

**NORTH SOUND  
MENTAL HEALTH ADMINISTRATION**

**QUALITY MANAGEMENT OVERSIGHT COMMITTEE  
COMMITTEE MEETING PACKET**

**July 26, 2006**

## QMOC GUIDING PRINCIPLES

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

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

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

**Draft July 26, 2006**  
**NORTH SOUND MENTAL HEALTH ADMINISTRATION**  
**QUALITY MANAGEMENT OVERSIGHT COMMITTEE AGENDA**

Date: July 26, 2006  
Time: 12:30-2:30 PM  
Location: NSMHA Conference Room  
For Information Contact Meeting Facilitator Greg Long, NSMHA, 360-416-7013

<b>Topic</b>	<b>Objective</b>	<b>ACTION NEEDED</b>	<b>Discussion Leader</b>	<b>Handout available pre-mtg</b>	<b>Handout available at mtg</b>	<b>Tab</b>	<b>Time</b>
Introductions	Welcome guests, presenters and new members		Chair				5 min
Review and Approval of Agenda	Ensure agenda is complete and accurate, determine if any adjustments to time estimates are needed.  Meeting will start and end on time.	Approve agenda	Chair	Agenda			5 min
Review and Approval of Minutes of Previous Meeting	Ensure minutes are complete and accurate	Approve minutes	Chair	Minutes		1	5 min
Announcements	Inform QMOC of news, events and other important items <ul style="list-style-type: none"> <li>• New NSMHA Staff Positions</li> <li>• Children E &amp; T</li> <li>• FBG Grants</li> <li>• MHD Audit</li> <li>• Dropping consent for Treatment by People on LRs</li> <li>• Payment of filing fees</li> </ul>		All				15 min
Comments from the Chair	Update the committee on recent developments that impact QMOC- <ul style="list-style-type: none"> <li>• Board</li> </ul>	-	Chair				5 min

	action						
Stolen laptop and release of consumer PHI	Update and status report on this regrettable incident		GREG LONG	Draft letter to consumer. Staff information Announcement		2	15 min
New Authorization Process	NSMHA is under a corrective action plan to develop a new authorization process	Informational	GREG LONG	Draft-Authorization Policy--1505		3	10
Draft-Charter QMOC Policy Sub-Committee	QMOC Policy Sub-Committee will provide a process to review policies in more detail and more efficiently than QMOC. It will make recommendations to QMOC.		GREG	Draft QMOC Policy Sub-Committee Charter		4	10
Update on Documentation Flow Chart							10 min
Date and Agenda for Next Meeting	Ensure meeting date, time and agenda are planned.		All				5 min
*Review of Meeting	Were objectives accomplished? How could this meeting be improved?		All				5 min

Next meeting August 23, 2006

### Potential Agenda Items

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

**June 28, 2006**

**12:30 – 2:30**

**DRAFT MINUTES**

**Present:**

Gary Williams, QMOC Chair, Board of Directors,  
Human Services Supervisor, Whatcom County  
Greg Long, NSMHA  
Karen Kipling, VOA  
Susan Ramaglia, NAMI Skagit  
Chuck Davis, Skagit County Mediation Services  
Deborah Moskowitz, Skagit County Mediation  
Services

**Absent (not excused):**

Nancy Jones, Snohomish County Human Services  
Janelle Sgrignoli, Snohomish County Human  
Terry Clark, Compass Health  
Services  
Joan Lubbe, NSMHA Advisory Board  
Russ Hardison, Sea Mar  
Terry McDonough, Snohomish County Mental  
Health ITA  
Mike Manley, Snohomish County Human Services  
Dan Bilson, NSMHA Advisory Board  
Mary Good, NSMHA Advisory Board  
Maile Acoba, Skagit County Coordinator

**Excused:**

Janet Lutz-Smith, Whatcom County Advisory Board  
Dr. June LaMarr, Tulalip Tribes  
Nancy Jones, Snohomish County Human Services

**Others Present:**

Diana Striplin  
Charissa Fuller  
Debra Jaccard

**1. Open the Meeting & Comments from the Chair**

The meeting was convened at 12:40 p.m. and introductions were made.

**2. Agenda**

No additions were made to the agenda.

**3. Approval of March Minutes**

The minutes from March were reviewed. A motion was made to approve the minutes as written.  
Motion seconded, all in favor.

**4. Announcements**

Gary announced that Wendy Klamp is no longer the Quality Manager at NSMHA and Greg Long will be standing in as co-chair for this committee until a new person is hired in this position. Greg asked all to bear with NSMHA as we look for someone to carry out this role. NSMHA is currently advertising and soliciting applicants.

Gary noted appreciation for June LaMarr taking this committee's recommendations to the Board of Directors on contested policies and procedures. Gary noted making these recommendations was challenging and commended QMOC for their work.

Gary noted the issue of documentation in QMOC has arisen a couple of times and drew attention to a flowchart developed by NSMHA showing how challenging documentation requirements are. Gary suggested examining to see what can be combined/eliminated to reduce the paperwork responsibility on provider staff while still meeting requirements.

## **5. Quality Management Department Report**

QM department reports for May and April were handed out and Greg updated on current projects:

- Authorization/Treatment Plan workgroups
- North Sound and King RSN have submitted a joint proposal for a children's E&T facility. Karen asked where this would be. Greg noted the proposal was to convert the Mukilteo facility to a children's E&T, then move the adult beds from Mukilteo into Bailey Center. Susan asked if there would be any increases in beds, Greg noted there would be one.
- A \$318,000 increase in Federal Block Grant funding has been received and proposals are being received on how to distribute this.
- Jail services program – Greg noted we are able to present data to the State on this program for the first time this month.

## **6. Policy Workgroup**

Gary noted this workgroup was suggested to work on any problems with policies that need to be discussed at length. Greg noted that this type of policy review committee is being developed out of QMC and it would be a good process to do the same for QMOC. Greg noted that over the past few years NSMHA has been forced to develop a high number of policies, provider input is needed but there is often little time to do this. Gary noted when we have larger attendance we will discuss structure of this workgroup.

## **7. Policies to be Approved**

1537.0 Greg noted this policy has been approved by the regional ICRS committee. Susan asked if the hospitals have been involved, Greg noted this policy is for how our staff responds but it is likely there may be some resistance from hospitals. Collaboration is needed with ER staff. Susan expressed concern that people in the hospitals are not falling through the cracks. Debra noted ED's are struggling with this, they do not want to order unnecessary medical tests, but we feel this is in support of our consumers. Gary noted when the Bellingham triage center opens there will be another portal for this. Deborah noted people refusing to have medical tests is a barrier to their service. Greg noted there will be more discussions with ER's. Gary asked to be a part of future meetings with St. Joseph hospital, Debra agreed.

A motion was made to accept the policy. Motion seconded, all in favor.

1538.0 Greg noted this policy was written to clarify the process when a consumer is terminated from service. Rochelle asked if this policy went through QMC as she was told it was not. Chuck Benjamin noted this went from QMC to Management Council, who approved the policy, then it was sent back to QMC.

A motion was made to approve the policy, motion was seconded, all in favor.

1713.0 Greg noted this policy was written to clarify shift change misunderstandings. The ICRS committee has approved the policy.

A motion was made to approve the policy. The motion was seconded, all in favor.

### **8. Ombuds Report**

Chuck Davis went through the Ombuds Report. A key recommendation was to examine hospitalization and involuntary treatment. Diana asked about data flow of Ombuds data, Chuck noted Ombuds sent a complete copy of their report as well as a sheet on recommendations on problems in quality, so the Exhibit N report will contain data from Ombuds.

Gary asked about allocation of Flex Funds, since the Planning committee allocated a certain amount of money. Is there documentation to show Flex Funds are gone? Greg noted he asked Dean Wight at Compass Health about this and was told Flex Funds were not gone but were used for this period of time. Greg noted there needs to be prioritization for how Flex Funds are used. Greg acknowledged there is a lack of flex funds in the system. Chuck noted Flex Funds help greatly for the small amount of money that can be provided. Gary asked Rochelle if there is documentation on how Flex Funds were spent. Rochelle noted she is sure that was tracked but the funds were spent very quickly as they were reduced greatly. Gary noted we need to advocate this need to the state. Diana will put forward this request for an increased need of Flex Funds in her reporting to the State.

### **9. MHD Report on NSMHA reported deaths and Critical Incident program**

Debra Jaccard noted on February 22<sup>nd</sup> a meeting with NSMHA and MHD was held after a high number of critical incidents were reported. Other RSN's in the state are not reporting incidents to a level close to NSMHA. The State is not requiring by contract this regions level of reporting but have indicated they will add this to coming contracts. Greg noted the state should want to know number of deaths of people in services. Debra noted until the required reporting is clear and consistent there is no way to compare our level of deaths to other regions. Chuck Davis commended Debra and the Critical Incident Review Committee for their work in this area.

### **10. EQRO Report**

Greg noted the State has re-contracted with the same EQRO organization. The main finding from the EQRO visit was a need for research design applied to performance indicator projects. An exact date on when they will come back has not been given.

### **11. High Intensity Workgroup Draft Policy & Recommendations**

Debra noted this policy was going to be renamed by consumers. Greg noted this policy was sent to the Advisory Board to rename, they decided not to rename it and took no action. Debra noted this policy is functionally referred to as "match", Deborah Moskowitz noted some clinicians still refer to it as "Hit" and some clients are confused by the name of this service. A name needs to be formally adopted so that it can be approved. The policy will be taken back to Advisory Board where emphasis will be put on the importance of naming this policy.

### **12. Hospital Inpatient Reduction Workgroup**

Debra a group of stakeholder representatives met to examine issues contributing to hospital inpatient utilization and reviewed a summary of that meeting. Group discussion followed.

Greg noted that Sound Data and the majority of NSMHA's providers are making a major redesign of the consumer information system and will be using an electronic medical record. Debra will speak to Michael about what this entails. Gary stated the need for our data system to flag acuity.

A simple process to flag high-lethality behaviors need to be flagged for risk management.

Debra asked how to proceed with this workgroup's recommendations. Diana asked where functionality lies with this because there cannot be a gap between provider/RSN roles. The committee made a consensus agreement that these recommendations go back to IQMC to develop specific action steps before coming back to QMOC. Greg requested a grid showing the priority as well as the feasibility and what the action plan would be.

### **13. Exhibit N**

Diana reviewed the Exhibit N report and noted this is an action item. This report has gone through IQMC and QMC, QMOC can add on recommendations. Recommendations have been made to the on medications, examining access to services, continuing broad and consistent reporting, continuing to watch dignity and respect of consumers, take the issue of inpatient capacity to Management Council and Planning Committee, and take Ombuds concerns with fallout for consumers when there is tension in the system. Diana noted the issue of further study and review of Flex Funds seems to be a recommendation to be part of the Exhibit N report. Greg noted funding may be carved out from the Federal block grant funding. Diana noted this funding needs to be studied to find how it is managed. Rochelle questioned if it was the proper role for QMOC to discuss contracting and Diana noted this committee can make recommendations to the Board for contract priorities.

A motion was made to state the need to increase allocation for Flex Funds be a priority for next contract negotiations in the Exhibit N report. Motion seconded, all in favor.

A separate motion was made that the recommendations made to the Exhibit N report be approved to go forward to the Board of Directors. Motion seconded, all were in favor.

### **14. Date and Agenda for Next Meeting**

Wednesday July 26<sup>th</sup> 2006.

### **15. Adjourn**

The meeting was adjourned at 2:49 p.m.

Respectfully submitted,

Shannon Solar

Please Note:

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

*(Sound Data Letterhead)*

July 17, 2006

Dear Health Services Client,

Sound Data Services, a division of Compass Health, discovered on June 28, 2006 that a laptop computer was stolen that may have contained your personal health information. Sound Data Services administers a database of health information for several health care agencies in a five-county region, including bridgeways, Catholic Community Services, Compass Health, Lake Whatcom Residential & Treatment Center, SeaMar, Snohomish County Human Services, Volunteers of America and Whatcom Counseling & Psychiatric Services. There are three important things to know:

- 1. This affects a limited number of persons served by the above agencies who had changes in their demographic information since October 1, 2005.**
- 2. There is no indication that the stolen information has been used for identity theft.**
- 3. A police report was immediately filed and every effort is being made to recover the laptop computer.**

The stolen data includes items such as Social Security numbers, along with other clinical and demographic information. Compass Health believes the stolen data would be accessible only by a skilled technician.

While there is no indication that the stolen data has been used for identity theft, we are working to notify every person who might be affected. Compass Health is extremely sorry for this situation; we understand this may create concern and inconvenience. We try very hard to earn your trust, and that includes protecting sensitive information about you. We are redoubling our efforts to protect all of our client data.

### **What You Can Do**

Call the Compass Health call center **(1-800-508-0059)** if you need assistance or have questions.. The call center is staffed with experts to help you and to answer questions.

Consumer credit experts recommend that you may want to take several steps now to protect yourself from identity theft.

- 1. Contact the fraud departments of any one of the three major credit bureaus listed below.** Have a fraud alert placed on your file.

<u>Credit bureau</u>	<u>Phone# for fraud alert</u>	<u>Web site</u>
Equifax	800-525-6285	<a href="http://www.equifax.com">www.equifax.com</a>
Experian	888-397-3742	<a href="http://www.experian.com">www.experian.com</a>
Trans Union	800-680-7289	<a href="http://www.transunion.com">www.transunion.com</a>

**2. Request a copy of your credit report, which is available free of charge.** Review the information on your credit report carefully to see if any unauthorized changes have been made to your existing accounts. Call 1-877-322-8228 or visit [www.annualcreditreport.com](http://www.annualcreditreport.com) to get a free copy of your credit report.

**3. If you find a problem on your credit report, contact the business where the fraudulent charge occurred.** Talk to someone in that business's security or fraud department. If the fraud is confirmed, you should file a police report. Also please call the helpline at **1-800-508-0059** and let us know that you have filed a police report.

Even if you do not find any signs of fraud on your reports, we recommend that you check your credit report every three months for the next year. Just call one of the numbers above to order your reports and keep the fraud alert in place.

If there is anything we can do to assist you please contact our Helpline at **1-800-508-0059**.

Sincerely,

Jess Jamieson, PhD  
Chief Executive Officer

## *Staff Notification: Non-Compass Health*

July 18, 2006

Compass Health, which manages our client data for us, discovered on June 28, 2006 that a laptop computer was stolen which contained personal health information. There are three important things to know:

- 1. This affects a limited number of persons served by our agency who became a client or had changes in their demographic information since October 1, 2005. Sound Data is sending out letters to all potentially affected persons, with information about steps they should take as a result of this data theft.**
- 2. There is no indication that the stolen information has been used for identity theft.**
- 3. A police report was immediately filed and every effort is being made to recover the laptop computer.**

The stolen data includes items such as Social Security numbers, along with other clinical and demographic information. Compass Health believes the stolen data would be accessible only by a skilled technician.

While there is no indication that the stolen data has been used for identity theft, we are working to notify every person who might be affected. Compass Health is extremely sorry for this situation; we understand this will create concern and inconvenience. We try very hard to earn our clients' trust, and that includes protecting sensitive information about them. We are redoubling our efforts to protect all of our client data.

The staff person whose computer was stolen works for Sound Data Services and did the client data transfer to the NSMHA as part of their job function. As a result of this incident we are currently in the process of adding encryption software on all laptops to ensure such an incident does not occur in the future.

### **What Clients Can Do**

Call the Compass Health call center (**1-800-508-0059**) if they need assistance or have questions.. The call center is staffed with experts to help them and to answer questions.

Consumer credit experts recommend that they may want to take several steps now to protect themselves from identity theft.

1. **Contact the fraud departments of any one of the three major credit bureaus listed below.** Have a fraud alert placed on their file.

<u>Credit bureau</u>	<u>Phone# for fraud alert</u>	<u>Web site</u>
Equifax	800-525-6285	<a href="http://www.equifax.com">www.equifax.com</a>
Experian	888-397-3742	<a href="http://www.experian.com">www.experian.com</a>
Trans Union	800-680-7289	<a href="http://www.transunion.com">www.transunion.com</a>

2. **Request a copy of their credit report, which is available free of charge.** Review the information on their credit report carefully to see if any unauthorized changes have been made to their existing accounts. Call 1-877-322-8228 or visit [www.annualcreditreport.com](http://www.annualcreditreport.com) to get a free copy of their credit report.
3. **If they find a problem on their credit report, contact the business where the fraudulent charge occurred.** Talk to someone in that business's security or fraud department. If the fraud is confirmed, they should file a police report. Also please call the helpline at **1-800-508-0059** and let us know that they have filed a police report.

## **What Staff Can Do**

1. **Support your clients.** Give them accurate information. Assure them that if they did not get the letter, their information was not in the stolen data. Help your clients understand the situation and assist them in contacting the credit bureaus or help line if needed.
2. **Apologize.** Help clients to understand how seriously Sound Data is taking this situation and that they do understand the grave concern and inconvenience this may be causing.
3. **Disclosure Log.** We will be developing a process that puts this information on the disclosure log of each client affected by the incident. Just be aware that this will be occurring sometime soon.

Effective Date:  
Revised Date: 11/15/2005  
Review Date:

**North Sound Mental Health Administration**  
Section 1500 – Clinical: Authorization for Ongoing Outpatient Services

Authorizing Source:

Cancels:

See Also:

Responsible Staff: Quality Manager

Approved by: Executive Director  
Motion #:

Date: 11/21/2005

***DRAFT***

**POLICY #1505.00**

**SUBJECT: AUTHORIZATION FOR ONGOING OUTPATIENT SERVICES**

**PURPOSE**

To ensure consistent application of the NSMHA Clinical Eligibility and Care Standards.

**POLICY**

All persons calling the NSMHA Access Center who are financially eligible as defined in the Clinical Eligibility and Care Standards and who are not in crisis are authorized for an intake and referred to a NSMHA provider agency for this face-to-face clinical assessment by a mental health professional. (Individuals who are in crisis are referred to the Integrated Crisis Response System as appropriate to the situation.).

Callers who are not financially eligible are referred to other agency programs that do not require Medicaid funding and/or other community providers as appropriate.

Following completion of the assessment, providers will develop a recommendation whether the individual meets medical necessity as defined by the NSMHA Clinical Eligibility and Care Standards (CECS). The provider will send a completed request for authorization electronically.

If the provider believes that CECS criteria are not met, the provider will send the assessment, access call sheet and any other appropriate documentation or medical records to the NSMHA Utilization Review office. The decision to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than requested will be made by a NSMHA staff who is a health care professional and who has appropriate clinical expertise in treating the enrollee's condition or disease.

NSMHA will notify the requesting provider, and give the enrollee written notice of any NSMHA action to deny the service authorization request, or to authorize a service in an amount, duration, or scope that is less than requested. The notice to the provider need not be in writing.

Each NSMHA contracted provider will:

1. Identify, define, and specify the amount, duration, and scope of each service that the provider is required to offer.
2. Ensure that all services are sufficient in amount, duration, or scope to reasonably be expected to achieve the purpose for which the services are furnished.
3. Providers may not arbitrarily deny or reduce the amount, duration, or scope of a required service solely because of diagnosis, type of illness, or condition of the beneficiary.

4. NSMHA may place appropriate limits on a service on the basis of criteria applied under the State plan, such as medical necessity; or for the purpose of utilization control, provided the services furnished can reasonably be expected to achieve their purpose, as required by federal and state standards and specify what constitutes "medically necessary services" in a manner that is no more restrictive than that used in the Washington State Medicaid program as indicated in State statutes and regulations, the State Plan, and other State policy and procedures; and addresses the extent to which NSMHA is responsible for covering services related to the following:
  - a. The prevention, diagnosis, and treatment of health impairments.
  - b. The ability to achieve age-appropriate growth and development.
  - c. The ability to attain, maintain, or regain functional capacity.
5. Specify the process for Authorization of services. For the processing of requests for initial and continuing authorizations of services, providers must:
  - a. Have in place, and follow, written policies and procedures consistent with NSMHA policies and procedures.
  - b. Comply with NSMHA mechanisms to ensure consistent application of review criteria for authorization decisions; including consultation with NSMHA when appropriate.

NSMHA will comply with specified timeframes for decisions as required by federal and state standards.

NSMHA will provide for the following decisions and notices:

1. **Standard authorization decisions.** For standard authorization decisions, provide notice as expeditiously as the enrollee's health condition requires and within State-established timeframes that may not exceed 14 calendar days following receipt of the request for service, with a possible extension of up to 14 additional calendar days, if the enrollee, or the provider, requests extension. The provider must provide a justification for the need for an extension to NSMHA. An extension may also be obtained if NSMHA justifies (to the Washington State Mental Health Division upon request) a need for additional information and how the extension is in the enrollee's interest.
2. **Expedited authorization decisions.** For cases in which a provider indicates, or NSMHA determines, that following the standard timeframe could seriously jeopardize the enrollee's life or health or ability to attain, maintain, or regain maximum function, NSMHA will make an approval authorization decision within one working day and must make an expedited authorization decision and provide notice as expeditiously as the enrollee's health condition requires and no later than three (3) working days after receipt of the request for service. NSMHA may extend the three (3) working days time period by up to 14 calendar days if the enrollee requests an extension. NSMHA will automatically approve an enrollee extension request. An extension may also be obtained if NSMHA justifies (to the Washington State Mental Health Division upon request) a need for additional information and how the extension is in the enrollee's interest.

NSMHA will ensure that compensation to individuals or entities that conduct utilization management activities is not structured so as to provide incentives for the individual or entity to deny, limit, or discontinue medically necessary services to any enrollee.

## **PROCEDURE**

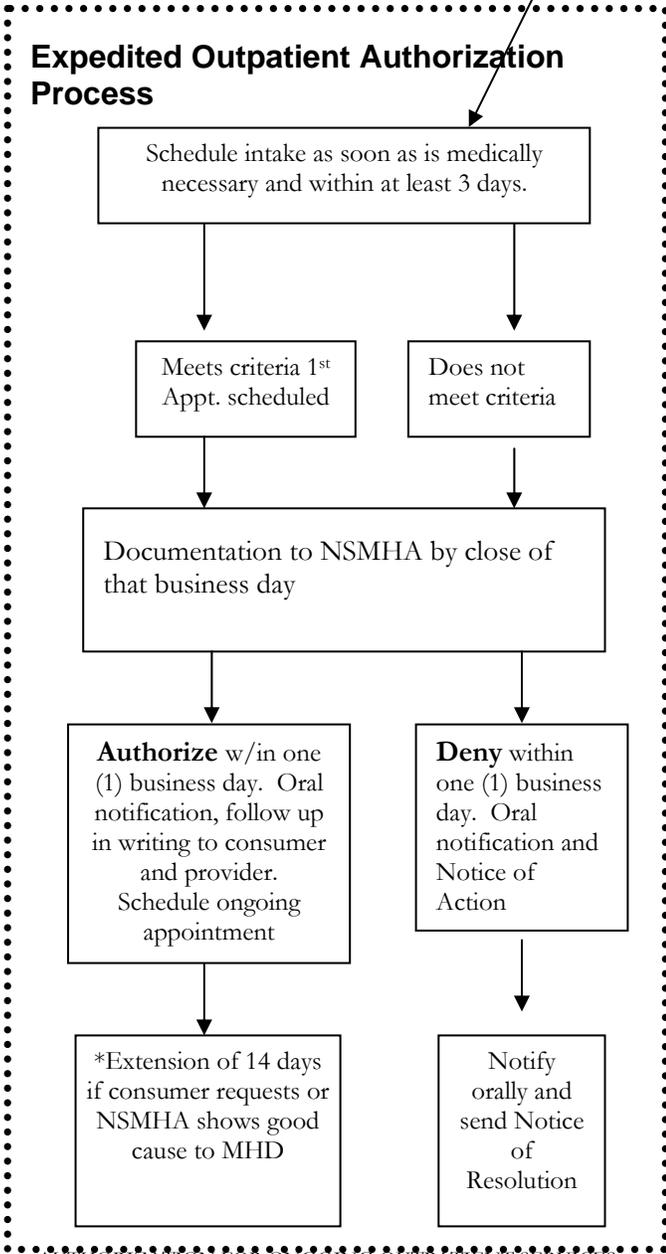
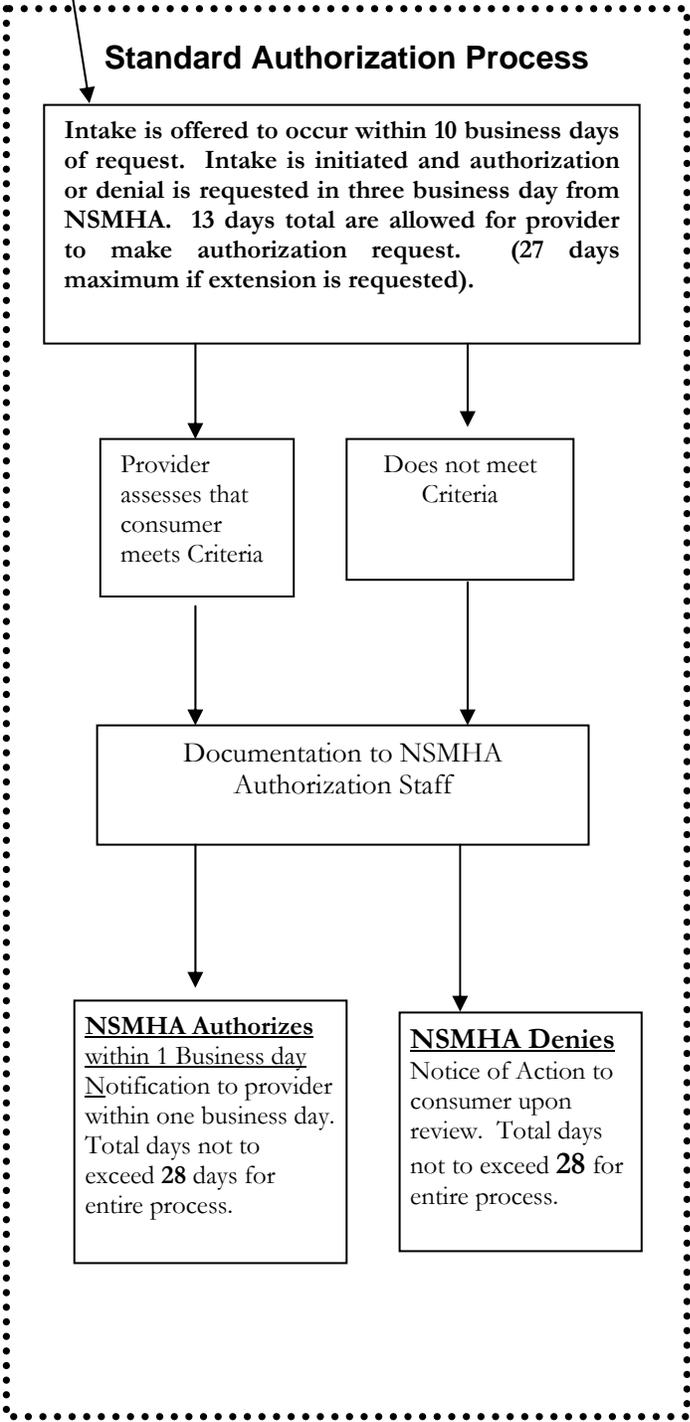
1. Access clinicians will screen callers requesting service to determine the caller's mental health concerns and financial status.
2. Access clinicians will determine whether following the standard timeframe could seriously jeopardize the enrollee's life or health or ability to attain, maintain, or regain maximum function so that an expedited assessment can be authorized and scheduled..
3. All callers who meet financial eligibility as defined in the Clinical Eligibility and Care Standards that do not require immediate referral to the Integrated Crisis Response System are assisted to make an assessment appointment at the appropriate provider that is offered to occur within ten working days of their request for services or as soon is medically necessary but within at least three days for an expedited assessment to determine clinical eligibility and the appropriate level of care.
4. Assessment documents are completed within 13 calendar days of the initial request for service. If seeking information presents a barrier to service or if it is an expedited assessment the item is left blank and the reason documented in the clinical chart. If the assessing clinician cannot complete the initial assessment, the consumer or assessor may request an extension of up to 14 days. NSMHA must track the number and reason for extensions. NSMHA will take appropriate action if the number of extension is excessive or unwarranted.
5. The agency clinician doing the face-to-face assessment will develop an initial recommendation as to whether the person being assessed meets NSMHA Clinical Eligibility and Care Standards. The provider will send electronically a completed request for authorization to the NSMHA for authorization. The consumer will be scheduled for their first ongoing appointment for mental health services. If NSMHA staff denies authorization, the first ongoing appointment will be cancelled.
6. If the agency clinician doing the face-to face assessment determines that the consumer does not meet the NSMHA Clinical Eligibility and Care Standards, they will fax the full assessment, access call sheet, determination form, available medical records and any additional information supporting their recommendation to deny authorization to the NSMHA by the 13th calendar day from the initial request for services or immediately for an expedited assessment.
7. NSMHA will authorize or deny services in one working day. NSMHA Utilization Review staff will make the final determination of whether the person being assessed meets NSMHA Clinical Eligibility and Care Standards. If the NSMHA staff, upon, review, determine the person to meet the criteria they will notify the provider to accept the individual into services. NSMHA will also notify the consumer in writing of their acceptance into services and the authorized benefits.
8. If the decision by NSMHA staff is to deny the authorization request or to authorize a service in an amount, duration, or scope that is less than requested, the NSMHA staff will notify the requesting provider, and give the enrollee written notice in sufficient time to ensure that State-established timeframes are met for standard or expedited authorization. NSMHA staff will maintain written records and a log of all denied requests for service.

**Consumer Request for Outpatient Service**

Access Screens for Safety, Financial Eligibility

Emergency or Urgent Services

ICRS response and stabilization services



## **QMOC Policy Sub-Committee Charter**

*Working Draft: 7/20/2006*

**Name:** QMOC Policy Sub-Committee

**Membership**

1. 2 NSMHA Quality Specialist Staff including NSMHA Quality Manager or Designee
2. 2 Provider Staff (APN Agency Clinical Director or APN Agency Quality Manager, Sea Mar staff, VOA staff)
3. 1 Ombuds
4. 1 County Coordinator
5. Other QMOC Members may participate who have interest or expertise in the policy area.

**Primary Objectives:**

1. Review all proposed new or revised Policies
2. Assist NSMHA in developing new policies, when needed

**Scope**

1. QMOC Policy Sub-Committee will review all policies going to QMOC that affect clinical care or will necessitate changes in clinical policies, procedures or practices at the provider level.
2. QMOC Policy Sub-Committee will not review policies internal to NSMHA or non-clinical such as financial or information systems policies.

**Results/Outcomes Expected:**

1. Review in detail policies and procedures so QMOC does not have to do this.
2. Make specific recommendations to QMOC for acceptance or modification of Policies and Procedures

**Process:**

1. Policies will be sent out at least one week before the Policy Sub-Committee Meeting.
2. Group will operate on a consensus basis.
3. If consensus is not reached among this sub-committee group, the issue will be reported to QMOC. Issues not resolved at QMOC will be referred to the Board of Directors.

Passage of policies on an urgent basis:

1. When a policy has to be passed on an emergent basis by NSMHA, a draft policy will be e-mailed out to all QMOC Members.
2. An explanation will be given on why the policy is urgent will be attached
3. A clear timeline will be given when written comments by providers and others must be returned to NSMHA
4. NSMHA will adopt the policy on a provisional basis.
5. Then, the policy will go through the standard process for final adoption: Policy Sub-Committee, QMC, QMOC, NSMHA Board of Directors (if required).

**Expected Project Completion Date:**

Ongoing

**Facilitator:**

NSMHA Quality Specialist or Quality Manager

**Responsibility for staff support:**

NSMHA

**Meetings Frequency and Times:**

Will be arranged as needed to review or revise policies and procedures. Meetings will typically be at least one week before QMOC.