



**PENINSULA RSN**

**QUALITY MANAGEMENT PLAN**

**Policy Name:** Quality Management Plan

**Policy Number:** 10.01

**Reference:** Section six of the State Mental Health Contract; Section eight of the Prepaid Inpatient Health Plan; Section five of PRSN provider state contract; Section seven of PRSN provider PIHP contract; WAC 388-865-0280 and 42 CFR 438-240

**Effective Date:** 2005

**Revision Date(s):** 07/2008

**Approved by:** PRSN Executive Board

## **OVERVIEW**

The Peninsula Regional Support Network (PRSN) Quality Management Plan is a working document created to ensure the on-going practice of evaluating, monitoring and improving the quality of mental health services delivered within the three counties served by the PRSN. The Quality Management Plan is approved by the PRSN Quality Improvement Committee (QUIC) and the Executive Board and facilitated by PRSN staff.

## **ELEMENTS OF THE QUALITY MANAGEMENT SYSTEM**

### Executive Board

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

### PRSN Staff

The PRSN staff manages and facilitates the daily operations of the network. The PRSN staff consists of one full-time administrator who supervises a full-time Quality Assurance Manager, Compliance Officer, Clinical Review Manager, Resource Development Manager, Children's Services Coordinator, Fiscal Officer, and an administrative support position. These staff members provide technical support to providers and are on-site as needed or at least quarterly. They also provide support to the QRT, QUIC, Advisory and Executive Boards. Information Systems services are contracted through Kitsap Mental Health

Services. The PRSN contracts with a not-for-profit administrative services organization, CommCare, for service authorization, and utilization management. If any position is vacant, other staff will assume the responsibilities of that position in facilitating the Quality Management Plan.

#### Advisory Board

The purpose of the PRSN Advisory Board is to provide community and consumer input to the Executive Board and staff. The Advisory Board consists of five members from each of the three constituent counties. At least 51% of the board consists of mental health consumers or their family members. The Advisory Board meets monthly to review reports from the PRSN staff, QUIC and QRT. The Advisory Board then makes recommendations to the PRSN staff and Executive Board. At least two members of the QUIC serve on the Advisory Board.

#### Ombuds

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

#### Quality Improvement Committee (QUIC)

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

#### Quality Review Team (QRT)

The purpose of the QRT is to monitor and evaluate the delivery of mental health services within the PRSN. The QRT consists of five to ten members who are appointed by the PRSN Advisory Board and are representative of the demographics of the region. It includes consumers, family members and advocates. The QRT gathers information by conducting biennial, on-site reviews of each provider and reports their findings along with recommendations to the providers, the PRSN, the QUIC, Advisory Board, and to the State of Washington Mental Health Division. At least one QRT member serves on the QUIC.

#### Utilization Management Committee (UMC)

The Utilization Management Committee is chaired by the PRSN Resource Development Manager. It systematically monitors and evaluates service authorization and utilization trends to ensure enrollees are receiving timely and appropriate services to meet their

needs. The UMC is responsible for the PRSN Utilization Management Plan. In addition, the UMC evaluates the network to ensure there is adequate and appropriate use of resources throughout the system to support service delivery. This process is continuous and focuses on quality and cost effectiveness. The Committee meets monthly and consists of the PRSN Resource Development Manager, provider representatives, and the CommCare Clinical Care Manager. The PRSN Administrator and the CommCare Psychiatric Medical Director may provide consultation to the UMC. The UMC reports trends and region-wide issues to the PRSN Administrator; and to the QUIC, as applicable.

### Mental Health Service Providers

There are five community mental health providers located in Kitsap, Jefferson and Clallam Counties. They are; Peninsula Community Mental Health Center, West End Outreach Services, Jefferson Mental Health Services, Kitsap Mental Health Services and RMH Services. Providers have an organizational structure and quality assurance systems unique to their agency. The provider agencies have their own Quality Management (QM) Plan that incorporates the PRSN QM Plan.

### **PURPOSE**

The activities of this plan seek to assure the following qualities within the system:

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

**MONITORING TOOLS AND ACTIVITIES**

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

Quality assurance activities and tools used to monitor performance in each category:

	<b>Quality of Services</b>	<b>Satisfaction</b>	<b>Administrative Practices</b>	<b>Compliance</b>
<b>Surveys</b>	Quality Review Team (QRT) Site Visits and Reports  Tele Sage and WIMIRT Consumer Satisfaction Data	Ancillary Satisfaction Surveys		
<b>Reports</b>	Quality Indicators Tracking  Ombuds Reports  Resource Utilization Trends	Ombuds Reports	Provider Performance Summary Report  Revenue and Expenditure Report	ASO Monthly Authorization Report  Peninsula Regional Assessment Tool (PRAT) Report
<b>Reviews</b>	Standard Chart Reviews  Practice Guideline Reviews  Crisis Chart Reviews  High Utilizer Chart Reviews  Under-Utilization Chart Reviews  Ad Hoc Reviews  Sentinel Events Reviews/Tracking  Annual Review	QRT Site Visits  Complaint, Grievance and Appeal Tracking  Annual Review	Provider and Subcontractor Administrative Review  Subdelegation Contractor Reviews  Annual Review	Chart Reviews (as listed in Quality of Services column)  Data Integrity Reviews  Provider and Subcontractor Administrative Reviews  PRSN Compliance Plan  Subdelegation Contractor Reviews  Annual Review

<b>Meetings</b>	QUIC Meeting	QUIC Meeting	QUIC Meeting	QUIC Meeting
	UMC Meeting	UMC Meeting	UMC Meeting	UMC Meeting
	Clinical Directors Meeting	Clinical Directors Meeting	Clinical Directors Meeting	Clinical Directors Meeting
	DMHP Meeting	DMHP Meeting	DMHP Meeting	DMHP Meeting
	Clinical Staffing/Care Management Meetings			

**COLLECTING AND ANALYZING INFORMATION**

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

**Chart Reviews and Other Customized Reviews**

**Description:** The standard and crisis chart reviews are a key quality assurance activity performed by the PRSN staff to monitor and analyze the quality and intensity of services as well as the fit between services needed and those actually provided. (See 9.05a Standard Chart Review Tool and 9.05b Crisis Chart Review Tool) Additional chart review tools may be developed when trends are identified through the results of quality assurance activities that warrant and ad hoc review.

Specifically, these chart review tools and processes:

- evaluate the continuity of services from the consumer’s request for services through discharge,
- assess the degree to which services progress the consumer toward recovery and resiliency,
- incorporate items from the MHD licensing tool for inter-rater reliability,
- include items that evaluate provider compliance with the PRSN contract, policies and pertinent WAC regulations;
- include items that monitor crisis services, timeliness of response, incorporation of individual and family voice and provision of services in least restrictive environments;
- monitor age, cultural and linguistic competence, coordination of care for special populations, housing needs and linkages with other systems;
- monitor that consumer rights are clearly stated;
- monitor and explore targeted issues as identified by quality indicators tracking or other indicators,
- evaluate treatment plans for timeliness, participation of enrollee and natural supports, applicable consultation with specialists, and other WAC requirements, and
- monitor coordination of care with other systems

**Data Collection and Analysis Plan:** The PRSN staff will conduct analyses of consumer care representing a random sample of five hundred consumers, primarily through chart reviews, annually. In general, the numbers of reviews are divided proportionally among providers based on the number of individuals served. Additional analyses of care may be conducted as indicated by results of monitoring activities. Data collected from chart reviews will be compiled and analyzed by PRSN staff on a monthly basis. Quarterly reports for each provider will be prepared and compared with previous quarters to identify trends and evidence of improvement. Quarterly review results are reported to the providers, the PRSN Administrator, the QUIC, and Clinical Directors.

**Practice Guideline Reviews:**

**Description:** The PRSN adopts practice guidelines based on valid and reliable research-based clinical evidence demonstrating their utility in driving positive clinical outcomes, reflecting promising practices, or reflecting a consensus of national mental health professionals. The PRSN practice guidelines are adopted from the American Psychiatric Association (APA), and include one for Schizophrenia and one for Bipolar Disorder. (See 11.15 Practice Guidelines). Each practice guideline has a corresponding monitoring tool. (See 11.15c Bipolar Practice Guideline Chart Review Tool and 11.15d Schizophrenia Bipolar Practice Guideline Chart Review Tool)

**Data Collection and Analysis Plan:** Adherence to established practice guidelines will be monitored using the chart review tool process. The Practice Guideline Review tools will be completed for all charts reviewed for adult clients who have a diagnosis of Schizophrenia or Bipolar Disorder in addition to the completion of the Standard Quality Chart Review. These will be completed monthly and incorporated into quarterly reports which are analyzed for adherence to the guideline across time.

**Over and Under-Utilization Monitoring Project**

**Description:** PRSN has a variety of mechanisms in place to detect both overutilization and underutilization of services. These include: Provider Performance Summary Reports, Quality Indicator Tracking, Administrative Reviews, and Standard and Crisis Chart Reviews. In addition to these PRSN has specific projects to closely monitor both over and under-utilization. These projects are developed in consultation with stakeholders through the Advisory Board, QUIC, UMC, and/or Network Provider Clinical Directors, and may be informed by quality assurance monitoring results including noted utilization management trends.

**Data Collection and Analysis Plan:**

**Overutilization:** The PRSN will generate a quarterly report identifying consumers who have had multiple hospitalizations. Those consumers who have had more than one hospitalization within a quarter will be identified, and PRSN staff will review their charts using the standard chart review tool as well as the high-utilizer review tool (See 11.09 and 11.09b) Results will be compiled and analyzed for system-level trends, which will be reported to QUIC.

**Underutilization:** The PRSN will generate a quarterly report that identifies consumers who are authorized for level II services and have received less than 5 face to face services within a 6 month period. Patterns may be analyzed such as use of crisis services, hospitalizations, and diagnosis. Based on patterns noted, a chart review tool will be developed which will be used to analyze of barriers to treatment as well as appropriateness of service level authorization. Results will be reported to the QUIC. Any

trends related to level of service will be reported to the Clinical Directors' Meeting for problem solving, with results reported back to QUIC.

### **Sentinel Events**

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

**Data Collection and Analysis Plan:** Sentinel events will be monitored through provider reports, chart reviews and targeted review of provider critical incident files. The PRSN will record, report and review sentinel events occurring within the region. (See PRSN Policy 2.01 Sentinel Events) Within two weeks of the original notification of the sentinel event, the PRSN will work with the provider(s) to collect and forward information to the Mental Health Division regarding efforts to prevent or lessen the possibility of similar incidents in the future. The QUIC may review specific incidents and recommend further, region-wide system improvements, when trends are identified. Compliance with this policy will also be monitored through the Administrative Review process.

### **Data Integrity Reviews**

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

**Data Collection and Analysis Plan:** Services provided for consumers whose charts are randomly pulled from the Information System for chart reviews will be compared to service documentation in the clinical file. Accuracy of data will be evaluated for: date of service, description/code, service provider, and evidence that the service actually occurred. Omissions or mistakes in data are noted on the documented service sheet and reported to the provider. Data collected from data integrity assessments will be compiled and analyzed by PRSN staff on a monthly basis. Quarterly reports for each provider will be prepared and compared with previous quarters to identify trends. Quarterly review results are reported to the providers, the PRSN Administrator, and the QUI C.

### **Peninsula Regional Assessment Tool (PRAT) Report**

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

**Data Collection and Analysis Plan:** The data for this report will be gathered monthly and sent to PRSN by CommCare and analyzed by the Resource Development Manager. The report will be reviewed each month at the UMC meeting.

### **Resource Utilization Trends Report**

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

**Data Collection and Analysis Plan:** Per the PRSN Utilization Management Plan, utilization management data will be collected from the monthly authorization tracking reports. (See 7.06 Utilization Management Plan) The Resource Development Manager and the UMC will analyze the reports for trends and opportunities for improvement relating to service authorization and utilization.

### **Quality Indicators Tracking**

**Description:** The PRSN has established Quality Indicators as part of the PRSN Quality Management Work Plan that measure performance, effective service delivery and network efficiency. (See 10.04 Quality Indicators) Data collected from chart reviews, administrative reviews, satisfaction surveys, Provider Performance Summary reports and other data maintained in the PRSN Information System drive the Quality Indicators. All Performance Indicators required by contracts with the Mental Health Division are included as quality indicators. Stakeholder input to development of Quality Indicators is achieved through consultation with the Advisory Board and the QUIC.

**Data Collection and Analysis Plan:** The Quality Assurance Manager will analyze, collect, and report measures for each quality indicator on a quarterly basis to the QUIC. Progress toward achieving the standard for each indicator will be evaluated by the QUIC. They will evaluate the impact and effectiveness of the indicators and will modify them as appropriate. Data collected and analyzed for each indicator assists the PRSN to identify necessary improvements and implement change to enhance the overall quality of mental health services within the region.

### **WIMIRT and TeleSage Surveys**

**Description:** Consumer satisfaction and outcome data for the PRSN is collected from several sources, including surveys conducted by the Washington Institute for Mental Illness Training and Research (WIMIRT), the TeleSage Washington State Consumer Outcomes Report, the Ancillary Satisfaction Survey (See Attachment 1 -Ancillary Satisfaction Survey), and QRT interviews.

**Data Collection and Analysis Plan:** The reports by WIMIRT and TeleSage will be summarized for review by QUIC. The PRSN will facilitate the Ancillary Satisfaction Survey to collect feedback from allied service systems every two years. PRSN staff will tabulate the survey results and report the findings to the QUIC and the Advisory Board. The QUIC will use information from these sources and activities to determine the degree to which mental health services are driven by individual/family voice and participation and meeting the needs of consumers.

### **Ancillary Provider Survey**

**Description:** Ancillary Service providers of each network provider are surveyed to evaluate their satisfaction with the providers, as well as their perception of quality of services regarding accessibility, and coordination of care.

#### **Data Collection and Analysis Plan:**

The PRSN will facilitate the Ancillary Satisfaction Survey to collect feedback from allied service systems every two years. PRSN staff will tabulate the survey results and report the findings to the QUIC and the Advisory Board. These findings are used to shape improvement activities within the region

**QRT Interviews**

**Description:** The QRT gathers information about consumer satisfaction and quality of service by conducting biennial, on-site interviews of each provider and ancillary providers. (See 9.06 Quality Review Team)

**Data Collection and Analysis Plan:** The QRT will report their findings along with recommendations to the providers, the PRSN, Advisory Board, and to the State of Washington Mental Health Division. The results may be summarized for QUIC, who will use these findings to determine the degree to which mental health services are driven by individual/family voice and participation and meeting the needs of consumers.

**Complaint, Grievance, and Appeal Tracking**

**Description:** The PRSN has a system in place for individuals to pursue complaints, grievances, and appeals; and access DSHS administrative Fair Hearings. (See Chapter 6 - Complaint, Grievances and Appeals Policies) The PRSN generates the Exhibit N report, as required by MHD, which tracks agency complaints, PRSN grievances, appeals and DSHS Fair Hearings for adult and children’s services

**Data Collection and Analysis Plan:** All PRSN contracted provider agencies will report complaints to the PRSN on a quarterly basis. The Ombuds will forward monthly reports on grievances in the network to the QUIC and PRSN Administrator. The Ombuds will also report trends and issues they have identified to the QUIC at quarterly intervals. The PRSN will also collect grievance data directly submitted and resolved within the PRSN office. All service denial and appeal data will be collected from CommCare. PRSN will compile the Mental Health Division Exhibit N report from the above referenced sources. The QUIC will review Exhibit N each quarter to assess trends and inform quality assurance activities.

**Clinical Meetings and Clinical Staffing Meetings**

**Description:** PRSN staff members provide technical assistance, collaboration, and leadership regarding effective clinical practices and adherence to statutes through meetings with Clinical Director’s, DMHPs, and through clinical staffing meetings as a means towards system improvement.

**Data Collection and Analysis Plan:** If concerning trends are identified through these processes they will be summarized and presented to QUIC for oversight and development of a plan to address the issue.

**Provider Performance Summary Report:**

**Description:** The PRSN generates a quarterly Provider Performance Summary Report to describe numbers of services and hours for each state plan modality, utilization rates for inpatient services and crisis services, penetration rates and other performance statistics. These are calculated by agency and for the region as a whole.

**Data Collection and Analysis Plan:** The Provider Performance Summary will be reviewed by the PRSN Administrator, the Executive Board, the QUIC, and to the UMC when issues of concern regarding utilization, such as over or under utilization, or capacity are revealed. Concerns and identified trends will be reported to the providers and the Advisory Board.

**Administrative and Sub-Delegation Reviews:**

**Description:** The PRSN has a standardized process for network provider and sub-delegation administrative reviews (See 9.03 Provider-Subcontractor Administrative Review Policy). The purpose of the reviews is to monitor provider and subcontractor administrative and compliance practices.

**Data Collection and Analysis plan:** Provider and Sub-delegation Administrative Reviews will be conducted annually by PRSN Staff. (See 9.03a PRSN Administrative Review Tool, 3.10a Subcontractor Delegation and Assessment Tool, ASO; and 3.10b Subcontractor Delegation and Assessment Tool, IS) These reports will provide feedback and recommendations using measurement standards consistent with industry standards. Results of Administrative Reviews will be summarized for the QUIC and Advisory Board. (See PRSN Policy 9.03 Provider-Subcontractor Administrative Review)

**Compliance Plan**

**Description:** The PRSN Compliance Plan establishes a culture within the network that promotes prevention, detection, and resolution of instances of conduct that do not conform to federal and state law; and federal and state funded health care program requirements. (See 5.16a Compliance Plan, FY 2009 and 5.16b Compliance Plan Checklist, FY 2008-2009) PRSN staff members, governing board members, QUIC members, QRT members, network contractors and subcontractors that encompass the operations of the PRSN are expected to act in accordance with the PRSN Compliance Plan.

**Data Collection and Analysis Plan:** The Compliance Plan includes mechanisms to immediately investigate and report allegations of Medicaid fraud and abuse to the Mental Health Division. The PRSN compliance officer will review compliance plans and evidence of applicable trainings through the administrative reviews occurring annually for each provider and subcontractor.

**Revenue and Expenditure Reports:**

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

**Data Collection and Analysis Plan:** The financial and cost information will be compared against statewide averages and historical trends. The PRSN Administrator will regularly report concerns and identified trends to providers and the Advisory Board.

**Annual Review**

**Description:** PRSN conducts an annual review of the network providers within the region. All collected data including monitoring activities and results, external quality review findings, agency audits, consumer Grievances and services verification are incorporated into this summary review.

The annual review addresses at least the following:

- Timely access that meets the Access Standards set forth by the MHD.
- Consistent referrals for Healthy Child screens for EPSDT.
- Efforts to pursue and report third party revenue.
- Quality Improvement activities including Performance Improvement Projects.

- The Implementation of Practice Guidelines and the provider implementation of Practice Guidelines.
- The implementation of the GAIN-SS and the co-occurring assessment for quadrant placement of individuals.
- Efforts to create the expectation and support the delivery of mental health services that are driven by the incorporate the voice of the Enrollee and those they identify as family.
- The degree to which mental health services delivered are age, culturally and linguistically competent.
- Monitoring activities performed are in place to make sure that attempts are made to provide mental health services in the least restrictive environment.

**Data Collection and Analysis Plan:** The annual review will be developed and compiled by the Quality Assurance Manager as a summary of Quality Assurance and may be used to identify regional trends and may be used to develop goals and priorities for the quality management process.

## PERFORMANCE IMPROVEMENT PROJECTS

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

## INCORPORATING FEEDBACK

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

- **Consumers and family members**
  - Feedback is continually gathered from their participation on the QRT, QUIC and Advisory Board.
  - Input is gathered through the consumer and family focus groups which are facilitated biennially for each provider by the QRT.
  - Satisfaction data for the PRSN is collected from the Washington Institute for Mental Illness Training and Research (WIMIRT) and the TeleSage Washington State Consumer Outcomes Report.
- **Ancillary Providers**
  - Data is gathered from ancillary providers in the community of each network provider through the survey conducted every two years.
  - Staffs of allied service providers are interviewed by the QRT.
- **Network Providers**
  - Input is gathered through their participation on the QUIC and UMC.

- Input may also be gathered through Clinical Director's meetings, DMHP meetings, the UMC, the QUIC, or other meetings.
- **Other Stakeholders**
  - Feedback is gathered and incorporated from the monitoring activities of the External Quality Review Organization (EQRO).
  - Feedback is incorporated from the monitoring activities of the Mental Health Division.

Results of monitoring activities described in this plan will be summarized and reviewed by the QUIC, and reported to the Advisory Board and Executive Board as appropriate. Results of each monitoring activity will be documented and communicated to each network provider, as applicable.

- Each Network Provider will develop a plan to address areas needing improvement.
- The QUIC will identify opportunities for improvement and make recommendations based on findings. Recommendations may include development of procedural changes or clinical practices. Changes may be facilitated by the Network Providers, the Advisory Board, the UMC, the Clinical Directors, or other processes developed within the PRSN.
- The Clinical Directors Meeting, facilitated by the PRSN Clinical Review Manager, will use monitoring results and recommendations made by the QUIC to inform their choices when developing clinical standards, changing clinical practices, and/or implementing evidenced based practices.
- The Clinical Review Manager will use results from the monitoring process to inform the PRSN sponsored trainings for Network Providers.
- Utilization Management Committee, facilitated by the PRSN Resource Development Manager, will use the information from the quality assurance activities described in this plan, to identify barriers to improvement and maximize utilization management mechanisms.
- The Designated Mental Health Professional (DMHP) meeting, facilitated by the PRSN Clinical Review Manager, will address issues directly related to the crisis and inpatient coordination aspects of the delivery system.
- The PRSN administrator may meet with executive directors from each provider agency as necessary to review and discuss administrative issues, agency compliance and cost efficiency. The QUIC may coordinate with any of these processes to develop system interventions, as necessary.
- Based on information from the PRSN administrator and QUIC, the Advisory Board will evaluate whether implementation of system changes are effective and may make recommendations for system-wide improvements to enhance the quality of services within the network. The advisory board may report their recommendations to the PRSN administrator and/or the Executive Board for further action.
- The Executive Board may require contract modifications. When the Executive Board requires contract modifications, the PRSN Administrator is responsible for implementation. The PRSN Administrator and staff will evaluate if contract terms resulting from Executive Board action are effectively and consistently implemented throughout the network.

## ACCOUNTABILITY

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

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

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

**Chart Reviews:** Individual feedback for each chart review will be provided each month to providers for whom there are reviews. Feedback will include recommendations regarding any issues of concern as well as notations highlighting exceptional examples of quality care or documentation. It is expected that providers will address any issues of concern. Feedback will include systemic patterns of strengths and areas requiring improvement. Generally, tabulated items scoring below 90% on a quarterly summary require a system level action plan for improvement, and may result in a formal request for a corrective action plan. Regional trends will be identified at least biannually.

**Data Integrity:** All Data discrepancies in the clinical record that are identified through the data integrity review process must be corrected if possible. Generally, if any of the items reviewed scores below 95% on a quarterly summary a system level action plan for improvement will be required and a formal request for a corrective action plan may be requested. Sample size will be considered when determining whether a system level plan for improvement is required.

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

**QRT:** When the QRT conducts in-depth appraisals of each provider's services, they will make recommendations to the provider and reports findings to the PRSN Administrator, the QUIC and the Advisory Board. The provider will then make system improvements based on the QRT's recommendations. These improvements will be reported to QUIC.

**Quality Indicators:** When any quality indicator measure falls below the established benchmark as described in this policy (see 10.04 Quality Indicators) for more than one

quarter without at least a 10% improvement, a system level action plan for improvement may be required, and a formal request for a corrective action plan may be requested. A performance improvement project may be developed, as required by the Mental Health Division.

When specific performance issues become apparent through any other monitoring and analysis process, PRSN staff may require system level problem solving, including a formal request for a corrective action plan. The PRSN has policies and procedures in place to request corrective action plans from providers and subcontractors. (See PRSN Policy 9.09 Corrective Action Plan) The PRSN staff is responsible to monitor that providers have effectively implemented corrective action plans. PRSN staff may also provide technical assistance, collaboration, and leadership regarding effective clinical practices and adherence to statutes through meetings with Clinical Director's, DMHPs, the UMC, and clinical staffing meetings as a means towards system improvement.

## **REVIEW OF QUALITY MANAGEMENT PLANS AND STRATEGIES**

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

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

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

All changes to the plan are submitted to the Mental Health Division for approval prior to implementation. The approved Quality Management Plan is then disseminated to providers and other stakeholders within the network.

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

Please return by: Date

**SATISFACTION SURVEY: COLLABORATING AGENCIES OF: PROVIDER AGENCY NAME**

The Peninsula Regional Support Network is the administration that oversees Medicaid mental health services in Kitsap, Jefferson and Clallam Counties. We have an obligation to ensure that services are responsive to the consumers' and families' needs, as well as the community. Please take a moment to comment on your interactions with your community mental health agency to define areas for improvement. Your responses are strictly confidential and will be mailed directly to the Peninsula Regional Support Network's office. Your comments and suggestions are welcomed. Thank you for your participation. Self-addressed envelope enclosed.

1	What is the nature of your working relationship with the local mental health center?	
	<input type="checkbox"/> No working Relationship	<input type="checkbox"/> We provide Advocacy to mutual clients
	<input type="checkbox"/> We have mutual clients	<input type="checkbox"/> We provide community services to mutual clients
	<input type="checkbox"/> We refer people for services only	<input type="checkbox"/> Other: _____
2	How frequently do you/your agency have contact with the local mental health center?	Average contact ____ x a day/week/month (please circle)
3	What age group do you primarily serve? Check all that apply:	<input type="checkbox"/> Children <input type="checkbox"/> Older Adults <input type="checkbox"/> Adults <input type="checkbox"/> All ages

KEY: N/A- Not Applicable/No Opinion, 1 - Strongly Disagree, 2 – Disagree, 3 – Agree, 4 - Strongly Agree,

If you do <b>not</b> have a working relationship with the local mental health center please skip to number 17 and continue.		N/A	1	2	3	4
4	I have been offered information about services and/or had my questions answered when I have contacted the mental health agency.	N/A	Strongly Disagree	Disagree	Agree	Strongly Agree
5	The local mental health agency staff is courteous and respectful.	N/A	Strongly Disagree	Disagree	Agree	Strongly Agree
6	A reply/response is returned promptly after my initial client referral with the agency.	N/A	Strongly Disagree	Disagree	Agree	Strongly Agree
7	The mental health agency responds and participates in problem solving when I express a concern.	N/A	Strongly Disagree	Disagree	Agree	Strongly Agree
8	I am kept updated on my client's mental health status within confidentiality statutes as appropriate.	N/A	Strongly Disagree	Disagree	Agree	Strongly Agree
9	The mental health agency participates in case coordination with mutually shared clients.	N/A	Strongly Disagree	Disagree	Agree	Strongly Agree
10	The mental health staff are available to participate in multi-disciplinary team staffings, as needed or requested, with high-need clients.	N/A	Strongly Disagree	Disagree	Agree	Strongly Agree
11	The mental health agency responds in a culturally appropriate way to clients and collaborating agencies.	N/A	Strongly Disagree	Disagree	Agree	Strongly Agree
12	I am satisfied with the treatment my client receives at the mental health agency.	N/A	Strongly Disagree	Disagree	Agree	Strongly Agree
13	When my clients are denied services they receive other referral options as available.	N/A	Strongly Disagree	Disagree	Agree	Strongly Agree
14	When my Medicaid clients are denied services they are made aware of their appeal rights.	N/A	Strongly Disagree	Disagree	Agree	Strongly Agree
15	The administration/management teams have been flexible and helpful in problem solving on shared community issues.	N/A	Strongly Disagree	Disagree	Agree	Strongly Agree
16	Overall, I think the local mental health agency is effective in meeting the needs of our community.	N/A	Strongly Disagree	Disagree	Agree	Strongly Agree
17	I am familiar with the role of the Mental Health Ombuds services.	N/A	Strongly Disagree	Disagree	Agree	Strongly Agree
18	I am familiar with the BRIDGES to Parent Voice Program.	N/A	Strongly Disagree	Disagree	Agree	Strongly Agree

**SPECIFIC COMMENTS AND SUGGESTIONS:**

1. The best thing about our local mental health center is:

---

---

2. The one thing I would most like to change at the local mental health center is:

---

---

3. My relationship with the local mental health agency could be improved by: (Please specify whether these challenges are current or prior challenges.)

---

---

4. Some ways we could jointly improve our collaborative efforts are:

---

---

5. What programs does your agency administer that the mental health agency could better utilize?

---

---

6. Additional comments or suggestions:

---

---

---

---

7. If you do not have a working relationship with the local mental health center, would you like more information about it?

Yes \_\_\_\_\_ No \_\_\_\_\_

As an effort to improve our services and coordination with your agency, we would appreciate the opportunity to contact you should you list your identity below.

Completed by: Optional

NAME: \_\_\_\_\_

AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

Mail to: **Peninsula Regional Support Network**  
**614 Division Street, MS#23,**  
**Port Orchard, WA 98366-4676**