



## SALISH BH-ASO POLICIES AND PROCEDURES

**Policy Name:** QUALITY MANAGEMENT PLAN

**Policy Number:** QM701

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### QUALITY MANAGEMENT SYSTEM OVERVIEW

The Salish Behavioral Health Administrative Services Organization's (SBH-ASO) Quality Management Plan (QMP) is a working document within the Quality Management Program (the Program) that describes the system and activities that guide quality assurance and improvement to ensure the on-going practice of evaluating, monitoring, and improving the quality of behavioral health services delivered within the three counties served by the SBH-ASO.

### ELEMENTS OF THE QUALITY MANAGEMENT PROGRAM

#### Those We Serve

Any individual in the Salish three-county region, regardless of funding source, is eligible for crisis services. Crisis services include a 24-hour crisis line, mobile crisis outreach, and involuntary commitment services.

Within available resources, the SBH-ASO also serves eligible non-Medicaid individuals who receive non-crisis SBH-ASO funded services from any of our contracted Behavioral Health Agencies (BHAs)

The Quality Management Program is operated under the oversight of the SBH-ASO Medical Director.

#### Executive Board

The Executive Board is the main leadership and decision-making body of the SBH-ASO. The Executive Board authorizes the Program via its



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approval of this Plan, charging the Quality Assurance and Compliance Committee (QACC) with the responsibility of providing ongoing operational leadership of continuous quality improvement activities at the SBH- ASO. The ongoing activities of the Program are carried out by SBH-ASO staff and the members of the SBH-ASO Provider Network. The Executive Board is comprised of three county commissioners, one from each constituent county: Kitsap, Jefferson, and Clallam, and one Tribal elected official as voting members.

### Advisory Board

The SBH-ASO Behavioral Health Advisory Board (BHAB) provides community and individual input to the SBH-ASO Staff and Executive Board.

BHAB Membership Requirements:

1. Be representative of the geographic and demographic mix of service population;
2. Have at least 51 percent of the membership be persons with lived experience, parents or legal guardians of persons with lived experience and/or self-identified as a person in Recovery from a behavioral health disorder;
3. Law Enforcement representation;
4. County representation;
5. No more than four elected officials;
6. No employees, managers, or other decision makers of subcontracted agencies who have the authority to make policy or fiscal decisions on behalf of the subcontractor; and
7. Terms are staggered between one and three years to ensure ongoing membership coverage. Multiple terms may be served.

The BHAB will:

1. Solicit and use the input of Individuals with mental health and/or substance use disorders to improve behavioral health services delivery in the region;
2. Provide quality improvement feedback to the SBH-ASO, key stakeholders, and other interested parties.

### Ombuds

The SBH-ASO Ombuds advocate for all Individuals in its defined service

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area, regardless of an Individual's ability to pay, including Medicaid eligible members and assist providers to ensure dignified and quality services. The Ombuds operate independently from the SBH- ASO and providers. The Ombuds report trends concerning client perceptions, family satisfaction, and ancillary provider issues to the QACC and Advisory Board at least biannually

### Quality Assurance and Compliance Committee (QACC)

The QACC meets quarterly and provides oversight of the quality assurance and improvement processes and activities, as well as the Program Integrity and Compliance program for the SBH-ASO. The QACC membership includes representatives from each of the providers, the Ombuds, and SBH-ASO staff. The QACC provides direct oversight of this document and the SBH-ASO Compliance and Program Integrity Plan.

### Internal Quality Committee (IQC)

The IQC meets monthly and provides input to the quality assurance and improvement processes as well as the QACC. Membership includes all SBH-ASO Staff under the guidance of the SBH-ASO Medical Director.

### Network Providers

Network Providers have their own Quality Management Plan that incorporates the SBH-ASO QMP. On-going participation in the Quality Management Program is required.

Network 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 SBH- ASO evaluates provider plans for objective and measurable performance indicators. The plans are monitored through the Annual Monitoring Review process.

## PURPOSE

The activities of the Quality Management Plan seek to assure compliance and continuous improvement within the system including:

1. Meeting HCA contract requirements in accordance with General Fund State/Federal Block Grant (GFS/FBG) requirements ,Crisis Services Performance Measures, and the Federal Block Grant Annual Progress Report template.



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2. Goals and interventions to improve the quality of care received;
3. Culturally and linguistically appropriate care to all Individuals;
4. Inclusion of Individual voice and experiences. This may include feedback and grievance data from the Ombuds and feedback from the BHAB;
5. Inclusion of provider voice and experience, which may include feedback through involvement in Integrated Provider meetings, SBH-ASO Quality and Compliance Committee, provider complaints, and provider appeals.

### **MONITORING TOOLS AND ACTIVITIES**

The SBH-ASO Quality Management Program functions to monitor performance in four main areas: quality of services, satisfaction, administrative practices, and compliance. The SBH-ASO analyzes information gathered through quality assurance activities to develop improvement strategies to enhance quality in any one or more of the identified categories.

### **COLLECTING AND ANALYZING INFORMATION**

Information regarding the quality and appropriateness of care individuals receive through network services is gathered from an array of sources and activities. Trends and issues identified through the collection and analysis of information are reported to the providers, the SBH-ASO Leadership Team, the QACC, and/or the Advisory Board. Plans for collecting and analyzing information are as follows:

#### **Annual Monitoring Reviews:**

**Description:** The SBH-ASO has a standardized process for subcontractor annual monitoring reviews. The purpose of the reviews is to monitor subcontractor administrative, clinical, fiscal, and compliance practices.

- Reviews may also be conducted on a more frequent basis if indicated.

**Data Collection and Analysis plan:** Subcontractor Annual Monitoring Reviews are conducted by SBH-ASO Staff. These reviews ultimately provide oversight, feedback, recommendations, and Corrective Action Plans when warranted. Results of Annual Monitoring Reviews are summarized for the SBH-ASO Leadership Team, QACC, and BHAB. Individual reports are provided to the subcontractors.

#### **Critical Incident Management System**

**Description:** The SBH-ASO assures all contractually defined critical incidents (CI) occurring within the network are reported to HCA and reviewed in a standardized way as per policy.

**Data Collection and Analysis Plan:** Critical incidents are recorded from provider



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reports and tracked. This information is used to identify trends, track investigations, and analyze concerns. The SBH-ASO maintains an Internal Quality Committee (IQC) which reviews all CI reported to the SBH-ASO. The SBH-ASO coordinates with the providers to collect and forward information to HCA regarding regional efforts to decrease the possibility of similar incidents in the future, as appropriate and required by contract. Chart reviews and targeted reviews of provider CI files may be performed as necessary. The QACC reviews the trends noted annually and recommends further region-wide system improvements.

### **Utilization Management Trends Reports**

**Description:** The Utilization Management Trends report is generated by the internal SBH-ASO authorization database and describes statistics and patterns regarding authorization and utilization of behavioral health services. The description includes inpatient, outpatient, crisis, and residential services.

#### **Over and Under-Utilization Monitoring Projects**

**Description:** The SBH-ASO has mechanisms in place to detect both overutilization and underutilization. Current overutilization metrics include:

- 3 or more crisis contacts in 30 days (excluding 24-hour toll-free crisis line contacts)
- 10 or more 24-hour toll-free crisis line calls in 30 days
- Inpatient stays (psychiatric and/or secure withdrawal management) greater than 20 days
- 3 or more inpatient stays within 120 days

SBH-ASO will utilize these metrics to identify possible areas of underutilization, resulting in excess dependence on intensive services.

**Data Collection and Analysis Plan:** Utilization management data is collected from the monthly authorization tracking reports. SBH-ASO Leadership Team monitors its adherence to contracted utilization management timelines. The Utilization Manager, SBH-ASO Leadership Team, and the QACC analyzes the reports for trends and opportunities for improvement relating to SBH-ASO funded behavioral health services.

### **Quality Indicators Tracking**

**Description:** The QACC oversees the contractual measures of performance, including but not limited to, metrics for the SBH-ASO Customer Service phone line, Mental Health and SUD Federal Block Grant services, Crisis System Call Center Performance, Mobile Crisis Team, and others as required by contract. The QACC reviews data reports provided by QM Program staff and makes recommendations based on those reports.



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To include, but not limited to:

- Salish Regional Crisis Line Metrics
- DCR Response Time Reporting
- Authorization/Denials Reporting

**Data Collection and Analysis Plan:** All indicators are reported to the Internal Quality Committee (IQC) and QACC at least quarterly. Baseline and targets, if applicable, are established by SBH-ASO Leadership Team and as required by contract. Data collected and analyzed for each indicator assists the QACC and SBH-ASO to identify necessary improvements and implement change to enhance the overall quality of behavioral health services within the region.

### **Grievance and Appeal Tracking**

**Description:** The SBH-ASO has a system in place for individuals to pursue grievances, appeals, and access Administrative Hearings. The SBH-ASO generates the Grievance System deliverable report, as required by HCA, which tracks SBH-ASO grievances, appeals, Administrative Hearings, and Notices of Adverse Authorization Determinations including Actions on a quarterly basis. The QACC reviews the SBH-ASO quarterly grievance reports to assess trends and inform quality assurance activities.

**Data Collection and Analysis Plan:** The Ombuds provide to the SBH-ASO Deputy Administrator quarterly reports that track the Ombuds outreach and grievance activities. The SBH-ASO collects grievance data directly submitted and resolved within the SBH-ASO and generates a quarterly report deliverable. The QACC reviews the SBH-ASO Ombuds reports to assess trends and inform quality assurance activities.

### **Compliance and Program Integrity Plan**

**Description:** The SBH-ASO Compliance and Program Integrity 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 as well as federal and state funded health care program requirements. SBH-ASO Staff members, Executive Board members, QACC members, and subcontractors that encompass the operations of the SBH-ASO are expected to act in accordance with the Compliance and Program Integrity Plan.

**Data Collection and Analysis Plan:** The Compliance and Program Integrity Plan includes mechanisms to immediately investigate and report allegations of fraud and



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abuse to the statewide reporting entity, Medicaid Fraud Control Division, and the HCA. The SBH-ASO Compliance Officer reviews compliance plans and evidence of applicable trainings through the monitoring reviews occurring annually for each provider and subcontractor. Recommendations are made as needed. The QACC reviews any findings and recommendations to assess trends and inform quality assurance activities.

### INCORPORATING FEEDBACK

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

- **Community including Individuals and family members**
  - Community Feedback is continually gathered from their participation in the QACC, Ombuds, and the SBH-ASO Advisory Board.
  - Biennial Needs surveys
- **Tribal**
  - Inter-Tribal meetings are held with the SBH-ASO, network providers, and local Tribal Social Services/Wellness program directors to ensure culturally competent services and system coordination.
- **Network Providers**
  - Input is gathered individually as well as through their participation on the QACC and other regional meetings.
- **Other Stakeholders**
  - Feedback is incorporated from the monitoring activities of the HCA.
  - Results of monitoring activities described in this plan are summarized and reviewed by the QACC 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.

The QACC identifies opportunities for improvement and makes recommendations based on findings. Recommendations may include development of procedural changes or clinical practices.

### REVIEW OF QUALITY MANAGEMENT PLANS AND STRATEGIES

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The Quality Management Plan is reviewed at least annually, and a report is



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generated. The necessity for Quality Management Plan changes is identified by the SBH-ASO Leadership Team based upon contractual changes, through the QACC, and the results of quality management activities described in this plan.

The Quality Management Plan may be revised by SBH-ASO Leadership Team upon recommendation of the QACC. Recommendations are based on data and analysis from the full range of quality assurance activities, including results received from external audits or HCA reviews. Changes to the plan must also occur when required by changes in relevant statutes .

The approved Quality Management Plan is disseminated to providers, stakeholders, and the public via the SBH-ASO website.