



**NORTH SOUND
MENTAL HEALTH ADMINISTRATION**

**QUALITY MANAGEMENT OVERSIGHT COMMITTEE
COMMITTEE MEETING PACKET**

January 25, 2006

QMOC GUIDING PRINCIPLES

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

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

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

January 25, 2006
NORTH SOUND MENTAL HEALTH ADMINISTRATION
QUALITY MANAGEMENT OVERSIGHT COMMITTEE AGENDA

Date: January 26, 2006
Time: 12:30 PM-2:30 PM
Location: NSMHA Conference Room
For Information Contact Meeting Facilitator Wendy Klamp, NSMHA, 360-416-7013

Topic	Objective	ACTION NEEDED	Discussion Leader	Handout available pre-mtg	Handout available at mtg	Page	Time
Introductions	Welcome guests, presenters and new members						5 min
Review and Approval of Agenda	Ensure agenda is complete and accurate, determine if any adjustments to time estimates are needed. Meeting will start and end on time.	Approve agenda		Agenda			5 min
Review and Approval of Minutes of Previous Meeting	Ensure minutes are complete and accurate	Approve minutes		Minutes			5 min
Announcements	Inform QMOC of news, events and other important items	We passed the RFQ!!	All				5 min
Comments from the Chair	Update the committee on recent developments that impact QMOC		GARY WILLIAMS				10 min
Utilization Management Dashboard	Standing Agenda Item for monthly review	Review trends, NSMHA priorities	TERRY MCDONOUGH	Dashboard			5 min
2006 Administrative Audit Schedule	Present schedule to committee		WENDY KLAMP				
Quality Management Department Report	Standing Agenda Item for Monthly Review	Review accomplishments, data and plans of department-	WENDY KLAMP		QM Dept. Report		10 min

		recent staff retreat and re-assignments					
Quality Management Plan	Standing agenda item-review of QM plan			Plan			10 min
Exhibit N report	Review report and determine if any quality improvement activities are needed		DIANA STRIPLIN	Exhibit N			15 min
NSMHA RFQ	Review Quality Management components of our successful RFQ submission and NSMHA plans to implement the new and expanded requirements		WENDY KLAMP		Power Point Presentation		15 min
Work Groups	MATCH (High Intensity Treatment Modality) and Treatment Planning Training work groups are forming	Request consumer and stakeholder representation in these important activities	WENDY KLAMP				10 min
Authorization and Denial	Review NSMHA Authorization process and quality improvements		TERRY MCDONOUGH				15 min
Date and Agenda for Next Meeting	Ensure meeting date, time and agenda are planned.		ALL				5 min
*Review of Meeting	Were objectives accomplished? How could this meeting be improved?		ALL				5 min

Next meeting February 22, 2006

Potential Agenda Items
Integrated Report
EQRO visit
Utilization Review Report
PIP review
Quality in Action presentation

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

November 23, 2005

12:30 – 2:30

DRAFT MINUTES

Present:

Gary Williams, QMOC Chair, Board of Directors,
Human Services Supervisor, Whatcom County
Wendy Klamp, NSMHA Quality Manager
Mary Good, NSMHA Advisory Board

Russ Hardison, Sea Mar
Joan Dudley, Lake Whatcom Center
Terry McDonough, Snohomish County Mental Health
ITA
Janet Lutz-Smith, Whatcom County Advisory Board
Dan Bilson, NSMHA Advisory Board
Linda Carlson, Volunteers of America
Chuck Davis, Skagit County Mediation Services
Susan Ramaglia, NAMI Skagit

Not Present:

Maile Acoba, Skagit County Coordinator

Nancy Jones, Snohomish County Human Services
Janelle Sgrignoli, Snohomish County Human
Services
Terry Clark, Compass Health
June LaMarr, The Tulalip Tribes
Joan Lubbe, NSMHA Advisory Board

Excused:

Mike Manley, Snohomish County Human Services

Others Present:

Diana Striplin
Greg Long

1. Open the Meeting & Comments from the Chair

The meeting was convened at 12:30 a.m. and introductions were made. Gary reminded all that it is expected that all should attend and if a committee member is not able to attend they should request permission of absence.

Joan Dudley requested that the QMOC packet be double-sided.

2. Agenda

Gary asked if there were any additions to the agenda and none were made.

3. Approval of October 2005 Minutes

The minutes from the previous meeting were reviewed. A typo was corrected in item 9 Deborah Moskowitz noted she should be added to the present list, as she is on the QMOC roster. Janet Lutz-Smith made a motion to approve the minutes with those changes, motion seconded, carried.

4. Announcements

Wendy announced that the RSN is finalizing the RFQ response. Wendy noted that MHD has made specific requirements that access to services cannot be provided by a community mental health provider. The NSMHA Board of Directors has decided that VOA will be taking this on. The transition will occur in early March or April. NSMHA is pleased to be working with a non-profit organization in this area. Linda noted that VOA looks forward to working with NSMHA

in this transition. Dan Bilson also thanked VOA on behalf of advocates for the good work they have done in the past.

Wendy noted that the RFQ will likely be completed Nov. 30. Susan asked if the extreme requests from the RFQ have lessened. Wendy noted there was an amendment to inpatient billing, MHD now does not require to set up the process, but to show how the RSN would set up the process. Currently NSMHA is determining resources – how many more people are needed to carry out the new requirements, and where they will go. Greg Long noted that the RSN is unable to refuse to do any of the work required in the RFQ, and there are currently not enough resources to do the work. Dan Bilson noted if the RSN needs advocates, NAMI will help out. Greg stated that there is some hope as the State budget for the mental health system looks better than it has in previous years.

5. Utilization Management Dashboard

Terry presented dashboard – monthly figures with breakout by county included, Terry asked if they served the information requested, give him or Michael a call. Linda noted the VOA numbers are askew but she has contacted Michael White and they will be corrected. Terry pointed out updates to the data notes. If anyone in the group needed more information, contact Terry.

6. Quality Management Department Report

Wendy presented the QM department report, noting that the RFQ was received in October. Many policies and procedures were drafted, work on disaster response has been done and the inpatient certification process was transferred from Compass Health to VOA.

Dan brought up the issue of whether Medicaid persons are automatically enrolled in Medicare. Chuck noted that most consumers are dually eligible and therefore automatically entered into Medicare as part of program D.

Greg stated that two FTE's from Compass Health are serving Hurricane Katrina survivors in the North Sound region.

7. Quality Management Plan

Terry went through the 2006-2007 QM Plan. The goal, objective and page number are noted, which was a QMOC request. The QM plan is accountable to CMS, EQRO, and BBA. Terry noted that recommendations from any review are presented to both QMC and QMOC. Janet asked when the benchmark column read 'to be determined', who would determine what it should be, Wendy stated it should be at QMOC.

Wendy noted four PIP's must be open at all times. The RSN will be collecting data from providers on consumer satisfaction, which was PIP#1. Gary noted that the recommendation of the PIP which went to BOD was approved and became policy, and it is good to remember what this committee accomplishes.

Janet asked for a description of what UM actually is. Terry stated that it is a review of system-wide data of how services are used, to make sure we are not using too many or not sufficient resources, but are following medical necessity. Gary gave an example of an E&T running at 100%, we would be concerned with too high of use. If the E&T was running at 15%, we would be concerned with too low of use, and that may indicate that an E&T is not needed.

Deborah stated that the high amount of objectives in the plan are beneficial since when making decisions about how services are being rendered, data is being looked at from a lot of different angles. Gary stated that the way information is approached shows that RSN considers what is best for consumers, in a way a for-profit agency would not. Joan thanked Terry for going through the plan and Deborah commended Terry for his work. Deborah made a motion to approve the 2006 QM Plan, seconded, carried. The plan will be recommended to the Board of Directors at the December Board of Directors meeting.

8. Complaint, Grievance, Appeal, Fair Hearing Policies

Diana noted that the formatting of the policies in the packet was incorrect but she has corrected versions. Diana noted that MHD has repeatedly changed requirements for these policies. Diana reviewed in brief the various policies and their complex requirements. Gary asked if consumers are told about expedited appeals. Diana noted the BBA gives guidelines in this area and Medicaid enrollees are notified that there are regular and fast appeals and that they have the right to choose between them. Diana noted this is not made clear, and more direction is needed from MHD. Consumers are always notified their rights. Diana noted that the RSN needs to come up with a way to notify non-Medicaid people that they have the right to file a grievance. Upon calling the RSN a consumer can begin a complaint/grievance, which is sometimes triaged back to provider. Appeals come directly to the RSN. Ombuds are available at all steps. Wendy thanked Diana for her hard work on the policies in keeping up with ever-changing requirements. Chuck Davis made a motion to approve the policies #1001, #1002, #1003, #1004, motion seconded, carried.

9. Clinical Eligibility and Care Standards Manual

Wendy went through that CECS manual, noting the difficulty of determining who qualifies for what service in our system as it is split up into Medicaid enrolled and state-funded. VOA will be authorizing intakes at Access. Wendy noted new continuity of care requirements from the State. VOA will do routine level of screening along with emergent and urgent, and there will be care managers at NSMHA for high-need individuals.

Wendy explained the new MATCH (matched level application of treatment for client with high need) program for high-intensity treatment. A review tool will be developed accordingly. Susan asked to add “provider/consumer/family” team to page 90. Janet stated that for children and youth outpatient on page 114, the exclusionary criteria is far too restrictive. Wendy noted this is from the State, it has been brought forward repeatedly through many venues and no change has been made. Wendy encouraged advocacy groups to continue to address it. Diana clarified that it is not an exclusionary criteria if child has a mental health diagnosis in addition to the listed criteria; they can still enter service. Chuck Davis made a motion to approve the CECS manual, motion seconded, approved. One abstention was noted from Janet, and Gary noted he will address this issue to the Board of Directors

10. Date and Agenda for Next Meeting

The meeting for December was cancelled due to the holiday season.

11. Adjourn

Chair adjourned the meeting at 2:30 p.m. The next QMOC meeting is scheduled for January 25th, 2005, 12:30-2:30 pm.

Respectfully submitted,
Shannon Solar

Please Note:

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

North Sound Mental Health Administration Monthly Utilization Management Dashboard

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
	Number of Medicaid Eligibles	Number of Medicaid clients with an open outpatient primary episode	Number of non-Medicaid clients with an open primary outpatient episode	Average Hours of Service for clients with an open outpatient episode	Average Hours of Service for clients receiving services during month	Number of Hospitalizations	Number of Individuals with more than 1 hospitalization in the past 30 days.	Number of 72-hour Involuntary Detentions	Average Daily Census at WSH	Average Daily Census at North Sound E&T	Average Percent Utilization at North Sound E&T	Average Daily Census at Snohomish E&T	Average Percent Utilization at Snohomish E&T	Number of Calls to Access	Total calls to VOAWW	Total Calls to VOA Crisis Line	Total Calls to VOA Triage Line
Dec-04	119,551	6,271	117	2.29	2.45	245	55	133	95	13	81.05%	13	88.17%	2,336	7,308	4,550	2,758
Jan-05	119,813	6,313	117	2.25	2.33	221	37	136	101	13	82.26%	13	84.95%	2,718	7,745	4,914	2,831
Feb-05	119,965	6,371	118	2.16	2.30	173	22	118	95	13	80.36%	11	70.00%	2,403	7,133	4,368	2,765
Mar-05	120,302	6,547	114	2.68	2.62	260	50	145	97	15	94.56%	14	90.75%	2,972	7,516	4,821	2,695
Apr-05	120,192	6,482	110	2.35	2.43	253	47	137	99	13	81.46%	14	87.33%		7,516	4,921	2,595
May-05	120,595	6,545	113	2.51	2.62	266	48	128	100	14	83.47%	12	76.34%	1,966	7,633	5,010	2,623
Jun-05	121,405	6,603	111	2.42	2.52	245	38	125	98	14	82.08%	13	80.22%	1,862	7,274	4,789	2,485
Jul-05	121,671	6,578	107	2.11	2.35	231	39	134	94	13	78.43%	13	84.09%	1,554	7,150	4,658	2,492
Aug-05	122,548	6,537	107	2.30	2.48	217	36	114	100	13	79.84%	13	87.31%	1,850	7,193	4,767	2,426
Sep-05	123,062	6,410	105	2.02	2.21	225	32	148	102	15	94.17%	13	84.00%	1,842	7,548	5,015	2,533
Oct-05	123,047	6,395	103	2.21	2.51	222	29	138	106	15	86.90%	14	85.16%		7,770	5,028	2,742
Nov-05									103	15	85.21%	12	71.78%		7,429	4,973	2,456
Dec-05									101	14	79.64%	12	71.40%		7,321	4,866	2,455
Average:	121,105	6,459	111	2.30	2.44	233	39	132	99	14	83.80%	13	81.65%	2,167	7,426	4,822	2,604

Data Sources:

- Number of Medicaid Eligibles - DSHS-MHD 01/04/2006 Title XIX Totals from MAA.
- Average Daily Census at WSH - Daily census data compiled from WSH Report from Cache system.
- E&T Census and Utilization Data - Daily census data compiled from daily E&T census reporting.
- Number of Calls to Access - APN Access Statistics report.
- Calls to VOA data comes from monthly call report.
- All other data derived from NSMHA-CIS from provider data submitted to NSMHA.

Data Notes:

- Number of Medicaid Eligibles - There is a three-month lag in final numbers from the state.
- Number of Hospitalizations - With the new CIS, there is a change from the past in how the hospitalization data is reported to NSMHA. This data is only reported at the completion of the hospitalization. Therefore, recent months data is not an accurate reflection of hospitalization activity.
- Overall, there is a settling of the data coming from the providers. Recent months data appears low and is therefore not being reported as complete data has not yet been uploaded to NSMHA-CIS.
- Average Hours of Service and Total Hours of Service data does not include 'per-diem' services.
- Effective 31 January 2005, North Sound E&T added one bed to make their total capacity 16 beds.
- Number of calls to Access for April, 2005 is not available.
- NSMHAs WSH Target for 7/1/2004 - 6/30/2005 is 99. Effective 7/1/2005, NSMHAs WSH Target was raised to 105.

North Sound Mental Health Administration Monthly Utilization Management Dashboard - Island County

	1	2	3	4	5	6	7	8
	Number of Medicaid Eligibles	Number of Medicaid clients with an open outpatient primary episode	Number of non-Medicaid clients with an open primary outpatient episode	Average Hours of Service for clients with an open outpatient episode	Average Hours of Service for clients receiving services during month	Number of Hospitalizations	Number of Individuals with more than 1 hospitalization in the past 30 days.	Number of 72-hour Involuntary Detentions
Dec-04	5,143	279	6	1.69	2.18	12	-	7
Jan-05	5,165	295	6	1.60	2.10	8	-	2
Feb-05	5,138	288	7	1.63	2.11	13	2	2
Mar-05	5,147	303	7	2.21	2.45	17	2	6
Apr-05	5,188	297	7	1.75	2.00	12	2	1
May-05	5,173	309	7	1.76	2.27	13	4	3
Jun-05	5,171	309	7	2.14	2.59	14	1	7
Jul-05	5,129	299	7	1.82	2.54	12	2	10
Aug-05	5,158	299	7	1.89	2.35	16	2	5
Sep-05	5,174	311	7	1.64	2.15	14	1	9
Oct-05	5,187	313	7	1.68	2.23	11	2	10
Nov-05								
Dec-05								
Average:	5,161	300	7	1.80	2.27	13	2	6
% of Region:	4.26%	4.65%	6.14%	78.30%	93.10%	5.55%	4.16%	4.26%

Data Sources:

- Number of Medicaid Eligibles - DSHS-MHD 01/04/2006 Title XIX Totals from MAA.
- All other data derived from NSMHA-CIS from provider data submitted to NSMHA.

Data Notes:

- Number of Medicaid Eligibles - There is a three-month lag in final numbers from the state.
- Number of Hospitalizations - With the new CIS, there is a change from the past in how the hospitalization data is reported to NSMHA. This data is only reported at the completion of the hospitalization. Therefore, recent months data is not an accurate reflection of hospitalization activity.
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**North Sound Mental Health Administration
Monthly Utilization Management Dashboard - San Juan County**

	1	2	3	4	5	6	7	8
	Number of Medicaid Eligibles	Number of Medicaid clients with an open outpatient primary episode	Number of non-Medicaid clients with an open primary outpatient episode	Average Hours of Service for clients with an open outpatient episode	Average Hours of Service for clients receiving services during month	Number of Hospitalizations	Number of Individuals with more than 1 hospitalization in the past 30 days.	Number of 72-hour Involuntary Detentions
Dec-04	764	73	2	1.25	2.10	2	-	1
Jan-05	751	74	2	1.85	2.21	3	-	-
Feb-05	748	68	1	2.06	2.77	2	-	1
Mar-05	735	64	1	2.49	2.97	5	1	3
Apr-05	720	65	1	2.15	2.99	5	-	6
May-05	720	70	1	1.66	2.62	6	1	4
Jun-05	725	75	1	1.75	2.45	3	1	1
Jul-05	717	78	1	1.60	2.15	1	-	-
Aug-05	705	73	1	2.18	3.23	1	-	1
Sep-05	710	66	1	2.06	2.53	4	-	3
Oct-05	703	71	1	1.52	2.30	3	-	-
Nov-05								
Dec-05								
Average:	727	71	1	1.87	2.57	3	0	2
% of Region:	0.60%	1.09%	1.06%	81.30%	105.59%	1.37%	0.69%	1.37%

Data Sources:

- Number of Medicaid Eligibles - DSHS-MHD 01/04/2006 Title XIX Totals from MAA.
- All other data derived from NSMHA-CIS from provider data submitted to NSMHA.

Data Notes:

- Number of Medicaid Eligibles - There is a three-month lag in final numbers from the state.
- Number of Hospitalizations - With the new CIS, there is a change from the past in how the hospitalization data is reported to NSMHA. This data is only reported at the completion of the hospitalization. Therefore, recent months data is not an accurate reflection of hospitalization activity.
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North Sound Mental Health Administration Monthly Utilization Management Dashboard - Skagit County

	1	2	3	4	5	6	7	8
	Number of Medicaid Eligibles	Number of Medicaid clients with an open outpatient primary episode	Number of non-Medicaid clients with an open primary outpatient episode	Average Hours of Service for clients with an open outpatient episode	Average Hours of Service for clients receiving services during month	Number of Hospitalizations	Number of Individuals with more than 1 hospitalization in the past 30 days.	Number of 72-hour Involuntary Detentions
Dec-04	18,770	675	15	1.97	2.48	39	33	23
Jan-05	18,808	707	17	2.19	2.57	29	11	28
Feb-05	18,865	748	15	2.22	2.53	20	3	24
Mar-05	18,919	768	12	2.75	2.98	39	18	31
Apr-05	18,888	733	11	2.32	2.64	43	19	40
May-05	18,989	717	10	2.62	2.92	41	17	37
Jun-05	19,108	702	10	2.48	2.83	36	11	33
Jul-05	19,151	700	10	2.34	2.70	41	9	31
Aug-05	19,276	718	12	2.29	2.91	29	15	22
Sep-05	19,352	733	10	2.00	2.51	33	5	34
Oct-05	19,306	757	10	2.26	2.62	25	2	32
Nov-05								
Dec-05								
Average:	19,039	723	12	2.31	2.70	34	13	30
% of Region:	15.72%	11.20%	10.80%	100.55%	110.70%	14.66%	33.03%	23.01%

Data Sources:

- Number of Medicaid Eligibles - DSHS-MHD 01/04/2006 Title XIX Totals from MAA.
- All other data derived from NSMHA-CIS from provider data submitted to NSMHA.

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North Sound Mental Health Administration
Monthly Utilization Management Dashboard - Snohomish County

	1	2	3	4	5	6	7	8
	Number of Medicaid Eligibles	Number of Medicaid clients with an open outpatient primary episode	Number of non-Medicaid clients with an open primary outpatient episode	Average Hours of Service for clients with an open outpatient episode	Average Hours of Service for clients receiving services during month	Number of Hospitalizations	Number of Individuals with more than 1 hospitalization in the past 30 days.	Number of 72-hour Involuntary Detentions
Dec-04	70,969	3,432	43	1.80	2.22	78	12	59
Jan-05	71,148	3,519	43	2.05	2.33	86	17	65
Feb-05	71,313	3,600	43	1.93	2.29	67	11	54
Mar-05	71,459	3,705	40	2.35	2.64	112	19	65
Apr-05	71,361	3,670	38	2.09	2.47	112	18	57
May-05	71,581	3,698	40	2.33	2.73	105	15	52
Jun-05	72,078	3,744	38	2.14	2.52	95	18	49
Jul-05	72,377	3,724	37	1.81	2.29	79	19	63
Aug-05	72,924	3,671	37	2.05	2.46	76	7	58
Sep-05	73,257	3,556	38	1.71	2.10	84	16	47
Oct-05	73,235	3,499	35	1.64	2.19	103	15	62
Nov-05								
Dec-05								
Average:	71,973	3,620	39	1.99	2.39	91	15	57
% of Region:	59.43%	56.04%	35.35%	86.56%	97.84%	38.98%	38.57%	43.34%

Data Sources:

- Number of Medicaid Eligibles - DSHS-MHD 01/04/2006 Title XIX Totals from MAA.
- All other data derived from NSMHA-CIS from provider data submitted to NSMHA.

Data Notes:

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- Number of Hospitalizations - With the new CIS, there is a change from the past in how the hospitalization data is reported to NSMHA. This data is only reported at the completion of the hospitalization. Therefore, recent months data is not an accurate reflection of hospitalization activity.
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**North Sound Mental Health Administration
Monthly Utilization Management Dashboard - Whatcom County**

	1	2	3	4	5	6	7	8
	Number of Medicaid Eligibles	Number of Medicaid clients with an open outpatient primary episode	Number of non-Medicaid clients with an open primary outpatient episode	Average Hours of Service for clients with an open outpatient episode	Average Hours of Service for clients receiving services during month	Number of Hospitalizations	Number of Individuals with more than 1 hospitalization in the past 30 days.	Number of 72-hour Involuntary Detentions
Dec-04	23,905	1,346	34	2.54	3.27	45	7	43
Jan-05	23,941	1,355	34	1.56	2.21	29	6	40
Feb-05	23,901	1,394	37	1.56	2.24	30	5	37
Mar-05	24,042	1,498	38	2.00	2.57	37	6	40
Apr-05	24,035	1,588	39	1.71	2.37	27	8	33
May-05	24,132	1,631	43	1.79	2.41	41	8	32
Jun-05	24,323	1,654	43	1.80	2.45	40	4	35
Jul-05	24,297	1,657	40	1.56	2.30	30	3	30
Aug-05	24,485	1,657	37	1.66	2.38	33	5	28
Sep-05	24,569	1,629	37	1.63	2.34	48	7	55
Oct-05	24,616	1,638	38	2.49	3.22	33	9	34
Nov-05								
Dec-05								
Average:	24,204	1,550	38	1.85	2.52	36	6	37
% of Region:	19.99%	23.99%	34.37%	80.24%	103.50%	15.36%	15.70%	27.95%

Data Sources:

- Number of Medicaid Eligibles - DSHS-MHD 01/04/2006 Title XIX Totals from MAA.
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Section 3 **WORK PLAN**

QUALITY ASSURANCE

Goal #1: To ensure services provided throughout the Region are effective and appropriate (NSMHA Administrative Audits)

Objective #1: Provider agencies meet defined contract expectations regarding NSMHA Administrative, Fiscal and Quality Assurance/Improvement Audits

Staff responsible: NSMHA Quality Management Department

Timeline: All providers are audited once annually

Activities/Task	Output	Measure/Data Sources	Benchmarks
NSMHA Administrative, Fiscal, Quality Assurance/Improvement Audits	Reports upon completion of Audits to regional Quality Management Committee and Quality Management Oversight Committee Review of Audit data by NSMHA Internal Quality Management Committee. Recommendations to the regional Quality Management Committee, as appropriate	NSMHA Administrative, Fiscal and Quality Assurance/Improvement Onsite Monitoring document	Any Audit Findings require a Corrective Action Plan from providers.

QUALITY ASSURANCE

Goal #1: To ensure services provided throughout the Region are effective and appropriate (NSMHA Outpatient Clinical Record Reviews)

Objective #2: Provider agencies meet defined contract expectations regarding NSMHA Administrative, Fiscal and Quality Assurance/Improvement Audits

Staff responsible: NSMHA Quality Management Department

Timeline: All providers have a percentage of their clinical records reviewed annually

Activities/Task	Output	Measure/Data Sources	Benchmarks
NSMHA Outpatient Clinical Record reviews	<p>Reports upon completion of Clinical Record Reviews to regional Quality Management Committee and Quality Management Oversight Committee</p> <p>Review of Clinical Record Review data by NSMHA Internal Quality Management Committee.</p> <p>Recommendations to the regional Quality Management Committee, as appropriate</p>	MHD Outpatient Record Review document	90% scoring standard for the MHD Record Review document

QUALITY ASSURANCE

Goal #1: To ensure services provided throughout the Region are effective and appropriate
(Crisis system record reviews)

Objective #3: Crisis services provided to consumers are in accordance with expectations defined in the NSMHA/MHD contract and all relevant WAC's

Staff responsible: NSMHA Quality Management Department

Timeline: A representative sample of all providers' crisis services clinical records are audited once annually

Activities/Task	Output	Measure/Data Sources	Benchmarks
Annual review of clinical records from providers	Reports upon completion to the NSMHA Internal Quality Management Committee and the regional Quality Management Committee Reports every six months to the regional Quality Management Oversight Committee Inclusion of data in the NSMHA six month Integrated Report.	NSMHA Crisis Service Documentation Review tool	To be determined

QUALITY ASSURANCE

Goal #1: To ensure services provided throughout the Region are effective and appropriate
(Residential Services Review)

Objective #4: Residential services provided to consumers are in accordance with expectations defined in the NSMHA/MHD contract and all relevant WAC's

Staff responsible: NSMHA Quality Management Department

Timeline: Residential services are reviewed annually

Activities/Task	Output	Measure/Data Sources	Benchmarks
Clinical record review of residential services received by consumers	Reports upon completion to the NSMHA Internal Quality Management Committee and the regional Quality Management Committee Reports every six months to the regional Quality Management Oversight Committee Inclusion of data in the NSMHA six month Integrated Report.	MHD Outpatient Record Review document	90% scoring standard for the MHD Record Review document

QUALITY ASSURANCE

Goal #1: To ensure services provided throughout the Region are effective and appropriate (Evaluation and Treatment Facilities Review)

Objective #5: Services provided to consumers in both regional Evaluation and Treatment Facilities are in accordance with expectations defined in the NSMHA/MHD contract and all relevant WAC's

Staff responsible: NSMHA Quality Management Department

Timeline: Each E&T facility will be reviewed annually

Activities/Task	Output	Measure/Data Sources	Benchmarks
Review of both regional E&T's service provision records by; <ul style="list-style-type: none"> • A review of clinical records using the MHD Record Review document, and • A review of compliance with clinical contract elements 	One-time report to the NSMHA Internal Quality Management Committee, Regional Quality Management Committee. One-time report to the regional Quality Management Oversight Committee Inclusion of information and/or recommendations in the NSMHA six month Integrated Report.	MHD Record Review document NSMHA/MHD contract	90% scoring standard on the MHD Record Review document

QUALITY ASSURANCE

Goal #2: To ensure that consumers are satisfied with the services they receive
(Customer service standards)

Objective #1 NSMHA meets all customer service standards in its own and its delegated functions; to include;

- NSMHA Customer Service
- Access Call Center
- Voluntary Inpatient Certification Program

Staff responsible: NSMHA Quality Management Department

Timeline: Reports presented monthly

Activities/Task	Output	Measure/Data Sources	Benchmarks
NSMHA will monitor their own customer services operations and all Access Call Center and Inpatient Certification operations for adherence to customer service standards	<p>Monthly reports of Access Call Center and Inpt Cert data to the NSMHA Integrated Quality Management Committee and the regional Quality Management Committee.</p> <p>Monthly report and review of the data presented to the regional Quality Management Oversight Committee</p>	<p>Access Call Center data</p> <p>Voluntary Inpatient Cert data</p>	<ul style="list-style-type: none"> • All calls answered within 5 rings • No more than 3% of calls end by caller hanging up • 90% of calls are answered within 30 seconds <p>NSMHA/Volunteers of America contract</p>

QUALITY ASSURANCE

Goal #2: To ensure that consumers are satisfied with the services they receive
(Complaint and Grievance data levels)

Objective #2: Trends in complaint and grievance data are monitored and responded to

Staff responsible: NSMHA Quality Management Department

Timeline: Reports presented every six months

Activities/Task	Output	A. Measure/Data Sources	Benchmarks
<p>Gather, analyze and summarize consumer complaint and grievance data</p> <p>Review WIMIRT survey data and summarize conclusions from that data</p> <p>Gather select consumer satisfaction data from site visits to providers</p>	<p>MHD Exhibit N document, summarizing complaint and grievance data regionally</p> <p>Presented upon completion to NSMHA Internal QM Committee, regional QM Committee</p> <p>Data reported to regional Quality Management Oversight Committee every six months and included in the NSMHA six month Integrated Report</p>	<p>Ombuds/QRT staff</p> <p>NSMHA provider staff</p> <p>WIMIRT survey</p>	<p>To be determined</p>

QUALITY ASSURANCE

Goal #2: To ensure that consumers are satisfied with the services they receive
(Consumer Satisfaction Surveys)

Objective #3: Consumers will report satisfaction with the treatment they receive from regional providers

Staff responsible: NSMHA Quality Management Department

Timeline: Data included in NSMHA Integrated Report

Activities/Task	Output	Measure/Data Sources	Benchmarks
NSMHA Quality Review Team Consumer satisfaction survey Review applicable relevant Telesage survey data every six months Review WIMIRT data when available	Information from the data sources will be included in the NSMHA Integrated Quality Management Report. This report will be presented to the regional QM Committee and to the regional QM Oversight Committee	QRT Consumer Satisfaction surveys Telesage data WIMIRT data	To be determined

QUALITY ASSURANCE

Goal #2: To ensure that consumers are satisfied with the services they receive
(Consumers complaints settled at lowest level possible)

Objective #4: A responsive consumer complaint and grievance system exists at all levels so that
consumer complaints are able to be solved at the lowest possible level

Staff responsible: NSMHA Quality Management Department

Timeline: Results reported every six months

Activities/Task	Output	Measure/Data Sources	Benchmarks
<p>Maintain ongoing data base regarding complaints and/or grievances regionally</p> <p>Ombuds/QRT outreach services to consumers</p>	<p>MHD Exhibit N document, summarizing complaint and grievance data regionally</p> <p>Presented upon completion to NSMHA Internal QM Committee, regional QM Committee</p> <p>Data reported to regional Quality Management Oversight Committee every six months and included in the NSMHA six month Integrated Report</p>	<p>NSMHA Consumer Complaint and Grievance Policy</p> <p>Ombuds/QRT reports every six months</p> <p>NSMHA provider staff</p> <p>WIMIRT survey</p>	<p>100% reporting and tracking of complaints and/or grievances received</p>

QUALITY ASSURANCE

Goal #3: To ensure that stakeholders and providers are satisfied with the services they receive from NSMHA
(Stakeholder/Provider satisfaction with NSMHA services)

Objective #1: Stakeholders and provider agencies report satisfaction with the services they receive from NSMHA

Staff responsible: NSMHA Quality Management Department

Timeline: Results included in NSMHA Integrated Report

Activities/Task	Output	Measure/Data Sources	Benchmarks
Conduct annual provider survey Sponsor annual provider forum to collect input re: RSN	QRT report annually	Provider surveys by QRT staff	To be determined

QUALITY ASSURANCE

Goal #3: To ensure that stakeholders and providers are satisfied with services they receive from NSMHA (Stakeholder/Provider satisfaction with NSMHA services))

Objective #2: Cross-system linkages report satisfaction with the services they receive from NSMHA

Staff responsible: NSMHA Quality Management Department

Timeline: Results included in NSMHA Integrated Report at a minimum annually

Activities/Task	Output	Measure/Data Sources	Benchmarks
Annual survey of cross-system partners to include hospitals, jails, DSHS staff, drug/alcohol system, etc.	QRT report annually	Cross-system satisfaction survey	To be determined

QUALITY ASSURANCE

Goal #4: To ensure that all state services are available to consumers who need them
(Availability of Services)

Objective #1: Services defined in the NSMHA/MHD contract are available regionally for consumers who need them

Staff responsible: NSMHA Quality Management Department

Timeline: Results reported every six months

Activities/Task	Output	Measure/Data Sources	Benchmarks
NSMHA Administrative Audits NSMHA review of all provider Out-of-Network services Review of complaint and grievance data re: availability issues Review of regional Residential Service and High Intensity Service authorization requests	Data reviewed monthly by NSMHA Internal QM Committee Reported to regional QM Committee and regional Quality Management Oversight Committee every six months Data included in six month NSMHA Integrated Report	NSMHA Administrative Audit document NSMHA/MHD contract NSMHA report on all provider out-of-network services Residential Services Review document NSMHA Utilization Reviews	Per contract and P&P requirements

QUALITY ASSURANCE

Goal #5: To ensure services are provided in a safe manner
(Safety)

Objective #1: Trends in risk management and consumer safety are responded to

Staff responsible: NSMHA Quality Management Department

Timeline: Results reported every six months

Activities/Task	Output	Measure/Data Sources	Benchmarks
<p>NSMHA Critical Incident Review Committee</p> <p>NSMHA Critical Incident reporting system</p> <p>NSMHA Critical Incident Review Committee Coordinator reports all reportable critical incidents to MHD</p>	<p>Data reported to MHD per Critical Incident</p> <p>Data reviewed monthly at NSMHA Internal QM Committee</p> <p>Reported to regional QM Committee and Regional Quality Management Oversight Committee at a minimum every six months</p> <p>Data included in six month NSMHA Integrated Report</p>	<p>NSMHA Critical Incident reports</p>	<p>Reports from providers are received per contract requirements and NSMHA Critical Incident Policy and Procedure standards</p>

QUALITY ASSURANCE

Goal #6: Quality services are provided by well trained staff
(Training)

Objective #1: Identified staff training needs are addressed

Staff responsible: NSMHA Quality Management Department

Timeline: Training activities are ongoing throughout the year

Activities/Task	Output	Measure/Data Sources	Benchmarks
Ensure compliance with NSMHA Regional Training Plan All provider staff are trained in compliance with the NSMHA Regional Training Plan Bi-monthly NSMHA Training Committee meetings	Staff records indicate they have received all appropriate, necessary training as per NSMHA Administrative, Fiscal and Quality Assurance/Improvement Audits	NSMHA Training Plan	90%

QUALITY IMPROVEMENT

Goal #1: To ensure consumers are satisfied with their participation in treatment planning process
(Consumer satisfaction with treatment planning participation)

(Performance Improvement Project #1, begun on 01-01-2004, measured thru 01-01-2005)

Objective #1: Increase or maintain the level of consumer satisfaction with their participation in their treatment planning process

Staff responsible: NSMHA Quality Management Department

Timeline: Results reported every six months

Activities/Task	Output	Measure/Data Sources	Benchmarks
MHD Record Review document, analysis of specific document questions assessing consumer satisfaction	Report comparing current level of consumer satisfaction with previous levels.	MHD Record Review tool	90% scoring standard on MHD Record Review tool
WIMIRT survey		WIMIRT survey	To be determined

QUALITY IMPROVEMENT

Goal #2: To provide quality data regarding regional service provision to MHD
 (Quality data provision to MHD)

(Performance Improvement Project #2, begun on 01-01-2004, measured thru 12-31-2005)

Objective #1: Improve the quality of NSMHA data submitted to the Mental Health Division (MHD)

Staff responsible: NSMHA Quality Management Department

Timeline: Quarterly review of data quality submission trends/patterns

Activities/Task	Output	Measure/Data Sources	Benchmarks
<p>NSMHA will monitor the timeliness of data reporting by the provider agencies by implementing the following procedure;</p> <p>On weekly basis, NSMHA will generate a report that calculates these statistics;</p> <ul style="list-style-type: none"> • Service Month/Year • # of records received • # of consumers identified • Total minutes of service reported • # of records submitted after 45 days <p># of records submitted after 60 days</p>	<p>Each week the data report generated is distributed to the provider agencies by NSMHA.</p> <p>NSMHA will download and monitor the timely submission of data to MHD via the reports that are available on the MHD Intranet</p>	<p>Data reports received from provider agencies</p>	<p>90% of data is submitted without errors</p>

QUALITY IMPROVEMENT

Goal #3: To ensure services are effective and appropriate
(Mortality Review)

(Performance Improvement Project #3, begun on 01-01-2005, measured thru 12-31-2006)

Objective #1: Trends in consumer mortality are identified and addressed

Staff responsible: NSMHA Quality Management Department

Timeline: Reported upon completion of Review

Activities/Task	Output	Measure/Data Sources	Benchmarks
<p>Review cluster unexpected deaths of consumers under age 50 where homicide/suicide was not the cause of death.</p> <p>Explore access to primary care and coordination between medical and mental health care for consumers who died unexpectedly.</p>	<p>Mortality Review Study Report presented to NSMHA Internal QM Committee, regional QM Committee and regional QM Oversight Committee upon completion.</p> <p>Data from Mortality Review included in appropriate NSMHA six month Integrated Report.</p>	<p>NSMHA Critical Incident database, review of information in the National Institute of Health's grant program researching <u>Health Behavior Change in People with Mental Health Disorders</u> (2004)</p>	<p>To be determined</p>

QUALITY IMPROVEMENT

Goal #4: To ensure services are effective and appropriate
(Seclusion and Restraint Reduction Review)

(Performance Improvement Project #4, begun on 01-01-2005, measured thru 12-31-2006)

Objective #1: Reduce the use of seclusion and physical restraints at both regional Evaluation and Treatment Facilities (E&T's)

Staff responsible: NSMHA Quality Management Department

Timeline: Reported upon completion of Review

Activities/Task	Output	B. Measure/Data Sources	Benchmarks
<p>Review current standards regarding the use of restraints and seclusion at both regional Evaluation and Treatment Facilities (E&T's)</p> <p>Development of a collaborative improvement project involving NSMHA and E&T staff</p> <p>Review of all relevant WAC's</p> <p>Review of current P&P's re: seclusion and restraint at the E&T's</p> <p>Review of E&T Admission Criteria and Medical Clearance requirements</p> <p>Review of physical assessments done by nursing staff at admission</p>	<p>Ongoing review of E&T medical records</p> <p>Final Report upon completion of the project</p>	<p>Restraint and seclusion reports from both regional E&T's</p> <p>Critical Incident reports regarding injury or deaths from both regional E&T's</p> <p>Regional review of both E&T's</p> <p>Exhibit N re: consumer complaints and grievances</p>	<p>Decrease the overall use of seclusion and physical restraints at both E&T's by 10%</p>

UTILIZATION MANAGEMENT

Goal #1: To ensure consumers receive care in the least restrictive environment
(Care in the least restrictive environment)

Objective #1: Consumers receive medically necessary level of care services

Staff responsible: NSMHA Quality Management Department

Timeline: Reports reviewed monthly

Activities/Task	Output	Measure/Data Sources	Benchmarks
Review of all voluntary Inpatient Authorizations	Monthly reports by NSMHA QM staff	IS reports re: Inpatient Authorizations	90% scoring standard
Review of regional data re: length of stay for Inpatient Authorizations	Review of data/trends by NSMHA Utilization Management Committee	IS reports re: Inpatient Authorizations and length of stay	90% scoring standard
Review of hospital diversion strategies and resources	Report by NSMHA QM Staff	Initial, Concurrent Retrospective Utilization Reviews	90% scoring standard
Focused Utilization review of repeat Inpatient admissions	Reports by NSMHA QM Dept	CLIP/CHAP reports	Per contract requirements
CLIP/CHAP Resource Management reviews	Reports by NSMHA QM Dept	Monthly Inpatient Certification Reports	

UTILIZATION MANAGEMENT

Goal #1: To ensure consumers receive care in the least restrictive environment (Reduction in inpatient bed days))

Objective #2: Decrease inpatient usage by 10% of current bed day totals)

Staff responsible: NSMHA Quality Management Department

Timeline: Reports produced quarterly

Activities/Task	Output	Measure/Data Sources	Benchmarks
Oversight/review of voluntary inpatient authorization data to determine that consumers authorized for voluntary inpatient care meet NSMHA standards for medical necessity and eligibility	Monthly reports of inpatient data, reports to UM Sub, quarterly reports to regional QM Committee and regional QM Oversight Committee	VOA Inpatient Authorization reports	Decrease utilization by 10% of current bed days total
Monitor the number of hospitalized consumers receiving outpt f/u care w/in 7 days of hospital discharge	Monthly reports of inpatient data, reports to UM Sub, quarterly reports to regional QM Committee and regional QM Oversight Committee	NSMHA IS reports	90% of consumers receive outpt f/u services w/in 7 days of hospital discharge

UTILIZATION MANAGEMENT

Goal #1: To ensure consumers receive care in the least restrictive environment
(Reduction in regional inpatient utilization overall)

Objective #3: Decrease the utilization of inpatient level of care throughout the region

Staff responsible: NSMHA Quality Management Department

Timeline: Reports produced monthly

Activities/Task	Output	Measure/Data Sources	Benchmarks
Provide ongoing NSMHA Care Management to high risk consumers, people frequently re-hospitalized and those who remain inpatient for long stays	Monthly reports of inpatient data, reports to UM Sub, quarterly reports to regional QM Committee and regional QM Oversight Committee	NSMHA IS data	NSMHA/MHD contract, relevant WAC's and RCW's
Monitor inpatient hospitalization patterns through ongoing utilization reviews	Reports upon completion to UM Sub, NSMHA Internal QM Committee, quarterly reports to regional QM Committee and regional QM Oversight Committee	NSMHA UR documents re: Initial, Concurrent and/or Retrospective reviews	90% scoring standard on UR documents

UTILIZATION MANAGEMENT

Goal #1: To ensure services provided throughout the region are effective and appropriate (Outpatient services provided according to contract expectations)

Objective #1: Outpatient services provided to consumers are in accordance with expectations defined in the NSMHA/MHD contract and all relevant WAC's

Staff responsible: NSMHA Quality Management Department

Timeline: Reports produced monthly

Activities/Task	Output	Measure/Data Sources	Benchmarks
<p>Monthly scheduled routine Utilization reviews of selected clinical records</p>	<p>Ongoing feedback to the NSMHA Internal Quality Management Committee</p> <p>Quarterly reports to regional Quality Management Committee and regional Quality Management Oversight Committee</p> <p>Inclusion of information and/or recommendations in the NSMHA six month Integrated Report</p>	<p>NSMHA Utilization Management Review tools for Initial, Concurrent and Retrospective Reviews, relevant WAC's and/or RCW's</p>	<p>90% scoring standard</p>

UTILIZATION MANAGEMENT

Goal #1: To ensure services provided throughout the region are effective and appropriate (Consistent application of eligibility standards by all age groups and service levels)

Objective #2: Consistent application of eligibility standards across the region, by all age groups and all levels of care, to include outpatient, residential, and High Intensity Treatment services

Staff responsible: NSMHA Quality Management Department

Timeline: Reports produced monthly

Activities/Task	Output	Measure/Data Sources	Benchmarks
Review service authorizations and denials for compliance with established eligibility criteria	Monthly reports regarding service authorization and denials to Um Sub Committee and regional QM Committee	NSMHA UR document re: Initial Services	90% scoring standard
Review clinical records for compliance with ongoing eligibility criteria defined in the MHD Access to Care Standards and the NSMHA Clinical Eligibility and Care Standards, or its successor	Reports to regional QM Oversight Committee every six months Data included in NSMHA six month Integrated Report	NSMHA UR document re: Concurrent and Retrospective Monthly Authorization/Denial Report	90% scoring standard

UTILIZATION MANAGEMENT

Goal #1: To ensure services provided throughout the region are effective and appropriate (NSMHA delegated functions)

Objective #3: Consistent application of NSMHA standards in functions delegated by NSMHA

Staff responsible: NSMHA Quality Management Department

Timeline: Information reviewed monthly and included in NSMHA Annual Report

Activities/Task	Output	Measure/Data Sources	Benchmarks
Monitoring and oversight of the following functions delegated to provider; <ul style="list-style-type: none">• Access Call Center• Inpatient Authorization	Ongoing reviews of delegated functions with monthly reports to UM Sub Committee Quarterly reports to regional QM and QM Oversight Committees Inclusion of data in NSMHA six month Integrated report	Monthly and Annual Audits Data Reports	Per contract expectations with providers

UTILIZATION MANAGEMENT

Goal #1: To ensure services provided throughout the region are effective and appropriate (Regional Medicaid penetration rate)

Objective #4: The regional Medicaid Penetration Rate is maintained at 10% or above

Staff responsible: NSMHA Quality Management Department

Timeline: Information reviewed monthly

Activities/Task	Output	Measure/Data Sources	Benchmarks
Ensure data collection to determine current level	Monthly reports to UM Sub Committee, quarterly reports to regional QM and QM Oversight Committees	NSMHA IS data reports	Comparison to state-wide averages to determine if NSMHA meets or exceeds the minimum requirements
Review NSMHA IS data reports	Inclusion of data in NSMHA six month Integrated Report		

UTILIZATION MANAGEMENT

Goal #1: To ensure services provided throughout the region are effective and appropriate
(Time from intake to first non-crisis appt. does not exceed 14 days)

Objective #5: Time from intake to first non-crisis appointment does not exceed 14 days

Staff responsible: NSMHA Quality Management Department

Timeline: Information reviewed monthly

Activities/Task	Output	Measure/Data Sources	Benchmarks
Ensure data collection to determine current interval from intake to first non-crisis appointment	Monthly reports to UM Sub Committee, quarterly reports to regional QM and QM Oversight Committees	NSMHA IS data reports	Contract expectations with providers
Review NSMHA IS data reports	Inclusion of data in NSMHA six month Integrated Report	NSMHA Initial, Concurrent and Retrospective UR documents	90% scoring standard
Ongoing UR's by NSMHA QM staff			

UTILIZATION MANAGEMENT

Goal #1: To ensure services provided throughout the region are effective and appropriate (Western State Hospital (WSH) bed utilization)

Objective #6: NSMHA utilization of WSH beds remains at or below the current capacity allotment

Staff responsible: NSMHA Quality Management Department

Timeline: Information reviewed monthly

Activities/Task	Output	Measure/Data Sources	Benchmarks
Review WSH daily/monthly census reports	Monthly reports to UM Sub Committee, quarterly reports to regional QM and QM Oversight Committees Inclusion of data in NSMHA six month Integrated Report	NSMHA WSH daily/monthly census reports	NSMHA bed allocation number for WSH

UTILIZATION MANAGEMENT

Goal #1: To ensure services provided throughout the region are effective and appropriate
(Connection to outpatient services after hospital discharge)

Objective #7: Outpatient services are provided within 7 days of hospital discharge

Staff responsible: NSMHA Quality Management Department

Timeline: Information reviewed monthly

Activities/Task	Output	Measure/Data Sources	Benchmarks
Review NSMHA IS data reports re: connection to outpatient services following hospital discharge	Monthly reports to UM Sub Committee, quarterly reports to regional QM and QM Oversight Committees	NSMHA IS data reports	Contract expectations with providers
Ongoing UR's by NSMHA QM staff	Inclusion of data in NSMHA six month Integrated Report	NSMHA Initial, Concurrent and Retrospective UR documents	90% scoring standard

UTILIZATION MANAGEMENT

Goal #1: To ensure services provided throughout the region are effective and appropriate
(Increase services to Older Adults regionally)

Objective #8: Increase the penetration rate of services to Older Adults regionally from the 2004 Performance Indicator Report (2003 data) level

Staff responsible: NSMHA Quality Management Department

Timeline: Information reported every six months

Activities/Task	Output	Measure/Data Sources	Benchmarks
<p>Review regional data, compare regional numbers to the statewide averages</p> <p>Analyze regional data for trends</p>	<p>Review of available data monthly, reports on a quarterly basis to UM Sub-Committee and regional QM Committee</p> <p>Reported every six months to regional QM Oversight Committee</p> <p>Data included in the NSMHA six month Integrated Report</p>	<p>NSMHA IS reports</p> <p>MHD statewide performance indicator reports</p>	<p>Comparison to state-wide averages to determine if NSMHA meets or exceeds the 2004 Performance Indicator Report (2003 data) levels</p> <p>level for this indicator of service</p>

UTILIZATION MANAGEMENT

Goal #1: To ensure services provided throughout the region are effective and appropriate
(Increase services to Adults regionally)

Objective #10: Increase the outpatient penetration rate for services provided to Adults regionally from the 2004 Performance Indicator Report (2003 data) levels

Staff responsible: NSMHA Quality Management Department

Timeline: Information reported every six months

Activities/Task	Output	Measure/Data Sources	Benchmarks
<p>Review regional data, compare regional numbers to the statewide averages</p> <p>Analyze regional data for trends</p>	<p>Review of available data monthly, reports on a quarterly basis to UM Sub-Committee and regional QM Committee</p> <p>Reported every six months to regional QM Oversight Committee</p> <p>Data included in the NSMHA six month Integrated Report</p>	<p>NSMHA IS reports</p> <p>MHD statewide performance indicator reports</p>	<p>Comparison to state-wide averages to determine if NSMHA meets or exceeds the 2004 Performance Indicator Report (2003 data) levels</p> <p>level for this indicator of service</p>

UTILIZATION MANAGEMENT

Goal #1: To ensure services provided throughout the region are effective and appropriate
(Increase services to children in their homes and schools regionally)

Objective #11: An overall increase in services provided to Children in their homes and schools regionally from 2004 Performance Indicator Report (2003 data) levels

Staff responsible: NSMHA Quality Management Department

Timeline: Information reported every six months

Activities/Task	Output	Measure/Data Sources	Benchmarks
Review regional data, compare regional numbers to the statewide averages Analyze regional data for trends	Review of available data monthly, reports on a quarterly basis to UM Sub-Committee and regional QM Committee Reported every six months to regional QM Oversight Committee Data included in the NSMHA six month Integrated Report	NSMHA IS reports MHD statewide performance indicator reports	Comparison to state-wide averages to determine if NSMHA meets or exceeds the 2004 Performance Indicator Report (2003 data) levels level for this indicator of service

UTILIZATION MANAGEMENT

Goal #1: To ensure services provided throughout the region are effective and appropriate
(Monitoring/Oversight of projects using State-only dollars)

Objective #12: Outpatient services using state-only dollars are monitored for over/under utilization

Staff responsible: NSMHA Quality Management Department

Timeline: Information reported every six months

Activities/Task	Output	C. Measure/Data Sources	Benchmarks
NSMHA will monitor projects regionally that use state-only dollars	Review of available data, reports on a quarterly basis to UM Sub-Committee and regional QM Committee Reported every six months to regional QM Oversight Committee Data included in the NSMHA six month Integrated Report	NSMHA IS reports Initial, Concurrent, and Retrospective Reviews	Compliance with contractual expectations

UTILIZATION MANAGEMENT

Goal #1: To ensure services provided throughout the region are effective and appropriate
(Number of consumers diagnosed with co-occurring disorders)

Objective #13: Increase the accurate identification and data reporting of the number of consumers diagnosed with co-occurring disorders regionally from the 2004 Performance Indicator Report (2003 data) levels

Staff responsible: NSMHA Quality Management Department

Timeline: Information reported every six months

Activities/Task	Output	Measure/Data Sources	Benchmarks
NSMHA will analyze data collection methods to determine that all co-occurring disorder diagnoses are entered appropriately in the Management Information System	Review of available data, reports on a quarterly basis to UM Sub-Committee and regional QM Committee Reported every six months to regional QM Oversight Committee Data included in the NSMHA six month Integrated Report	NSMHA IS reports	Comparison to state-wide averages to determine if NSMHA meets or exceeds the 2004 Performance Indicator Report (2003 data) levels level for this indicator of service

UTILIZATION MANAGEMENT

Goal #1: To ensure services provided throughout the region are effective and appropriate
(Number of adult consumers employed regionally)

Objective #16: Increase the number of adult consumers employed regionally from the 2004 Performance Indicator Report (2003 data) levels

Staff responsible: NSMHA Quality Management Department

Timeline: Information reported every six months

Activities/Task	Output	Measure/Data Sources	Benchmarks
NSMHA will analyze data collection methods to determine that employment is entered appropriately in the Management Information System	Review of available data, reports on a quarterly basis to UM Sub-Committee and regional QM Committee Reported every six months to regional QM Oversight Committee Data included in the NSMHA six month Integrated Report	NSMHA IS reports	Comparison to state-wide averages to determine if NSMHA meets or exceeds the 2004 Performance Indicator Report (2003 data) levels level for this indicator of service

**NORTH SOUND MENTAL HEALTH ADMINISTRATION
COMPLAINT, GRIEVANCE, APPEAL, AND FAIR HEARING REPORT SUMMARY
April 1, 2005 through September 30, 2005**

- The NSMHA is reporting grievance, fair hearing, appeal, and denial data in accordance with the new Mental Health Administration reporting templates. The NSMHA is continuing to provide information about complaint data in a separate format as complaints account for the majority of complaint, grievance, and fair hearing information used for quality management activities.
- Information about complaints, grievances, appeals, denials, and fair hearings remains central to the NSMHA's quality management processes. Complaint data has also become increasingly more central to individual providers' internal quality management processes.
- The NSMHA continues to promote a "no-blame" atmosphere in which to view complaint data--that information about complaints creates opportunities for improvement and that consumers' voicing concerns or ideas for improvement is one form of consumer voice in a recovery based system.
- The overall number of complaint, grievance and fair hearing occurrences reported decreased from 300 to 288 since the last reporting period. The number of cases reported also decreased from 250 to 234 since the last reporting period. The number of complaints reported that involve children increased from 37 to 71.
- The categories that accounted for the most complaints and grievances during the current reporting period are: Consumer Rights 49 (17%), Access 47 (16%), and Physicians and medications 38 (13 %). These categories also accounted for the most complaints over the past year.
- The NSMHA also reported the overall complaint, grievance, and fair hearing data for this reporting period by Medicaid and state-funded consumers. Of the 234 reported cases, 219 were for Medicaid consumers and 15 were for state-funded consumers. Of the 288 occurrences reported, 270 were for Medicaid consumers and 18 were for state-funded consumers.
- There were five (5) grievances in the current reporting period. All five (5) grievances were for Medicaid consumers
- There were 129 denials and five (5) appeals for Medicaid consumers in the current reporting period.
 - The NSMHA continues to work towards broad and consistent reporting of complaints across multiple reporting sources. Increased reporting of complaints remains a goal of the NSMHA.
 - The percentage of complaints reported by Ombuds services increased since the last reporting period (70% of occurrences were reported by Ombuds services as compared with 67% during the previous reporting period).
 - The percentage of cases reported by Ombuds services also increased since the last reporting period. (69% of cases were reported by Ombuds services as compared with 63% percent during the previous reporting period).
 - The NSMHA Internal Quality Management Committee, Regional Quality Management Committee and Regional Quality Management and Oversight Committee will review the current complaint and grievance report and make recommendations for further study and review or quality improvement
 - Quality Management Recommendations from the last reporting cycle include:
 - ✓ Further study and review of medication management services
 - ✓ Further study and review of the processes used to gather information and records during the access process (from the initial call to access through the assessment process)
 - ✓ Training by Ombuds services on their use of the complaint type categories as a first step to work towards increased reliability in the reporting process
 - ✓ Continued encouragement of broad and consistent reporting of complaints by providers

- Complaint, grievance and appeal data has been one factor in quality improvement efforts towards:
 - ✓ Providing trauma based services
 - ✓ Assuring staff is trained on Dignity and Respect and Consumer Rights
 - ✓ Clarifying procedures regarding the outpatient discharge process
 - ✓ The development of a medication management transfer policy to ensure seamless transition to primary care physicians

NORTH SOUND MENTAL HEALTH ADMINISTRATION COMPLAINT, GRIEVANCE, APPEAL, DENIAL, AND FAIR HEARING REPORT

April 1, 2005 through September 30, 2005

I. INTRODUCTION

The NSMHA is reporting grievance, fair hearing, appeal, and denial data in accordance with the new Mental Health Administration reporting templates. In addition, the NSMHA is continuing to provide information about complaint data in a separate format as complaints account for the majority of complaint, grievance, and fair hearing information used for quality management activities. The NSMHA continues to report and unduplicate this information through multiple reporting sources (Ombuds services, providers, networks, and the NSMHA).

As outlined in previous reports, information about complaints, grievances, appeals, denials, and fair hearings remains central to the NSMHA and provider's quality management processes. Complaint, grievance, appeal, denial, and fair hearing data and reports are reviewed in the NSMHA Internal Quality Management Committee (IQMC), Regional Quality Management Committee (RQMC), and Quality Management Oversight Committee (QMOC).

The identification of system implications or trends, areas for further study and review, or areas for quality improvement may be generated at each level of the process. In addition, complaint data has become increasingly more central to individual providers' internal quality management processes.

The NSMHA continues to promote a "no-blame" atmosphere in which to view complaint data – that information about complaints creates opportunities for improvement and that consumers' voicing concerns or ideas for improvement is one form of consumer voice in a recovery based system.

In this report we will:

- Provide an overview of grievance and fair hearing data
- Provide an overview of overall complaint, grievance, and fair hearing data
- Provide an overview of denial and appeal data
- Provide information about Quality Management Recommendations or Activities generated from the previous Complaint, Grievance, Appeal, and Fair Hearing Report
- Provide follow-up from previous Complaint, Grievance, Appeal, and Fair Hearing Report, Quality Management Activities or Recommendations
- Provide an overview of internal provider quality improvement activities and Ombuds services recommendations
- Outline future plans

II. COMPLAINT, GRIEVANCE, APPEAL, DENIAL, AND FAIR HEARING DATA APRIL THROUGH SEPTEMBER 2005

A. Grievance and Fair Hearing Data

There were five (5) grievance occurrences and five (5) grievance cases in the current reporting period. (See Attachments A – Exhibit N 05-07 Report-PIHP-Medicaid Services Only and Exhibit N- 05-07 Report-RSN State Funded Services Only). Three (3) grievance occurrences were at the provider level and two (2) were at

the PIHP level. There were no fair hearings. All five (5) grievances involved adults and all involved persons who had Medicaid.

B. Complaint, Grievance, and Fair Hearing Data

The overall number of complaint, grievance, and fair hearing occurrences reported decreased from 300 to 288 since the last reporting period. The number of cases reported also decreased from 250 to 234 since the last reporting period. The number of complaints reported that involve children increased from 37 to 71.

The categories that accounted for the most complaints during the current reporting period are: Consumer Rights 49 (17%), Access 47 (16%), and Physicians and medications 38 (13%). These categories also accounted for the most complaints over the past year: Consumer Rights 86 (15%), Access 83 (14%), and Physicians and medications 79 (13%).

The NSMHA also broke out the overall complaint, grievance, and fair hearing data for this reporting period by Medicaid and state-funded consumers. Of the 234 reported cases, 219 were for Medicaid consumers and 15 were for state-funded consumers. Of the 288 occurrences reported, 270 were for Medicaid consumers and 18 were for state-funded consumers.

The NSMHA has developed several tables to assist in identifying trends and provide information about complaints over time. (See Attachment B – “NSMHA Table 1 – Complaints, Grievances, and Fair Hearings Filed Reporting From 4-1-2000 through 9-30-2005 (with accompanying graphs)” and Attachment C – “NSMHA Table 2 – Complaint, Grievance, and Fair Hearing Data – Past 6 Months, Past Year, Since 4-1-2000”). The NSMHA has been collecting complaint and grievance data for these tables since 4-1-1999, but has not included the period of 4-1-1999 through 3-31-2000 in these tables, as the collection methods were less standardized at that time.

The data in these tables includes complaints, grievances, and fair hearings for both Medicaid and state-funded consumers. In addition, the category of Access now includes access to inpatient and outpatient.

For this reporting period, the new categories of violation of confidentiality and participation in treatment were collapsed in the category of other. We will separate out these two (2) new categories in future tables so we can track them over time. (For this reporting period there was one (1) complaint reported for participation in treatment (Medicaid consumer) and no complaints or grievances reported for violation of confidentiality).

The percentage of complaints reported by Ombuds services increased since the last reporting period (70% of occurrences were reported by Ombuds services as compared with 67% during the previous reporting period).

The percentage of cases reported by Ombuds services also increased since the last reporting period. (69% of cases were reported by Ombuds services as compared with 63% percent during the previous reporting period).

C. Denial and Appeal Data

1. Denials

There were 129 denials for Medicaid consumers in the current reporting period. (See Attachment A – Exhibit N 05-07 Report-PIHP-Medicaid Services Only). Sixty-five denials were regarding adults and sixty-four denials were regarding children.

One hundred and twenty three of these denials were regarding access to outpatient services and were issued by the NSMHA. For all 123 outpatient denials, the NSMHA determined that the Medicaid individuals did not meet the state defined access to care criteria, which are incorporated into the NSMHA Access to Care Standards.

The NSMHA has developed a database for outpatient denials and will continue to track the number of outpatient denials over time. Although denials were not yet reported to the Mental Health Division, a review of the database shows that during the previous reporting period (October 2004 through March 2005) there were 128 outpatient denials.

There were six (6) denials for inpatient service issued by the Associated Provider Network (APN), (the NSMHA's designee for inpatient authorization) during the current reporting period. On October 1, 2005 inpatient authorization was transitioned to Volunteers of America (VOA).

2. Appeals

There were five (5) appeals initiated with the NSMHA during this reporting period. (See Attachment D – PIHP Exhibit N Notice of Action Appeals Report 05-06) as compared with 7 during the previous reporting period. All 5 appeals were handled through the standard appeals process and decided within 45 days. There were no requests for expedited appeals.

All five (5) appeals regarded the denial of outpatient mental health services. In four (4) out of five (5) appeals the original denial decision was overturned during the appeals process. In one (1) appeal the denial was upheld. Four (4) appeals involved denial of services for adults and one (1) involved denial of services for a child.

III. QUALITY MANAGEMENT RECOMMENDATIONS and ACTIVITIES OCTOBER 1, 2004-MARCH 31, 2005 COMPLAINT, GRIEVANCE, APPEAL, and FAIR HEARING REPORT

The NSMHA quality management committees reviewed the complaint and grievance report from the previous reporting period (October 2004 through March 2005). The following quality management activities or recommendations were approved or implemented by these committees:

- Further study and review of medication management services, including access and triage to medication management services and discharge from medication management services. (As noted in the last report, the NSMHA Ombuds services identified concerns about access to prescribers and medication services and the number of complaints in this category has shown an increase over time).
- Further study and review of the processes used to gather information and records during the access process (from the initial call to access through the assessment process) in light of the need to establish eligibility for services within a short time frame

- Training by Ombuds services on their use of the complaint type categories as a first step to work towards increased reliability in the reporting process. Ombuds services provided this initial training to the Regional Quality Management Committee.
- Continue to encourage broad and consistent reporting of complaints by providers (including emergency services complaints and complaints about services to children)

IV. QUALITY MANAGEMENT RECOMMENDATIONS and ACTIVITIES FOLLOW UP FROM PREVIOUS COMPLAINT, GRIEVANCE, APPEAL, and FAIR HEARING REPORTS

A. Ombuds Services Complaints Regarding Discharge from Outpatient Services

As outlined in the previous reporting periods, NSMHA Ombuds services had received a series of complaints about discharge from outpatient services and raised this issue with the NSMHA Internal Quality Management Committee (IQMC). The NSMHA identified this as an area for further study and review.

As part of this review, the NSMHA and providers began a subcommittee of the Regional Quality Management Committee to clarify procedures regarding the requirement to give consumers 30-day written notice before terminating services, evaluate continuing stay criteria, and finalize the reauthorization and discharge transition policies.

Since the last report, this subcommittee completed a continued stay/authorization criteria policy and criteria for closing an episode of care/planned discharge from treatment policy. These policies have been approved and implemented in the NSMHA. The NSMHA and providers also completed a third policy regarding medication management transfers to primary care physicians to ensure seamless transition to community prescribers.

B. Broad and Consistent Reporting of Complaints through Multiple Reporting Sources

As outlined above and in previous reports, the NSMHA has made it a goal to work towards broad and consistent reporting of complaints across multiple reporting sources. Part of this goal includes capturing concerns that occur at the provider level when consumers are not involved in Ombuds services. In order to reduce duplication in reporting, our providers are instructed to report all complaints without Ombuds involvement (Ombuds services report all complaints).

The NSMHA continues to track the number and percentages of complaints and cases reported by Ombuds services and providers. As can be seen in Table 3 below, the number of complaint occurrences and cases, as well as the percentage of occurrences and cases reported through our providers, has increased since 4-2003, although there was a decrease in the numbers and percentages by providers during the current reporting.

Table 3 Percentage of Cases and Occurrences Reported by Ombuds Services and Providers 4-2003-9-2005										
Reporting Period	4-2003 through 9-2003		10-2003 through 3-2004		4-2004 through 9-2004		10-2004 through 3-2005		4-2005 through 9-2005	
Ombuds	Cases	Occur	Cases	Occur	Cases	Occur	Cases	Occur	Cases	Occur
%	80%	80%	77%	72%	70%	73%	63%	67%	69%	70%
#	(196)	(229)	(165)	(175)	(201)	(238)	(157)	(202)	(162)	(203)
Providers	Cases	Occur	Cases	Occur	Cases	Occur	Cases	Occur	Cases	Occur
%	20%	20%	23%	28%	30%	27%	37%	33%	31%	30%
#	(49)	(57)	(49)	(68)	(86)	(88)	(93)	(98)	(72)	(85)
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	(245)	(286)	(214)	(243)	(287)	(326)	(250)	(300)	(234)	(288)

1. Reporting of Emergency Services Complaints

As noted in previous complaint and grievance reports, there are few complaints regarding emergency services reported by some NSMHA providers. Broad and consistent reporting of emergency services complaints was identified as an area for quality improvement and addressed through the NSMHA Integrated Crisis Response System (ICRS) Committee.

Results for the latest reporting period show that emergency services complaints by some providers remains low. (See Table 4 below – “Reported Emergency Services Complaints by Reporting Source 4-2003 through 9-2005”).

Table 4 Reported Emergency Services Complaints by Reporting Source* 4-2003-9-2005						
Reporter	4-3003 through 9-2003	10-2003 through 3-2004	4-2004 through 9-2004	10-2004 through 3-2005	4-2005 through 9-2005	Total
NSMHA Ombuds Services	31	26	23	13	22	115
Volunteers of America	8	8	5	8	0	29
Snohomish County ITA	5	3	2	2	0	12
Lake Whatcom	0	0	0	0	0	0
Catholic Community Services	0	0	0	0	0	0
Sea Mar	0	0	0	0	0	0
Whatcom Counseling and Psychiatric Clinic	0	1	0	0	1	2
Associated Provider Network	0	0	0	0	0	0
<i>bridgeways</i>	0	0	0	0	0	0
Compass Health	0	0	2	0	2	4
Total	44	38	32	23	25	162

* Complaint, Grievance, and Fair Hearing occurrences have been collapsed into one category.

2. Reporting of Complaints that Involve Children

Broad and consistent reporting of complaints that involve children was also identified as an area for quality improvement. As noted above, the number of complaints and cases reported that involve children showed an increase during the current reporting period. The number of complaints reported that involve children increased from 37 to 71 and the number of cases increased from 35 to 58 since the last reporting period. (See Attachment B for information about complaint reporting for children over time).

C. Trauma Services

In previous reports, we have discussed quality improvement efforts related to complaint and grievance data in the area of treatment for trauma and trauma-based disorders. We also reported that the NSMHA and providers established a trauma disorder workgroup and that although the workgroup has ended; there is the need for continued focus in this area through the Regional Quality Management Committee.

The NSMHA and providers have continued to work on objectives established by the trauma workgroup. Since the last report, the Regional Quality Management Committee (RQMC) and Quality Management and Oversight Committee (QMOC) have approved the following recommendations:

- Adoption of the clinical guideline for Posttraumatic Stress Disorder (PTSD) for adults (pending final revisions)
- Use of the trauma screening tool when trauma is suspected or reported
- Completion of the NSMHA Regional Training Plan module for PTSD
- Invitations by QMOC to the three (3) trauma pilot projects to make presentations at future QMOC meetings under the topic “Quality in Action”.

A survey is underway for provider leadership and managers to give input about how the North Sound Mental Health Administration Regional Training Plan for 2004-2005 can be improved. Following the collection of this survey data, the Regional Training Committee will update the training plan to include the new PTSD training module and any other needed improvements or changes.

D. Dignity and Respect

Dignity and respect continue to be a training priority for providers and the NSMHA and is identified on the North Sound Mental Health Administration Regional Training Plan 2004-2005.

V. PROVIDER QUALITY IMPROVEMENT ACTIVITIES and OMBUDS RECOMMENDATIONS

As outlined above, information about complaints, grievances, and fair hearings has become increasingly more central to individual providers’ internal quality management processes. As outlined in previous reports, the providers have begun to provide semi-annual information to the NSMHA about how they use complaint and grievance information in their internal quality management processes.

The NSMHA continued to receive positive examples from providers about how they are incorporating complaint data into their quality management processes and how consumer concerns can lead to areas for further study and review or as areas identified for continuous quality improvement. Some examples are:

- Compass Health has identified the goal of increasing the recording and reporting of complaints that do not involve Ombuds services within their organization
- Compass Health did further analysis of complaints that involve Quality and Service Intensity. Based, in part, on this analysis they made structural changes to one of their programs
- Whatcom Counseling and Psychiatric Clinic has made changes to the next day appointment crisis services process
- Sea Mar has made changes to improve customer services and timely response to phone calls

The NSMHA Ombuds services also provide a semi-annual summary of their data and recommendations for quality improvement. Ombuds services continue to report complaints related to consumer’s concerns about termination from treatment and the transition of medication management to primary care providers. Ombuds services also continue to report complaints about the access to medication management services. Ombuds services have recommended further study and review of medication management services.

Ombuds services report an increase in the number of complaints that involve children (from an average of seven (7) cases to 31 in the current reporting period. Ombuds services also report that they are contacted by people who are trying to gain access to public mental health treatment after being turned away from other service delivery systems.

In addition to working with persons with Medicaid funding, Ombuds services report that they receive many requests for assistance and referral from non-Medicaid citizens. Ombuds services report receiving approximately 55 calls a month from non-Medicaid citizens about their mental health needs.

VI. FUTURE PLANS

The NSMHA continues to work towards broad and consistent reporting of complaints across multiple reporting sources.

The NSMHA Internal Quality Management Committee (IQMC) will review the current complaint and grievance data and report, make recommendations for further study and review or quality improvement, and present these recommendations to the Regional Quality Management Committee and Regional Quality Management and Oversight Committee.

In addition to reviewing the aggregate data in these reports to identify any trends, individual complaints, grievances, or appeals with system implications, or patterns or clusters of complaints, grievances, or appeals with system implications will be reviewed and used to generate quality improvement activities or identify areas for further study and review. The NSMHA will continue to work closely with Ombuds services to address any emerging patterns or clusters of complaints and incorporate this information into quality management processes.

The NSMHA will also continue the practice of reviewing appeals that result in the reversal of the original denial decision in order to ensure this process is reliable, adheres to standards, and identifies areas for potential quality improvement.

The NSMHA and providers will continue to collaborate to use information about complaints, grievances, appeals, denials, and fair hearings as opportunities for quality improvement.

PIHP Exhibit N Notice of Action Appeals Report 05-06

PIHP North Sound Mental Health Administration

Report Period April 1, 2005 - September 30, 2005

		ADULTS			
		Resolutions			
Expedited Appeals	Resolution within 3 working days	Wholly in favor of Enrollee	Partially in favor of Enrollee	Appeal Denied	
	Referred to Standard Appeals				
	Denials				
	Reduction				
	Suspensions				
	Terminations				
	Total				

		CHILDREN			
		Resolutions			
Expedited Appeals	Resolution within 3 working days	Wholly in favor of Enrollee	Partially in favor of Enrollee	Appeal Denied	
	Referred to Standard Appeals				
	Denials				
	Reduction				
	Suspensions				
	Terminations				
	Total				

		Resolutions			
		Resolution within 45 days	Wholly in favor of Enrollee	Partially in favor of Enrollee	Appeal Denied
Denials	4	3		1	
Reduction					
Suspensions					
Terminations					
Total	4	3		1	

		Resolutions			
		Resolution within 45 days	Wholly in favor of Enrollee	Partially in favor of Enrollee	Appeal Denied
Denials	1	1			
Reduction					
Suspensions					
Terminations					
Total	1	1			

		Resolutions			
		Resolution within 59 days	Wholly in favor of Enrollee	Partially in favor of Enrollee	Appeal Denied
Denials					
Reduction					
Suspensions					
Terminations					
Total					

		Resolutions			
		Resolution within 59 days	Wholly in favor of Enrollee	Partially in favor of Enrollee	Appeal Denied
Denials					
Reduction					
Suspensions					
Terminations					
Total					

Exhibit N 05-07 Report - PIHP - Medicaid Services Only

Exhibit N-3
DRAFT
October 4, 2005

North Sound Mental Health
PIHP Name Administration

Contact
Name: Diana Striplin

Reporting
Period: April 1, 2005 through September 30, 2005

Contact Phone No. 360.416.7013

(Month and Year)

**Total Unduplicated
Number of Adult Cases** 5

**Total Unduplicated
Children Cases** 0

Occurrence					
	CMHA Grievances	PIHP Grievances	Fair Hearings	Outstanding	Denials
Adult (21 Yrs. and over)					
Access to Outpatient	0	0	0	0	62
Dignity and Respect	0	0	0	0	
Quality/ Appropriateness	0	0	0	0	
Phone calls not returned	0	0	0	0	
Service -- Intensity, Not Available, Coordination	0	0	0	0	
Consumer Rights	2	1	0	0	
Physicians & Medications	0	1	0	0	
Financial & Admin Svs	1	0	0	0	
Transportation	0	0	0	0	0
Emergency Services	0	0	0	0	0
Access to Inpatient	0	0	0	0	3
Violation of Confidentiality	0	0	0	0	
Participation in Treatment	0	0	0	0	
Other	0	0	0	0	0
Total	3	2	0		65

Occurrence					
	CMHA Grievances	PIHP Grievances	Fair Hearing	Outstanding	Denials
Children (0-20 Yrs.)					
Access to Outpatient	0	0	0	0	61
Dignity and Respect	0	0	0	0	
Quality/ Appropriateness	0	0	0	0	
Phone calls not returned	0	0	0	0	
Service -- Intensity, Not Available, Coordination	0	0	0	0	
Consumer Rights	0	0	0	0	
Physicians & Medications	0	0	0	0	
Financial & Admin Svs	0	0	0	0	
Transportation	0	0	0	0	0
Emergency Services	0	0	0	0	0
Access to Inpatient	0	0	0	0	3
Violation of Confidentiality	0	0	0	0	
Participation in Treatment	0	0	0	0	
Other	0	0	0	0	0
Total	0	0	0		64

Resolutions				
	CMHA Grievances	PIHP Grievances	Fair Hearings	Outstanding from Last Period
Adult (21 Yrs. and over)				
Info/Referral	0	0	0	0
Referral to QRT	0	0	0	0
Conciliation/Mediation	3	1	0	0
Arbitration	0	0	0	0
Fair Hearing	0	0	0	0
Other	0	0	0	0
Not Pursued	0	1	0	0
Total	3	2	0	0

Resolutions				
	CMHA Grievances	PIHP Grievances	Fair Hearing	Outstanding from Last Period
Children (0-20 Yrs.)				
Info/Referral	0	0	0	0
Referral to QRT	0	0	0	0
Conciliation/Mediation	0	0	0	0
Arbitration	0	0	0	0
Fair Hearing	0	0	0	0
Other	0	0	0	0
Not Pursued	0	0	0	0
Total	0	0	0	0

Exhibit N 05-07 Report -- RSN -- State Funded Services Only

Exhibit N-7

DRAFT

North Sound Mental Health
RSN Name Administration

Contact
Name: Diana Striplin

Reporting
Period: April 1, 2005 through September 30, 2005
 (Month and Year)

Contact Phone #: 360.416.7013

**Total Unduplicated
 Number of Adult Cases** 0

**Total Unduplicated Number
 of Children Cases** 0

Occurrence				
	CMHA Grievances	RSN Grievances	Fair Hearings	Outstanding
Adult (21 Yrs. and over)				
Access	0	0	0	0
Dignity and Respect	0	0	0	0
Quality/ Appropriateness	0	0	0	0
Phone calls not returned	0	0	0	0
Service -- Intensity, Not Available, Coordination	0	0	0	0
Consumer Rights	0	0	0	0
Physicians & Medications	0	0	0	0
Financial & Admin Svs	0	0	0	0
Residential	0	0	0	0
Housing	0	0	0	0
Transportation	0	0	0	0
Emergency Services	0	0	0	0
Violation of Confidentiality	0	0	0	0
Participation in Treatment	0	0	0	0
Other	0	0	0	0
Total	0	0	0	0

Occurrence				
	CMHA Grievances	RSN Grievances	Fair Hearings	Outstanding
Children (0-20 Yrs.)				
Access	0	0	0	0
Dignity and Respect	0	0	0	0
Quality/ Appropriateness	0	0	0	0
Phone calls not returned	0	0	0	0
Service -- Intensity, Not Available, Coordination	0	0	0	0
Consumer Rights	0	0	0	0
Physicians & Medications	0	0	0	0
Financial & Admin Svs	0	0	0	0
Residential	0	0	0	0
Housing	0	0	0	0
Transportation	0	0	0	0
Emergency Services	0	0	0	0
Violation of Confidentiality	0	0	0	0
Participation in Treatment	0	0	0	0
Other	0	0	0	0
Total	0	0	0	0

Resolutions				
	CMHA Grievances	RSN Grievances	Fair Hearings	Outstanding from Last Period
Adult (21 Yrs. and over)				
Info/Referral	0	0	0	0
Referral to QRT	0	0	0	0
Conciliation/Mediation	0	0	0	0
Arbitration	0	0	0	0
Fair Hearing	0	0	0	0
Other	0	0	0	0
Not Pursued	0	0	0	0
Total	0	0	0	0

Resolutions				
	CMHA Grievances	RSN Grievances	Fair Hearing	Outstanding from Last Period
Children (0-20 Yrs.)				
Info/Referral	0	0	0	0
Referral to QRT	0	0	0	0
Conciliation/Mediation	0	0	0	0
Arbitration	0	0	0	0
Fair Hearing	0	0	0	0
Other	0	0	0	0
Not Pursued	0	0	0	0
Total	0	0	0	0

ATTACHMENT B - Totals

**TABLE 1 - COMPLAINTS, GRIEVANCES, FAIR HEARINGS FILED
REPORTING FROM 4-1-2000 though 9-30-2005**

OCCURRENCES - (Includes occurrences of complaints, grievances, and fair hearings files)	TIME PERIOD																							
	4/1/2000 - 9/30/2000		10/1/2000 - 3/31/2001		4/1/2001 - 9/30/2001		10/1/2001 - 3/31/2002		4/1/2002 - 9/30/2002		10/1/2002 - 3/31/2003		4/1/2003 - 9/30/2003		10/1/2003 - 3/31/2004		4/1/2004 - 9/30/2004		10/1/2004 - 3/31/2005		4/1/2005 - 9/30/2005		4/1/2000 - 9/30/2005	
	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total
Unduplicated Number of Cases							141		162		193		245		214		287		250		234		1,726	
Access*	26	14%	36	21%	24	14%	8	5%	25	15%	20	9%	39	14%	29	12%	44	13%	36	12%	47	16%	334	13%
Dignity and Respect	10	5%	23	14%	15	9%	26	16%	18	11%	19	9%	23	8%	8	3%	18	6%	22	7%	17	6%	199	8%
Quality/Appropriateness **	35	19%	24	14%	35	20%	35	21%	20	12%	26	12%	25	9%	9	4%	13	4%	17	6%	9	3%	248	10%
Phone Calls Not Returned	1	1%	6	4%	2	1%	2	1%	2	1%	3	1%	2	1%	5	2%	10	3%	12	4%	26	9%	71	3%
Service -- Intensity, Not Available, Coordination	35	19%	12	7%	20	12%	10	6%	17	10%	33	15%	22	8%	40	16%	56	17%	34	11%	20	7%	299	12%
Consumer Rights	25	13%	18	11%	14	8%	8	5%	15	9%	18	8%	20	7%	26	11%	32	10%	37	12%	49	17%	262	10%
Physicians & medications	13	7%	8	5%	15	9%	28	17%	11	7%	14	6%	30	10%	26	11%	22	7%	41	14%	38	13%	246	10%
Financial & Admin Svs.	6	3%	7	4%	7	4%	6	4%	8	5%	9	4%	22	8%	19	8%	59	18%	30	10%	21	7%	194	8%
Residential	1	1%	3	2%	2	1%	9	5%	17	10%	11	5%	13	5%	12	5%	1	0%	4	1%	5	2%	78	3%
Housing	28	15%	13	8%	6	3%	11	7%	8	5%	10	5%	11	4%	15	6%	27	8%	30	10%	21	7%	180	7%
Transportation	0	0%	3	2%	1	1%	1	1%	0	0%	0	0%	0	0%	2	1%	1	0%	2	1%	2	1%	12	0%
Emergency Services	1	1%	12	7%	23	13%	14	8%	20	12%	35	16%	44	15%	38	16%	32	10%	23	8%	25	9%	267	11%
Other	8	4%	5	3%	8	5%	7	4%	8	5%	19	9%	35	12%	14	6%	11	3%	12	4%	8	3%	135	5%
Total	189	100%	170	100%	172	100%	165	100%	169	100%	217	100%	286	100%	243	100%	326	100%	300	100%	288	100%	2,525	100%

Data Notes:

* Access refers to the degree to which services are quickly and readily obtainable to consumers. It includes the responsiveness of the Washington State Mental Health system to individual and cultural needs and the availability of mental health services.

** Quality/Appropriateness refers to the degree that service features meet (fit) consumer needs and are free from error and deficiencies.

Complaint and Grievance data has been collected since 4-1-1999.

Beginning 10-1-2001 the data reflects both unduplicated cases (individuals at a point in time) and occurrences (each instance of a complaint, grievance, or fair hearing). If a complaint moves to an RSN grievance it is counted twice. Prior to 10-1-2001 each complaint was counted only once even if the complaint moved to a grievance or fair hearing. Comparison of data across these reporting periods should be interpreted cautiously due to the change in reporting methods.

Beginning 4-1-2001, Provider Level Grievances were also captured as occurrences. For the purposes of this Attachment, all occurrences are rolled-up.

ATTACHMENT B - Adults

**TABLE 1 - COMPLAINTS, GRIEVANCES, FAIR HEARINGS FILED
REPORTING FROM 4-1-2000 though 9-30-2005**

OCCURRENCES - (Includes occurrences of complaints, grievances, and fair hearings files)	TIME PERIOD																								
	4/1/2000 - 9/30/2000		10/1/2000 - 3/31/2001		4/1/2001 - 9/30/2001		10/1/2001 - 3/31/2002		4/1/2002 - 9/30/2002		10/1/2002 - 3/31/2003		4/1/2003 - 9/30/2003		10/1/2003 - 3/31/2004		4/1/2004 - 9/30/2004		10/1/2004 - 3/31/2005		4/1/2005 - 9/30/2005		4/1/2000 - 9/30/2005		
	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total
Unduplicated Number of Cases								137		159		180		225		193		251		215		176		1,536	
Access*	17	10%	34	22%	24	15%	8	5%	25	15%	20	10%	37	14%	25	11%	40	14%	33	13%	33	15%	296	13%	
Dignity and Respect	10	6%	23	15%	15	9%	26	16%	17	10%	17	8%	19	7%	7	3%	15	5%	21	8%	13	6%	183	8%	
Quality/Appropriateness **	32	20%	21	13%	32	20%	35	22%	18	11%	22	11%	22	8%	5	2%	9	3%	9	3%	3	1%	208	9%	
Phone Calls Not Returned	1	1%	5	3%	1	1%	2	1%	2	1%	2	1%	2	1%	3	1%	7	2%	9	3%	15	7%	49	2%	
Service -- Intensity, Not Available, Coordination	30	19%	9	6%	19	12%	10	6%	17	10%	29	14%	20	8%	35	16%	47	16%	28	11%	13	6%	257	11%	
Consumer Rights	24	15%	18	11%	14	9%	7	4%	15	9%	17	8%	19	7%	25	11%	30	10%	32	12%	40	18%	241	11%	
Physicians & medications	11	7%	7	4%	12	7%	24	15%	11	7%	14	7%	29	11%	25	11%	20	7%	35	13%	30	14%	218	10%	
Financial & Admin Svs.	4	2%	6	4%	7	4%	6	4%	8	5%	9	4%	21	8%	17	8%	55	19%	30	11%	19	9%	182	8%	
Residential	1	1%	3	2%	2	1%	9	6%	17	10%	11	5%	7	3%	12	5%	1	0%	3	1%	2	1%	68	3%	
Housing	28	17%	13	8%	6	4%	11	7%	8	5%	10	5%	11	4%	15	7%	27	9%	29	11%	21	10%	179	8%	
Transportation		0%	2	1%	1	1%	1	1%	0	0%	0	0%	0	0%	2	1%	0	0%	2	1%	1	0%	9	0%	
Emergency Services		0%	12	8%	21	13%	14	9%	20	12%	34	17%	44	17%	38	17%	31	11%	21	8%	21	10%	256	11%	
Other	4	2%	5	3%	8	5%	7	4%	8	5%	16	8%	30	11%	13	6%	8	3%	11	4%	6	3%	116	5%	
Total	162	100%	158	100%	162	100%	160	100%	166	100%	201	100%	261	100%	222	100%	290	100%	263	100%	217	100%	2,262	100%	

Data Notes:

* Access refers to the degree to which services are quickly and readily obtainable to consumers. It includes the responsiveness of the Washington State Mental Health system to individual and cultural needs and the availability of mental health services.

** Quality/Appropriateness refers to the degree that service features meet (fit) consumer needs and are free from error and deficiencies.

Complaint and Grievance data has been collected since 4-1-1999.

Beginning 10-1-2001 the data reflects both unduplicated cases (individuals at a point in time) and occurrences (each instance of a complaint, grievance, or fair hearing). If a complaint moves to an RSN grievance it is counted twice. Prior to 10-1-2001 each complaint was counted only once even if the complaint moved to a grievance or fair hearing. Comparison of data across these reporting periods should be interpreted cautiously due to the change in reporting methods.

Beginning 4-1-2001, Provider Level Grievances were also captured as occurrences. For the purposes of this Attachment, all occurrences are rolled-up.

ATTACHMENT B - Kids

**TABLE 1 - COMPLAINTS, GRIEVANCES, FAIR HEARINGS FILED
REPORTING FROM 4-1-2000 though 9-30-2005**

OCCURRENCES - (Includes occurrences of complaints, grievances, and fair hearings files)	TIME PERIOD																									
	4/1/2000 - 9/30/2000		10/1/2000 - 3/31/2001		4/1/2001 - 9/30/2001		10/1/2001 - 3/31/2002		4/1/2002 - 9/30/2002		10/1/2002 - 3/31/2003		4/1/2003 - 9/30/2003		10/1/2003 - 3/31/2004		4/1/2004 - 9/30/2004		10/1/2004 - 3/31/2005		4/1/2005 - 9/30/2005		4/1/2000 - 9/30/2005			
	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total
Unduplicated Number of Cases																										
Access*	9	33%	2	17%	0	0%	0	0%	0	0%	0	0%	2	8%	4	19%	4	11%	3	8%	14	20%	38	14%		
Dignity and Respect	0	0%	0	0%	0	0%	0	0%	1	33%	2	13%	4	16%	1	5%	3	8%	1	3%	4	6%	16	6%		
Quality/Appropriateness **	3	11%	3	25%	3	30%	0	0%	2	67%	4	25%	3	12%	4	19%	4	11%	8	22%	6	8%	40	15%		
Phone Calls Not Returned	0	0%	1	8%	1	10%	0	0%	0	0%	1	6%	0	0%	2	10%	3	8%	3	8%	11	15%	22	8%		
Service -- Intensity, Not Available, Coordination	5	19%	3	25%	1	10%	0	0%	0	0%	4	25%	2	8%	5	24%	9	25%	6	16%	7	10%	42	16%		
Consumer Rights	1	4%	0	0%	0	0%	1	20%	0	0%	1	6%	1	4%	1	5%	2	6%	5	14%	9	13%	21	8%		
Physicians & medications	2	7%	1	8%	3	30%	4	80%	0	0%	0	0%	1	4%	1	5%	2	6%	6	16%	8	11%	28	11%		
Financial & Admin Svs.	2	7%	1	8%	0	0%	0	0%	0	0%	0	0%	1	4%	2	10%	4	11%	0	0%	2	3%	12	5%		
Residential	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	6	24%	0	0%	0	0%	1	3%	3	4%	10	4%		
Housing	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	3%	0	0%	1	0%		
Transportation	0	0%	1	8%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	3%	0	0%	1	1%	3	1%		
Emergency Services	1	4%	0	0%	2	20%	0	0%	0	0%	1	6%	0	0%	0	0%	1	3%	2	5%	4	6%	11	4%		
Other	4	15%	0	0%	0	0%	0	0%	0	0%	3	19%	5	20%	1	5%	3	8%	1	3%	2	3%	19	7%		
Total	27	100%	12	100%	10	100%	5	100%	3	100%	16	100%	25	100%	21	100%	36	100%	37	100%	71	100%	263	100%		

Data Notes:

* Access refers to the degree to which services are quickly and readily obtainable to consumers. It includes the responsiveness of the Washington State Mental Health system to individual and cultural needs and the availability of mental health services.

** Quality/Appropriateness refers to the degree that service features meet (fit) consumer needs and are free from error and deficiencies.

Complaint and Grievance data has been collected since 4-1-1999.

Beginning 10-1-2001 the data reflects both unduplicated cases (individuals at a point in time) and occurrences (each instance of a complaint, grievance, or fair hearing). If a complaint moves to an RSN grievance it is counted twice. Prior to 10-1-2001 each complaint was counted only once even if the complaint moved to a grievance or fair hearing. Comparison of data across these reporting periods should be interpreted cautiously due to the change in reporting methods.

Beginning 4-1-2001, Provider Level Grievances were also captured as occurrences. For the purposes of this Attachment, all occurrences are rolled-up.

Chart 1 -
Access

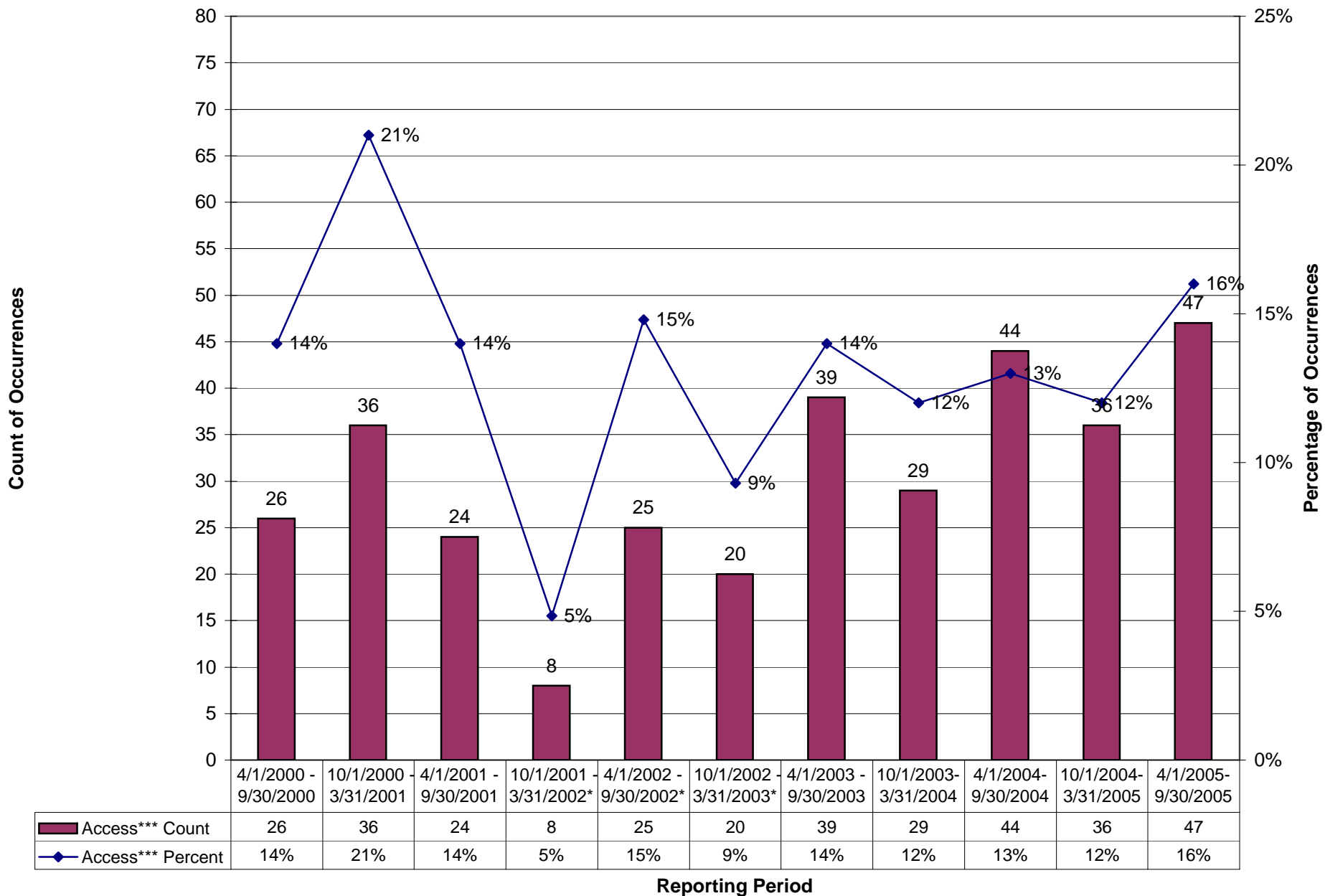


Chart 2 -
Dignity and Respect

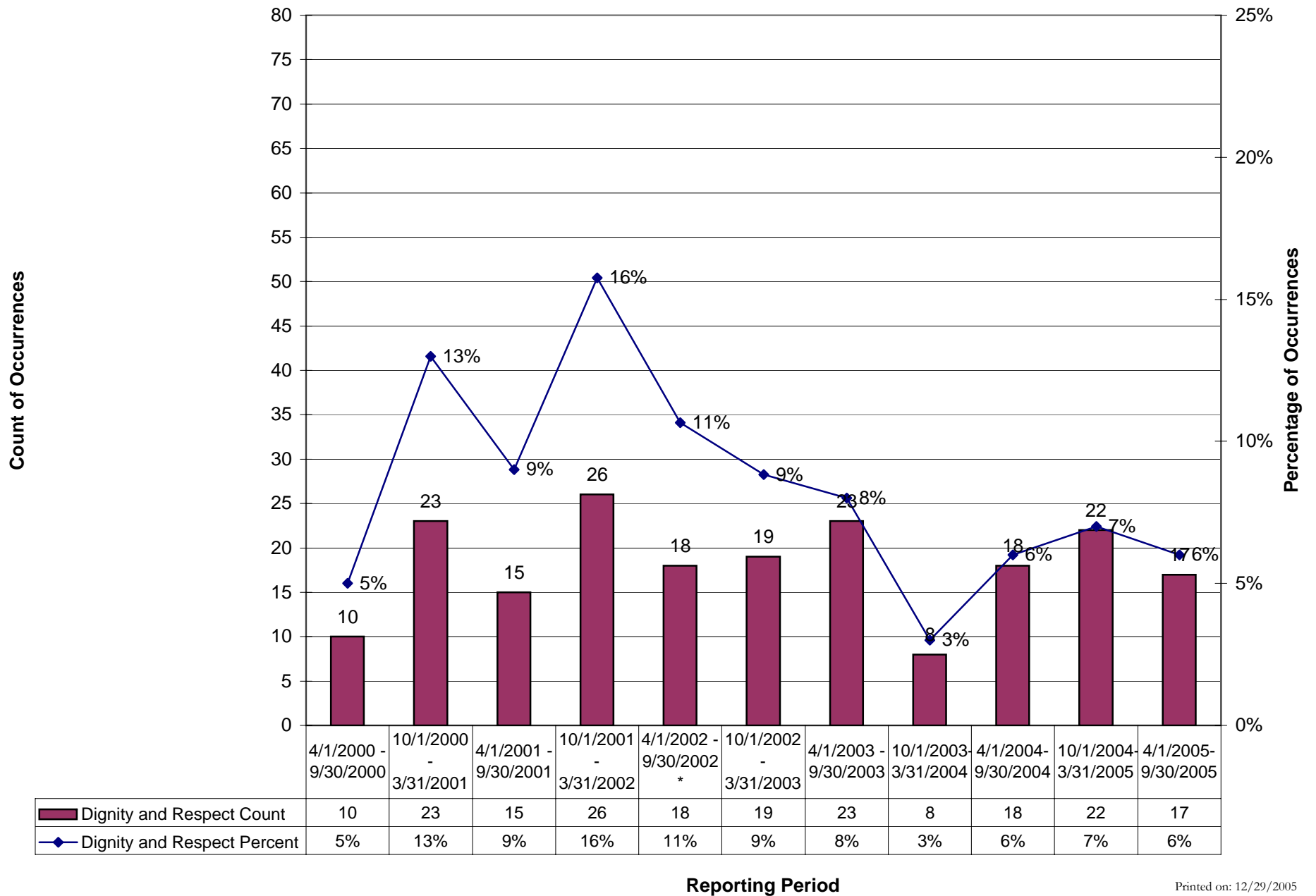


Chart 3 -
Quality/Appropriateness

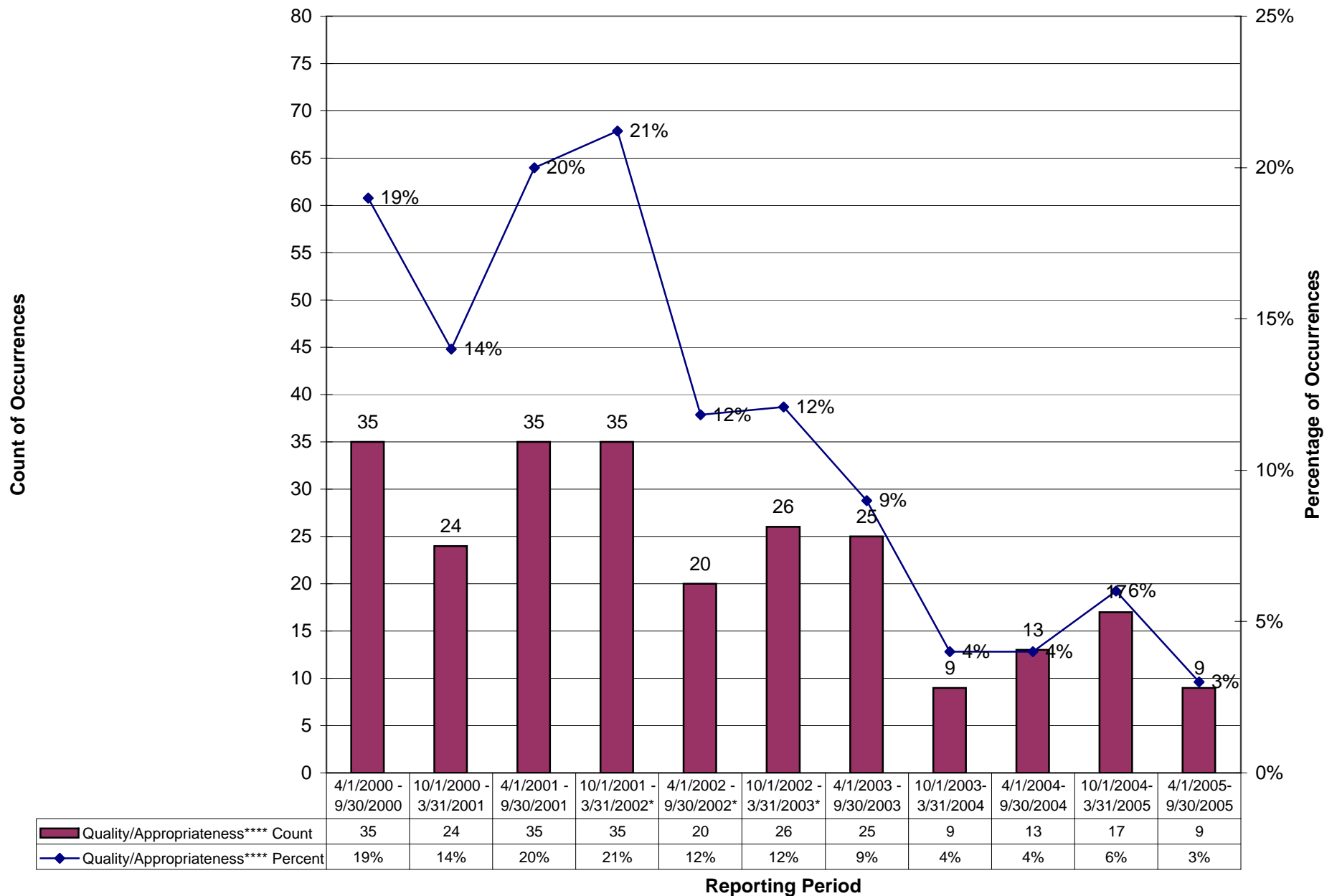


Chart 4 -
Phone Calls

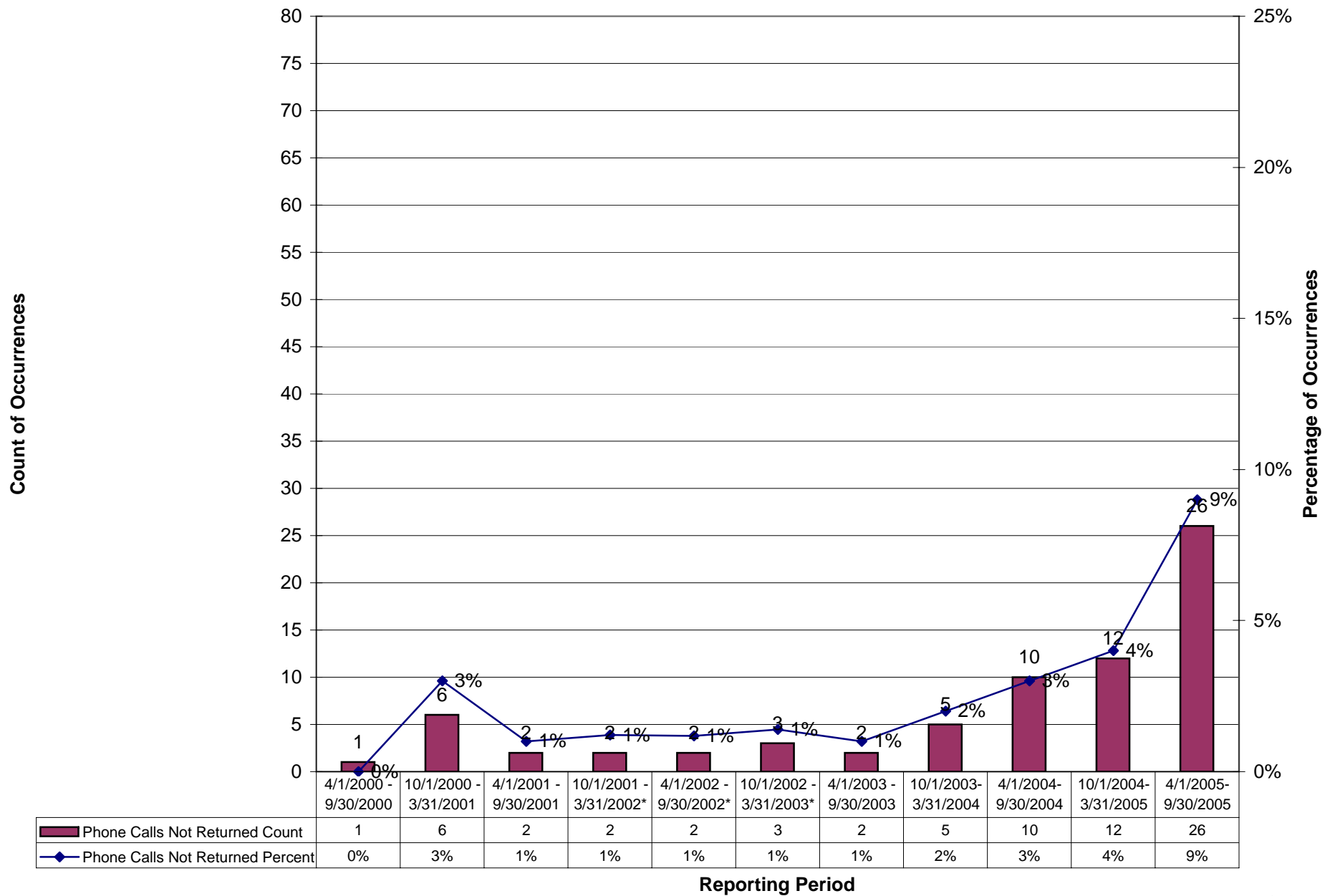
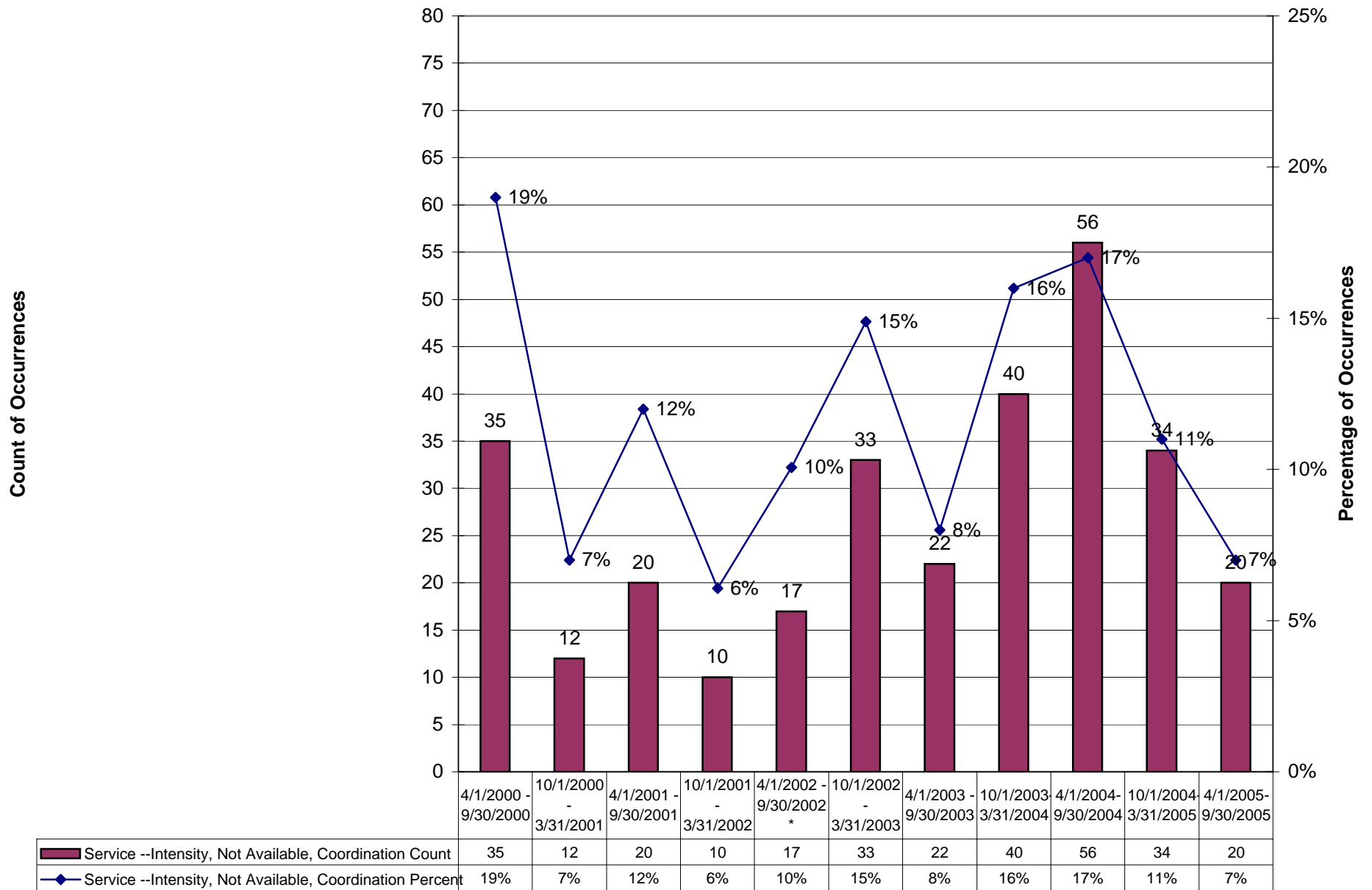


Chart 5 -

Service -- Intensity, Not Available, Coordination



Reporting Period

Chart 6 -
Consumer Rights

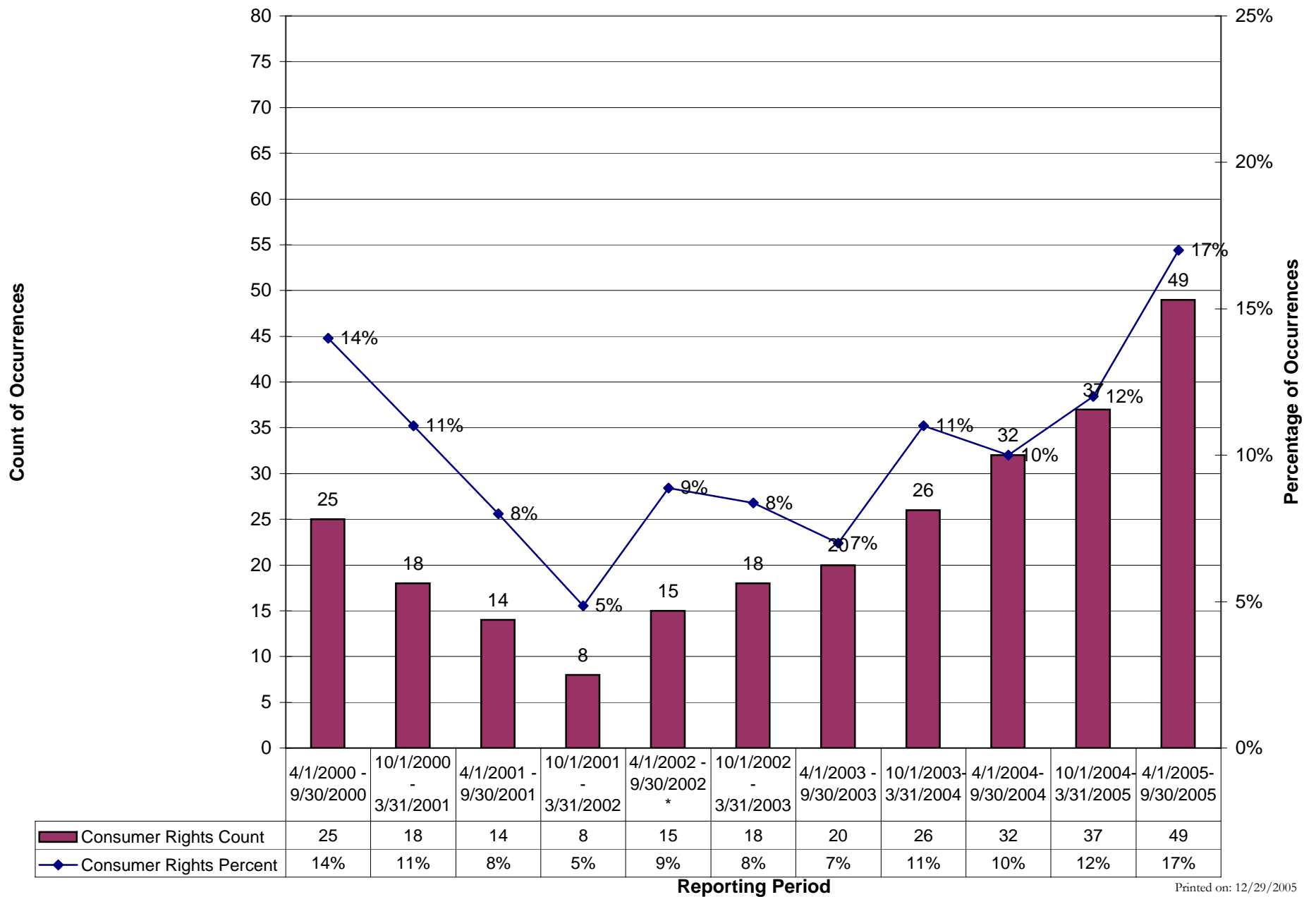


Chart 7 -
Physicians & Medications

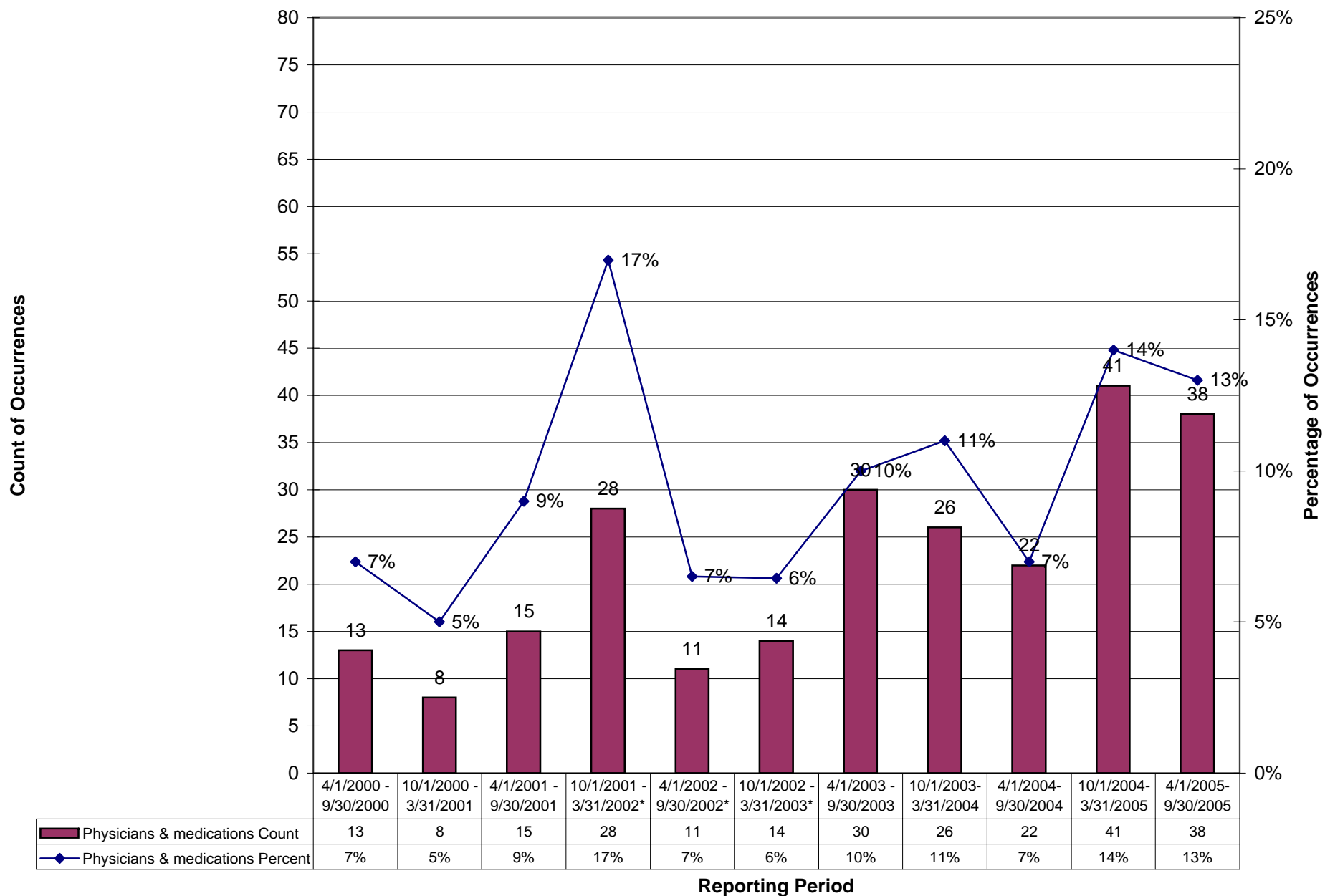


Chart 8 -
Financial & Admin. Services

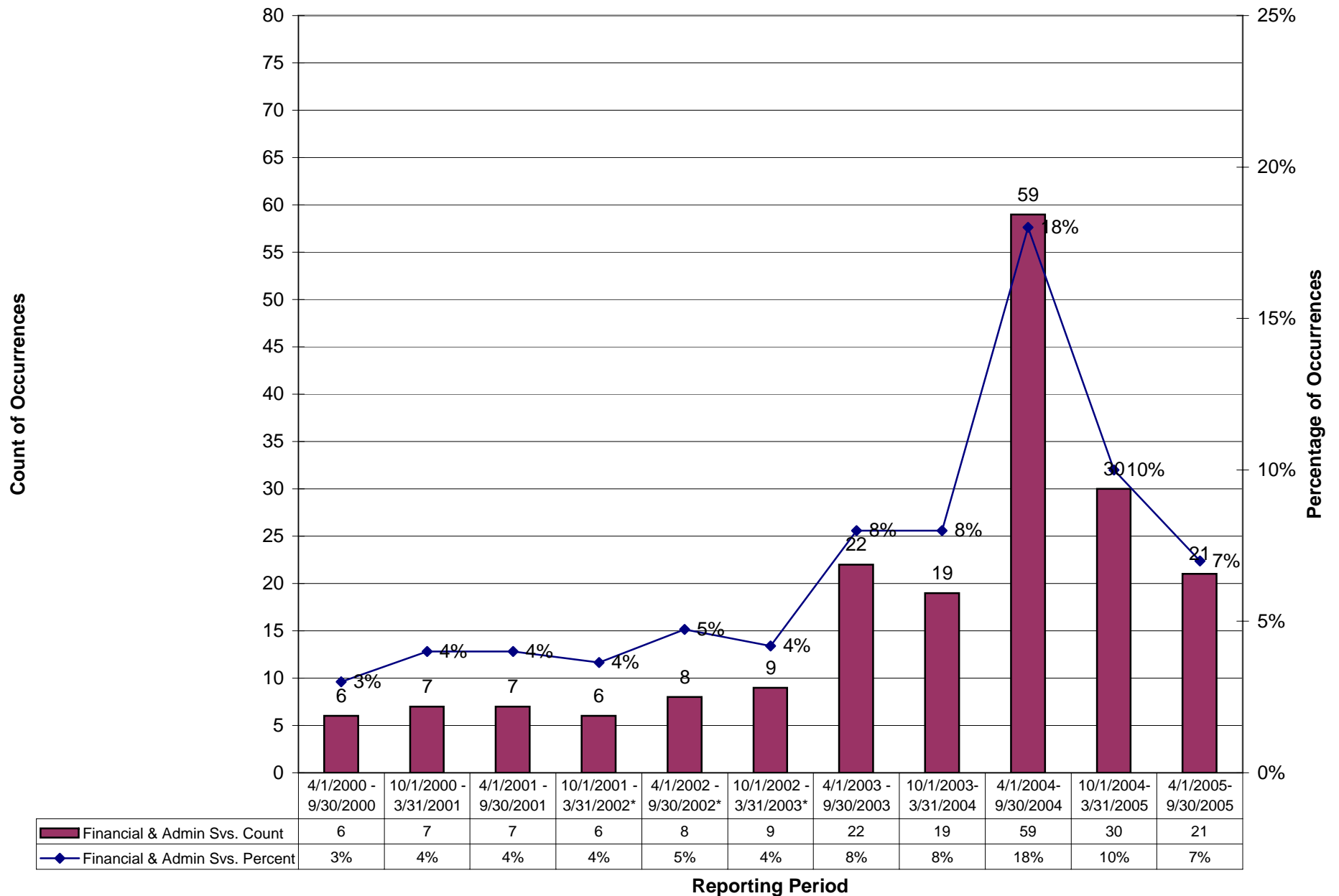


Chart 9 -
Residential

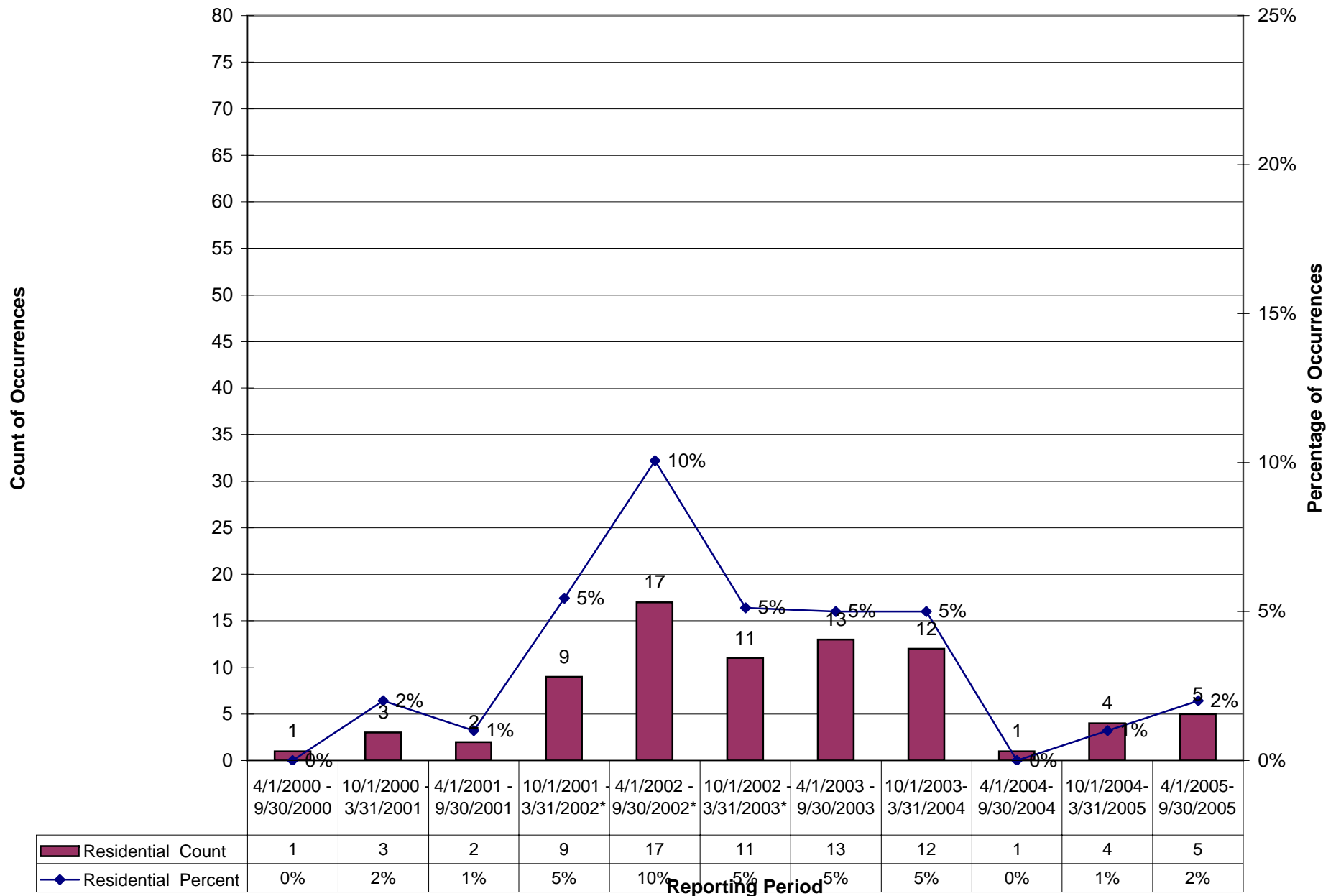


Chart 10 -
Housing

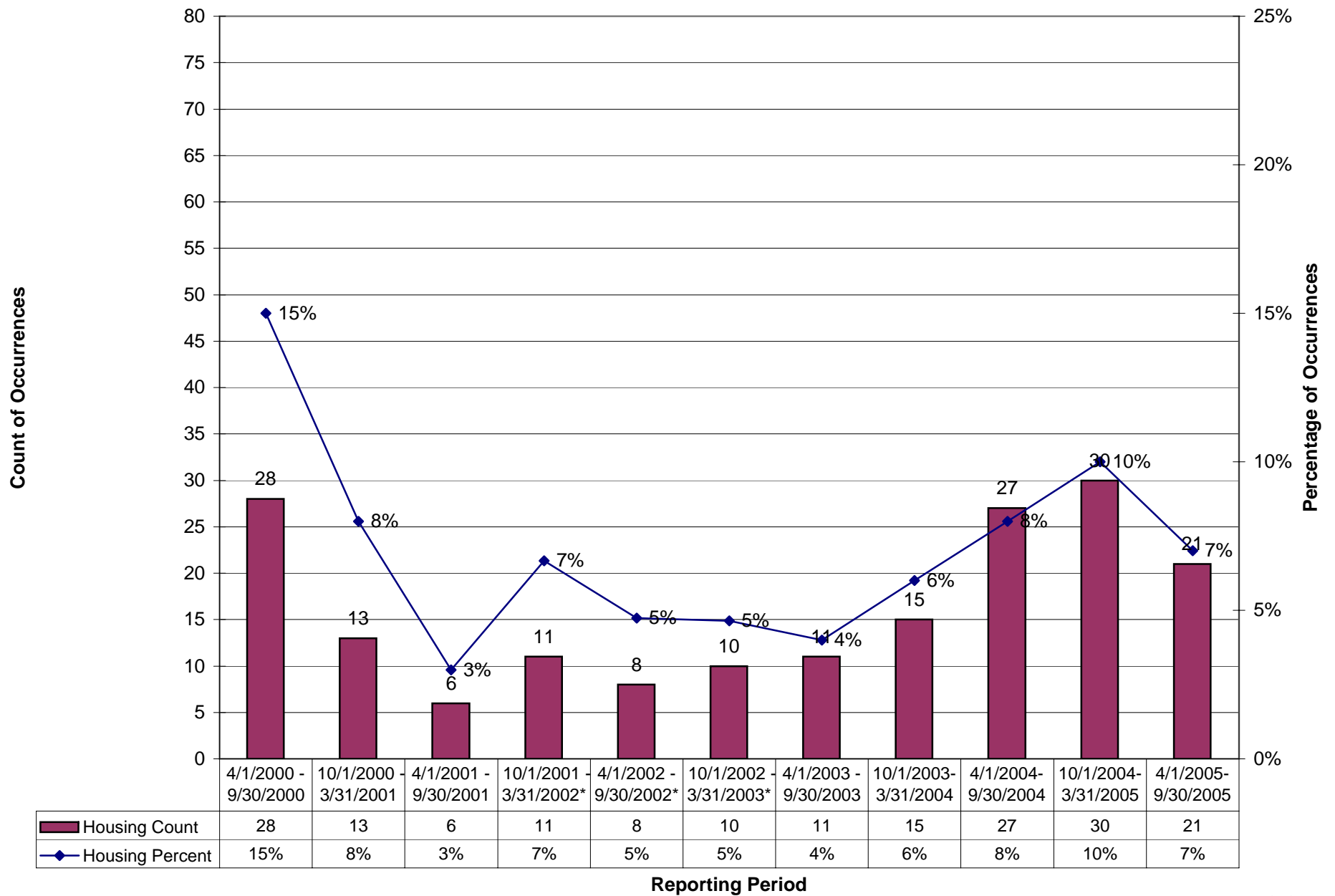


Chart 11 -
Transportation

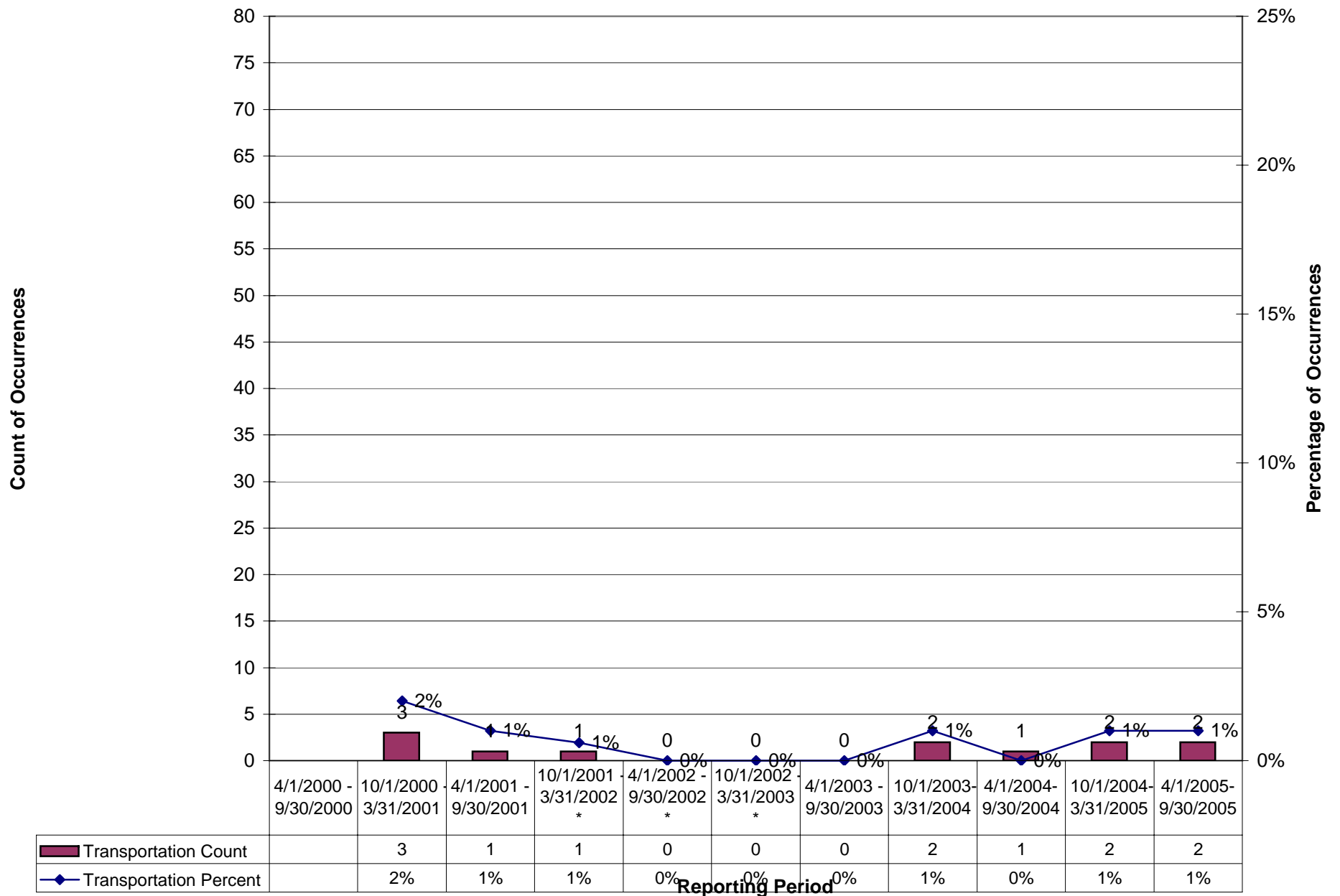


Chart 12 -
Emergency Services

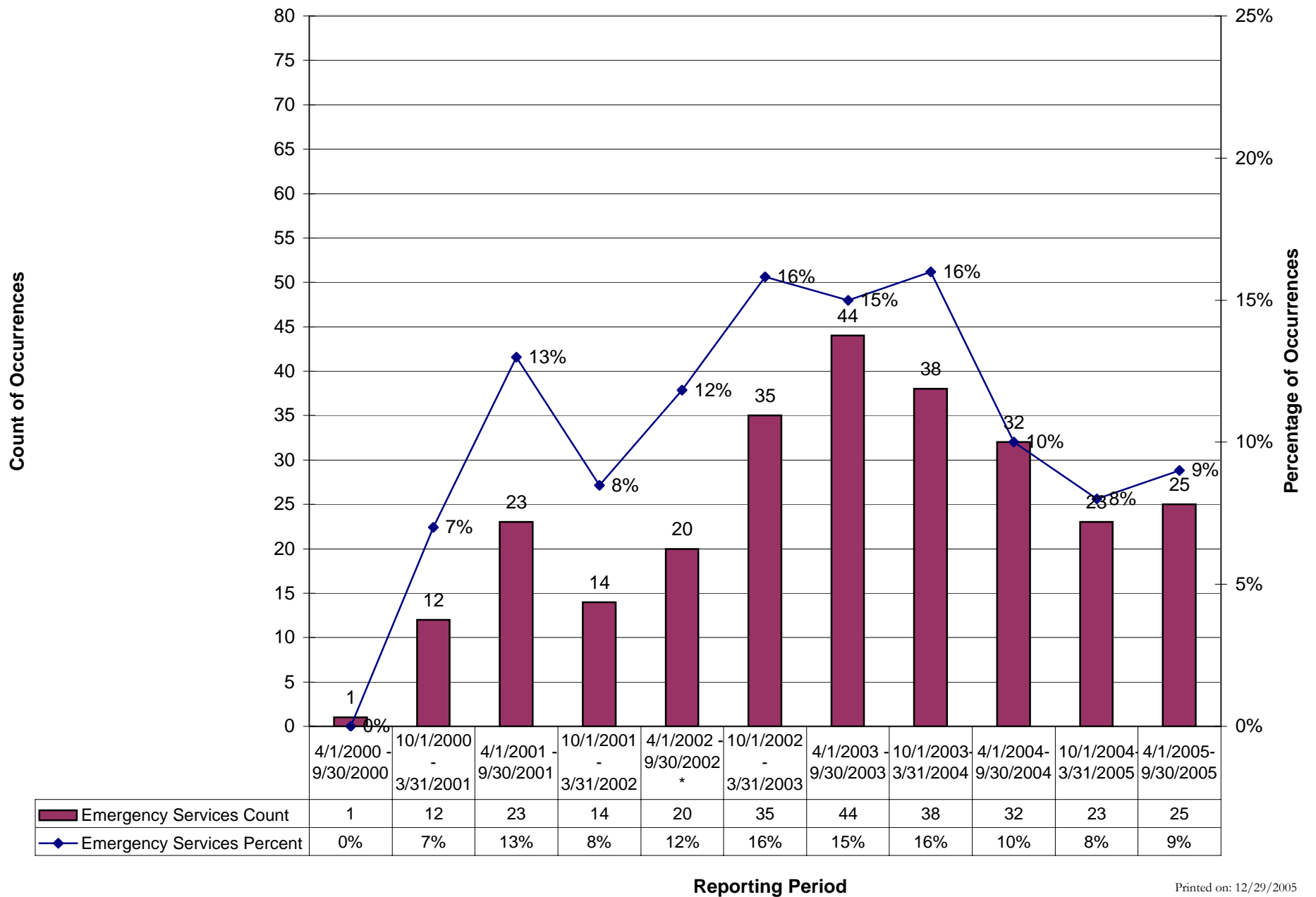


Chart 13 -
Other

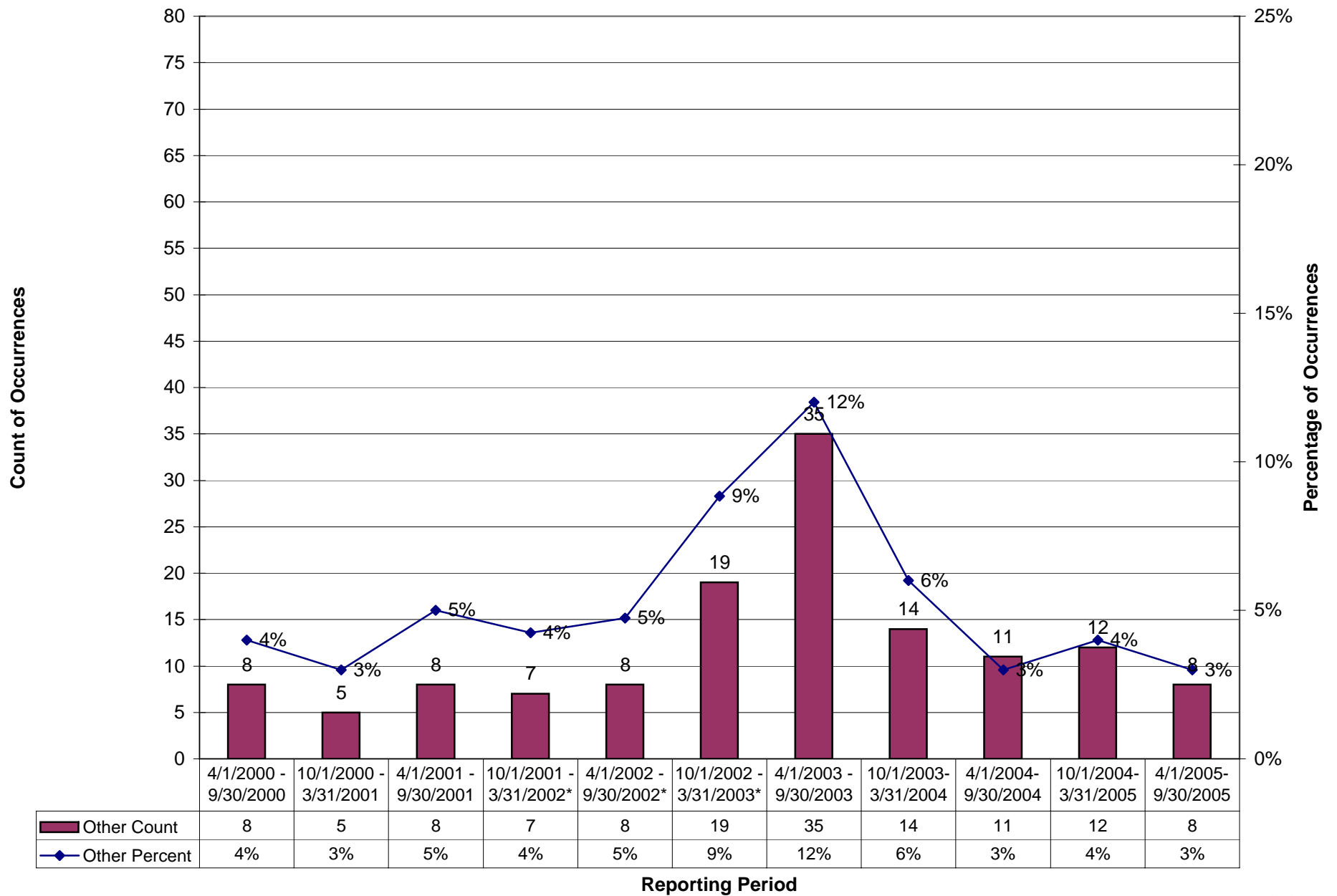
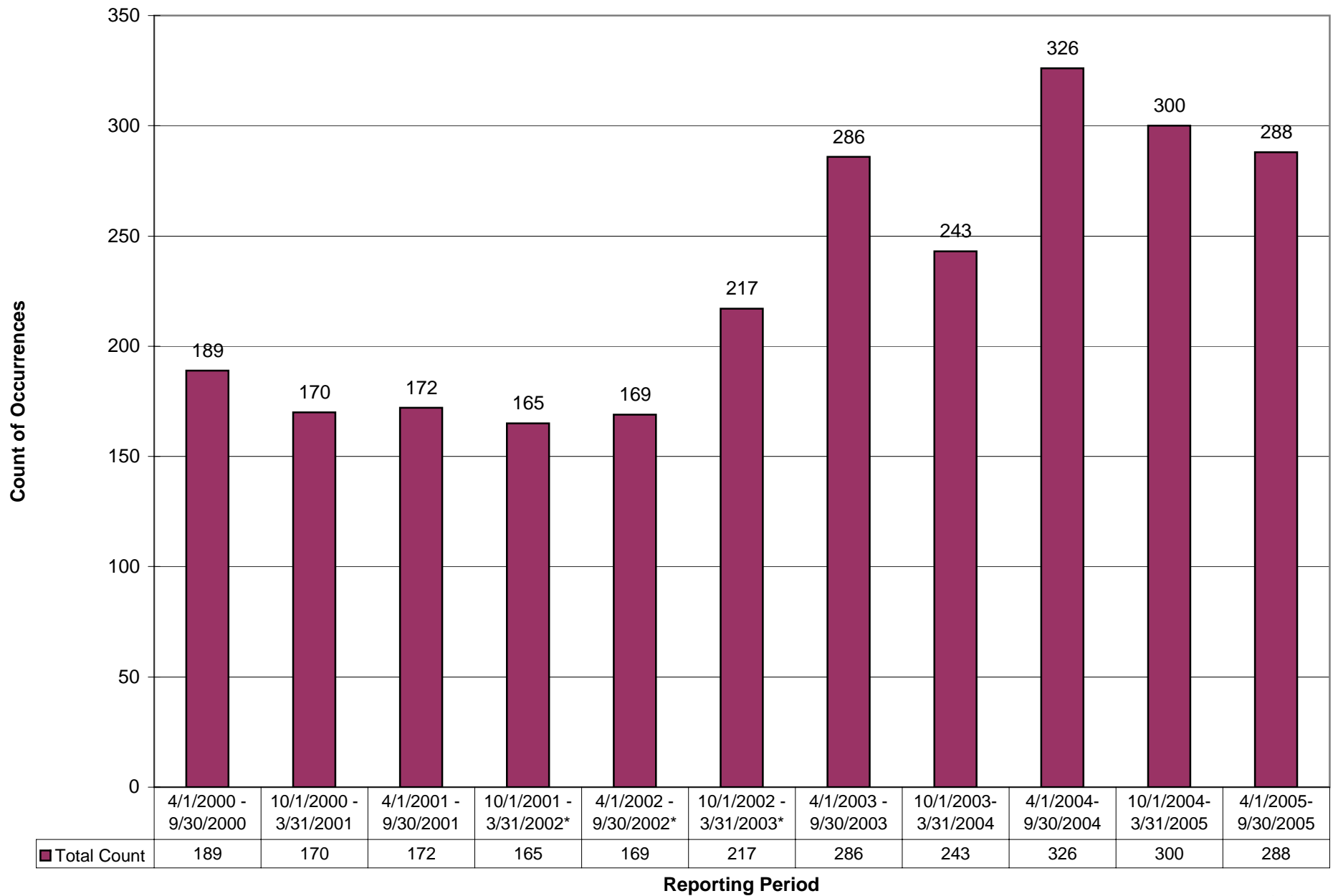


Chart 14 -
Total Occurrences



Attachment C

Table 2 - NSMHA Complaint, Grievance, Fair Hearing Data - Past Six Months, Past Year, Since 4/1/2000*
 REPORTING FROM 4/1/2000 through 9/30/2005

Past Six Months 4/1/2005 - 9/30/2005		
Type	Total	Percentage
Consumer Rights	49	17%
Access*		
	47	16%
Physicians & medications	38	13%
Phone Calls Not Returned		
	26	9%
Emergency Services	25	9%
Financial & Admin Svs.	21	7%
Housing	21	7%
Service -- Intensity, Not Available, Coordination	20	7%
Dignity and Respect	17	6%
Quality/Appropriateness	9	3%
Other	8	3%
Residential	5	2%
Transportation	2	1%
Total	288	100%

Past Year 10/1/2004 through 9/30/2005		
Type	Total	Percentage
Consumer Rights	86	15%
Access*		
	83	14%
Physicians & medications	79	13%
Service -- Intensity, Not Available, Coordination	54	9%
Financial & Admin Svs.	51	9%
Housing	51	9%
Emergency Services	48	8%
Dignity and Respect		
	39	7%
Phone Calls Not Returned	38	6%
Quality/Appropriateness	26	4%
Other	20	3%
Residential	9	2%
Transportation	4	1%
Total	588	100%

Since 4/1/2000 4/1/2000 through 9/30/2005		
Type	Total	Percentage
Access*	334	13%
Service -- Intensity, Not Available, Coordination	299	12%
Emergency Services	267	11%
Consumer Rights		
	262	10%
Quality/Appropriateness	248	10%
Physicians & medications	246	10%
Dignity and Respect	199	8%
Financial & Admin Svs.		
	194	8%
Housing	180	7%
Other	135	5%
Residential	78	3%
Phone Calls Not Returned	71	3%
Transportation	12	0%
Total	2,525	100%

* NSMHA has been collecting Complaint and Grievance data since 4/1/1999. The data for 4/1/1999 through 3/31/2000 is not included in this table, as collection methods were less standardized at that time.