

A stylized map of the North Sound region in Alaska, showing the coastline and major islands. The map is rendered in a dark gray outline. The text is overlaid on the map.

**NORTH SOUND
MENTAL HEALTH ADMINISTRATION**

**QUALITY MANAGEMENT OVERSIGHT COMMITTEE
MEETING PACKET**

February 23, 2011

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

**NORTH SOUND MENTAL HEALTH ADMINISTRATION
QUALITY MANAGEMENT OVERSIGHT COMMITTEE AGENDA**

Date: February 23, 2011

Time: 1:00-3:00 PM

Location: NSMHA Conference Room

For information Contact Meeting Facilitator: Greg Long, NSMHA, 360-416-7013

| Topic | Objective | ACTION NEEDED | Discussion Leader | Handout available pre-mtg | Handout available at mtg | Tab | Time |
|--|---|-----------------------------------|---------------------|---------------------------------------|--------------------------|-----|--------|
| Introductions | Welcome guests; presenters and new members | | Chair | | | | 5 min |
| Review and Approval of Agenda | Ensure agenda is complete and accurate; determine if any adjustments to time estimates are needed. Meeting will start and end on time. | Approve Agenda | Chair | Agenda | | 1 | 5 min |
| Review and Approval of Summary of Previous Meeting | Ensure meeting summary is complete and accurate. | Approve Meeting Summary | Chair | Summary | | 2 | 5 min |
| Announcements and Updates | Inform QMOC of news, events; Binder Updates, if any; Advisory Board News; Provider One update, if any; ICRS System review; others updates? Quality Management Plan 2010-2013 Update | Inform /discuss | All | | | | 10 min |
| Comments from the Chair | | | Chair | | | | 5 min |
| Report from the Advisory Board | Summary of the Advisory Board Meeting and Activities | | Fred Plappert | | | | 5 min |
| Evaluation forms from last meeting, if any | Discuss feedback, if any. | | Chair/ Greg Long | | | | 5 min |
| Services to Level 1 & 2 | Due to funding reductions, the number of consumers and amount of services need to be managed carefully. | Discussion | Greg | Committee Discussion Form and Handout | | 3 | 15 min |
| Exhibit N Report | Report on grievances for the last six months | Discussion | Diana Striplin | Committee Discussion Form and Handout | | 4 | 15 min |
| Expedited Intake Criteria | Develop expedited intake | | Greg Long | Committee Discussion Form | | 5 | 10 min |
| Risk Assessment | Discuss new concern regarding thoroughness of risk assessments. | Discuss and make assignment clear | Greg Long | Committee Discussion Form | | 6 | 10 min |
| IOP and Residential Focused Review Outcomes | Report to QMOC on these 2010 Quality Reviews | Discussion | Laura Davis | Committee Discussion Form and Handout | | 7 | 15 min |
| Open Discussion | | | Anyone | | | | 10 min |
| Evaluation of the Meeting | | | | | | | 5 min |
| Date and Agenda for Next Meeting | Next meeting: March 23, 2011 1:00-3:00 PM – Go to Meeting | | | | | | |

Potential Future Agenda Items:

North Sound Mental Health Administration (NSMHA)
Quality Management Oversight Committee (QMOC)
NSMHA Conference Room
January 26, 2011 – Go to Meeting
1:00 – 3:00 pm
MEETING SUMMARY

PRESENT: **Richard Sprague**, Interfaith; **Fred Plappert**, NSMHA Advisory Board; **Mike Watson**, LWRTC; **Otis Gulley**, NSMHA Advisory Board; **Mark McDonald** NSMHA Advisory Board; **Mike Manley**, Sunrise; **Pat Morris**, VOA; **Marsha Murray**, VOA; **Dan Bilson**, NSMHA Advisory Board.; **Candy Trautman**, NSMHA Advisory Board; **Stacey Alles**, Compass; **Kathy McNaughton**, CCS; **Charissa Westergard**, NSMHA; **Gail Selander**, VOA; **Marie Jubie**, Snohomish Co. Council on Aging; **David Small**, Sea Mar; **Susan Schoeld**, Sno. Co.; **Chuck Davis**, ombuds; **Terry Ann Gallagher**, NSMHA Advisory Board; by phone; **Susan Ramaglia**, NSMHA Advisory Board; by phone

Staff: **Charissa Westergard**, NSMHA; **Greg Long**, NSMHA; & **Barbara Jacobson**, NSMHA recording.

EXCUSED:

ABSENT:

OTHERS PRESENT:

| TOPIC | DISCUSSION | ACTION |
|---|---|-----------------------------|
| 1. Introductions, Review of Agenda – Chair | Anne convened the meeting at 1:05 pm and introductions were made. Level 1 & 2 reauth is added to the agenda in place of crisis line contact notification; as that will be addressed in announcements. Greg notes that NSMHA met with WCPC this morning and their portion can probably be shortened. The Advisory Board brief is added to this agenda. | |
| 2. Previous Meeting Summary – Chair | Anne asked for any corrections/amendments to the previous meeting summary and it is approved as written. Anne reminds all that there is one vote per representative. | Summary approved as written |
| 3. Announcements and Updates – All | <p>Greg notes that in the changeover to the new IS system the functionality of VOA being able to auto send crisis line contact information to providers was lost. VOA has requested that this be reestablished and a solution is being sought that may require additional payment to Raintree for this. This went to the Leadership Team and it was decided as this is an important component of our region that NSMHA will pay the cost, estimated to be less than \$2500. VOA is checking into what will be needed.</p> <p>Greg notes that the there have been issues raised around the performance measure of impairment kind and that dependence is the terminology used and this creates a problem when looking at kids at clinicians say they are not yet dependent but have abuse. Kathy notes there are other portions that are adult related as well. Greg stated that as this is a mini research project that Diana Striplin recommended that we not change definitions at this point; and intervene at a later date. The clinicians will continue to do it the same way and that</p> | Informational |

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| | <p>awareness will lead to improvement. Kathy describes the difficulty of looking at that criterion when they do not fit the youth. Greg notes that this will help in the development of interventions and could lead to significant improvement. He appreciates the feedback and things will remain as they are. This may change in the future. Greg noted it is a first step in identifying those with co-occurring disorders.</p> <p>Mike M noted that Sunrise is moving their Skagit office this Friday & Monday to 2500 E College Way across from McIntyre hall. Mental health will be on the first floor.</p> <p>Fred noted that the triage facility bill is before the senate committee and Ken Stark and Chief Turner spoke in Olympia, and he contacted Rep. Roberts and asked her to fast track it. Anne noted this legislature is for looser restrictions to a facility to allow for pre-diversion booking.</p> | |
| <p>4. Evaluation Forms from Last Meeting – Chair/Greg</p> | <p>Anne gave a brief overview of the results from the October & November meetings and reminds all to fill out the form at the back of the binders.</p> | <p>Informational</p> |
| <p>5. Comments from the Chair – Anne Deacon</p> | <p>Anne noted that today’s meeting was slated to be by Go to Meeting, however it is not working so we met in person today. She noted that the agreed upon meeting schedule will continue. The Planning Committee meets the third Friday of odd months and the time is reserved every month in case a meeting needs to be held on the even month.</p> <p>Fred gave the Advisory Board brief from the December meeting and notes that the next meeting will be February 8th. He noted that Candy Trautman is the new Chair and Mary Ann Slabaugh is the Vice-Chair. Fred is the new Finance Chair.</p> | <p>Informational</p> |
| <p>6. Open Access</p> | <p>Greg noted that WCPC has proposed moving to an open access model in which clients would receive an appointment the day they call the access line. Dean stated they are going ahead with this pilot. They will schedule intakes on a walk in basis, which meshes with VOA phone calls. WCPC will let VOA know when walk in intakes are available and the client can walk into WCPC same day or next; this will speed up access. WCPC met with NSMHA and VOA this morning and all agreed that this is workable and it will start as a pilot for now. Stacey noted their Skagit director is interested in this and Mike M asks about staffing if clinicians are waiting for walk-ins Dean noted it will be fine tuning on day to day basis and this eliminates no shows for intakes. They must also work on next day appointments and capacity management day to day. Client choice is mentioned.</p> <p>Dean said they will be happy to share their experiences; and Greg stated that providers can let NSMHA know if they would like to go in this direction.</p> | <p>Informational</p> |
| <p>7. Routine URs and Special Populations</p> | <p>Charissa notes the routine UR review using the full tool was conducted Jan-Mar 2010 and a follow up review on agencies below 90% was conducted Sep-Oct 2010. Seven standards were still below 90% on the follow up review though there was improvement. Remedial action letters are in process for those that did not reach the 90% mark. Charissa notes from feedback received during the review that NSMHA worked on clarifying the chronic pain issue; we have beefed up the interpretive guidelines and sent them out to providers.</p> | <p>Informational</p> |

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| | <p>Charissa asks if there is interest in starting a workgroup as suggested around the no show issue; what are appropriate re-engagement efforts and it is noted that there is no interest at this time.</p> <p>UR reviews are again being done Jan-Mar 2011 which will be reported on in April 2011. The next review would then be in Jan-Mar 2012 and reviews will be expected to improve above 90% by that review.</p> <p>For the special population review, the initial review was done in April 2010 and the follow up was done in November 2010. Five providers achieved the benchmark with three remaining below. A remedial action letter will go out to those below 90%. The next special population review will be done in the Sep-Oct 2011 timeframe.</p> <p>Charissa notes that WAC change related to the timeframe and we previously discussed changing it to 90 days, pending hearing from the state and we have not heard back. Dean notes there is a 90 day max for the consult on the intake in the WAC and that the revision committee may leave it up to the clinician to decide if it is needed. Charissa notes we still need a timeframe even if it changes and as previously discussed we recommend going with the 90 days with a revision to the policy. All agree with this change and it be used in the next special population review.</p> <p>Mike W stated that he believes the WACs did away with the medication consent form and it is still in the UR review; he also stated that in the intake section it asks if referrals are given for PCPs and this is not in the WACs. The reviewers could not answer where this question comes from and it just adds an extra burden as it should be up to 30 days to do this. Charissa stated that the PCP question arose from the mortality review and QMOC had voted on this; though we can revisit it.</p> <p>Charissa stated that NSMHA will look into the inter-rater reliability issue, the medication consent form and the PCP portion. If there are other concerns let Charissa know.</p> | |
| <p>8. Expedited Intake Criteria</p> | <p>Requests for expedited intakes seems to be increasing so Charissa stated she did a review of those that VOA expedited and the criteria that is used for decisions as listed on the discussion form. She noted that the review showed that VOA is referring consistent with the criteria and recommends review and revision of the criteria. She would like to start with feedback via email; get your feedback to her in the next two weeks.</p> <p>Stacey A. would like more clarity on what is being asked for. Charissa would like to hear of the expedited intakes that did not seem to be needed. Kathy M noted that Snohomish County seems to have a lot and it seems only 50% are really needed.</p> | <p>Informational</p> |
| <p>9. PIP Chart Review</p> | <p>Charissa noted that this is referring to the PIP on decreasing the number of days for a med. evaluation appointment after request for service. The focus is on identifying those that need a med evaluation when they start treatment and starting the referral process. There is a decision tree for clinicians to use at the first ongoing appointment to determine this and document the outcome on the treatment plan.</p> <p>Charissa did a chart review around the decision tree and</p> | <p>Informational only</p> |

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| | <p>recommendations from that are: more use of the decision tree, increase documentation in the treatment plan and decrease the amount of time in starting the referral process. There was discussion around the results of the chart review in the packet and Charissa reminds all to use the tree, document in the treatment plan if the process is started or not needed to show that the intervention was implemented.</p> | |
| <p>10. NSMHA Policy Writing</p> | <p>Greg noted we got approval from DBHR that it is ok for providers to comply with our policies and not have their own and if they need additional details they can write implementation procedures. This keeps providers from having to write their own policies and avoids confusion. We then sorted out which policies providers need to comply with and the list is attached. Privacy policies need to be done by each provider however.</p> <p>Policies for specialized programs such as PACT, IOP and others need to comply with ours and providers may write their own details though other agencies may need to know about them. He is still unclear on how to ensure that these special program policies are available to all.</p> <p>Please look them over in the next couple weeks and let us know of your feedback for final approval next month. Greg noted that he spoke with Victoria Roberts at DBHR and will send out his email to DBHR confirming that this is ok; for providers to use to confirm.</p> | <p>Informational</p> |
| <p>11. Reauthorization Requests for Levels 1 and 2</p> | <p>Charissa noted the email that she sent that came from discussion at the last integrated provider meeting. Due to decreased funding in the region NSMHA proposed looking at LOC 1 and 2 more closely; we selected 1 and 2 with a B diagnosis as their primary Axis 1 diagnosis. We will review these for re-authorization asking for more information; we estimated this will be around 10% percent of reauths We proposed a paper process for this to be returned to us by fax.</p> <p>We asked for feedback and the guidelines are on our website and we can discuss here as well. As part of routine UR we will run information on hours etc. of a particular chart to check this. This will be the starting point of a chart review to more closely monitor the management of resources. There was discussion around the issues that will arise with Charissa noting that NSMHA agrees with the 6 points in the feedback received.</p> <p>The issue of identifying when client comes up for reauth as this is an automated process that perhaps we could add a filter to the system. There were questions about how this would impact kids and those with complicated medication issues, we already consider them in the requests and it is built in to highlight them. We still want to authorize medically necessary services for those who need them. For those who change levels it will be the level that they are at when reauthorization comes around.</p> <p>Stacey A. asks if NSMHA will a send notice of action to the client stating it is a NSMHA decision if their reauth is not approved; and she questioned providers stopping services if client still has benefits and medical necessity. Charissa explained that NSMHA does not anticipate denying those who meet medical necessity; we want to see if there is progress being made in goals work being done on discharge</p> | <p>Informational</p> |

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| | <p>planning in this specific group. Stacey stated that the 6 month authorization would bring no patient benefit and add to admin.</p> <p>Greg stated that the system is required to serve all Medicaid eligible's and we have increasing referrals with decreasing funding so we need to provide appropriate-not excessive services. The tendency has been to keep clients too long and low levels have traditionally gotten more services than needed. There needs to be a shift in the system so those coming in don't think they are entitled to an open-ended services . They can recover; move on to live their lives with the public mental health system; and they can return it they need further service. Line level staff needs to shift to prioritize immediate and most urgent needs and treat those. The mental health system cannot fix every problem</p> <p>Dean stated that this is not a consistent message as at intake we must engage them and treat all aspects of their lives and on the back door we must track down and try to engage clients who do not want services. Instead of adding more admin, work with clinicians on treatment strategies and working on the back door would be a better way to go. There seems to be a mixed message coming to providers; as this is not backed up in the audit process. Mike W. states that a forum is needed to address the UR tool as the State has backed away from all domains being covered. Charissa noted that the items on the UR tool are from WACs</p> <p>Anne summarized discussion thus far in that there is a mixed message and a conflict moving to some managed care from the recovery oriented model. Kathy noted that with the diminishing resources and increased demand the expectations need to line up to acknowledge these diminished resources. This is one way to manage however we need to partner on aligning URs, audits, grievances and complaints with the diminished resources.</p> <p>Greg noted that NSMHA agrees with all this; however NSMHA needs to take action. We can review policies and look at these issues; but with the set amount of money we must look at ways to manage. Please offer input and recommendations in the coming weeks and NSMHA will review and take this feedback to Leadership Team and we will make a list of all proposals to bring back to QMOC next month to start working from there.</p> | |
| <p>12. Open Forum</p> | <p>Read the last tab around CIRC as this will be going to the Leadership Team for them to send recommendations back to QMOC.</p> <p>Fred P announces that in Whatcom County on April 12th from 9-4 there is a System Oriented Care Conference; this info will be forwarded to Advisory Board.</p> | |
| <p>13. Date and Agenda for Next Meeting/Review of Meeting</p> | <p>The meeting was adjourned at 3:05 pm. The next meeting is February 23, 2011.</p> | |

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: Managing Services to Individuals in Levels of Care 1 & 2

PRESENTER: Charissa Westergard/Greg Long

COMMITTEE ACTION: Action Item FYI & Discussion FYI only

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

Given funding reductions, NSMHA has been considering ways to manage service utilization in different ways. We have identified one area where we think we can have an impact and that is in the provision of services to individuals in Levels of Care 1 and 2. Presumably individuals in these levels of care have fewer/less severe needs to address and, for some, may be able to get their needs met with a shorter length of stay and within suggested service hours for the specified level of care (LOC).

Attached is a summary of the proposed strategies, which is a compilation of feedback via email, meeting discussions, etc. In reviewing the proposed strategies, please note that the last strategy on the list (shorter authorization periods & alternate process for some LOC 1 & 2 reauthorization requests) is the strategy for which there has not been consensus in previous discussion.

CONCLUSIONS/RECOMMENDATIONS:

NSMHA agrees with the strategies proposed by providers and would like to have further discussion on how to best implement these. However, NSMHA also believes that some of these are strategies (particularly related to utilization guidelines) have been in place at least since the system redesign in 2007 without the intended result of assuring that individuals receive the amount and length of service that is most appropriate to their identified level of care. As a result, it seems that additional action is required. The proposed change to the reauthorization process is just one possibility. If there are other proposals beyond what has already been suggested, NSMHA would like to consider them.

TIMELINES:

ATTACHMENTS:

Services to Level 1 and 2 v 2.16.11

Managing Services to Individuals in Levels of Care 1 and 2

2/16/2011

Given funding reductions, NSMHA has been considering ways to manage service utilization in different ways. We have identified one area where we think we can have an impact and that is in the provision of services to individuals in Levels of Care 1 and 2. Presumably individuals in these levels of care have fewer/less severe needs to address and, for some, may be able to get their needs met with a shorter length of stay and within suggested service hours for the specified level of care (LOC). Based on feedback, discussions, etc, NSMHA proposes the following strategies to more effectively manage services.

- Refresher on the utilization guidelines.
 - Identify what NSMHA can do to assist providers with refresher trainings.
- QMOC/other venue discussion regarding the specifics of how NSMHA can support providers as they apply limits per utilization guidelines, how to manage care for individuals with significant needs at lower levels of care, what this means for consumer care, how this will be perceived by consumers and the community.
- NSMHA application of limits per utilization guidelines (e.g., in meetings, during audits)
 - NSMHA has implemented strategy related to the Routine UR – NSMHA staff identify the LOC, hours of service, length of service for each individual identified for the chart review prior to the scheduled review. This will be an initial step in the review process to identify potential over and under utilization.
 - Other suggestions?
- Agencies utilizing the most efficient and effective strategies for assisting people
 - Focus on EBPs and other best practice models
 - Other suggestions?
- NSMHA review of policies to remove barriers to discharge
 - NSMHA will begin review of policies for this purpose
- Shorter authorization periods
 - All initial authorizations for Levels 1 & 2 are 6 month authorizations
 - Reauthorizations that meet the specified criteria would require an alternate process (see proposed processes below) and, if authorized, would receive a 6 month authorization
 - All Levels 1 & 2 with a “B” diagnosis (per Access to Care Standards) as the primary diagnosis on Axis I
 - Accounts for approximately 10% of reauthorization requests (in 2010 these ranged from 14-33/month regionwide; highest since 2007 has been 40)

- Are there other criteria that should be considered rather than or in addition to the criteria noted above?
- Process proposals
 - NSMHA would run a report, on a monthly basis, of individuals with an authorization expiration date in the following month that meet the criteria noted above (e.g., send report to providers by the 10th of the month for following month authorization expirations – or another timeframe if this does not seem to provide enough advance notice)
 - Possible options for provider response (the response below occurs prior to submission of the electronic authorization request)
 - Based on the NSMHA-generated list, the primary clinician responds, completing a Reauthorization Exception Request form and faxing to NSMHA for those individuals that they identify as needing continued services.
OR
 - Based on the NSMHA-generated list, the provider responds, certifying that they have reviewed the charts for whom they are indicating continued services are medically necessary (clinician would not be certifying, but would need to be supervisor or clinical manager or QM). For example, the provider responds with the list of names of individuals they certify need continued services and the name of the reviewer(s).
OR
 - Other suggestions?

NSRSN COMMITTEE DISCUSSION FORM

AGENDA ITEM: Contract Deliverable Grievance report to DBHR

PRESENTER: Diana Striplin

COMMITTEE ACTION: Action Item () FYI & Discussion (x) FYI only ()

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

This is the Grievance System report sent to DBHR for April through September 2010.

NSMHA no longer is collecting and unduplicating overall complaint and grievance data.

Continue to collect Grievance data, enrollee appeal data, fair hearing data and notice of action data.

Ombuds RSN and providers continue to collect complaint data.

Current flow and structure for quality improvement and recommendations related to the Grievance System is being discussed by Leadership Team. Update of current recommendations or projects related to grievance system are being reviewed by leadership team and we will report back to QMOC in a future report. Providers continue to report complaint and grievance data for continuous quality improvement and report these efforts to NSMHA every 6 months. Ombuds continue to make recommendations every 6 months.

NSMHA has a monthly Grievance Committee Meeting for Grievance for Grievance and Appeal follow up.

NSMHA continue to monitor providers on a yearly basis.

CONCLUSIONS/RECOMMENDATIONS: None

TIMELINES: April through September 2010

**NORTH SOUND MENTAL HEALTH ADMINISTRATION
GRIEVANCE, FAIR HEARING, ACTION, and APPEAL SUMMARY
April, 2010 through September, 2010**

INTRODUCTION

NSMHA has continued to report grievances, fair hearings, appeals, and actions in accordance with DBHR reporting templates and requirements. NSMHA has transitioned back to reporting this data on a semiannual basis in accordance with the 2009-2011 contract requirements.

GRIEVANCE, ACTION, APPEAL, and FAIR HEARING DATA

There were 12 grievance or fair hearing cases and 38 grievance or fair hearing occurrences reported for April through September 2010.

There were 53 actions reported for October 2009 through March 2010. Fifty (50) actions reported involved access to inpatient services, and three were for access to outpatient services. As outlined before, NSMHA restructured the Notice Process to be consistent with the MHD change in the definition of denial which accounts for the decrease in outpatient actions. NSMHA has begun to collect information about notices of adverse determination in addition to notices of action. There were four appeals by enrollees reported. Three were expedited appeals. (*See Attachments A (1) PIHP Medicaid Grievances, Fair Hearings, and Actions, and (2) RSN State Funded Grievances and Fair Hearings, and Attachment B Notice of Action Appeals Report*).

QUALITY MANAGEMENT PROCESSES

NSMHA continues to restructure its quality management processes and has developed an internal grievance committee and Leadership committee.

NSMHA providers and designees continue to use complaint and grievance information in their internal quality management processes and provide a semiannual summary of this information to the NSMHA. NSMHA providers and designees also continue to provide a summary about how complaint and grievance information is integrated into provider/designee Quality Management Plans.

The North Sound Regional Ombuds services also provide a semiannual summary of their recommendations for quality improvement or further study and review.

07-09 Report - PIHP - Medicaid Services Only

PIHP Name NSMHA Contact Name: Diana Striplin Reporting Period: April through September 2010
 Contact Phone No. (360) 416-7013 (Month and Year)

Total Unduplicated Number of Adult Cases 7

Total Unduplicated Children Cases 2

| Occurrence | | | | | |
|---|-----------------|-----------------|---------------|-------------|-----------|
| | CMHA Grievances | PIHP Grievances | Fair Hearings | Outstanding | Denials |
| Adult (21 Yrs. and over) | | | | | |
| Access to Outpatient | 1 | 1 | 1 | | 3 |
| Dignity and Respect | 1 | 2 | | | |
| Quality/ Appropriateness | | | | | |
| Phone calls not returned | | 1 | | | |
| Service -- Intensity, Not Available, Coordination | | 2 | 1 | | |
| Consumer Rights | 1 | | 1 | | |
| Physicians & Medications | 2 | 3 | | | |
| Financial & Admin Svs | | 1 | | | |
| Transportation | | | | | |
| Emergency Services | | 1 | | | |
| Access to Inpatient | | | | | 39 |
| Violation of Confidentiality | | 1 | | | |
| Participation in Treatment | | 1 | | | |
| Other | 2 | 7 | | | |
| Total | 7 | 20 | 3 | 0 | 42 |

| Occurrence | | | | | |
|---|-----------------|-----------------|--------------|-------------|-----------|
| | CMHA Grievances | PIHP Grievances | Fair Hearing | Outstanding | Denials |
| Children (0-20 Yrs.) | | | | | |
| Access to Outpatient | | 1 | | | |
| Dignity and Respect | | | | | |
| Quality/ Appropriateness | | | | | |
| Phone calls not returned | | | | | |
| Service -- Intensity, Not Available, Coordination | 1 | | | | |
| Consumer Rights | 1 | | | | |
| Physicians & Medications | 1 | | | | |
| Financial & Admin Svs | | | | | |
| Transportation | | | | | |
| Emergency Services | | | | | |
| Access to Inpatient | | | | | 11 |
| Violation of Confidentiality | | | | | |
| Participation in Treatment | | | | | |
| Other | | | | | |
| Total | 3 | 1 | 0 | 0 | 11 |

| Resolutions | | | | |
|---------------------------------|-----------------|-----------------|---------------|------------------------------|
| | CMHA Grievances | PIHP Grievances | Fair Hearings | Outstanding from Last Period |
| Adult (21 Yrs. and over) | | | | |
| Info/Referral | 4 | | | |
| Referral to QRT | | | | |
| Conciliation/Mediation | 3 | 1 | | 1 |
| Arbitration | | 19 | | |
| Fair Hearing | | | 3 | |
| Other | | | | |
| Not Pursued | | | | |
| Total | 7 | 20 | 3 | 1 |

| Resolutions | | | | |
|-----------------------------|-----------------|-----------------|--------------|------------------------------|
| | CMHA Grievances | PIHP Grievances | Fair Hearing | Outstanding from Last Period |
| Children (0-20 Yrs.) | | | | |
| Info/Referral | 3 | | | |
| Referral to QRT | | | | |
| Conciliation/Mediation | | 1 | | |
| Arbitration | | | | |
| Fair Hearing | | | | |
| Other | | | | |
| Not Pursued | | | | |
| Total | 3 | 1 | 0 | 0 |

07-09 Report -- RSN -- **State Funded** Services Only

RSN Name NSMHA
Contact Name: Diana Striplin
Contact Phone #: (360) 416-7013

Reporting Period: April 2010 through September 2010
(Month and Year)

Total Unduplicated Number of Adult Cases 3

Total Unduplicated Number of Children Cases 0

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

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

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

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

PIHP Notice of Action Appeals Report 07-09

PIHP NSMHA/Diana Striplin

Report Period April through September 2010

| | ADULTS | | | |
|--------------------------|----------------------------------|-----------------------------|--------------------------------|---------------|
| | Resolution within 3 working days | Wholly in favor of Enrollee | Partially in favor of Enrollee | Appeal Denied |
| Expedited Appeals | Referred to Standard Appeals | | | |
| | Denials | 1 | 1 | |
| | Reduction | | | |
| | Suspensions | | | |
| | Terminations | | | |
| | Total | 1 | 1 | |

| | CHILDREN | | | |
|--------------------------|----------------------------------|-----------------------------|--------------------------------|---------------|
| | Resolution within 3 working days | Wholly in favor of Enrollee | Partially in favor of Enrollee | Appeal Denied |
| Expedited Appeals | Referred to Standard Appeals | | | |
| | Denials | 2 | 1 | 1 |
| | Reduction | | | |
| | Suspensions | | | |
| | Terminations | | | |
| | Total | 2 | 1 | 1 |

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

| | Resolutions | | | |
|-------------------------|---------------------------|-----------------------------|--------------------------------|---------------|
| | Resolution within 45 days | Wholly in favor of Enrollee | Partially in favor of Enrollee | Appeal Denied |
| Standard Appeals | Denials | | | |
| | Reduction | | | |
| | Suspensions | | | |
| | Terminations | | | |
| | Total | | | |

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

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

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: Expedited Referral Criteria

PRESENTER: Greg Long

COMMITTEE ACTION: Action Item FYI & Discussion FYI only

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

The number of total number of referrals increased by around 10% and the number of requests for expedited referrals has also gone up. Providers find that it is disruptive to their processes to have such a high number of expedited referrals. This may become a moot point in the future if most or all of our providers move to a rapid access model. The conversion to the rapid access system may take several years and not all providers may adopt this new approach.

Providers were asked to submit suggested criteria to Charissa Westergard of NSMHA. The only suggestions received were from VOA.

Potential criteria might include:

- Individual does not meet criteria for a more immediate intervention (e.g., 911, emergent or urgent crisis appointment)
- Expedited intake when following the standard timeframe (14 calendar days) could seriously jeopardize the individual's life or health or ability to attain, maintain, or regain maximum function.
 - The person is at risk of being hospitalized or re-hospitalized if they are not seen on an expedited basis.
 - A child is at risk of placement out of the home if they and family are not seen on an expedited basis.
 - The person is in urgent need of medications and they must be taken into the system to get them.
 - The person is at risk of incarceration or re-incarceration if they are not seen on an expedited basis
- Additional example might include, but are not limited to, an individual discharging from a hospital or jail

CONCLUSIONS/RECOMMENDATIONS:

Providers are requested to bring criteria recommendations to the QMOC Meeting

TIMELINES:

ATTACHMENTS: None

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: Risk Assessments

PRESENTER: Greg Long

COMMITTEE ACTION: Action Item FYI & Discussion FYI only

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

NSMHA Quality Specialists have concerns that risk assessments are not sufficient in many clinical records. This concern arises periodically over the years and is currently coming from our critical incident review process and from our grievance process.

The concerns are twofold:

1. Most clinical record forms are just listing 2 or 3 risks, usually suicide, homicide and violence. These are critical risks to assess and assess thoroughly. However, there are other high risk issues that should be considered such as presents of weapons, medication compliance/non-compliance in taking prescribed medications, command hallucinations, medical conditions, high risk medications (pain killers), other high risk behaviors such IV drug use, indiscriminate sexual behaviors, impulsive behaviors, etc. Not having these risks clearly and systematically documented puts other consumers and staff at risk.
2. There is frequently no summation or assessment of the severity/extent of risks enumerated in the record. There is no indication of mitigating and protective factors. Hence, it is difficult for other staff and anyone else reading the record to know how serious the risks are.

Better risk assessments would reduce potential agency and NSMHA liability. Better risk assessments would lead to stronger and more useful crisis plans also.

CONCLUSIONS/RECOMMENDATIONS:

This is a concern that has arisen in the past. NSMHA thinks that the providers' Quality Management and Risk Management Departments should review these issues and report back to QMOC regarding their view of the adequacy of their current risk assessments and any recommendations for improvement.

TIMELINES:

Agencies report back at next QMOC Meeting

ATTACHMENTS: None

2010 IOP Focused Review Results

Percentage of Yes Answers by agency

| | Bridgeways | Compass | Sunrise | LWRTC | WCPC | CH North |
|---|------------|---------|---------|-------|------|----------|
| # charts reviewed | 23 | 18 | 19 | 24 | 13 | 26 |
| 1 LOCUS level of 3 or higher for IOP or 5 or higher for Residential Placement, unless there is documentation supporting a step-down plan to transition the individual into a lower level of care. | 74% | 100% | 89% | 100% | 100% | 100% |
| 2 The LOCUS is updated when the client's needs/situation change | 86% | 47% | 53% | 14% | 100% | 73% |
| 3 Goals for treatment are based on current identified needs | 57% | 34% | 69% | 88% | 100% | 92% |
| 4 The treatment provided can reasonably be expected to help the client achieve their goals | 61% | 72% | 37% | 82% | 92% | 84% |
| 5 Are treatment plan goals and related services recovery oriented? (Per goals on the treatment plan and documentation of services delivered in progress notes) "Services provided are designed to rehabilitate individuals who are experiencing severe mental illness symptoms in the community." | 74% | 78% | 89% | 96% | 100% | 100% |
| 6 If this consumer is assessed as having drug/alcohol issues there is an appropriate plan to address them | 57% | 50% | 22% | 75% | 75% | 100% |
| 7 Intensity and frequency of interventions correspond with the consumer's needs and severity of symptoms and vary over time as appropriate? | 65% | 83% | 64% | 59% | 100% | 96% |
| 8 Client Crisis Plan is appropriate to client level of need | 13% | 17% | 5% | 17% | 31% | 42% |
| 9 If the consumer is a frequent user of crisis services (4 or more contacts with ICRS staff/month) there is evidence of coordination of care between the outpatient clinician and ICRS staff. | 100% | 100% | 50% | 0% | 100% | 100% |
| 10 If the consumer has repeated cancellations and/or "no-shows" there is evidence that the intensity of the efforts to reengage the consumer are congruent with the consumer's identified need/risk. | 80% | 50% | 44% | None | 100% | 100% |
| 11 There is evidence of coordination with other involved systems as needed, unless declined by consumer. | 77% | 82% | 69% | 100% | 100% | 100% |
| 12 If prescribed by agency staff the intensity of medication monitoring is sufficient to meet the consumer's need. (medical necessity) | 95% | 88% | 94% | 100% | 100% | 100% |
| 13 If the consumer has been hospitalized, there is evidence of joint discharge planning between the hospital and outpatient treatment team. | 34% | 50% | 88% | 100% | 100% | 80% |
| 14 If the consumer has been hospitalized within the region for more than 7 calendar days, there is documentation of at least once clinician contact with the consumer prior to discharge. | 100% | 100% | 100% | 0% | 100% | 100% |
| 15 If the consumer has been hospitalized they had an outpatient appointment scheduled within 7 days of discharge | 100% | 100% | 75% | None | 100% | 100% |
| 16 If the consumer has been hospitalized a med appointment has been scheduled within 7 business days of discharge or as needed to assure continuity of meds and care (if agency staff are prescribing) | 100% | 100% | 100% | None | 100% | 78% |

| | Snohomish County | | | Whatcom County |
|---|------------------|-------------|-------------|----------------|
| | Aurora House | Green House | Haven House | LWRTC |
| 1 LOCUS level of 3 or higher for IOP or 5 or higher for Residential Placement, unless there is documentation supporting a step-down plan to transition the individual into a lower level of care. | 29% | 100% | 66% | 76% |
| 2 The LOCUS is updated when the client's needs/situation change | 14% | 91% | 83% | 60% |
| 3 Goals for treatment are based on current identified needs | 71% | 75% | 34% | 76% |
| 4 The treatment provided can reasonably be expected to help the client achieve their goals | 14% | 75% | 17% | 32% |
| 5 Are treatment plan goals and related services recovery oriented? (Per goals on the treatment plan and documentation of services delivered in progress notes) "Services provided are designed to rehabilitate individuals who are experiencing severe mental illness symptoms in the community." | 57% | 38% | 17% | 36% |
| 6 If this consumer is assessed as having drug/alcohol issues there is an appropriate plan to address them | 0 | 0 | 100% | 78% |
| 7 Intensity and frequency of interventions correspond with the consumer's needs and severity of symptoms and vary over time as appropriate? | 43% | 92% | 17% | 52% |
| 8 Client Crisis Plan is appropriate to client level of need | 14% | 0% | 34% | 32% |
| 9 If the consumer is a frequent user of crisis services (4 or more contacts with ICRS staff/month) there is evidence of coordination of care between the outpatient clinician and ICRS staff. | 0 | 0 | 0 | 0 |
| 10 If the consumer has repeated cancellations and/or "no-shows" there is evidence that the intensity of the efforts to reengage the consumer are congruent with the consumer's identified need/risk. | 0 | 0 | 0 | 0 |
| 11 There is evidence of coordination with other involved systems as needed, unless declined by consumer. | 100% | 92% | 17% | 87% |
| 12 If prescribed by agency staff the intensity of medication monitoring is sufficient to meet the consumer's need. (medical necessity) | 100% | 100% | 100% | 100% |
| 13 If the consumer has been hospitalized, there is evidence of joint discharge planning between the hospital and outpatient treatment team. | 0 | 0 | 0 | 0 |
| 14 If the consumer has been hospitalized within the region for more than 7 calendar days, there is documentation of at least once clinician contact with the consumer prior to discharge. | 0 | 0 | 0 | 0 |
| 15 If the consumer has been hospitalized they had an outpatient appointment scheduled within 7 days of discharge | 0 | 0 | 0 | 75% |
| 16 If the consumer has been hospitalized a med appointment has been scheduled within 7 business days of discharge or as needed to assure continuity of meds and care (if agency staff are prescribing) | 0 | 0 | 0 | 75% |
| 17 Question Excluded | | | | |
| 18 For residential placement: the treatment provided cannot safely be provided in a less restrictive environment. | 29% | 83% | 50% | 76% |