NORTH SOUND
MENTAL HEALTH ADMINISTRATION

QUALITY MANAGEMENT OVERSIGHT COMMITTEE

MEETING PACKET

May 25, 2011

1. Please join my meeting.
https://www3.gotomeeting.com/join/970308102

2. Use your microphone and speakers (VoIP) - a headset is recommended. Or, call in using your telephone.

Dial +1 (636) 277-0133
Access Code: 970-308-102
Audio PIN: Shown after joining the meeting

Meeting ID: 970-308-102

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: May 25, 2011 – Go to Meeting **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; • Care in using e-mail with client information (PHI)	Inform /discuss	All				*10 min*
Evaluation forms from last meeting, if any	Discuss feedback, if any.		Chair/ Greg				*5 min*
Follow-up on old business, if any	Inform/discuss • Motivational Interviewing Training • RFQ for Outpatient Services						*10 min*
Comments from the Chair			Chair				
Quality Topics	Inform/Discuss • Re-engagement guidelines/ 30 day letters	Recommendation	Charissa/ Greg	Committee Discussion Form		**3**	*10 min*
System Recommendations	Inform/discuss • Grievance system recommendations	Recommendation	Diana	Committee Discussion form		**4**	*15 min*
Improving Access to Emergency Medications	Complete discussion for the time being.	Recommendation	Greg	Committee Discussion Form		**5**	*10 min*
Access to outpatient appts. for people discharging from WSH	Inform/discuss	Inform/ discuss	Charissa/ Greg		Committee Discussion Form		*5 min*
Clinical Guidelines	Inform/discuss	Recommendation	Greg	Committee Discussion Form		**6**	*15 min*
Expedited Assessments	Inform/discuss	Inform/ discuss	Terry/ Greg	Committee Discussion Form		**7**	*10 min*
Open Forum			Chair				
***Review of Meeting**	Were objectives accomplished? How could this meeting be improved? Eval forms						
Date and Agenda for Next Meeting	Ensure meeting date, time and agenda are planned						

Next meeting: June 22, 2011 1:00-3:00 PM **Potential Future Agenda Items:**

Draft not yet approved

North Sound Mental Health Administration (NSMHA)
Quality Management Oversight Committee (QMOC)
NSMHA Conference Room
April 27, 2011 – Go to Meeting
1:00 – 3:00 pm
MEETING SUMMARY

PRESENT: Terry Ann Gallagher, Dan Bilson, Susan Ramaglia, Mark McDonald & Fred Plappert, NSMHA Advisory Board; Chuck Davis, ombuds; Stacey Alles, Compass Health; Kathy McNaughton, CCS; Cindy Ainsley, bridgeways; Susan Schoeld, Sno. Co.; Rebecca Clark, Skagit County; Greg Long, NSMHA; Anne Deacon, Whatcom County; Charissa Westergard, NSMHA; Diana Striplin, NSMHA; Carol Van Buren, Sunrise; Camilla (Cammy) Prince, Quality Compliance Coordinator at Sunrise; Mike Manley, Sunrise Services & Barbara Jacobson, recording.

By Phone: Pat Morris, VOA; Candy Trautman, NSMHA Advisory Board; Kay Burbidge, LWC; Pam Benjamin, WCPC; Richard Sprague, Interfaith & David Small, Sea Mar.

TOPIC	DISCUSSION	ACTION
1. **Introductions, Review of Agenda – Chair**	Anne convened the meeting at 1:03 pm and introductions were made.	
2. **Previous Meeting Summary – Chair**	Anne asked for any corrections/amendments to the previous meeting summary and a motion was made to approve as corrected.	Summary approved as amended
3. **Announcements and Updates – All**	• The MOT will start in Skagit County in the middle of May and Whatcom will also start in May. Island County is a separate issue as there are more details to resolve before can start. • Charissa goes over the announcement under Tab 3 around assessments not for first appt. • Greg asked if agencies are having transportation issues with the new Medicaid transportation vendor, HopeLink. Most thought that things seem to going smoother. Stacey noted that a representative from HopeLink met with them to address some of this; and she will forward the form she received from them. Greg noted that they are also asking for too much information from consumers. Stacey stated that she will forward another form for filling out to certify transportation under Medicaid. Greg asked for all to let him know if anymore issues come up and it can be added to the agenda. • Fred gave the Advisory Board report and noted that they met on April 5th and the next meeting will be on June 7th and will be an in-service meeting; the Behavioral Health Conference is that week as well. • Pat M noted that they just held their safeTalk training here in Skagit and about 20 people attended; it was a great training. They are planning on two more trainings after July.	Informational
4. **Evaluation Forms from Last Meeting – Chair/Greg**	None received.	
5. **Comments**	None mentioned.	

from the Chair – Anne Deacon		
6. Ombuds report	Chuck reviewed his attached report and noted complaints he has received about HopeLink and he spoke with Felicia there and he recommends people with complaints call their reservation line or online complaint process. He stated they are glad that NSMHA started the Dignity & Respect Workgroup which ombuds is on and it will be a positive change. Chuck D noted that since WCPC has started the collaborative documentation they have received no complaints on WCPC and feels it is very successful; Compass is starting this as well.	Informational.
7. Intake appointments for individuals discharging from WSH	Charissa noted that WSH Liaisons need an intake appointment date to include in court papers for discharge; though when there is discharge date they are having difficulty getting that appointment date. She would like to discuss the recommendations on the discussion form. Stacey noted the technical aspect that makes this difficult with a pending file being held by VOA when the client has a tentative release date they can't schedule the appointment without creating a new file if VOA has it on hold and not transmitted. Stacey stated it may work to bypass VOA entirely in this small subset and open the client at the agency level; though that would have its own difficulties. Susan R. asked if there is process for follow up to make sure person attends this appointment. Susan S. noted the liaison does a lot of actions to cover all this. Dan B. asked if a relative can pick up someone; Greg stated WSH takes them to their destination. Charissa asked for further ideas on a solution for this and NSMHA will look at this technical aspect and it will return to the agenda next month.	Further comment sought and brought back next month.
8. 2011 UR routine data	Charissa noted they did the routine URs January through March last year and some remedial action come from that that agencies are now addressing. The next cycle will be in January through March of 2012; which allows time for the needed improvements. She reviewed the attached data and noted that all providers had compliance rates above 90%.	Informa-tional
9. Full documentation to support denials	Charissa noted at the last QMOC meeting this was addressed and further comment was sought; from this we recommend going with the 14 calendar day extension to see individual again or obtain collateral documentation. The provider would document the reason for the delay for contract compliance if it falls out of the 28 day timeline. This is to clarify if they are eligible for services. Dan wants communication with family and friends to be part of this process though it is noted that an individual must consent to this. Stacey noted that certain codes must be used; if you going to see a client again you would use an incomplete assessment code because without an authorization you would not be paid. Recommendation to proceed with this process. There is a motion to proceed, a second and motion carried.	Motion carried.
10. Outpatient RFQ: Clinical elements NSMHA should consider adding	Greg noted that it has been about five years since we last did this process and we are going to start on this RFQ process again. The last RFQ brought about some large changes; this time will be for outpatient services only and is not expected to have big changes. Kathy M. asked if the primary reason for this is because some want to become providers; and Greg stated no, that this was agreed by the Board and Planning to review every 5 years. Greg would like	• Input sought to continue next month • Margaret

	input on things such as emergency medication; how to handle it better and is there a way to introduce motivational interviewing and should we build in the expectation of this or not; we need ideas on other things to consider as well. Fred noted the peer counselor aspect of services to consider. Chuck D. noted that proposals to be considered should be well put together; some from the last time seemed to be ill prepared. He would also like to see the walk-in access and collaborative documentation to be added. Kathy M. would like to see things not be one size fits all; tailor to child or adult. Mike M. asked about the timing of the release being around the holiday season; as last time it was stated as coming out the beginning of Nov. and responses due the end of Jan. Greg stated that is still the intended dates. Mike M. noted his concern over adding new providers with the shrinking resources. Greg noted a draft of the RFQ proposal would go to the Planning Committee, Board of Directors and the Advisory Board; as Mark M. asked about the MHP/peer counselor aspect of the proposal. Fred P. would like a brief at the Advisory Board meeting in September. Input will be sought here and at the Integrated Provider Meeting; this will go on the agenda next month.	to add to Advisory Board agenda-a brief on RFQ process for September meeting
11. Improving Access to Emergency Medications	Greg noted that consumers are not able to get rapid access to medications; they sometimes must go to ED; the issue of continuity of follow up and who will pay the costs. Greg noted the high cost of the service and wants ideas on how to make it work better. Susan R. suggested a system she researched in San Diego that has an urgent care clinic and perhaps we could contract with one here. Mike M. asked if the problem is they are not Medicaid and Greg noted that is most likely the case and there is a nationwide shortage of psychiatrists. Chuck D. wants to investigate where things go wrong as clients miss their med appointments. Carol V. noted the difficulty of hiring and it is hard to serve all who have need. PA can prescribe as well as ARNP. Kathy M. noted do not pass on systemic challenges in the RFQ. Providers must balance psychiatric and all other services, psychiatric costs can eat a large part of budgets. Kathy M. noted that for the last ten years they have had their child psychiatrist at CCS with help from county go to Peace Health two times per month to meet with staff there to consult; it is successful in Whatcom Co. as all are in one spot. It didn't work in Skagit Co. We have built relationships and built capacity. Children's program at hospital has a call in consult service (PALS) as well. Dan B. noted that a team of two psychologists in Spokane that gave the best service and they also wrote a book. Please continue to provide your feedback to Greg.	• Input sought to continue next month
12. Risk assessments	Greg noted this is a follow up from the last meeting; some providers have given input on the changes they have made to their risk assessment processes and paperwork and would like to propose NSMHA request in six months that providers submit their policies/paperwork regarding risk assessment to be compiled and distributed to all. This would then be brought back to QMOC in a year. There is a motion, second and motion carried.	Motion Carried
13. Motivational interviewing	Greg noted we are looking at system change issues for the RFQ and adding more evidence based practices to improve care. Compass has done some training around this and the state has as well. Greg asked if we should consider introducing this in the region on a wide spread basis and make it a requirement	• Input sought to continue next

	or not. Carol V. asked if RSN is proposing that it be evidence based practice or something we would be mandated to use. Greg noted there is caution against requiring it. Stacey A. stated that EBPs are the wave of the future and the RSN should offer training and encourage not add to an RFQ; providers could address it in the proposal as one of many EBPs they use, not a required component. Susan S. noted this EBP can be utilized by all not just a select group; it can fit all populations and all levels of staff. Will be added to agenda next month for any last follow up.	month
14.Open forum	Fred noted the new tower at Providence Medical Center will have a medical observation unit; and they have a new advisory council as well.	Information al
15.Adjourn	The meeting is adjourned at 3:05pm. The next meeting is May 25, 2011.	

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: Re-engagement Guidelines

PRESENTER: Charissa Westergard

COMMITTEE ACTION: **Action Item () FYI & Discussion (X) FYI only ()**

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:
Previously NSMHA's expectation regarding re-engagement efforts for consumers who were not attending appointments was that re-engagement efforts were appropriate to the individual's need. In addition, prior to an unplanned ending of an episode of care, providers have been required (NSMHA Policy #1540) to send a letter to the consumer notifying them of the planned closure to occur in 30 days if the consumer does not indicate that they wish to resume services. Review of re-engagement guidelines and requirement for a closing letter to the consumer 30 days prior to closing the treatment episode was requested. NSMHA has reviewed these issues and has come up with the following proposal:

- Individuals at Level of Care 3 and above receive a 30-day re-engagement letter at minimum.
- Individuals at Levels of Care below 3 with moderate risk or transition needs (e.g., transfer of medications, development of community supports) receive a 30-day re-engagement letter at minimum.
- Individuals with more serious risk or transition needs receive more intensive re-engagement efforts such as attempts to contact the individual and/or natural supports, as allowable, by phone and/or in person.
    - If it appears that a home visit may have been warranted, but safety or privacy are potential issues, there is a documented rationale for not conducting a home visit and documentation that other types of re-engagement efforts have been utilized.
- Re-engagement efforts for individuals that do not meet these criteria would be determined by the mental health care provider based on the individual's needs and could include:
    - No letter/additional re-engagement efforts
    - Letter indicating that episode of care is closed (i.e., no timeframe that the chart will remain open)
    - Any of the re-engagement efforts noted above that are deemed appropriate (e.g., 30-day letter, phone call, in person)

CONCLUSIONS/RECOMMENDATIONS:
NSMHA is requesting feedback on this proposal. The plan is for these guidelines to be incorporated into NSMHA Policy #1540.

TIMELINES:
Provide any immediate feedback at this QMOC (May), which will be incorporated into the policy revision. The draft of the revised policy will be sent to QMOC with 30 days to review prior to being represented at QMOC (probably July) for second discussion and recommendation.

ATTACHMENTS: None

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: System Recommendations-Grievance System

PRESENTER: Diana Striplin

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

Review system recommendations related to the Grievance System and review status of previous recommendations.

CONCLUSIONS/RECOMMENDATIONS: Review and approve recommendations.

TIMELINES: See attachment

ATTACHMENTS: System Recommendations April 2011

April 2011
NSMHA System Recommendation:

A. **Consultation during Assessment Process:** Providers consult with prescribers of psychiatric medication during the assessment process prior to recommending to NSMHA that individual's do not meet access to care standards. Providers also send information about medications to NSMHA when recommending that individual's don't meet access to care standards if they are currently being prescribed psychiatric medications which might be reducing symptoms.

Previous System Recommendations through the Quality Management Committee Process that are related to grievance system.

A. Risk Assessment (Recommendation was to review process for risk assessment and management)

Individual grievances have shown the need for additional risk assessment and management. As outlined in previous reports NSMHA will review risk assessment and management through utilization review and add additional questions in this area.

Update: *Utilization review did not show systemic issues with risk assessment and management based on the questions that were added. NSMHA clinical oversight team is reviewing their utilization tool and may recommended revision or additional standards in this area. NSMHA has asked provider Quality Managers to review their process of risk assessment and management and provide a report to QMOC. Reports were provided to QMOC in March of 2011. NSMHA recommends continuing to collect information from providers regarding their risk assessment and risk management tools.*

B. Letters of Termination (Recommendation was to review process by providers to provide written letters of termination)

Update: *The Discharge from Treatment Policy 1540 has been updated to include the requirement for providers to send a 30 day advanced letter that they plan to close the episode of care. The 30 day letter is required unless the consumer/enrollee agrees in writing to end services.*
NSMHA Clinical Operations Team has been reviewing this area and will consider whether to recommend continuation or modification of this requirement. Further work is indicated to standardize the core elements in the content of these follow-up letters from providers.

NSMHA will also be sending out a letter that reiterates that NSMHA policy is to continue services during the complaint and grievance process.

C. Dignity and Respect (Recommendation for further study and review of dignity and respect in the region).

As outlined in previous reports, the NSMHA plan was to develop a system-wide partnership with consumers, advocates, providers and other stakeholders to explore how dignity and respect is experienced and perceived within our system of care. This plan was reviewed and approved by RQMC and QMOC.

The system-wide effort would include the identification of objectives and an action plan designed to achieve those objectives. Two areas that had been identified to explore were: 1) An evaluation of indicators that bring tension and frustration into the system of care (as recommended by Ombuds services) and 2) The consumer-clinician therapeutic alliance. NSMHA also identified Dignity and Respect as the theme of the 2008 region wide Recovery Conference.

In part due to concerns raised by consumers, Dignity and Respect was a topic of required training on the NSMHA Regional Training Plan.

Update: *NSMHA has initiated the dignity and respect partnership as outlined above and developed the charter. The Recommendations will be made to the planning committee. They will include recommendation for: 1). Dignity and Respect*

Campaign and for development of: 2). Dignity and Respect Toolkit. The toolkit will include training resources, organizational self assessments, etc.

EQRO highlighted the dignity and respect workgroup as a NSMHA strength in the 2010 EQRO Annual Report.

D. <u>Medication Management Services</u> (Recommendation for further study and review of access to medication management services.)

As outlined in the previous reports, medication management services, including access and triage to medication management services, medication management capacity, and discharge from medication management services has been identified as an area for further study and review. (Ombuds services concerns and complaint data were one factor leading to further study and review of access to medication management services.)

NSMHA completed a plan to study medication management services and NSMHA and providers adopted a modified fee for service model that purchases an increase in medication management services. NSMHA also began the process to study medication management services by requesting copies of provider medication management triage policies and procedures for review.

Update: *NSMHA has developed a Performance Improvement Project (PIP) to decrease the days to a medication evaluation appointment after request for service. NSMHA is in the process of evaluating the interventions and working with the providers in this area through QMOC.*

E. <u>Database for Complaints, Grievances, and Fair Hearings</u> (Recommendation to develop a regional database for complaints, grievances and fair hearings to track, monitor and analyze data related to complaints, grievances and fair hearings and unduplicate cases.)

Update: *The NSMHA has discontinued collecting and unduplicating overall complaint and grievance data. Ombuds continue to collect complaint data. NSMHA continues to report grievance and fair hearing data. NSMHA will begin by developing a centralized method to collect notices of action and notices of adverse determination.*

VI. COMPLETED or INACTIVE QUALITY IMPROVEMENT INITIATIVES

The NSMHA continues to track areas for further study and review or quality improvement related to complaint, grievance, fair hearing, denial, and appeal data. Information about complaints, grievances, fair hearings, or denials has been one factor in quality improvement efforts over time towards:

- ✓ Providing a series of region-wide trainings about **eating disorders** and adopting APA Guidelines that outline a continuum of care for eating disorders.
- ✓ Developing a clinical practice guideline for **Adult Attention Deficit Hyperactivity Disorder (ADHD)**
- ✓ Increasing **Flex Funds.**
- ✓ Reviewing the **region wide access processes** used to gather information and records when consumers are entering services.
- ✓ Ongoing efforts to provide **trauma informed services** including the development of trauma pilot projects in 3 counties, the development of a PTSD training module and review of trauma screening tools.
- ✓ Assuring staff is trained on **Dignity and Respect** and **Consumer Rights.**
- ✓ Clarifying policies and procedures regarding the **outpatient discharge process**.
- ✓ The development of a **medication management transfer policy** to ensure seamless transition to primary care physicians.
- ✓ The development of region wide **diagnostic practice standards** utilized in determining eligibility for services.
- ✓ Identifying the need to address a shortage **of case management services** at a provider during the transition to modified fee for service contracts.
- ✓ Recommending to **statewide peer support trainers** that they consider adding training about employee issues.

NSMHA COMMITTEE DISCUSSION FORM

5-18-2011

AGENDA ITEM: Emergency Psychiatric Medication Availability

PRESENTER: Greg Long

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

NSMHA receives persistent complaints from consumers, family members, advocates, EDs, and inpatient units that psychiatric prescribers and psychiatric medications are not easily available on an immediate or urgent basis within the NSMHA regional mental health system. This was discussed at the Planning Committee last month and at the Integrated Provider Meeting on May 13.

It is claimed that people go unnecessarily to the ED or are even hospitalized when immediate access to a psychiatric prescriber and medications would resolve the issue. The crisis system has some limited emergency medication time available. The perception is that it is hard to access and usually not available. There is not firm data on how often this is a problem. NSMHA would like information on this.

Psychiatric prescribers are a challenge to find, hire and retain. They are also very expensive. The fully loaded cost for a psychiatrist in the NSMHA regional mental health system is about $325/hr and an ARNP with prescriptive authority is about $280/hr. This scarce and valuable resource must be used effectively and efficiently.

There are also difficulties regarding continuity of care with emergency medications. It is pointless for a prescriber to prescribe a medication, if the consumer cannot afford it. Emergent prescribers need to know before prescribing that there will be follow-up monitoring of the medication by a prescriber.

At the Integrated Provider Meeting, there was much discussion regarding developing more consultation with primary care providers to support them in prescribing psychotropic medications.

CONCLUSIONS/RECOMMENDATIONS:

- Should this be built into the RFQ in some way?
- Is there a region-wide solution rather than a single provider solution?
- Is there a cross-system solution?
- If a major part of the solution to this problem is better care coordination with primary care providers, how can this be done? One proposal is more consultation with primary care providers. Are the other ways to promote better coordination of care.

TIMELINES:

This discussion continues from QMOC in April and the May Integrated Provider Meeting.

ATTACHMENTS: None

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: Clinical Guidelines

PRESENTER: Greg Long

COMMITTEE ACTION: **Action Item (X) FYI & Discussion () FYI only ()**

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:
NSMHA is required to develop two clinical guidelines each year. These guidelines are meant to assist in decisions about prevention, diagnosis, treatment and management of clinical conditions. While many of the guidelines have focused on treatment for specific disorders, they may also focus on clinical processes. At this time, NSMHA has developed the following list of options for your consideration:

- Inpatient admission, coordination and discharge planning by outpatient providers
- Borderline Personality Disorder
- Titration of services and discharge planning in outpatient
- Depression (Youth Guideline)

NSMHA requests presentation of any other proposals for 2011 clinical guidelines at this QMOC as well as feedback on the above options.

CONCLUSIONS/RECOMMENDATIONS:
Request recommendation from QMOC of two guidelines for development in 2011.

TIMELINES:
This is the first presentation of this topic at QMOC. If a recommendation cannot be reached at this QMOC, the topic will be reviewed again at June QMOC.

ATTACHMENTS:
None

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM:

- **Expedited Assessment Request (EAR) Six Month report, July through December 2010**

PRESENTER: Greg Long

COMMITTEE ACTION: **Action Item () FYI & Discussion () FYI only (X)**

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

- Most providers either meet or exceed the Regional average for reporting the number of EARs received from VOA and called into NSMHA
- Most providers either meet or exceed the Regional average for sending in the completed EAR to NSMHA for review
- Some providers continue to struggle with the EAR process, both in reporting the number of EARs received from VOA and in sending in completed EARs to NSMHA for review
- Providers are advised to compare themselves to their own average in both EAR categories cited above rather than to the Regional average in both categories because the Regional average is significantly lowered by the scores of Providers who continue to struggle
- Terry McDonough is working with providers whose EAR scores are low to assist them to develop strategies that will improve their scores

CONCLUSIONS/RECOMMENDATIONS:

- Most providers are following the EAR process by reporting scheduled EARs to NSMHA and sending completed EARs to NSMHA for review.
- Terry is working with providers who are struggling with the EAR process.
- Please direct any questions about this EAR report, the EAR process and/or agency specific EAR concerns to Terry McDonough

TIMELINES:

- The next scheduled EAR Report will address the period from January through June 2011.

ATTACHMENTS:

- EAR Six month Report, January through June 2010
- EAR Six month Report, July through December 2010

EAR Narrative Report

July – December 2010

Between July and December 2010, a total of 143 EARs were requested from providers by VOA. This compares with a total of 160 EARs between January and July 2010.

The Regional average for EARs received from VOA and called into NSMHA was 67%. This compares to a Regional average between January and July of 73%.

The Regional average for completed EARs that were sent to NSMHA was 59%. This compares to a Regional average between January and July of 54%.

The Regional average for EARs that were received from VOA and not called in to NSMHA was 32%. This compares to a Regional average between January and July of 27%.

Per NSMHA Policy #1505

- VOA Access receives the Intake request and determines that the request needs to be expedited
- VOA calls the provider agency and requests the EAR
- The provider agency contacts the client and schedules the EAR
- The provider agency calls NSMHA and notifies NSMHA of the EAR, reporting the client name, ID number, date of EAR request, date accepted by the client, location and time of the EAR. NSMHA staff enter all pertinent information in the EAR log
- The provider agency intake clinician FAXs a copy of the EAR to NSMHA for review upon completion
- NSMHA staff review the EAR upon receipt and call the provider back with a decision to uphold or deny the EAR. If NSMHA upholds the request, the provider submits an authorization request to Raintree and contacts the client to schedule their first ongoing outpatient appt. If NSMHA denies the EAR, NSMHA staff send a Notice to the client informing them of the decision and their right to appeal
- NSMHA updates the EAR log to reflect their decision and makes a paperless copy of the EAR

Expedited Assessment Request Six Month Report

July through December 2010

A total of 143 EARs were requested by VOA

	CH-48	CH-53	WCPC	CCS	Sea Mar	bridgeways	Sunrise Services	Interfaith
# of EAR requests from VOA	24	49	13	12	20	4	18	3
# of EAR's called in to NSMHA	22	48	13	11	1	3	15	0
Regional Average: 67%	92%	98%	100%	92%	5%	75%	83%	0%
# of EAR's sent to NSMHA	16	32	13	10	2	3	14	0
Regional Average: 59%	66%	65%	100%	83%	10%	75%	78%	0%
# of EAR's received from VOA but not called in to NSMHA	3	2	0	1	18	1	3	3
Regional Average: 32%	12%	4%	0%	8%	90%	25%	17%	100%

Expedited Assessment Request Six Month Report

January through June 2010

	CH-48	CH-53	WCPC	CCS	Sea Mar	bridgeways	Sunrise Services	Interfaith
# of EAR requests from VOA	26	55	26	21	21	5	4	2
# of EAR's called in to NSMHA **Regional Average: 73%**	23 88%	46 84%	24 92%	21 100%	4 19%	5 100%	4 100%	0 0%
# of EAR's sent to NSMHA **Regional Average: 54%**	13 50%	23 42%	24 92%	19 90%	4 19%	3 60%	3 75%	0 0%
# of EAR's received from VOA but not called in to NSMHA **Regional Average: 27%**	3 12%	9 16%	2 8%	0 0%	17 81%	0 0%	0 0%	2 100%