

Effective Date:
Revised Date:
Review Date:

North Sound Mental Health Administration
Section 5500 – Quality Management: Quality Management of the North Sound
Mental Health Administration

Authorizing Source:
Cancels:
See Also:
Responsible Staff: Quality Manager

Approved by: Executive Director
Motion #:

Date: 6/27/04

POLICY #5502.00

**SUBJECT: QUALITY MANAGEMENT OF THE NORTH SOUND MENTAL
HEALTH ADMINISTRATION**

PURPOSE

To describe the processes that the North Sound Mental Health Administration will develop to ensure quality, cost, access and utilization are balanced and managed at all levels of system design and service provision.

REFERENCES

42 CFR Part 438 Managed Care (as revised by the Balanced Budget Act (BBA) of 1997)
42 CFR Parts 400, 430, 431, 434, 435, 440 (other regulations regarding Medicaid revised by the BBA)
45 CFR Part 142 Security and Electronic Signature Standards (Health Insurance Portability and Accountability Act (HIPAA) “Security Rule”)
45 CFR Parts 160 and 164 Standards for Privacy of individually Identifiable Health Information (HIPAA, “Privacy Rule”)
45 CFR Part 162 Health Insurance Reform: Modifications to Standards for Electronic Transactions and Code Sets (HIPAA “Transaction Rule”)
WAC 388-865 Department of Social and Health Services -- Mental Health – Community Mental Health and Involuntary Treatment Programs
Federal 1915(b) Waiver Renewal

OTHER

The Department of Social and Health Services (DSHS) General Terms and Conditions: Regional Support Network Prepaid Health Plan. DSHS Contract
The Department of Social and Health Services (DSHS) RSN PIHP Program Agreement (DSHS) Contract and any subsequent amendments
NSMHA Quality Management Transition Plan 2003
Quality Management Oversight Committee Charter

POLICY

In partnership with consumers, families, and providers the NSMHA will facilitate the development and successful operation of the Quality Management Program. The NSMHA serves as the policy-making entity with regard to the QM Program. The purpose of such a program is to improve the behavioral health and well-being to those who access mental health services through the NSMHA. To that end, the goal is to ensure that all consumers receive the highest quality and most cost effective mental health services available through the development and maintenance of a qualified, diverse and accessible multidisciplinary network of mental health providers and care and service organizations. The program encompasses the total effort and responsibility of all consumers, family members, clinicians, mental health advocates, NSMHA personnel and other stakeholders. The QM Program delineates the steps used objectively to monitor and evaluate the quality of mental health care services on an ongoing basis.

NSMHA believes that high quality mental health care is consumer centered, clinically effective, outcomes driven and culturally competent.

Coordinated Quality Improvement Status

The NSMHA will maintain CQIP status through the Washington State Department of Health in order to sustain an open and robust quality management program.

Review

The NSMHA will conduct prospective, concurrent and/or retrospective reviews at all levels of client care for purposes of utilization management and/or quality improvement.

Individual Outcomes

NSMHA shall establish outcome measures for individuals and include them in the medical necessity criteria (Clinical Eligibility and Care Standards Manual) and track the achievement of these outcomes on both individual and system levels.

System Accountability Measures

NSMHA will develop measurable system outcomes that include outcomes for individuals, and track the achievement of these outcomes as system accountability measures.

NSMHA will publish regular reports on system performance and accountability as part of the NSMHA Utilization Management “Dashboard” report. These reports will include provider-specific performance.

Quality Management Indicators

NSMHA will develop system-wide critical indicators to track and manage the functioning of the regional system of care.

Quality Review Team

The NSMHA will implement a quality improvement process that includes assessment of client and referral source satisfaction with service. NSMHA will establish a Quality Review Team per WAC 388-865 that will review provider and NSMHA performance including accessibility, customer service, client satisfaction and consumer welfare. Providers shall work with the Quality Review Team to ensure that client surveys for access to service and satisfaction with service can be completed, and to implement recommended system improvements. Providers shall use their best efforts to notify clients that they may be contacted by the Quality Review Team and asked to voluntarily participate in a client satisfaction survey. The NSMHA and providers shall facilitate access to the physical property and documents necessary for the Quality Review Team to conduct its function.

Quality Review Team findings and reports will be distributed to providers and other community stakeholders and shall be considered in good faith by all parties.

Quality Management Oversight Committee

NSMHA and providers shall support the Quality Management Oversight Committee, a NSMHA Board committee that serves in an oversight and advisory capacity on issues related to quality of care and client satisfaction.

Minimum Requirements

Minimum requirements and clinical guidelines will be established in order to set standards and ensure the quality of service provision. These requirements and guidelines shall apply to NSMHA network providers.

Compliance with these minimum requirements and guidelines shall be monitored through critical incident reporting, complaints and grievances, utilization review, focused review, Outpatient record review, contract compliance site visits/administrative audits and/or recredentialing.

Quality Management Plan

NSMHA will develop and implement a biennial Quality Management Plan that is reviewed by the NSMHA Board, the Quality Management Oversight Committee and other stakeholders.

Provider Quality Management

Providers are required to undertake quality management activities to address any system accountability measures that have been identified as needing improvement. These quality improvement activities shall:

1. Be consistent with the requirements of the NSMHA. This may include, but is not limited to, federal, state or county policy and procedure or contractual obligations or “good clinical practice”;
2. Be designed to meet standards prescribed in this manual and/or contracts; and
3. Be based on measures, minimums or targets, provider reporting frequency and mechanisms, and evaluation format.

Providers shall develop and implement quality assurance and improvement plans that include:

1. How the provider will meet the requirements of WAC 388-865 and this manual;
2. Identified indicators and processes for collecting data and monitoring performance and outcomes;
3. A process for evaluating performance data and taking corrective action when indicated; and
4. Reference to files where specific examples of quality improvement processes, completed or in progress, can be found.

Providers shall develop, maintain and implement policies and procedures that prevent Medicaid fraud or abuse and shall describe a process for identification, investigation and notification of appropriate authorities regarding suspected fraud and abuse. NSMHA, and individual providers shall be responsible for identifying quality management issues.

NSMHA shall use quality improvement processes to address County internal, and mental health system-level quality issues. Providers shall use quality improvement processes to appropriately address quality management issues. NSMHA shall assess the impact of provider quality management processes through clinical and/or administrative site reviews. Providers shall engage in additional quality management activities, left to the discretion of individual providers to prioritize, which will:

1. Include provider assessment of client and other stakeholder priorities;
2. Document activities related to the provider quality management plan that meet the requirements outlined in this section.

MISSION

As the public mental health authority for five Counties in Washington State (Island, San Juan, Skagit, Snohomish, and Whatcom), it is the purpose of the North Sound Mental health Administration (NSMHA) to ensure the provision of quality and integrated mental health services for the five counties (San Juan, Skagit, Snohomish, Island, and Whatcom) served by the NSMHA Prepaid Health Plan (PIHP).

NSMHA MISSION STATEMENT

We join together to enhance our community's mental health and support recovery for people with mental illness served in the North Sound region, through high quality culturally competent services.

The NSMHA is committed to:

1. Ensuring that the mental health system of the five counties is "consumer-driven."
2. Ensuring that consumers receive services that meet their individual needs appropriately.
3. The development and management of an Integrated Delivery System.
4. Ensuring that services are accessible and locally available 24 hours a day, 7 days per week.
5. Ensuring that services are culturally sensitive, appropriate and built on recipient strengths.
6. Treating people with mental illness with respect and dignity.
7. The provision of services that are community based and designed to assist the individual maintain an optimal level of functioning.

As evidence of the NSMHA's intent to be compliant with the Quality Strategies required of all Regional Support Networks by the State of Washington's Mental Health Division (MHD), the NSMHA Quality Management Plan recognizes and incorporates the MHD Mission Statement, which is;

"The mission of the Washington State mental health system is to ensure that people of all ages experiencing mental illness can better manage their illness, achieve their personal goals, and live, work and participate in their communities. The mission of the Mental Health Division is to administer a public mental health system that promotes recovery and safety."

PRINCIPLES FOR QUALITY MANAGEMENT IN THE NORTH SOUND SYSTEM

Quality Management's overall goal is the best possible service delivery system within our financial resources. Our system will:

1. Demonstrate the MHD and NSMHA Mission, Values and Principles
2. Be responsive to consumers and advocates through a system that meets their needs and gives them hope
3. Meet state and federal requirements
4. Implement a shared vision of quality services and a system that is effective, coherent, transparent and easy to navigate
5. Engage line staff and their perspectives regarding service delivery
6. Assure consistency and focus over time in our service delivery models
7. Acknowledge successful delivery models
8. Achieve the right balance between resources devoted to service delivery and quality management activities to assure minimal impact on delivery of services, and
9. Create a culture of measurement, with data driven decisions

The region-wide Quality Management system will measure, report, and make recommendations on the efficiency of NSMHA and the provider organizations quality management activities. Development of these measures is part of the Quality Management Work Plan. Quality management activities for NSMHA and provider staff will be conducted to so as to include the following principles:

1. Create a collaborative approach and a "no blame" environment that minimizes overlap
2. Acknowledge where we cannot be collaborative due to our roles
3. Work at understanding one another's perspectives
4. Honor one another's intrinsic roles and responsibilities

5. Acknowledge the dynamic tensions in the system and seek ways to manage these
6. Develop mechanisms for accountability at all levels of the system
7. Celebrate successes as well as focusing on areas for improvement
8. Involve consumers and advocates in the process
9. Involve line staff and their perspectives regarding the quality management process
10. Keep things simple and doable, don't add complexity to what we must do to meet state and federal requirements
11. Maintain a sustained focus over time that balances service delivery with quality management
12. Prioritize tasks and when adding something, look at what can be taken away
13. Track information reliably, with data that has integrity
14. Make decisions based on data

The NSMHA will assure access to quality and medically necessary mental health care in accordance with all state and contractual requirements. The NSMHA will also assure access to quality and medically necessary mental health care for PIHP enrollees. The NSMHA will assure this access to quality care through on-going monitoring and evaluation of NSMHA-contracted provider agencies. Administrative Policies and Procedures Reviews, Critical Incident reviews, review of Complaint, Grievance and Fair Hearing data, Clinical Record reviews and utilization management reviews of NSMHA-contracted provider agencies will be conducted during the course of the NSMHA's biennial plan, 2004-2005. These reviews, as well as others conducted by the NSMHA Ombuds and Quality Review Team will be evaluated to determine if adequate resources/services are in place to assist consumers throughout the NSMHA. Recommendations regarding the adequacy of resources/services, as well as any corrective action items or quality improvement recommendations related to NSMHA Clinical Eligibility and Care Standards (CECS) or contract compliance issues will be presented to the NSMHA Quality Management Oversight Committee each biennial quarter (every six months).

SCOPE OF THE QUALITY MANAGEMENT PLAN

It is the intent of NSMHA to develop the Quality Management Program in conformance with Washington State Mental Health Division, (MHD), and Federal requirements, as well as with the standards of the Health Insurance Portability and Accountability Act, (HIPAA). The NSMHA Quality Management Plan is a regional document, focusing on the integrated system review components that include NSMHA and contracted service providers roles and responsibilities concerning quality assurance/improvement issues. To assist in this process, the NSMHA has been certified as a Coordinated Quality Improvement Program (CQIP), in accordance with State of Washington Department of Health. CQIP is a voluntary program, which provides protection of information and documents created specifically for, and collected and maintained by an approved program as stated in RCW 43.70.510. The protected information and documents may not be subpoenaed or used in court proceedings as discovery evidence. NSMHA has intentionally pursued CQIP status in order to facilitate and protect information exchange between NSMHA and providers. CQIP status for the NSMHA allows for information to be divulged and reviewed in a "no blame" culture, that promotes the frank, open exchange of information between NSMHA and providers that engenders prompt, professionally responsible interventions designed to assure delivery of services that meet or exceed quality and appropriateness of care issues in conformance with the standards cited below under the heading "MHD/NSMHA contractual expectations regarding quality management".

The coordination of quality improvement activities by NSMHA is implemented through monthly meetings of the NSMHA CQIP Committee, attended by NSMHA Quality Specialists, Quality Review Team members, Ombuds staff, Information System staff and the NSMHA Tribal Liaison. Quality management activities are reported, reviewed and evaluated by the various NSMHA departments to investigate the aggregate, cross-agency data generated by NSMHA quality management activities. This multi-

departmental review of the aggregate data allows NSMHA staff to correlate any identified trends noted between system providers. Through this ongoing review process, the CQIP Committee is able to make timely and data-driven decisions regarding which important aspects of care warrant system-wide attention and review. Recommendations from the CQIP Committee are included in each Biennial Quarter Report prepared by NSMHA quality management staff, and are presented to the Regional Quality Management Committee, as well as to the NSMHA Quality Management Oversight Committee.

The CQIP Committee is a vital, integral part of the ongoing quality management process of NSMHA. The CQIP External Monitors Matrix tracks scheduled quality management activities, department wide, for the two-year Quality Management Plan duration. The Matrix details the results of quality management activities, including required follow up findings, recommendations or corrective action requests. It provides a timeline for completion of required follow up action and identifies NSMHA and provider staff responsible for such action. The CQIP External Monitors Matrix provides NSMHA quality management staff with a centralized database, by which to track NSMHA all quality management activities on an ongoing basis, with accountability and consistency. The CQIP External Monitors Matrix allows NSMHA quality management staff to track in a single document the status of all requested follow-up activities related to quality management issues. It affords quality management staff the ability to “close the loop” on identified quality management issues. By tracking what follow-up activities were requested and the subsequent completion status of these activities, it affords quality management staff the ability to “close the loop” on identified quality management issues.

MHD/NSMHA CONTRACTUAL EXPECTATIONS REGARDING QUALITY MANAGEMENT

NSMHA shall provide leadership, oversight and facilitation of the Regional Integrated Quality Management Process as required in Attachments IV and XXII of this agreement. NSMHA shall conduct monitoring and review its ongoing quality improvement and utilization management mechanisms to ensure continued assessment and improvements to the quality of public mental health services in the NSMHA service area and to determine the effectiveness of the overall regional system of care. (42 CFR 438.240) In addition, NSMHA shall assess:

1. Assess the clinical appropriateness or fit between what services were needed and what services were provided;
2. Assess the degree to which mental health services and planning incorporate consumer/family voice;
3. Assess the degree to which mental health services are age, culturally and linguistically competent;
4. Assess the degree to which mental health services are provided in the least restrictive environment;
5. Assess the degree to which needs for housing, employment and education options were met;
6. Assess the degree to which there are appropriate linkages and integration with other formal/informal systems and settings;
7. Assess the effectiveness of mechanisms to detect both underutilization and over utilization of mental health services;
8. Assess performance and efficiency of CONTRACTOR and CMHAs and that their performance is within current standards for mental health;
9. Ensure relevant grievance and fair hearing results are incorporated into system improvement;
10. Ensure the interpretation of quality improvement feedback is conveyed to CONTRACTOR AND CMHAs, NSMHA’s Regional Management Council and Quality Management Committee the advisory board and other interested parties;
11. Measure allied system satisfaction.

Participate with the MHD in the implementation of the Quality Strategy. The objectives of the MHD Quality Strategy include, but are not limited to:

1. Availability of services
2. Continuity and coordination of care
3. Access standards
4. Enrollee information
5. Enrollee rights and protection
6. Confidentiality and accuracy of enrollee information
7. Provider selection
8. Sub-contractual relationships and delegation
9. Practice guidelines applicable to mental health
10. Health Information Systems
11. Mechanisms to detect both under- and over-utilization
12. Quality improvement
13. Utilization management
14. Member services
15. Provider services
16. Record keeping
17. Data reporting

Participate with the MHD in the development and implementation of a standard set of performance indicators to measure access, quality and appropriateness. Participation shall include:

1. Providing all necessary data;
2. Participating in the analysis of results and development of system improvements based on that analysis on a statewide basis; and
3. Incorporating results into CMHA-specific quality improvement activities.

Participate with the MHD in completing the two Mental Health Statistics Improvement Project (MHSIP) surveys, one for adults and one for youth/families. Participation shall include at a minimum:

1. Providing consumer contact information to the MHD;
2. Participating in the analysis of results and development of system improvements based on that analysis on a statewide basis; and
3. Incorporating results into RSN specific quality improvement activities.

Participate with the MHD and other RSNs in the development and implementation of two statewide Quality Assessment and Improvement Projects. These projects shall include one clinical, (consumer's participation in treatment) and one non-clinical (data quality).

Participate with the MHD in its annual review activities (e.g. RSN certification, Medicaid managed health care reviews, CMHA licensure and certification). Participation shall include at a minimum submission of deliverables and other materials necessary for the team prior to their visit; completion of site visit protocols; assistance in scheduling interviews and agency visits.

NSMHA/PROVIDERS CONTRACTUAL EXPECTATIONS REGARDING QUALITY MANAGEMENT

NSMHA contracts with the following service providers:

1. The Associated Provider Network (*bridgenways*, Catholic Community Services, Compass Health, Lake Whatcom Residential and Treatment Center, Whatcom Counseling and Psychiatric Clinic)
2. Sea Mar
3. Snohomish County, and
4. The Volunteers of America

The NSMHA contract with all these providers contains a core, constant set of expectations regarding quality management activities that include requiring providers comply with the NSMHA Quality Management Plan. NSMHA Quality Management staff monitor each providers quality management activities during Administrative Audits as well as during case reviews, clinical record review and Utilization Management reviews and other quality management activities.

PHILOSOPHY REGARDING ACCOUNTABILITY

Accountability

The NSMHA is the managed care entity accountable to the Department of Social and Health Services (DSHS) for provision of public oversight of the mental health service delivery system as currently delivered by its contracted providers. NSMHA has an obligation to insure that the care and services delivered by the service providers meet the standards of the NSMHA provider contracts, Clinical Eligibility and Care Standards Manual, the State of Washington Center for Medicaid Services (CMS) Waiver, relevant Washington Administrative Codes (WACs), and the Revised Codes of Washington (RCWs). In accordance with the principles outlined in the NSMHA Quality Management System Review and Restructuring, NSMHA acknowledges that it and regionally contracted service providers will each maintain procedures related to:

1. Risk management;
2. Quality assurance;
3. Quality improvement;
4. Resource management;
5. Utilization review;
6. Credentialing and recredentialing; and
7. Performance contracting.

The NSMHA recognizes and values the advocacy efforts external to the NSMHA and its contracted providers in assuring quality of services. External advocacy is provided by consumer, family members, advocates, NAMI groups, advisory boards, and others. The NSMHA Office of Consumer Affairs supports and solicits input from these groups. NSMHA believes that the voice of consumer, family and advocates is an essential component of the quality management process, providing vital input regarding important aspects of care from those most directly affected by such care. All providers Quality Management plans should emphasize and incorporate consumer, family members and advocates into their ongoing quality assurance and quality improvement processes.

REMEDIAL ACTION, RECOMMENDATIONS AND SANCTIONS

The NSMHA's Quality Management Oversight Committee and Advisory Board are responsible for making recommendations to the NSMHA Board of Directors for remedies regarding issues of quality. These recommendations are called remedies in this document. The spectrum of remedies, including financial sanctions, can range from the creation of cross-functional work groups to undertake QA/QI studies, action regarding provider or individual practitioner status, revisions to the overall QM program, and/or redesign of service delivery systems.

The process of Remedial Action is as follows;

Remedial Action. Contracted providers must agree that MHD may initiate remedial action if NSMHA determines any of the following situations exist:

1. A problem exists in the CONTRACTED PROVIDERS service delivery area that negatively impacts consumers;
2. The CONTRACTED PROVIDERS has failed to perform any of the mental health services required in the contract;
3. The CONTRACTED PROVIDERS has failed to develop, produce, and/or deliver to the NSMHA any of the statements, reports, data accountings, claims, and/or documentation described in the contract;
4. The CONTRACTED PROVIDERS has failed to perform any administrative function required in the contract. 'Administrative function' is defined as any obligation other than the actual provision of mental health services;
5. The CONTRACTED PROVIDERS has failed to implement corrective action required by the State and within the NSMHA prescribed time frames.
6. NSMHA may impose one or more of the following remedial actions in response to findings of situations as outlined above:
 - a. The NSMHA may require the CONTRACTED PROVIDERS to plan and execute corrective action. Corrective action plans include:
 1. A brief description of the finding;
 2. Specific steps taken to correct the situation and a timetable for performance of specified corrective action steps;
 3. A description of the monitoring to be performed to ensure that the steps are taken;
 4. A description of the monitoring to be performed that will reflect the resolution of the situation.
 - b. Corrective actions plans developed by the CONTRACTED PROVIDERS must be submitted to the NSMHA within 60 calendar days of notification. The may extend or reduce the time allowed for corrective action depending upon the nature of the situation as determined by the NSMHA. Corrective action plans shall be subject to approval by the NSMHA, which may accept the plan as submitted, accept the plan with modifications, or reject the plan as follows:
 1. Require modification of any policies or procedures by the CONTRACTED PROVIDERS relating to the fulfillment of its obligations pursuant to the contract;
 2. Withhold one percent of the next month's capitation payment and each monthly capitation payment thereafter until the corrective action has achieved resolution. The NSMHA, at its

- sole discretion, may return all or a portion of any or all payments withheld once satisfactory resolution has been achieved;
3. Compound withholdings identified above by an additional one half or one percent for each successive month during which the remedial situation has not been resolved;
 4. Deny any incentive payment to which the Contracted provider might otherwise have been entitled under the contract of any other arrangement by which the NSMHA provides incentives.

DELEGATION/DELEGATED FUNCTIONS

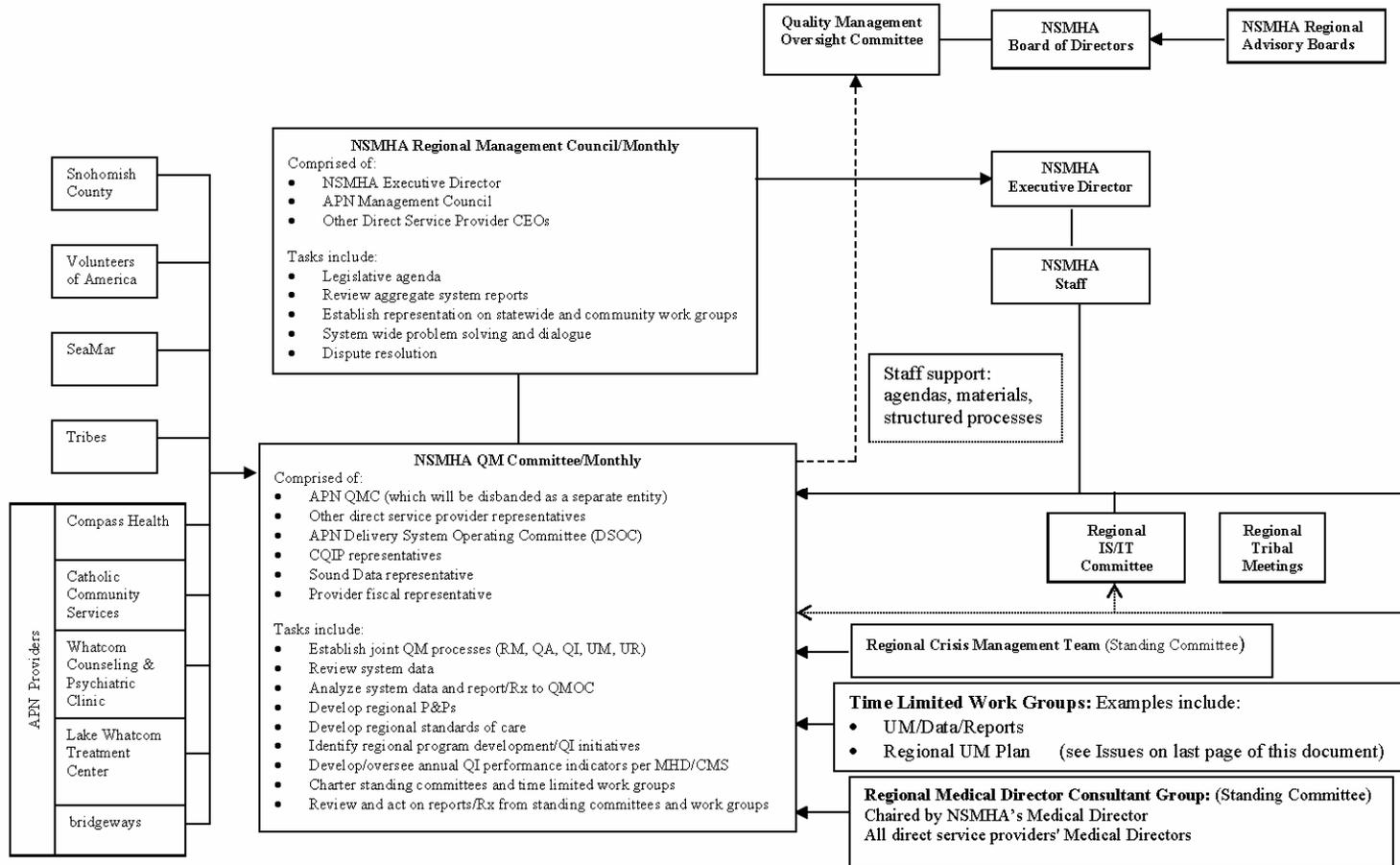
Delegation is defined as a formal process by which the NSMHA gives another entity the authority to perform certain functions on its behalf, such as credentialing, inpatient authorization, and quality management. Although the NSMHA can delegate the responsibility to perform a function, it cannot delegate the authority for assuring that the function is performed appropriately. The NSMHA shall assure that delegated functions are performed appropriately through the monitoring of all such functions.

STRUCTURE OF THE QUALITY MANAGEMENT PROGRAM

Quality Management System Overview

Quality Management is an overarching system and/or process whereby quality assurance and quality improvement activities are incorporated and infused into all aspects of an organization's or system's operations. Quality assurance refers to compliance with minimum standards (i.e., rules, regulations, 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.

Diagram for a NSMHA Integrated Quality Management Process



BOARD OF DIRECTORS

The Board of Directors is the governing body of NSMHA. It is comprised of elected officials (or their delegates) from Island, San Juan, Skagit, Snohomish, and Whatcom Counties, Tribal representatives, along with the Chair and Vice Chair of the NSMHA Advisory Board. In regard to the Quality Management program, the Board is accountable for:

1. Adoption and oversight of the NSMHA's annual Quality Management Plan
2. Review of and action regarding the annual evaluation of the NSMHA's QM Program
3. Acting upon recommendations forwarded by NSMHA's Quality Management and Oversight Committee (QMOC)

The Chief Executive of NSMHA and the Board of Directors of NSMHA delegate the detailed review and development of QM recommendations to the Quality Management Oversight Committee. The Quality Management Oversight Committee evaluates the implementation of the QM programs of all contracted service providers as spelled out in the Roles and Responsibilities section below and in the Quality Management Work Plan.

QUALITY MANAGEMENT OVERSIGHT COMMITTEE

The Quality Management Oversight Committee (QMOC) is a standing committee of the NSMHA Board of Directors. It is responsible for the oversight of quality management systems of the entire NSMHA, and for reviewing all quality management activities and making recommendations for quality improvement to the Board. QMOC ensures the gathering and analysis of data and reports to recognize the need for improvement or change (as outlined in the Quality Management Work Plan).

The Quality Management Oversight Committee (QMOC) is chaired by a Member of the Board of Directors (or designated alternate). Two Members of the Board of Directors (or designated alternates) are voting members of QMOC. Other voting members are:

1. Six members nominated by the NSMHA Advisory Board, which shall include current consumers and family advocates, two of which shall be Advisory Board members, four of which are nominated by the Advisory Board.
2. One Quality Review Team (QRT) member
3. One Ombuds representative
4. Three County Coordinators who report QMOC activities to colleague county coordinators who then report to their Advisory Boards
5. NSMHA's Tribal Liaison
6. NSMHA's Lead Quality Specialist
7. Six representatives of contracted service providers, from diverse geographic and service populations region wide, two of which represent the APN, one from each of the other contracted providers (Sea Mar, Volunteers of America, The Tulalip Tribes and Snohomish County ITA.)

Members of the Quality Management Oversight Committee are approved annually by the Board of Directors. The Committee meets at least quarterly. Subcommittees of QMOC will meet as often as needed to accomplish their tasks in a timely manner. The Quality Management Oversight Committee is accountable for:

This committee:

1. Oversees the development, approves, and evaluates the biennial NSRSN Quality Management Plan, submitting it to the Board of Directors for adoption, as well as any needed revisions
2. Reviews and recommends action on reports from contracted service providers or the NSMHA Quality Management Committee
3. Reviews the data from providers' measurement tools
4. Makes recommendations to all providers on actions to be taken.
5. Reviews the NSMHA quarterly and biennial quarter reports related to concurrent/retrospective reviews, consumer and advocate reports and reports on performance indicators; makes recommendations
6. Keeps attendance and minutes of all QMOC and subcommittee meetings.

NSMHA Regional Management Council and Regional Quality Management Committee

During the Quality Management Restructuring and System Review conducted by the NSMHA in 2002, the NSMHA Transition Committee met several times and proposed an "NSMHA Integrated Quality Management Process". The process includes the establishment of two (2) groups charged with the implementation of region wide quality management. These two groups are;

1. The NSMHA Regional Management Council, comprised of the NSMHA Executive Director, the APN Management Council and Chief Executive Officers (CEO's) of other North Sound direct service providers. This groups tasks include:
 - a. Formulating a concise legislative agenda for the NSMHA to pursue
 - b. Reviewing aggregate quality management system reports
 - c. Establishing representation on statewide and community work groups
 - d. System wide problem solving and dialogue, and
 - e. Dispute resolution
2. The NSMHA Quality Management Committee, comprised of clinical, quality management, fiscal and information system staff from NSMHA and provider staff. This group is charged with the following tasks;
 - a. To establish a joint, region wide quality management process
 - b. To review aggregate system data
 - c. To report recommendations based on system data to the NSMHA Quality Management Oversight Committee
 - d. To develop regional Policies and Procedures regarding quality management activities
 - e. To develop regional standards of care
 - f. To identify regional program development and quality improvement activities
 - g. To develop and oversee annual quality improvement performance indicators based on the State of Washington Mental Health Division (MHD) and the Center for Medicaid Services (CMS) guidelines
 - h. To charter both standing committees as well as time limited quality management work groups, and
 - i. To review and act on the reports/recommendations from these standing committees or work groups.

CONTRACTED SERVICE PROVIDERS

Each contracted service provider is responsible for its individual Quality Management Program. The Quality Management Program must have policies and procedures that ensure;

1. An ongoing, planned, systematic, organization-wide quality management process to design, measure, assess and improve performance, including peer review of services, and to identify innovations or best practice.
2. An annual update of the Quality Management Plan and process. To be in compliance with the NSMHA QM 2004-2005 Plan, providers need to review their respective QM Plans and implement any changes necessary to align them with the NSMHA QM Plan within sixty (60) days after the NSMHA QM Plan 2004-2005 is approved by the NSMHA Board of Directors.

Contracted service providers exercise full QM program activities on portions of the NSMHA QM plan that may be delegated to them. The current NSMHA contracted providers are:

1. *bridgeways*
2. Catholic Community Services
3. Compass Health
4. Lake Whatcom Residential and Treatment Center
5. Whatcom Counseling and Psychiatric Center
6. Sea Mar Community Mental Health
7. Volunteers of America (VOA)
8. Snohomish County Mental Health Involuntary Treatment Team (CDMHP's)

THE STATE OF WASHINGTON'S MENTAL HEALTH DIVISION (MHD)

The MHD is involved in the NSMHA's Quality Management process through the annual conduction of the MHD's External Quality Review related to the quality outcomes, timeliness of and access to the services covered under the contract between the MHD and the NSMHA. In it's Quality Management Plan, the NSMHA is responsible for demonstrating to the MHD how the NSMHA has implemented each of the MHD's seventeen (17) quality strategies.

Also, the MHD reviews the NSMHA Quality Management Plan, to determine that it meets contractual expectations, as well as conducting biennial Audits of the NSMHA to verify that the quality management strategies detailed in the Quality Management Plan have been appropriately implemented.

ROLES AND RESPONSIBILITIES

NSMHA Executive Director

The Executive Director has overall accountability for all aspects of NSMHA operations. In relationship to the QM program, the Executive is accountable for the preparation of materials and staff support for the QMOC. The Executive assures adequate staffing of the QMOC and any subcommittees, as well as adequate staffing for the on-site reviews required for provider certification activity. The Executive is accountable for assuring that business operations activities include quality objectives and routine measures and that information from these efforts are integrated within the QM Work Plan. Descriptions of the roles and responsibilities of NSMHA positions that are directly involved with the Quality Management Plan are below.

Quality Management Department

The Quality Management Department organizes and directs all clinical issues including monitoring the quality management plans of NSMHA and contracted providers during the NSMHA Administrative Audit, staffing the Quality Management Oversight committee, evaluating and reporting on clinical and quality issues of contracted providers, and performing onsite clinical quality assurance reviews of contracted providers.

The roles and functions of the Quality Management Department include performance of the seven key quality management processes defined in the NSMHA Quality Management System Review and Restructuring. The specific duties of NSMHA quality management staff related to these processes are;

1. Risk Management – Performance of Critical Incident Reviews, Implementation of HIPAA privacy and security activities, Participation on the Regional Integrated Crisis Response System Committee and Coordination of Public Safety
2. Quality Assurance – Tracking, responding to and resolving complaints and grievances, conducting consumer satisfaction surveys, preparing the Integrated Report concerning NSMHA quality management activities every six months, conducting Coordinated Quality Improvement Committee meetings monthly, reporting to the Quality Management Oversight Committee monthly and implementing the quality assurance activities, as defined in the NSMHA Quality Management Plan
3. Quality Improvement – Conducting regional Advisory Board meetings monthly, implementing the schedule prepared by the Regional Training Committee, pursuing individual staff training on an ongoing basis, organizing Concurring Disorders and Post Traumatic Stress Disorder trainings, work groups and advocacy throughout the Region, implementing Recovery Model principles, assisting in the Strategic Planning process for the Region, participating in regional Program Development activities and participating in state-wide work groups
4. Resource Management – Development and implementation of the regional Clinical Eligibility and Care Standards, participation on community coordination teams, development of inpatient and outpatient utilization management strategies, development of high-utilizer of care strategies, participation in cross-system coordination activities, determination of Medicaid personal care eligibility, participation in Children’s Hospital Alternative Program and Children’s Long-Term Inpatient planning regarding admissions to and oversight of these programs, performance of discharge planning functions for Regional consumers admitted to Western State Hospital
5. Utilization Review – Performance of concurrent, focused and selective reviews regarding service provision throughout the Region
6. Credentialing and Recredentialing – Verification of provider credentials and Mental Health Professional exception waivers during Administrative Audits conducted at provider agencies
7. Performance Contracting – Review and advocacy of proposed state, federal and Mental Health Division’s policies, Contract development and overview, Fiscal oversight and management, Clinical Eligibility and Care Standards development, outcomes and Performance Indicators development, participation in the Mental Health Division’s audit of NSMHA, onsite Administrative Audits of service providers, Fraud and Abuse prevention and compliance monitoring

NSMHA quality management staff will develop and implement review tools that are valid and reliable. These review tools will be designed according to a standard format and will reference the sources from which they are developed or which substantiate their reliability or appropriateness. Such sources may include the WAC’s, MHD quality strategies, BBA requirements, CMS regulations/guidelines, etc. NSMHA staff will plan and schedule review activities at provider sites so as to be minimally disruptive of

providers regularly scheduled job duties and activities. Any Corrective Action requests resulting from reviews will be presented in a standard reporting format, to include timelines for response, staff responsible for responding and timelines for NSMHA to respond to submitted Corrective Action steps.

1. NSMHA Quality Management
2. Performance and documentation of concurrent, focused, selected, retrospective and critical incident reviews
3. Development / Maintenance of NSMHA Clinical Standards / Clinical Eligibility and Standards of Care Manual / Quality Management Plan / Outcomes
4. Technical assistance around clinical issues (internal / external)
5. Participation in Administrative On-Sight Reviews of contracted providers
6. Clinical input to contracting process
7. NSMHA Utilization Management
8. Clinical analysis of Information Systems data
9. Screening / Management / Planning for discharge for Children's Long Term Inpatient Program
10. Coordination of CHAP admissions
11. Coordination / Management / Discharge Planning for NSMHA consumers at Western State Hospital

The Quality Management Department drives completion of the Work Plan and timely submission of provider and RSN information to the QMOC. It monitors all working parts of the QM system, identifies problems and successes when they occur, leads the analysis of data, looks for significant trends, and makes recommendations for changes and sanctions. To accomplish these objectives, the Quality Management Department:

1. Participates in the MHD's External Quality Review of the NSMHA annually. This review is related to quality outcomes, timeliness of and access to the services covered in the NSMHA/MHD contract
2. Develops and revises as necessary the NSMHA Clinical Eligibility and Care Standards document
3. Conducts monthly Coordinated Quality Improvement Program meetings, to track quality management activities throughout the Region, to analyze trends in the provision of services and to identify important aspects of care
4. Reads and maintains NSMHA certification
5. Assists in NSMHA's strategic planning process
6. Acts as a liaison with the clinical leadership of contracted provider organizations, and provides technical assistance as requested
7. Participates in NSMHA's management by decision-making and coordination with other departments within NSMHA
8. Monitors provider agencies for contract compliance on quality assurance issues
9. Integrates information from QRT, Ombuds, Advisory Board, the Quality Management Department, accrued complaint/grievance and critical incident reports, and family advocates into the agenda of the QMOC and into the planning and delivery of services
10. Researches, monitors and analyzes information on Federal and State requirements relative to quality issues
11. Plans for and responds to the Mental Health Division annual Integrated Review in regard to QM issues
12. Reports analysis of concurrent / focused / quality of care review results to QMOC each biennial quarter.

13. Analyzes utilization statistics for NSMHA regional services and reports to QMOC each biennial quarter.

Consumer Affairs Manager

The Consumer Affairs Manager advocates and provides leadership for mental health consumers throughout the North Sound Region. The Manager handles inquiries from consumers and advocates, directly supervises the *NSMHA Ombuds and Quality Review Team programs*, (4) Regional Support Network staff, coordinates public relations, and oversees agency publications within area of assignment.

1. Develops and supports consumer voice and participation throughout the Region
2. Promotes awareness of NSMHA mission and programs
3. Develops and distributes the NSMHA newsletter, brochures and posters
4. Develops and promotes stigma reduction projects
5. Assures that the Ombuds staff has access to the Executive Director
6. Encourages and supports consumer and advocate involvement at all levels of NSMHA including Advisory Board, committees and work groups
7. Organized and Supports Advisory Board and other consumers to participate in conferences, site visits and other educational opportunities
8. Hires, supervises and coordinates both Ombuds and QRT services
9. Supervises and coordinates support staff

Tribal Liaison

The Tribal Liaison consults and advocates government to government between the eight sovereign nations within the North Sound Regional area. Collaborates with the eight sovereign nations to facilitate the yearly 7.01 plan and follows-up on all points of the 7.01 plan. Provides subsequent action on 7.01 reporting, auditing, and tribal quarterly follow-up presentations, and performs the following functions:

1. Facilitates treatment planning and consultation for traditional spiritual needs
2. Provides monthly tribal meeting with tribal leaders, tribal mental health departments and NSMHA
3. Provides consultation with tribal/extended family when any grief issues are present
4. Audits PIHP providers for 30 day window for consultation with AI/AN Mental Health Specialist
5. Provides consultation and technical assistance and support between Region III sovereign nations mental health departments, NSMHA, and PIHP providers.
6. Organizes and formulates policy to direct Regional 7.01 planning
7. Organizes and provides tribal workshops and training, including collaborate with all other DSHS Divisions

Ombuds Services

The Ombuds staff members assist publicly funded mental health consumer and work with mental health providers to secure services for consumers. Ombuds staff members are important sources of aggregate information to the QMOC. The services of the Ombuds include:

1. Advocate for consumers to help resolve their issues
2. Educate consumers about their rights and how to maintain them
3. Investigate and pursue complaints, grievances and fair hearings
4. Report aggregate data on an annual and biennial quarterly basis
5. Publicize the Ombuds Service region wide through various outreach efforts

6. Foster cooperation and assistance in Ombuds issues and promote the standardization of RSN Ombuds offices statewide
7. Develop effective formal and informal communications with provider agencies to ensure a smooth flow of information and communication through all channels
8. Counter the stigma suffered by the mentally ill through such things as the annual Ombuds Poster Contest and working with NAMI and peer counseling and support groups
9. Maintain a wide base of cooperation and support among collaborative agencies in other social services such as the Division of Developmental Disabilities, Chemical Dependency treatment organizations and the Criminal Justice System.
10. Actively participate on the NSMHA's Critical Incident Review Committee to ensure the rights of consumers involved

Quality Review Team

The Quality Review Team members are key sources of information to QMOC, providing direct measurements of consumer satisfaction. The QRT members:

1. Fairly and independently administers consumer satisfaction surveys to assess levels of satisfaction regarding:
 - a. Physical safety (food, health, housing),
 - b. Emotional safety (honest respectful services, freedom from coercion, retaliation and intimidation), and
 - c. Service recipient satisfaction.
2. QRT, in the process of assessing systemic customer service issues, visits and assesses and evaluates the services regarding:
 - a. The system quality of care
 - b. The degree to which services are consumer –focused/directed, and
 - c. The extent of development of alternatives to hospitalization, cross-system coordination and range of treatment options.
3. Evaluate mental health personnel's cross-system activities for the benefit of consumers including but not limited to schools, state and local hospitals, jails and shelters.
4. Participate in NSMHA's Administrative Review of contracted activities with provider
5. Report consumer satisfaction with services to all stakeholders
6. Monitor the RSN and providers' quality management plan and implementation of their plans
7. Meet with consumers to educate them about Ombuds and QRT services
8. Educate the public regarding mental health services and stigma reduction marketing
9. Interface with Ombuds services
10. Works as Ombuds Fill-in at the request of the OCA Manager

Contracts Compliance and Fiscal Services Manager

The Contracts Compliance and Fiscal Services Manager plans, coordinates, implements and manages the contractual and financial policies, procedures and operations of the North Sound Regional Support Network. Responsibilities of the Contracts Compliance and Fiscal Services Manager that are directly relevant to QMOC's work include:

1. Develop administrative, fiscal, basic agreement and quality management monitoring tools and monitor compliance of up-line and down-line contracts;
2. Review and evaluate subcontractor contract compliance performance, recommending appropriate corrective measures;
3. Develop and negotiate contracts;
4. Ensure down-line contracts are professional, legal, outcome based, meet minimum up-line contractual obligations of NSMHA and can be systematically monitored.
5. Coordinate the implementation of existing policies and procedures with other NSMHA staff, with state/county divisions and departments and with contracted providers/vendors as necessary;
6. Develop and present financial projections and models to assure the continuing financial stability and viability of the NSMHA;
7. Coordinate NSMHA financial activities with those of contracted providers/vendors, state and county offices and/or divisions;
8. Ensure NSMHA fiscal systems services and records are accurate, timely, and performed in a manner showing the NSMHA as competent stewards of public funds;
9. Perform on-site administrative audits of contracted provider agencies;
10. Perform on-site audits of entities requesting certification/licensing and recommend/not recommend to State MHD. Review, process, and recommend/not recommend renewals;
11. Research and develop information on State legislation of interest to the NSMHA/PIHP; analyze and monitor relevant new legislation; and
12. Research, monitor and analyze information on Federal and State requirements relating to mental health service compliance issues.
13. Monitors and reconciles inpatient expenses.

Information Systems / Information Technology Services

NSMHA's Information Systems/Information Technology Department (IS/IT) 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 Measurement column of the Quality Management Work Plan. This information will enable NSMHA to review and analyze:

1. Individual client outcomes with the aim of reduction in psychiatric hospitalizations, improvement in level of functioning, and improvement in quality of life
2. System outcomes
3. The development of baselines and improvement measures designed to evaluate the effectiveness of the PIHP
4. Provide information for Regional utilization/capacity management

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

1. Direct and coordinate development and production activities of computerized MIS department
2. Perform advanced level analyst functions
3. Write specifications, applications and programs necessary for NSMHA Management Reports
4. Supervise the design and implementation of in-house database systems (e.g., concurrent review, Ombuds)

Contracted Service Providers

1. The provider agencies participate in the quality management activities of NSMHA via representative membership on the QMOC (see Figure 1). All NSMHA providers are required by

WAC to have a quality management plan. This plan must match the NSHMA quality management plan. Each contracted service provider is responsible for its individual Quality Management Program.

State of Washington's Mental Health Division (MHD)

Through its Quality Strategy, the MHD establishes a process by which to assess, monitor and measure for improvement the mental health services provided to members served by RSN's contracting with the MHD. To meet its quality strategy goals, the MHD requires the development of a process through which the MHD and the RSN's work in a collaborative manner to establish objectives and timetables for improvement of health care service and delivery if and when needed. The quality strategy also seeks to improve Medicaid Managed Care's ability to meet the priorities of the MHD, Medicaid program and Medicaid managed care programs in Washington State.

PROGRAM STANDARDS

NSMHA Standards for Quality Management Programs

NSMHA is committed to the development of Quality Management (QM) processes in provider agencies. NSMHA will focus on oversight of provider QM processes. Contracted providers' QM processes must demonstrate how they provide the following quality practices:

1. There is a written program structure outlining the goals and objectives, structure and roles, scope of activities, routine monitoring activities, key aspects of care, frequency and method of evaluation, and development of an annual work plan
2. There is a committee, in which practitioners participate, that oversees QM activities and documents actions
3. There is an annual QM work plan that includes planned projects, planned monitoring of issues over time, and planned evaluation
4. The governing board provides oversight to the QM committee either directly or through formal designation of a subcommittee
5. Measurement, data collection, and analysis are utilized to track established performance standards for key aspects of care
6. The results of these QM activities are linked and coordinated with other management activities such as:
 - a. Risk management committee/plan
 - b. Safety committee/plan,
 - c. Clinical practice guidelines
7. There is an annual written evaluation, reporting on completed activities, trending of performance data, and actions taken to achieve demonstrated performance in quality
8. Ensure consumer, advocate and family representatives are included in its ongoing process of decision-making and policy setting in the planning, implementation, operation and evaluation of provider network.
9. Creates an ongoing work group that focuses on involvement of consumers, advocates and family members and evaluates their current involvement.

Standards for Record Reviews

NSMHA staff perform Concurrent Reviews of provider's clinical records using the review instrument developed by the State of Washington's Mental Health Division (MHD). This instrument is the Voluntary and Involuntary Outpatient Record Review Tool. APN providers perform agency-wide Peer reviews, using a version of this instrument that is nearly identical to the MHD document, but that they have slightly modified for use by their clinical staff.

In addition to Concurrent Reviews by NSMHA staff and Peer Reviews by provider staff, NSMHA staff plan to develop additional review instruments for Region-wide usage. NSMHA staff will use these review instruments to assist them in their ongoing utilization review activities. Potential areas to be reviewed include, but are not limited to; Crisis Plan reviews, Inpatient Services reviews, Supervised Living reviews and High-Utilizer of service reviews. All review instruments developed by NSMHA staff will conform to certain principles, such as:

- All review instruments developed will be based on specific sources, such as the WAC's, the contract between NSMHA/MHD, the contract between NSMHA/providers, the NSMHA Clinical Eligibility and Care Standards, the RCW's, etc. All review instruments will contain specific references to the sources that have been cited in the tool development.
- All review instruments will be developed in collaboration with providers. Drafts will be shown to providers and their input will be solicited. Review instruments will be pre-tested with providers prior to their implementation at provider agencies. No review results will be reported based on instruments that have not been tested for both reliability and validity by NSMHA staff.

ATTACHMENTS

None