services in an amount, duration, or scope that is less than requested, North Sound BHO staff notifies the individual via a Notice of Action (Notice of Adverse Determination). This review is completed by an MHP or CDP while adhering to the timelines for authorization. The BHA that completed the assessment is also notified in writing. The procedure for completing a denial of services can be found in [Policy #1505.00](#) while the requirements for disseminating a Notice of Action can be found in [Policy #1005.00](#).

Provider Selection

Credentialing and re-credentialing requirements

North Sound BHO conducts a BHA credentialing process during initial contract negotiations including verification of appropriate licensure with DSHS/Behavioral Health Administration, Washington Community Behavioral Health Certification, Department of Health, and evidence of liability insurances. North Sound BHO has established a primary source verification process to assist the BHA network in selecting competent, experienced professional staff and privileging those staff selected. Once the credentialing file is established, re-credentialing occurs at least

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every two years through the North Sound BHO Administrative audit. The procedure for the credentialing and re-credentialing process can be found in [Policy #1007.00](#).

Nondiscrimination

North Sound BHO will not discriminate against any particular BHA that serves high-risk populations or specialize in conditions that require costly services. North Sound BHO accomplishes this by adhering to the rigorous process of BHA selection outlined in [Policy #1008.00](#). This process includes defining the high need/high risk populations through thoughtful consideration of the goals outlined in the annual strategic plan dashboard, enrollee and individual advocacy voice, as well as input from BHAs.

Excluded providers

North Sound BHO and contracted BHAs are required to implement procedures to screen their employees, contractors and subcontractors prior to hiring or contracting, monthly and as directed by contract, including members of Governing Boards/Committees. Documentation of exclusionary checks is to be maintained in individual employee, contractor and subcontractor files and is subject to periodic audit. Employees or subcontractors of BHAs in the North Sound BHO region will assign and maintain a contact on the North Sound BHO's compliance/exclusions E-mail distribution list. This requirement is to ensure review of new releases, to determine whether employees and/or contractors have been listed by a state or federal agency as debarred, suspended, excluded, or otherwise ineligible for state or federal program participation.

BHAs will report any excluded individuals and entities discovered in the screening within 10 business days to North Sound BHO. North Sound BHO, in turn, will report any excluded individuals and entities discovered in their screening or reported as a result of BHA screening within 10 business days of discovery to DBHR. The guidelines and procedures for identifying and documenting excluded provider checks can be found in [Policy #2001.00](#).

Confidentiality

North Sound BHO is acutely aware that behavioral health disorders continues to be a category of illness that may subject an individual seeking services to discrimination and other disadvantages. North Sound BHO has procedures in place to assure individuals that confidentiality protections are strong and will protect an individual's privacy within State and Federal laws. North Sound BHO and its BHAs protect all information, records, and data from unauthorized disclosure in accordance with applicable Federal statutes, including CFR 42 Part 2, WAC, and RCW. The guidelines necessary to protect the confidentiality of an individual's Protected Health Information (PHI) can be found in [Policy #2507.00](#).

Grievance and Appeal System

The grievance system is a comprehensive mechanism for North Sound BHO to manage and review all activities relating to grievances, notices of action, appeals, and administrative hearings. North Sound BHO maintains a Grievance System that complies with the requirements of 42 CFR 438 Subpart F and

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WAC 388-877-0654 through 388-877-0680 insofar as those WACs are not in conflict with 42 CFR 438 Subpart F. North Sound BHO affords all individuals, or their authorized representatives, that are applying for, eligible for, or receiving behavioral health services authorized by North Sound BHO the opportunity to express concern about their rights, services, or treatment. The policy and procedure that governs all grievance system activities can be found in [North Sound BHO Policy #1001.00](#).

Notice of Action (NOA)

In compliance with 42 CFR 438 Subpart F, North Sound BHO will give all individuals timely, clear, and easily understood notice of adverse determination in the form of written NOAs. Each NOA is provided to the individual, legal guardian, or authorized representative and must follow the timelines and requirements outlined in [North Sound BHO Policy # 1005.00](#). The circumstances and reasons in which North Sound BHO must send NOAs are outlined in the policy.

North Sound BHO will incorporate data containing the circumstances, the number of NOAs, and any trends or patterns seen to identify potential quality issues and conduct quality assurance activities.

Grievances

The grievance process affords individuals, guardians, or authorized representatives who are applying for, eligible for, or receiving behavioral health services authorized by North Sound BHO the right to express dissatisfaction about any matter other than an adverse benefit determination. Grievances may include, but are not limited to, the quality of care or services provided, and aspects of interpersonal relationships such as rudeness of a BHA staff member, or failure to respect the enrollee's rights regardless of whether remedial action is requested. The rights and guidelines governing the grievance process can be found in [North Sound BHO Policy #1002.00](#).

North Sound BHO will incorporate data containing the number of grievances, the types of grievances, and any trends or patterns seen to identify potential quality issues and conduct quality assurance activities.

Appeals

The appeal process affords individuals, guardians, or authorized representatives who are applying for, eligible for, or receiving behavioral health services authorized by North Sound BHO the right to have North Sound BHO review the determination made in a NOA. The rights and guidelines governing the appeal process can be found in [North Sound BHO Policy #1003.00](#).

North Sound BHO will incorporate data containing the number of appeals, the reasons for and results of appeals, and any trends or patterns seen to identify potential quality issues and conduct quality assurance activities.

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Fair (Administrative) Hearings

The fair hearing process affords individuals, guardians, authorized representatives, or the legal representative of a deceased individual's estate to request a State fair hearing in the event a grievance or an appeal is resolved and is not in favor of the individual. An individual must first exhaust the BHO grievance process or the appeal process before requesting a fair hearing. The rights and guidelines governing the fair hearing process can be found in [North Sound BHO Policy #1004.00](#).

North Sound BHO will incorporate data containing the number of fair hearings, the reasons for and results of fair hearings, and any trends or patterns seen to identify potential quality issues and conduct quality assurance activities.

Sub Contractual Relationships and Delegation

Delegation is defined as a formal process by which the North Sound BHO gives another entity the authority to perform certain functions on its behalf, such as credentialing, inpatient authorization, and quality management. Although the North Sound BHO can delegate the responsibility to perform a function, it cannot delegate the authority for assuring that the function is performed appropriately.

North Sound BHO will contract with agencies and/or member counties for delegated activities based off of an extensive procurement process similar to that seen when contracting with BHAs. All delegated activities require a thorough process for monitoring and regulation to ensure the delegated activity is meeting all Federal and State regulations as well as North Sound BHO expectations. North Sound BHO will create an exclusive contract as well as a comprehensive delegation plan for all contracted agencies that conduct delegated activities. The guidelines and procedures to procure and monitor delegated agencies can be found in [Policy # 1018.00](#) and [Policy #5002.00](#).

The North Sound BHO shall assure that delegated functions are performed appropriately through the monitoring of all such functions. This monitoring may include, but is not limited to:

- Concurrent, focused, selected, retrospective and critical incident reviews
- BHA on-site reviews including administrative, quality assurance and fiscal auditing
- Adherence to North Sound BHO operational policies
- Quality Review Team (QRT) satisfaction surveys
- Ombuds reports
- Periodic BHA performance reviews
- Encounter Data Validation reviews

Practice Guidelines

Adoption of practice guidelines

North Sound BHO adopts Clinical Practice Guidelines that are considered best practice (e.g., based on clinical evidence or consensus of relevant health care professionals) and consider the

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needs of the individuals we serve. For behavioral health diagnostic related guidelines, the North Sound region has adopted the practice guidelines of the American Psychiatric Association, the American Academy of Child and Adolescent Psychiatry, and the National Institute on Drug Abuse. Guidelines specific to issues beyond diagnosis have also been adopted. All guidelines are adopted and reviewed at a minimum of every two years in collaboration with North Sound BHO BHAs, enrollees/advocates, and county representatives through QMOC. The guidelines and procedure that outline the adoption of Clinical Practice Guidelines can be found in [Policy #1508.00](#).

Application of the Clinical Practice Guidelines is assessed in the North Sound BHO's annual Routine Utilization Review found in the Data column of the Quality Management Work Plan. Decisions for utilization management, enrollee education, coverage of services and other areas to which the procedures apply will be consistent with the Clinical Practice Guidelines.

Dissemination of Clinical Practice Guidelines

North Sound BHO is responsible for ensuring the Clinical Practice Guidelines are distributed to all BHAs and, upon request, to individuals interested in or currently receiving services. The dissemination for these guidelines will be consistent with the timelines outlined in the aforementioned section and [Policy #1508.00](#).

Health Information Systems

Consumer Information System (CIS)

Data Collection

North Sound BHO expects all of its contracted BHAs to regularly submit data using CIS. The guidelines for documenting and submitting data are contained in North Sound BHO's *Data Dictionary*. The necessary documented data and the procedures for submitting data can be found in [Policy #4205.00](#).

The data collected from North Sound BHO BHAs is vital to the quality measures and reports that North Sound BHO oversees. Most of the reports outlined in Appendix I are derived from the data captured by the CIS. These reports contain the necessary elements to make data informed quality assurance/improvement decisions.

Certification of Data

The certification of data is completed based on the procedure put in place by DSHS. North Sound BHO adheres to these guidelines by reviewing the data on a regular basis with the IS/IT team. The guidelines and procedures outlining the process of data certification can be found in [Policy #4201.00](#).

Timeliness of Data

North Sound BHO requires all BHAs to deliver required data elements in a manner that will allow for timely monitoring and management of the North Sound BHO regional behavioral health system. North Sound BHO also requires that these data elements are provided to meet the

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timelines designated by DSHS and CMS. The procedure that outlines the assurance for timeliness of data is found in [Policy #4202.00](#).

All CIS based reports require data to be submitted with consistent regularity in order to provide timely reports to meet review and contract deadlines.

Submission of Data to the State

North Sound BHO requires all required encounter data elements to be submitted to the State of Washington in compliance with State mandated timelines. The guidelines and procedure outlining the process of submitting data to the State of Washington can be found in [Policy #4204.00](#).

Encounter Data Validation

North Sound BHO conducts annual Encounter Data Validation (EDV) reviews in compliance with contracted State and EQRO guidelines. These reviews use an algorithm to randomly generate a list of encounters to review for chart completeness and accuracy. The reviews consist of an audit of both demographic and encounter data. North Sound BHO uses the information gathered from the EDV review to determine whether or not BHA charting meets the accuracy standards identified by the State of Washington and determine where North Sound BHO should focus system wide training efforts. The guidelines and procedures for verifying the accuracy of service encounters is found in [Policy #4015.00](#).

Quality Assessment and Performance Improvement

Performance Improvement Projects (PIPs)

North Sound BHO must identify where improvement is needed and continue or implement at least three (3) PIPs, at all times during the contract period. This must include at least two (2) clinical and one (1) non-clinical project. Of the three (3) PIPs to be conducted, one (1) must pertain to Children's services and one (1) must pertain to Substance Use Disorder (SUD) services. The PIPs may contain a composition of topics either identified by DSHS for statewide improvement or projects identified by North Sound BHO for local improvements. North Sound BHO will evaluate the PIPs for increased or sustained improvement over time.

Process

The process for identifying and conducting PIPs requires input from multiple stakeholders. This is vital for the ongoing relationship between the North Sound BHO and its stakeholders as all parties bear weight and contractual responsibility during the PIP process. The current PIP process for development and evaluation is outlined below.

1. North Sound BHO will use BHA data and feedback, as well as, a coordinated BHA, consumer advocate, and North Sound BHO staff work group to develop PIP topics for study.
2. PIP topics will be sent to DBHR for approval, as suggested by the EQRO vendor.

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3. Once approval is met by the State, North Sound BHO will use the following methods outlined in North Sound BHO's PIHP contract Section 10.8.1.2 to ensure project efficacy:
 - a. The use of performance measures that contain objective quality indicators to eliminate research bias.
 - b. The utilization of data to implement reasonable and achievable interventions.
 - c. The evaluation of the effectiveness of each intervention through quantitative and qualitative analysis.
 - d. The development and implementation of sustainable improvement activities.
4. North Sound BHO will submit all PIP documentation to the preferred state EQRO vendor for validation and recommendation during the annual EQRO auditing period.
5. PIPs may be ongoing but will be completed within a reasonable timeframe as stated in North Sound BHO's DBHR PIHP contract Section 10.8.1.3.

The current status of the three (3) PIPs resides in the initial stages of development. North Sound BHO and stakeholders are in the process of identifying which three (3) projects to take on through a system of meetings and survey results.

Performance Measures

In an effort to monitor quality, North Sound BHO actively participates in the design and implementation of the DSHS Core Performance Measures. The Core Performance Measures are decided on by DSHS and discussion about the definitions and metrics, that are included in each measure, occur in the HB 1519/SB 5732 work group. DSHS has ultimate authority for calculating the baseline, defining the measurement, establishing the annual improvement target, and providing the quarterly and annual reports to North Sound BHO. DSHS has established a set of Core Performance Measures to be implemented April, 1 2016 with an additional set of measures expected to be introduced in July of 2018. The first set of measures is broken into two (2) mental health metrics and two (2) substance use disorder metrics. The current core State performance measures can be found in Appendix II.

Quality and Appropriateness of Care

To ensure the quality and appropriateness of care, North Sound BHO monitors under and overutilization of services, delivery of care including use of best practices and care that is individualized and focused on recovery and resiliency.

Data Reports

North Sound BHO utilizes regular data reports to monitor the quality and appropriateness of care. These include:

- Number of authorizations and denials
- Individuals and hours of service per level of care
- Utilization review scores
- Program specific dashboards

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Utilization Review

Utilization reviews are conducted on an annual or bi-annual basis, and address the following areas:

- Outpatient clinical chart review
- Intensive and Specialized Program Reviews: including intensive and residential programs
- Focused Reviews: addressing those issues that are not adequately captured in routine outpatient chart reviews, usually due to their scarcity, for example, reviews related to cultural competence.
- Crisis chart review (voluntary and involuntary)
- Evaluation and treatment center reviews
- Triage reviews
- Care crisis line chart reviews
- Mental Health Inpatient utilization management

Critical Incident Reporting

North Sound BHO works to promote individual safety and risk reduction by requiring the recognition and reporting of extraordinary occurrences. North Sound BHO follows the guidelines provided by DBHR to report critical incidents to the state. North Sound BHO maintains a critical incident review committee to review these incidents to promote appropriate responses to critical incidents. North Sound BHO encourages the development of a system-wide culture, which minimizes individual blame or retribution for involvement in critical incidents and emphasizes accountability, trust, system improvement and continuous learning.

Individual Satisfaction

North Sound BHO is in the process of developing an independent QRT that will be responsible for surveying and speaking with individuals across the region. The goal of the QRT will be to gauge the level of enrollee satisfaction across the network of North Sound BHO and contracted BHAs. The QRT will accomplish this by receiving unencumbered access to all North Sound BHO contracted facilities for the purposes of surveying and conducting community outreach. QRT has the responsibility of reporting any potential quality issues or other areas of concern to North Sound BHO if such issues are encountered during a BHA site visit. All of the guidelines and procedures that govern the QRT's purpose and responsibility can be found in [Policy #4517.00](#). North Sound BHO maintains a process for dealing with all individual issues that do not require grievance system activity through the Customer Service Line. The Customer Service Line is a method in which individuals, that have questions or concerns about the North Sound BHO system, can reach a member of the clinical team to assist in resolving any issues. North Sound BHO will monitor the types of calls that come through the Customer Service Line in order to address any systemic issues or patterns that may appear. The guidelines and process applicable to the North Sound BHO Customer Service Line can be found in [Policy #1547.00](#).

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Training Plan

North Sound BHO believes that training is an ongoing process, and supports training in evidence-based, emerging, and promising practices whenever possible. North Sound BHO maintains a training plan that is updated every two (2) years. The training plan specifies those trainings that North Sound BHO requires or recommends BHAs complete. North Sound BHO contracted BHAs and their staff are responsible for completing trainings required by other sources. North Sound BHO has provided a number of trainings in evidence based, emerging, and promising practices to BHA staff, free of charge. In some cases this training has included follow up consultation to promote fidelity to the practice. North Sound BHO provides full access to Relias Online Training for our contracted providers and member counties. The Relias curriculum is updated regularly and provides CEUs, CMEs and other certification hours for clinical staff.

Risk Assessment

North Sound BHO maintains a system of monitoring that is based on identifying opportunities for improvement through measurement and analysis while also instituting specific controls to mitigate potential risk. North Sound BHO's Compliance Program is responsible for coordinating the development and overseeing the implementation of a comprehensive risk assessment that identifies all potential risks in accordance with the Office of Inspector General (OIG).

North Sound BHO currently has a risk management process that includes an internal and external assessment of risk. The external assessment is completed by a contracted agency that evaluates the risk of North Sound BHO's IS/IT system. A contracted agency or tool is used to perform an assessment of the overall risk of the organizations entire scope of work. The internal assessment is reviewed and revised annually and agreed upon by North Sound BHO's Leadership Team and contains the risk areas that are deemed to be most relevant to North Sound BHO. The outcome of the identification of risks through both the internal and external process is an annual risk mitigation plan.

The Compliance Program and Plan that governs the risk assessment process can be found in [Policy #2001.00](#).

Quality Management Future

The long term future of quality for North Sound BHO includes making adjustments and improvements that affects the organization as a whole at all levels of quality management. With the movement towards whole health integration in 2020, the State of Washington will be integrating its Division of Behavioral Health and Recovery (DBHR) with the Health Care Authority (HCA). This change will drive the integration and coordination between Behavioral Health Organizations (BHOs) and Managed Care Organizations (MCOs) that allows for individuals to receive whole person care. This change will also alter how information is shared between the State and the BHOs. It is vital for North Sound BHO to take the steps necessary to develop a culture of quality with its providers that can adapt to these changes and

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instill creativity in process delivery. These future changes will allow North Sound BHAs to maintain and exceed National and State metrics as well as go above and beyond for the individuals that we serve.

In order to keep pace with these changes North Sound BHO must continue to develop innovative methods for both monitoring and incentivizing quality. As the State of Washington moves towards Value Based Payments (VBP), North Sound BHO must analyze the programs and the data that currently exists, as well as identifying any potential gaps, to develop a creative system of payment that will incentivize and enhance the quality of services. North Sound BHO currently uses incentive payments to drive the quality metrics of a few high intensity and specialty programs; however, the goal is to develop a system of services that contains a payment model that is ninety percent value based by the year 2021.

The short term future requires North Sound BHO to work within its constraints, both data and financial, to put quality metrics together that adequately and resourcefully monitor and improve the region's behavioral health system. North Sound BHO must also ensure it has the administrative processes in place to analyze the metrics and follow up with any quality improvement opportunities discovered in the service delivery network. North Sound BHO has begun this process by developing a reporting timeline for all quality reports to be analyzed and deliberated at IQMC. All disciplines are also working together to develop a common method for processing and reviewing all remedial actions that are issued by North Sound BHO as well as those issued to North Sound BHO by its external review organizations. This process will allow for all potential risks in the North Sound BHO region to be discussed in one place to determine if correlation exists.

As healthcare delivery evolves, North Sound BHO must too evolve and take positive action to create a system that not only monitors quality but improves quality. Whether this is done by identifying potential risks to the North Sound BHO delivery network or by expanding the current data set to move towards quality metrics that analyze whole person care on a more granular level, North Sound BHO must not only keep pace with change but become a champion for change.

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Quality Management Work Plan

This work plan lays out the tasks and timelines for overseeing the quality activities found in the North Sound BHO Quality Management Plan for calendar year 2017. Each oversight area in the Quality Management Work Plan is monitored as noted in the QM Report Area column of the plan, followed by the name of the report, the metric used to monitor the task, and the data source for each metric. The reporting structure for each activity is outlined as well as the staff responsible and the method of reporting. The work plan also acknowledges each applicable WAC, RCW, CFR, or Contract requirement that is the foundation for each oversight area.

QM REPORT AREA: AVAILABILITY OF SERVICES					
Monitoring Area	Report	Measurement	Authorizing Source	Responsible Staff	Reporting Structure & Timeline
Maintain and Monitor Network of Appropriate Providers	VOA Access Line Report	Access Line services are provided in accordance with contract; in a manner that is friendly, responsive, includes safety screening, etc.	PIHP Contract; North Sound BHO-VOA Contract	QS Adult; QS SUD	Biannually - IQMC
Second Opinion	Second Opinion Report	Count of appropriate second opinion requests, count screen out, rate of consults completed in 30 days, and agreement rate between first and second opinions	WAC 388-877-0680; DBHR PIHP and State Contracts	QS Adult	Annually - IQMC, QMOC, EQRO
Out of Network Services	Out of Network Report; Chart Review	Review BHA charts receiving subcontracted medically necessary services from providers outside the BHA.	PIHP 10.9.1; BHSC 8.3.21	QS Children	Annually - IQMC, EQRO
Timely Access	Access to Services Timeline Report	Eligible individuals are offered/able to access an intake evaluation/assessment appointment within 10 business days (routine) or 3 business days (expedited) of their request for service at least 90% of the time.	PIHP Contract Section 6.5; BHSC 6.5.4 and 8.4.3.2.6	QS Adult	Quarterly - IQMC, BHAs Annually - QMOC, EQRO

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QM REPORT AREA: AVAILABILITY OF SERVICES					
Monitoring Area	Report	Measurement	Authorizing Source	Responsible Staff	Reporting Structure & Timeline
Timely Access	Administrative Audit; Crisis Chart Review	Ensure Care Crisis (VOA) is dispatching cases to Emergency Services staff in the appropriate counties and monitoring timely response from ES staff (within 10 minutes). Care Crisis is also responsible for documenting the disposition of the dispatch from the DMHP/ES worker and recording the time the DMHP/ES worker arrived at the outreach location.	42 CFR 438.206; WAC 388-877A0230	QS Crisis	Annually - ICRS, IQMC, EQRO
Timely Access	Administrative Audit; Crisis Chart Review	Ensure Care Crisis (VOA) is responding to calls from the community, triaging those calls in a timely manner. Abandon rate should not exceed 5%, Response to call should be 30 seconds or less 90% of time	42 CFR 438.206; WAC 388-877A0230	Quality Manager Crisis	Annually - ICRS, IQMC, EQRO
Timely Access	BHAS	Count of closed screens that occur with within 10 business days from WISE referral.	PIHP; WISe Quality Management Plan	QS Children	Quarterly - DBHR Annually - IQMC
Timely Access	BHAS	Count of WISE enrolled individuals who received an initial full assessment within 30 days of the CANS screen.	PIHP; BHSC 13.2.11.2; WISe Manual	QS Children	Quarterly - DBHR Annually - IQMC
Timely Access	ICRS Dashboard	Crisis outreach/ITA ensure that a crisis dispatch not exceed two hours 95 % of time	42 CFR 438.20; BHSC 8.4.3.2.1; DSHS SMHC Contract 15.2.2.1	Quality Manager Crisis	Bimonthly - ICRS Annually - ICRS, IQMC, EQRO

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QM REPORT AREA: AVAILABILITY OF SERVICES					
Monitoring Area	Report	Measurement	Authorizing Source	Responsible Staff	Reporting Structure & Timeline
Timely Access	ICRS Dashboard; BHA Reports	CPIT teams will be providing voluntary crisis outreach services to the community	42 CFR 438.206; DSHS SMHC Contract 15.2.2.1	Quality Manager Crisis	Annually - ICRS, IQMC, EQRO
Timely Access	Interim Services	Interim Services by provider is monitored to ensure guidelines are met; unique individuals in Interim Services: # of days; date of first contact; date interim services began; date out of interim services; reason why out of interim services	SABG Contract	QS SUD	Monthly - DBHR Annually - IQMC
Timely Access	Local Oversight Coordination Report	Ensure coordination with local partners	not applicable	Quality Manager Crisis	Annually - IQMC, EQRO
Timely Access	Regional Meeting Report	Ensure coordination with State and regional partners	not applicable	Quality Manager Crisis	Annually - IQMC, EQRO
Timely Access	VOA Monthly Report	Monitor VOA Chat Pilot program performance measures with national established standards	Contract still being written	QS Crisis	Biannually - ICRS, IQMC, QMOC
Timely Access	Wait List	Wait List by provider is monitored to ensure guidelines are met; Unique individuals on Wait List: # of days; date of first contact; date off wait list; reason off wait list	SABG Contract	QS SUD	Monthly - DBHR Annually - IQMC

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QM REPORT AREA: ASSURANCE OF ADEQUATE CAPACITY AND SERVICES					
Monitoring Area	Report	Measurement	Authorizing Source	Responsible Staff	Reporting Structure & Timeline
Adequate Capacity	ICRS Dashboard; Crisis Chart Review	Monitor Single Bed Certification usage in the region	42 CFR 438.206; WAC 388-865-0526; BHSC 12.7.1; Community Psychiatric Inpatient Instructions and Requirements; North Sound BHO Policy 1728	Quality Manager Crisis	Annually - ICRS, IQMC, EQRO
Adequate Capacity	EBP Report	Explore and verify the percentage of youth that are receiving EBP's	PIHP 9.7.2; BHSC 10.4	QS Children	Semiannual - IQMC, FYSPRT, QMOC
Adequate Capacity	SUD Capacity Management	Real time monitoring of when SUD provider network reaches 90% of capacity; Providers monitor their available access for those requesting services; Wait Lists; Interim Services; Residential Bed Tracker	SABG Contract	QS SUD	Annually - IQMC As Requested - DBHR
Adequate Capacity	WISe Capacity Report	Analyze the number of individuals enrolled in WISe and compare to contracted target number	PIHP	QS Children	Bi-monthly - FYSPRT, DBHR Annually - IQMC
Adequate Capacity	ICRS dashboard; Triage Chart Review	Crisis stabilization beds are monitored to ensure appropriate utilization of the beds	42 CFR 438.100 and 114; WACs 388-865-0820 through 0880 and 388-877A 0260; DSHS SMHC Contract 15.2.1.2; North Sound BHO Policies 1701, 1719	QS Crisis	Bimonthly - ICRS Annually - IQMC, EQRO

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QM REPORT AREA: COORDINATION AND CONTINUITY OF CARE					
Monitoring Area	Report	Measurement	Authorizing Source	Responsible Staff	Reporting Structure & Timeline
Cross System Coordination	CIS Care Coordination Report	Unduplicated totals of Care Coordination service categories to include delineation of other systems/entities Care Coordination occurs with	PIHP 12	QS Adult	Annually - IQMC
Cross System Coordination	CIS 837P encounter code; Chart Review	Recording EPSDT to the BHO and following appropriate timelines - improving reporting out from providers to come within a 90% percentage of the report out from VOA.	WAC 182-534-0100; North Sound BHO Policy 1550	QS Children	Annually - IQMC, QMOC, EQRO
Cross System Coordination	FYSPRT Quarterly Report	Narrative + deliverable submitted by contractor	FYSPRT Contract	QS Children	Quarterly - DBHR Annually - IQMC
Cross System Coordination	Outpatient Chart Review	Outpatient Programs are monitoring least restrictive orders appropriately	RCW 7105320, 7105340, 7105.700-715, 7134.780; WAC 388.865.245.2(a)(b), WAC 388.877a.0195; North Sound BHO Contract; North Sound BHO Policies 1561, 1562; North Sound BHO Crisis Module	Quality Manager Crisis	Annually - IQMC, QMOC
Intra-Network Coordination	Western State Hospital Tracking Sheet	Track the rate of diversion of individuals referred to the state hospital into appropriate community placements	BHSC 4.8; North Sound BHO Policy 1578; Exhibit D	QS Adult	Annually - IQMC

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QM REPORT AREA: COVERAGE AND AUTHORIZATION OF SERVICES					
Monitoring Area	Report	Measurement	Authorizing Source	Responsible Staff	Reporting Structure & Timeline
Medical Necessity	E&T Seclusion and Restraint Report	Seclusion and restraint usage is monitored at both Evaluation and Treatment facilities to ensure appropriate usage via CIS daily report, ICRS dashboard, E&T chart review	42 CFR 438.100, 42 CFR 483, 42 CFR 482; WAC 246-337-110, WAC 388-865-0545; DSHS SMHC Contract 15.2.1.4; North Sound BHO Policy 1541	QS Crisis	Bimonthly - ICRS Annually - IQMC, EQRO
Medical necessity	Jail Services Review Report	Jail Services provided to inmates in Snohomish County Jail meet contract expectations in NSBHO-Snohomish County Contract "Scope of Work" and "Services to be Provided" sections	Contract with Snohomish County	QS Adult	Annually - IQMC, QMOC, EQRO
Authorization of Services	Authorization / Reauthorization Timeline Report	Authorizations are completed within 14 calendar days (standard) or 3 business days (expedited) of request for authorization at least 90% of the time.	42 CFR 438; PIHP Contract 6.8; BHSC 6.8	QS Adult; QS SUD	Annually - IQMC, QMOC, EQRO
Authorization of Services	Inpatient Authorization Retro Exceptions	Monitor Hospital Retro Auth Exception per policy	PIHP	QS Crisis	Annually - IQMC
Authorization of Services	VOA Annual Review and Report	Review Voluntary Auth/Denials, Region Voluntary Capacity issues and Hospitalization Trends	PIHP 6.7; BHSC 6.12	QS Crisis	Annually - IQMC, EQRO

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QM REPORT AREA: CONFIDENTIALITY					
Monitoring Area	Report	Measurement	Authorizing Source	Responsible Staff	Reporting Structure & Timeline
Confidentiality	HIPAA compliance monitoring	Confirmed internal and external breaches and potential breaches, type, originator (BHO-BHA), resolution, if potential breach investigation determines a breach was made it results in critical incident and reporting per PIHP and OCR, opportunities for improvement	45 CFR 164.400-414; HIPAA Breach Notification Rule	Privacy Officer; Alternate Privacy Officer; Admin Assistant to Privacy Program	Quarterly - IQMC

QM REPORT AREA: GRIEVANCE AND APPEAL SYSTEM					
Monitoring Area	Report	Measurement	Authorizing Source	Responsible Staff	Reporting Structure & Timeline
Notice of Action	DBHR Quarterly Grievance Report	Aggregate information (WISe and non-WISe) for all NOAs	42 CFR 431, 42 CFR 438 Subpart F; WAC 388-877-0660, 388-877-0654 through 388-877-0680; PIHP; BHSC 7.4.5	Operations Manager; QS Adult; Grievance System Admin Assistant	Quarterly - IQMC, QMOC, DBHR

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QM REPORT AREA: GRIEVANCE AND APPEAL SYSTEM					
Monitoring Area	Report	Measurement	Authorizing Source	Responsible Staff	Reporting Structure & Timeline
Grievances	DBHR Quarterly Grievance Report	Aggregate information (WISe and non-WISe) for all grievances. Includes both BHO-level and BHA-level grievances.	42 CFR 431, 42 CFR 438 Subpart F; WAC 388-877-0660, 388-877-0654 through 388-877-0680; PIHP; BHSC 7.4.5	Operations Manager; QS Adult; Grievance System Admin Assistant	Quarterly - IQMC, QMOC, DBHR
Appeals	DBHR Quarterly Grievance Report	Aggregate information (WISe and non-WISe) for all appeals	42 CFR 431, 42 CFR 438 Subpart F; WAC 388-877-0660, 388-877-0654 through 388-877-0680; PIHP; BHSC 7.4.5	Operations Manager; QS Adult; Grievance System Admin Assistant	Quarterly - IQMC, QMOC, DBHR
Fair (Administrative) Hearings	DBHR Quarterly Grievance Report	Aggregate information (WISe and non-WISe) for all fair hearings	42 CFR 431, 42 CFR 438 Subpart F; WAC 388-877-0660, 388-877-0654 through 388-877-0680; PIHP; BHSC 7.4.5	Operations Manager; QS Adult; Grievance System Admin Assistant	Quarterly - IQMC, QMOC, DBHR

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QM REPORT AREA: SUB CONTRACTUAL RELATIONSHIPS AND DELEGATION					
Monitoring Area	Report	Measurement	Authorizing Source	Responsible Staff	Reporting Structure & Timeline
Sub contractual Relationships and Delegation	Ombuds Quarterly Report	Provides reports and formalized recommendations at least biennially to DBHR and BHO advisory and governing boards, local consumer and family advocacy groups, QRT and the BHO provider network.	WAC 388-865-0262; BHSC 7.1.4	Ombuds	Quarterly - IQMC, QMOC, Advisory Board

QM REPORT AREA: HEALTH INFORMATION SYSTEMS					
Monitoring Area	Report	Measurement	Authorizing Source	Responsible Staff	Reporting Structure & Timeline
Encounter Data Validation	Encounter Data Validation Report	Review BHA charts for accuracy of state defined encounters.	PIHP contract 9.7.2	Quality Improvement Coordinator; QS Adult	Annually - IQMC, DBHR

QM REPORT AREA: QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT					
Monitoring Area	Report	Measurement	Authorizing Source	Responsible Staff	Reporting Structure & Timeline
Data Reports	Children's Long-Term Inpatient (CLIP) Review	CLIP demographics; Count youth who admitted to CLIP in 12 month time frame by ITA an voluntary; ITAs by county location; CANS Pre/post CLIP; Average LOS CLIP, Average LOS IP prior to CLIP; count enrolled in OP prior/post to CLIP with CALOCUS level; count private insurance	PIHP 17.4.2; BHSC 13.2	QS Adult	Annually - IQMC, QMOC, FYSPT

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QM REPORT AREA: QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT					
Monitoring Area	Report	Measurement	Authorizing Source	Responsible Staff	Reporting Structure & Timeline
Data Reports	Compliance - Program Integrity - Fraud and Abuse	Total number of cases, how they are reported (staff/enrollee-family member/DBHR/BHA); categorization of the type of determination	PIHP; North Sound BHO Policy 2011	Compliance Officer	Quarterly - IQMC Annually - IQMC
Utilization Review	Denial Review Request Report	DRRs from Providers are reviewed by NS BHO to determine if the DRR will be upheld or overturned	43 CFR 438; PIHP Contract Section 6; BHSC 6.13.4	QS Adult	Annually - IQMC, EQRO
Utilization Review	Geriatric Transition Services Review and Report	GTS services are provided appropriately to the correct individuals; at the necessary intensity; interventions provided are matched to needs	North Sound BHO Contract with Sunrise Services	QS Adult	Annually - IQMC
Utilization Review	Infant/Toddler Mental Health	Count mental health diagnoses in the 0-3/5 within our providers.	Access to Care Standards; DC-03R	QS Children	Annually - IQMC, QMOC, FYSPT
Utilization Review	IDDT Annual Review and Report	IDDT services are provided appropriately (to the correct individuals; at the necessary intensity; interventions provided are matched to needs).	North Sound BHO-Sunrise IDDT contract	QS Adult	Annually - IQMC
Utilization Review	IOP Annual Review and Report	IOP services are provided appropriately to the correct individuals; at the necessary intensity; interventions provided are matched to needs	North Sound BHO Policy 1567	QS Adult	Annually - IQMC
Utilization Review	Outpatient Episode Dashboards / LOCUS level Report	Intensity of services based off of CA/LOCUS level	42 CFR 440.220, 42 CFR 438.210; PIHP 5.5.2-3, PIHP 6; North Sound BHO Policy 1565	QS Children	Annually - IQMC, QMOC, EQRO

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QM REPORT AREA: QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT					
Monitoring Area	Report	Measurement	Authorizing Source	Responsible Staff	Reporting Structure & Timeline
Utilization Review	PACT Review Report	PACT services are provided to appropriately (to the correct individuals; at the necessary intensity; interventions provided are matched to needs) and in accordance to WA PACT Standards	BHSC; North Sound BHO Policy 1563	QS Adult	Annually - IQMC
Utilization Review	Residential Concurrent Review Report	Mental health services provided in a residential setting meet clinical expectations for outpatient mental health service provision and exceed residential per diem services.	WACs 246-337, 388-78A, 388-865, 388-877 388-877A; North Sound BHO Contract	QS Adult	Annually - IQMC, EQRO
Utilization Review	Routine Utilization Review Report	Individual BHA and Regional Compliance rates per Routine UR questions/standards	42 CFR 438; PIHP and SMH Contracts; Provider Contracts	QS Adult; QS SUD	Annually - IQMC, QMOC, EQRO
Utilization Review	WISe Annual Report - Children	Enrollee Info: # served, demographics, days from actual referral to screen/ screening timeline, average # of CFTs/ CFT interval, WISe LOC, # of crisis outreach, # of inpatient days, WISe LOS, + CALOCUS at entry /exit, CANS entry/exit. System Info: Count of staff by role, capacity, expansion targets and percentage met, aggregate audit results	WISe Quality Management Plan	Quality Specialist Children	Annually - IQMC, QMOC, FYSPRT
Utilization Review	WISe Chart Review	Monitor adherence to the WISe manual and Wraparound Facilitation	WAC 388-788-0350	Quality Specialist Children	Annually – IQMC, QMOC, FYSPRT

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QM REPORT AREA: QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT					
Monitoring Area	Report	Measurement	Authorizing Source	Responsible Staff	Reporting Structure & Timeline
Risk Assessment	Risk Assessment	A structured means of identifying, assessing and rating the risks faced by the organization within the context of its financial reporting processes, operations and compliance with laws and regulations	PIHP; North Sound BHO Policy 2001	Compliance Officer	Annually - Leadership Team, IQMC, Governance and Operations Committee, County Authorities Executive Committee
Critical Incident Reporting	Critical Incident Report; Annual CIRC Report	Type and Count of CI reported by BHA, screened out by BHO, and reported to DBHR	WAC 388-877-0420, 388-877-0200, 388-877-0410, 388-877-0420; PIHP	QS Adult	Annually - IQMC, QMOC, EQRO
Individual Satisfaction	Customer Satisfaction Surveys	The percentage of individuals that are satisfied with services.	WAC 388-865-0266	QRT	Annually - IQMC, QMOC, Advisory Board
Individual Satisfaction	Customer Service Report	Calls per month, type of call, funding source and resolution.	BHO contract	QS Children	Annually - IQMC, COT

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Appendix I: Acronym List

BBA	Balanced Budget Act
BHA	Behavioral Health Agency
BHAS	Behavioral Health Assessment System
BHSC	Behavioral Health State Contract
CANS	Child and Adolescent Needs and Strengths
CALOCUS	Child and Adolescent Level of Care Utilization System
CDP	Chemical Dependency Professional
CFR	Code of Federal Regulation
CFT	Child and Family Team
CIS	Consumer Information System
CLAS	Culturally and Linguistically Appropriate Services
CLIP	Children’s Long-Term Inpatient Program
CMS	Center for Medicaid and Medicare Services
CPIT	Crisis Prevention Intervention Team
CQIP	Coordinated Quality Improvement Program
DBHR	Division of Behavioral Health and Recovery
DMHP	Designated Mental Health Professional
DSHS	Department of Social and Health Services
E&T	Evaluation and Treatment
EBP	Evidence-Based Practices
EDV	Encounter Data Validation
EPSDT	Early and Periodic Screening, Diagnostic and Treatment
EQRO	External Quality Review Committee
ES	Emergency Services
Executive Committee	County Authorities Executive Committee

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FYSPRT	Family, Youth, System Partner Roundtable
GTS	Geriatric Transition Services
HCA	Health Care Authority
HIPAA	Health Insurance Portability and Accountability Act
ICRS	Integrated Crisis Response System
IDDT	Integrated Dual Disorder Treatment
IOP	Intensive Outpatient Program
IQMC	Internal Quality management Committee
IS/IT	Information Systems / Information Technology
ITA	Involuntary Treatment Act
LOC	Level of Care
LOCUS	Level of Care Utilization System
MCO	Managed Care Organization
MHP	Mental Health Professional
MIS	Management Information System
NAMI	National Alliance on Mental Illness
NOA	Notice of Action
North Sound BHO	North Sound Behavioral Health Organization
OIG	Office of Inspector General
PACT	Program for Assertive Community Treatment
PHI	Protected Health Information
PIP	Performance Improvement Project
PIHP	Prepaid Inpatient Health Plan
QMOC	Quality Management Oversight Committee
QOC	Quality of Care
QRT	Quality Review Team

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QS	Quality Specialist
RCW	Revised Code of Washington
SABG	Substance Abuse Block Grant
SERI	Service Encounter Reporting Instructions
SMHC	State Mental Health Contract
SOC	System of Care
SUD	Substance Use Disorder
UR	Utilization Review
VBP	Value Based Payments
VOA	Volunteers of America
WAC	Washington Administrative Code
WISe	Wraparound with Intensive Services

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Appendix II: Performance Improvement Projects

Mental Health Treatment Penetration

Definition: The percentage of members with a mental health service need who received RSN/BHO outpatient mental health services in the measurement year.

Denominator: An individual must have an indication of a mental health treatment need and an individual must be continuously enrolled in Medicaid for the 11 months covered by the reporting period and reside in the BHO service area in at least 11 of the 12 months in the measurement year.

Numerator: The individual must meet all of the conditions of the denominator and receive one of the state plan modality services or additional support services as defined by the [1519/5732 Mental Health Treatment Penetration Measure Definition](#) draft document.

Process for receiving data: North Sound BHO will attempt to replicate this measure through its own internal data reporting procedures. This report will be run semi-annually as a quality improvement activity.

Follow up process: Each report will be given to North Sound BHOs Internal Quality Management Committee (IQMC) to determine what actions and/or sanctions need to be taken. Upon receipt of the DSHS report, North Sound BHO will compare the data received with the data generated through its own internal data reporting procedures.

Psychiatric Inpatient Readmission

Definition: For members 18 years of age and older, the proportion of acute inpatient psychiatric stays during the measurement year that were followed by an acute psychiatric readmission within 30 days.

Denominator: An inpatient stay is identified by using community hospital episodes, evaluation and treatment center episodes, state hospital release, CLIP/CSTC data and meets the index criteria outlined in the [1519/5732 Psychiatric Inpatient Readmissions Measure Definition](#) draft document. For an inpatient stay to be included the individual must reside in the BHO service area continuously for 11 out of 12 months up to and including the index-event and Medicaid-enrolled continuously for 12 months up to and including the index-event.

Numerator: The individual must meet all of the conditions of the denominator and have a hospitalization that occurred greater than 1 day after the initial hospitalization.

Process for receiving data: North Sound BHO will attempt to replicate this measure through its own internal data reporting procedures. This report will be run semi-annually as a quality improvement activity.

Follow up process: Each report will be given to North Sound's Internal Quality Management Committee (IQMC) to determine what actions and/or sanctions need to be taken. Upon receipt of the DSHS report, North Sound BHO will compare the data received with the data generated through its own internal data reporting procedures.

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Substance Use Disorder Treatment Penetration

Definition: The percentage of members with a substance use disorder treatment need who received substance use disorder treatment in the measurement period.

Denominator: All individuals must display a substance use disorder treatment need and an individual must be continuously enrolled in Medicaid for the 11 months covered by the reporting period and reside in the BHO service area in at least 11 of the 12 months in the measurement year.

Numerator: The individual must meet all of the conditions of the denominator and receive one of the state plan modality services or additional support services as defined by the [1519/5732 Alcohol and Drug Treatment Penetration Measure Definition](#) draft document in the 12-month measurement year.

Process for receiving data: North Sound BHO will attempt to replicate this measure through its own internal data reporting procedures. This report will be run semi-annually as a quality improvement activity.

Follow up process: Each report will be given to North Sounds Internal Quality Management Committee (IQMC) to determine what actions and/or sanctions need to be taken. Upon receipt of the DSHS report, North Sound BHO will compare the data received with the data generated through its own internal data reporting procedures.

SUD Treatment Initiation and Engagement

Definition: Initiation- Percent of adult and youth SUD outpatient and intensive outpatient service episodes where the client received at least one face-to-face treatment session within the 14 days following the start of a SUD OP/IOP service episode. **Engagement-** Percent of adult and youth SUD outpatient and intensive outpatient service episodes where the client received at least two face-to-face treatment sessions within the 30 days following “initiation” of SUD treatment during an OP/IOP service episode.

Denominator: An individual must have an outpatient or intensive outpatient episode as defined by the [1519/5732 SUD Treatment Initiation and Engagement Measure Definition](#) draft document during the intake period and must be continuously enrolled in Medicaid and continuously reside in the BHO service area for 60 days before the episode start date and 44 days after the episode start date.

Numerator: Initiation- occurrence of at least one face-to-face outpatient treatment session within 14 days following the start of a new SUD outpatient or intensive outpatient service episode or at least one day of either a) residential SUD treatment or b) Opiate Substitution treatment. **Engagement-** occurrence of at least two additional days of any qualifying SUD treatment within the 30 days following initiation of SUD treatment.

Process for receiving data: North Sound BHO will attempt to replicate this measure through its own internal data reporting procedures. This report will be run semi-annually as a quality improvement activity.

Follow up process: Each report will be given to North Sounds Internal Quality Management Committee (IQMC) to determine what actions and/or sanctions need to be taken. Upon receipt of the DSHS report, North Sound BHO will compare the data received with the data generated through its own internal data reporting procedures.