



**February 25, 2015
1:00 – 3:00 pm**

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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.
- ◆ Manage your BEHAVIOR, be mindful of how you respond to others, understand intent vs. impact, and be responsible for your words and actions.
- ◆ Demonstrate RESPECT and speak with RESPECT toward each other at all times.
- ◆ LISTEN, people feel respected when they know you're listening to their point of view.
- ◆ 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: 11/28/12

Date: **February 25, 2015**Time: **1:00-3:00 PM**Location: **NSMHA Conference Room**Chair: **Anji Jorstad, Snohomish County Human Services**For information Contact Meeting Facilitator: **Charissa Westergard, NSMHA, 360-416-7013**

Topic	Objective	Action Needed	Discussion Leader	Handout available pre-mtg	Tab	Time
Introductions	Welcome guests; presenters and new members		Chair			<i>5 min</i>
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	<i>5 min</i>
Review and Approval of Summary of Previous Meeting	Ensure meeting summary is complete and accurate.	Approve Meeting Summary	Chair	Summary	2	<i>5 min</i>
Announcements and Updates	<ul style="list-style-type: none"> Returned authorization letters Request for Service Workgroup Inquiry about contracts with MCOs 	Inform/ Discuss	All			<i>10 min</i>
Quality Topics						
Policy 1518	Policy 1518 MH Advance Directives	Discuss/ Approve	Sandy Whitcutt	X	3	<i>10 min</i>
Policy 1557	Policy 1557 Safety	Discuss/ Approve	Sandy Whitcutt	X	4	<i>10 min</i>
Reauthorization Review Requirements	Discuss impact of requirement that RRP reviews be completed within 45 days of current authorization expiration	Discuss	Charissa Westergard /Stacey Alles	X	5	<i>30 min</i>
State Funding Policy	There seems to be some confusion about individuals who are eligible for services funded by State funds	Discuss	Charissa Westergard	X	6	<i>10 min</i>
Notices	Have only received one provider-issued Notice	Discuss	Charissa Westergard	X	7	<i>10 min</i>
Grievance Report to DBHR	Report covers the period of April 2014 through September 2014	Discuss	Diana Striplin	X	8	<i>15 min</i>
Other issues						
*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: March 25, 2015 - 1:00-3:00 PM

North Sound Mental Health Administration (NSMHA)
Quality Management Oversight Committee (QMOC)
NSMHA Conference Room
January 28, 2015
1:00 – 3:00 pm
MEETING SUMMARY

PRESENT: Greg Wennerberg and Mark McDonald, NSMHA Advisory Board; Eric Chambers, NWESD; Chuck Davis, Ombuds; Cindy Ferraro, Bridgeways; Kathy McNaughton, CCS; Mike Manley, Sunrise; Richard Sprague, Interfaith; Stacey Alles, Compass; Adriana Marti, Sea Mar and Anji Jorstad, Snohomish County.

BY PHONE: Heather Waters, CHS, Pat Morris, VOA; Jeff Reynolds, CVAB; Kim Olander, Ombuds; Kay Burbidge, LWC and Rob Sullivan, Pioneer.

STAFF: Charissa Westergard, Julie de Losada, Sandy Whitcutt, Michael White and Barbara Jacobson.

OTHERS PRESENT: Heather Fennell, Compass.

TOPIC	DISCUSSION	ACTION
1. Introductions, Review of Agenda – Chair	Meeting convened with introductions made. Additions to the agenda include an update on the Crisis Plan Workgroup, data dictionary changes and a discussion on the upcoming chart review on less restrictive documentation. Addition to the next agenda, a discussion on the Recovery Resiliency Plan requirement of the review being done within 45 days of authorization expiration.	
2. Previous Meeting Summary – Chair	Minutes from previous meeting reviewed and approved as submitted.	Approved
3. Announcements and Updates – All	<ul style="list-style-type: none"> • Sandy noted the group has met a few times with the next meeting tentatively set for mid-February. Revisions have been done on the tool with any needed changes to the CIS kept in mind due to the cost. Sandy provided a brief overview of the changes is still seeking feedback and will send to entire QMOC. • Charissa noted that she sent an email to gauge interest in piloting direct request for service at provider level and will be setting up a meeting for further discussion with those interested. • Sandy noted the Oso disaster recovery response has completed and the Oso team has largely been replaced by local agencies. Sandy gave a big thank you to VOA, Sunrise and CCS for all their work. 	Informational
4. Data Dictionary Changes	StaceyA has asked for clarification on the upcoming changes and deadlines and MichaelW is here for the discussion. She noted that CIS met last week and was told the deadline is February 1 and wanted to confirm that there would be the 60-day implementation period. Michael noted that many of the changes are with the HIPPA transactions and gave a brief overview. He stated he has had the conversations many times with the workgroup and Raintree and things have dragged on. Kathy noted all the things already on the long line of Raintree fixes that	Discussion

	<p>need to be done and agencies do not have much influence on this. HeatherF noted a contract memorandum would have been helpful for this with the deadline in question and Stacey noted that minutes coming from the CIS meeting would be helpful as well.</p> <p>Anji asked if the February 1 date is drop dead and Michael noted they should have been in place all along and without this date things will continue to not be a priority. EricC noted that agencies can put pressure on the vendor but the deadline cannot be affected by agencies.</p> <p>Stacey asked what forum would be the best place to address the disposition code issue as the policy does not agree with what came out of the CIS meeting. Charissa noted the workgroup should reconvene and Charissa will arrange.</p>	
<p>5. Policy 1549 Disaster Preparedness</p>	<p>Sandy noted this policy was due for update with only slight revision needed. MikeM presented a motion to approve as submitted, seconded by ChuckD; motion carried.</p>	<p>Motion carried</p>
<p>6. Policy 1559 Co-occurring Disorder Screen</p>	<p>Sandy noted this policy was due for update with only slight revision needed. She will add the reference to RCW 7096 b. and c. that speaks to integration. She noted that to determine quadrant placement refer to SAMHSA Tip 42.</p> <p>MikeM presented a motion to approve with discussion on the low rate of identification; Charissa noted that as we move to integrate as a BHO there will be cross system trainings and more to make this shift. Anji noted at the state level work is being done on the tools to identify a more comprehensive way to assess both CD and MH at intake.</p> <p>Motion seconded by MikeM with a call for questions; EricC suggested having a venue to address substance abuse screening issues and Charissa noted that the BHO workgroup will be the best venue to work on this. Motion carried with no further questions.</p>	<p>Motion carried</p>
<p>7. Difficult to Serve Individuals</p>	<p>Charissa noted that occasionally she learns of an agency that has concerns over serving someone who may be dangerous or otherwise difficult to serve. NSMHA will be updating the policy to address how to handle this when there are legitimate reasons. NSMHA needs to be notified in writing when an agency requests to transfer an individual to another agency and has explored all options or when they need to end services. The transferring agency also needs to follow the individual through linkage to the new agency. MikeM noted the importance of the safety of staff and other clients when revising this policy.</p> <p>NSMHA will update and sent out for review.</p>	<p>Informational</p>
<p>8. Consent for Intake</p>	<p>Charissa noted that requests for service go through Access and they get consent from the individual to make an intake appointment. With this consent, we can then be sure that services are actually wanted. NSMHA has been receiving calls from managed care plans and other providers when the individual may not be in front of them requesting to get them into services. NSMHA is seeking input on making the appointment without the signed consent. The concern would be in increase in no shows; Anji suggested a pilot to see if it increases the no show rate.</p> <p>PatM noted the pilot would be good but should not be open door; there is a difference between a care manager calling and the mother of an adult</p>	<p>Informational</p>

	<p>son. We do not want to increase the no show rate so we would want to have clear exceptions.</p> <p>Pat noted that VOA suggested to the Everett Clinic having a dedicated care manager to work with VOA to get their clients set up.</p> <p>Julie noted the instructions from DBHR that say that anyone can refer an individual to WISE that she is pushing back on. This could be a good PIP topic, not as decreasing no-show rates but as improving access.</p> <p>The Workgroup that is looking at piloting a hybrid access can look at this to see how to move forward.</p>	
<p>9. Child/Youth Mental Health Update</p>	<ul style="list-style-type: none"> • Julie noted that the 4th Systems of Care Institute is May 5-6 and she is asking that all redistribute the email that she will send out within your agency. She is looking for more input on the planning survey and she noted that NSMHA will pay 50% of the registration fee for 50 attendees from contracted providers. The early bird rate is \$175 and the ESD is handling registration. • The non-clinical Performance Improvement Project (PIP) is focused on workforce development and transition age youth, the consultant posted a report on Basecamp and Julie will distribute the report to QMOC. She plans to add this to the February agenda and perhaps have the consultant present. • DBHR released grant to address transition age youth with a first psychosis episode. SAMSHA will release a new children’s grant next month that is a direct service grant; it will focus on first episode psychosis. • Julie noted she would love to hear from quality managers on the TR lawsuit plan. It is 33 pages and she needs feedback from all. Julie will send out to all. It is a living document and a retreat with DBHR will happen in February. Please have feedback by February 13th. 	<p>Informational</p>
<p>10. Less Restrictive Order Chart Reviews</p>	<p>Sandy noted that last year a small workgroup convened to address improving the quality of the documentation in the outpatient record for those on an LR. How do we monitor and if there is a violation, how do we make the decision to revoke and how is the collaboration with the DMHPs. Revisions were made to policy 1562 and how to do a better job of documenting was added to the training module. Sandy will be going out to look at charts of those with an LR in March. This review would not result in findings; she developed a tool she sent out for review.</p>	<p>Informational</p>
<p>11. Open Forum</p>	<ul style="list-style-type: none"> • StaceyA noted an addition to the next agenda, a discussion on the Recovery Resiliency Plan requirement of the review being done within 45 days of authorization expiration. Charissa asked for feedback via email on what the issues are. • Kathy noted there have been grievance portal glitches and Lisa and Diana are aware; others have also had issues. 	<p>Discussion</p>
<p>12. Date and Agenda for Next Meeting</p>	<p>The meeting adjourned at 2:50 pm. The next meeting is February 25, 2015.</p>	

NORTH SOUND MENTAL HEALTH ADMINISTRATION COMMITTEE DISCUSSION FORM

AGENDA ITEM: Policy 1518.00 Mental Health Advance Directives

REVIEW PROCESS: QMOC Planning Committee () Advisory Board () Board of Directors ()

PRESENTER: Sandy Whitcutt

COMMITTEE ACTION: Action Item FYI & Discussion () FYI Only ()

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

A mental health advanced directive is a written document in which a principal makes a declaration of instructions or preferences or appoints an agent to make decisions on behalf of the principal regarding the principal's mental health treatment, or both, and that is consistent with the provisions of RCW 71.32. NSMHA practice is to encourage and honor the use of mental health advance directives.

This policy was due for review and revision. There have been minor changes made, to include asking about medical advanced directives and including them in the clinical record if they exist. It has gone through a review by QMOC. During the review, a request was made to have clinicians inquire about advanced directives on a scheduled basis, possibly at the treatment plan reviews.

We are due to update the individual service plan policy as well as create a policy on crisis plans (that have advanced directive language). The recommendation (in order to keep this revision timely in this review process) is to approve this policy with the current revisions, discuss the request as the other policies come due later in the year and add approved language to those policies regarding the advanced directive. If needed, at that time we can then additionally make minor changes to this one.

CONCLUSIONS/ACTION REQUESTED:

Approve this policy with revisions. If approved, the revised policy will go into effect 60 days following it's posting on the NSMHA website

ATTACHMENTS:

Policy 1518 Advanced Directives, clean version and version with revisions

Effective Date: 12/5/2008; 6/26/2004
Revised Date: 5/26/2014
Review Date: 5/26/2014

North Sound Mental Health Administration

Section 1500 – Clinical: Mental Health Advance Directives

Authorizing Source: 42 CFR 417.436, 422.128, 438.6, 438.10, 438.100, 489.100, 489.102, 489.104; RCW 71.32 and 11.94.010; RCW 71.05, WAC 388-877-0600

Cancels:

See Also:

Providers must have “a policy consistent with” this policy

Responsible Staff:

Approved by: Executive Director

Date:

Signature:

POLICY #1518.00

SUBJECT: MENTAL HEALTH ADVANCE DIRECTIVES

PURPOSE

To ensure North Sound Mental Health Administration (NSMHA) adult individuals and their families receive information about mental health advance directives and support from providers in developing advance directives. Providers will follow applicable Washington State Law (Revised Code of Washington [RCW] 71.32) in order to support the individual in making treatment decisions, facilitating communication between the individual and clinician and improving clinical outcomes for the individual.

DEFINITIONS (Per RCW 71.32.020)

Adult

Any individual who has attained the age of majority or is an emancipated minor.

Agent

A person with authority to make mental health treatment decisions on the principal’s behalf consistent with instructions in the mental health advance directive.

Capacity

An adult has not been found to be incapacitated pursuant to this chapter (RCW 71.32.020 – see definition for incapacitated below) or RCW 11.88.010(1)(e).

Court

A superior court as defined in RCW 2.08.

Health care facility

A hospital, as defined in RCW 70.41.020; an institution, as defined in RCW 71.12.455; a state hospital, as defined in RCW 72.23.010; a nursing home, as defined in RCW 18.51.010; or a clinic that is part of a community mental health service delivery system, as defined in RCW 71.24.025.

Health care provider

An osteopathic physician or osteopathic physician's assistant licensed under RCW 18.57 or 18.57A, a physician or physician's assistant licensed under RCW 18.71 or 18.71A or an advanced registered nurse practitioner licensed under RCW 18.79.050.

Incapacitated

An adult who: (a) is unable to understand the nature, character and anticipated results of proposed treatment or alternatives; understand the recognized serious possible risks, complications and anticipated benefits in treatments and alternatives, including non-treatment; or communicate his or her understanding or treatment decisions; or (b) has been found to be incompetent pursuant to RCW 11.88.010(1)(e).

Informed consent

Consent that is given after the person: (a) is provided with a description of the nature, character and anticipated results of proposed treatments and alternatives, and the recognized serious possible risks, complications, and anticipated benefits in the treatments and alternatives, including non-treatment, in language that the person can reasonably be expected to understand; or (b) elects not to be given the information included in (a) of this subsection.

Long-term care facility

Has the same meaning as defined in RCW 43.190.020.

Mental disorder

Any organic, mental or emotional impairment which has substantial adverse effects on an individual's cognitive or volitional functions.

Mental Health Advance Directive

A written document in which a principal makes a declaration of instructions or preferences or appoints an agent to make decisions on behalf of the principal regarding the principal's mental health treatment, or both, and that is consistent with the provisions of RCW 71.32.

Mental Health Professional

A psychiatrist, psychologist, psychiatric nurse, or social worker, and such other mental health professionals as may be defined by rules adopted by the secretary (of the Department of Behavioral and Health Recovery, DBHR) pursuant to the provisions of chapter RCW 71.05.

Principal

An adult who has executed a mental health advance directive.

Professional person

A mental health professional, physician, registered nurse, and others as defined by rules adopted by the secretary pursuant to the provisions of RCW 71.05.

Social Worker

A person with a master's or further advanced degrees from a social work educational program accredited and approved as provided in RCW 18.320.010.

POLICY

Competent, adult individuals may anticipate the possibility of later incapacity and may prepare mental health advance directives stating their desires regarding the provision or withholding of mental health care in such an event including identification of a person the individual would want to act on his or her behalf.

A mental health advance directive can be an essential tool for an individual to plan for a mental health crisis by expressing, in advance, his or her instructions or preferences.

It is NSMHA's practice to encourage the use of mental health advance directives and to honor mental health advance directives. However, neither NSMHA nor its providers shall place conditions on the provision of mental health care or otherwise discriminate against an individual based on whether or not the individual has executed a mental health advance directive.

MENTAL HEALTH ADVANCE DIRECTIVE

1. An adult with capacity may execute a mental health advance directive.
2. A directive executed in accordance with Washington's Mental Health Advance Directive statute (RCW 71.32) is presumed to be valid. The inability to honor one or more provisions of a directive does not affect the validity of the remaining provisions.
3. A directive executed in accordance with Washington's Mental Health Advance Directive statute may include any provision relating to mental health treatment or the care of the principal or the principal's personal affairs.

Without limitation, a directive may include:

- a. The principal's preferences and instructions for mental health treatment;
 - b. Consent to specific types of mental health treatment;
 - c. Refusal to consent to specific types of mental health treatment;
 - d. Consent to admission to and retention in a facility for mental health treatment for up to fourteen (14) days;
 - e. Descriptions of situations that may cause the principal to experience a mental health crisis;
 - f. Suggested alternative responses that may supplement or be in lieu of direct mental health treatment, such as treatment approaches from other providers;
 - g. Appointment of an agent pursuant to RCW 11.94 to make mental health treatment decisions on the principal's behalf, including authorizing the agent to provide consent on the principal's behalf to voluntary admission to inpatient mental health treatment; and
 - h. The principal's nomination of a guardian or limited guardian (as defined by law) as provided in RCW 11.94.010 for consideration by the court if guardianship proceedings are commenced.
4. A directive may be combined with or be independent of a nomination of a guardian or other durable power of attorney under RCW 11.94, so long as the processes for each are executed in accordance with its own statutes.

PROCEDURES

1. Providing Information
 - a. Each NSMHA provider will:
 - i. Ensure that a written statement of the agency's policy regarding the implementation of mental health advance directives and a written description of the State law in Washington concerning mental health advance directives is given to individuals (or family or surrogate if the individual is incapacitated) at the intake assessment. The individual's clinical record shall contain documentation to reflect that the required information was provided.
 - ii. Include information and instruction concerning mental health advance directives in any ongoing consumer education programs.
2. Requesting/Utilizing Information
 - a. Provider policies will ensure that during the intake evaluation of adult individual, staff will inquire into the existence of medical and/or mental health advance directives previously executed by the individual. The individual's clinical record will include documentation that

reflects the response to the inquiry. If the individual is incapacitated (see definition) at the time of the intake, and is unable to receive information or articulate whether or not he or she has executed an advance directive, providers may give advance directive information to the enrollee's family or to a surrogate or other concerned persons in accordance with state law. A provider is not relieved of the obligation to provide this information to the individual once he or she is no longer incapacitated or unable to receive such information. Follow up procedures to ensure that the information is given to the individual directly at the appropriate time must be in place.

- b. If the individual indicates that she/he has a medical and/or mental health advance directive, staff will request a copy and maintain it in the individual's current clinical record (i.e., this document should not be archived to a historical file). If the clinician has received an individual's advance directive, it will become part of the individual's medical record and the clinician will be considered to have actual knowledge of its contents. The clinician must act in accordance with the directive to the fullest extent possible, unless compliance would violate the accepted standard of care established in RCW 7.70.040, the requested treatment is not available, compliance would violate applicable law, or it is an emergency situation and compliance would endanger any person's life or health. More information regarding compliance and conditions for noncompliance can be found in RCW 71.32.150.
- c. In the event that the NSMHA provider staff becomes aware of the individual's subsequent admission to a hospital, nursing home or other residential facility, staff will contact the facility to make them aware of, and supply a copy of, the individual's medical and/or mental health advance directive in a timely manner.

3. Providing Assistance

- a. NSMHA providers will assist adult individuals who appear competent and desire to prepare a mental health advance directive.* Assistance shall include the following:
 - i. Information: The mental health professionals and other trained staff will endeavor to answer questions about mental health advance directives and the effect of a particular mental health advance directive in the individual's circumstance.
 - ii. Provision of approved forms: The mental health professionals and other trained staff will make available to those interested individual's copies of the approved Washington State forms for mental health advance directives, as well as the addendum of the Durable Power of Attorney (these forms can be found on the DBHR website).
 - iii. Assistance in locating eligible witnesses: In Washington, mental health advance directives require a minimum of two witnesses to the principal's signature. However, state law prohibits certain individuals (i.e. family members, prospective beneficiaries and attending mental health care personnel) from serving as witnesses. If needed, staff shall assist in locating eligible individuals to witness the individual's execution of the form(s) who meet the requirements indicated on the form(s). A sample form is available at RCW 71.32.260 or by following this link: <http://apps.leg.wa.gov/RCW/default.aspx?cite=71.32.260>
 - iv. Staff shall not serve as a witness to the principal's signature if they are or have been directly involved in the individual's care. Staff shall not accept appointment as a guardian or other agent in a Durable Power of Attorney or Declaration of a Desire for a Natural Death.

*Staff need not provide assistance to an individual in circumstances in which staff believes the individual is unable to make an informed decision regarding the execution of a mental health advance directive.

4. If the individual transfers to any other NSMHA provider, the mental health advance directive(s) shall be sent to the receiving agency for inclusion in the individual's clinical record at such agency once appropriate authorization to release information is obtained.
5. NSMHA or NSMHA providers must inform individual, families or surrogates that complaints concerning non-compliance with advanced directives may be filed with the DBHR (see NSMHA brochure for current phone number).
6. Staff Training/Community Education
 - a. Each provider will conduct staff training in accordance with the NSMHA Regional Training Plan on mental health advance directives. Providers will provide clinical staff with information concerning mental health advance directives and the provisions of this directive and relevant statutes. NSMHA and its providers will participate in training provided by DBHR.
 - b. NSMHA and its providers shall seek appropriate opportunities to provide community education and disseminate information concerning mental health advance directives.
7. NSMHA and its providers will ensure that all subsequent changes in the Washington Mental Health Advance Directive statute will be provided to adult individual as soon as possible, but no later than ninety (90) days after the effective date of the change.
8. NSMHA will monitor for compliance with this policy and relevant statutes through the administrative audit process.

ATTACHMENTS

None

Effective Date: 6/26/2004

Revised Date:

Review Date: 11/26/2008, [5/26/14](#)

North Sound Mental Health Administration

Section 1500 – Clinical: Mental Health Advance Directives

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Cancels:

See Also:

Providers must have “a policy consistent with” this policy

Responsible Staff: [Quality Manager](#)

Approved by: Executive Director

Date: 12/5/2008

Signature:

POLICY #1518.00

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DEFINITIONS (Per RCW 71.32.020)

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Any individual who has attained the age of majority or is an emancipated minor.

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Capacity:

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A superior court [as defined in ~~under~~](#) RCW 2.08.

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1. Providing Information
 - a. Each NSMHA provider will:
 - i. Ensure that a written statement of the agency's policy regarding the implementation of mental health advance directives and a written description of the State law in Washington concerning mental health advance directives is given to [individual consumers](#) (or family or surrogate if the [individual consumer](#) is incapacitated) at the intake assessment. The [individual consumer's](#) clinical record shall contain documentation to reflect that the required information was provided.

- ii. Include information and instruction concerning mental health advance directives in any ongoing consumer education programs.

2. Requesting/Utilizing Information

- a. Provider policies will ensure that during the intake evaluation of adult [individual consumers](#), staff will inquire into the existence of mental health advance directives previously executed by the [individual consumer](#). The [individual's consumer's](#) clinical record will include documentation that reflects the response to the inquiry. If the [individual consumer](#) is incapacitated (see definition) at the time of the intake, and is unable to receive information or articulate whether or not he or she has executed an advance directive, providers may give advance directive information to the enrollee's family or to a surrogate or other concerned persons in accordance with state law. A provider is not relieved of the obligation to provide this information to the [individual consumer](#) once he or she is no longer incapacitated or unable to receive such information. Follow up procedures to ensure that the information is given to the [individual consumer](#) directly at the appropriate time must be in place.
- b. If the [individual consumer](#) indicates that she/he has a mental health advance directive, staff will request a copy and maintain it in the [individual's consumer's](#) current clinical record (i.e., this document should not be archived to a historical file). If the clinician has received an [individual's consumer's](#) advance directive, it will become part of the [individual's consumer's](#) medical record and the clinician will be considered to have actual knowledge of its contents. The clinician must act in accordance with the directive to the fullest extent possible, unless compliance would violate the accepted standard of care established in RCW 7.70.040, the requested treatment is not available, compliance would violate applicable law, or it is an emergency situation and compliance would endanger any person's life or health. More information regarding compliance and conditions for noncompliance can be found in RCW 71.32.150.
- c. In the event that the NSMHA provider staff becomes aware of the [individual's consumer's](#) subsequent admission to a hospital, nursing home or other residential facility, staff will contact the facility to make them aware of, and supply a copy of, the [individual's consumer's](#) mental health advance directive in a timely manner.

3. Providing Assistance

- a. NSMHA providers will assist adult [individual consumers](#) who appear competent and desire to prepare a mental health advance directive.* Assistance shall include the following:
 - i. Information: The mental health professionals and other trained staff will endeavor to answer questions about mental health advance directives and the effect of a particular mental health advance directive in the [individual's consumer's](#) circumstance.
 - ii. Provision of approved forms: The mental health professionals and other trained staff will make available to those interested [individual's consumers](#) copies of the approved Washington State forms for mental health advance directives, as well as the addendum of the Durable Power of Attorney (these forms can be found on the [DBHRMHD](#) website).

- iii. Assistance in locating eligible witnesses: In Washington, mental health advance directives require a minimum of two witnesses to the principal's signature. However, state law prohibits certain individuals (i.e. family members, prospective beneficiaries and attending mental health care personnel) from serving as witnesses. If needed, staff shall assist in locating eligible individuals to witness the [individual's consumer's](#) execution of the form(s) who meet the requirements indicated on the form(s). A sample form is available at RCW 71.32.260 or by following this link:
<http://apps.leg.wa.gov/RCW/default.aspx?cite=71.32.260>
- iv. Staff shall not serve as a witness to the principal's signature if they are or have been directly involved in the [individual's consumer's](#) care. Staff shall not accept appointment as a guardian or other agent in a Durable Power of Attorney or Declaration of a Desire for a Natural Death.

*Staff need not provide assistance to [an individual consumer](#) in circumstances in which staff believes the [individual consumer](#) is unable to make an informed decision regarding the execution of a mental health advance directive.

4. If the [individual consumer](#) transfers to any other NSMHA provider, the mental health advance directive(s) shall be sent to the receiving agency for inclusion in the [individual's consumer's](#) clinical record at such agency once appropriate authorization to release information is obtained.
5. NSMHA or NSMHA providers must inform [individual consumers](#), families or surrogates that complaints concerning non-compliance with advanced directives may be filed with the [DBHR Mental Health Division](#) (see NSMHA brochure for current phone number).
6. Staff Training/Community Education
 - a. Each provider will conduct staff training in accordance with the NSMHA Regional Training Plan on mental health advance directives. Providers will provide clinical staff with information concerning mental health advance directives and the provisions of this directive and relevant statutes. NSMHA and its providers will participate in training provided by [DBHR the Mental Health Division \(MHD\)](#).
 - b. NSMHA and its providers shall seek appropriate opportunities to provide community education and disseminate information concerning mental health advance directives.
7. NSMHA and its providers will ensure that all subsequent changes in the Washington Mental Health Advance Directive statute will be provided to adult [individual consumers](#) as soon as possible, but no later than ninety (90) days after the effective date of the change.
8. NSMHA will monitor for compliance with this policy and relevant statutes through the administrative audit process.

ATTACHMENTS

None

NORTH SOUND MENTAL HEALTH ADMINISTRATION COMMITTEE DISCUSSION FORM

AGENDA ITEM: Policy 1557 Safety Policy

REVIEW PROCESS: QMOC Planning Committee () Advisory Board () Board of Directors ()

PRESENTER: Sandy Whitcutt

COMMITTEE ACTION: Action Item FYI & Discussion () FYI Only ()

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

This policy was developed to assure community mental health employees who work directly with individuals are adequately trained and safety measures are in place for safety and violence prevention. The policy directs CMHAs to conduct security and safety assessments and develop workplace violence prevention plans. It also provides procedures on the training to those who perform outreach activities. The policy was due for revision. It has gone through the QMOC review process. Some suggestions were made to the policy and have been incorporated into the revisions.

CONCLUSIONS/ACTION REQUESTED:

Approve the policy with changes. If approved, this revised policy will go into effect 60 days after the posting on the NSMHA website.

ATTACHMENTS:

Policy 1557 Safety Policy clean version and version with revisions

Effective Date: 6/17/2010; 5/21/2008; 6/25/2007
Revised Date: 3/11/2010
Review Date: 6/17/2014

North Sound Mental Health Administration

Section 1500 – CLINICAL: Safety Policy

Authorizing Source: RCWs 49.19.030, 49.19.020, 71.05.700, 71.05.705, 71.05.710, 71.05.715 and 71.05.720
WACs 388-877-0510, 388-877A-240,260,270,280,

Cancels:

See Also:

Providers must have “policy consistent with” this policy

Responsible Staff: Deputy Director

Approved by: Executive Director

Date:

Signature:

POLICY #1557.00

SUBJECT: SAFETY POLICY

PURPOSE

To assure community mental health employees who work directly with individuals are adequately trained and safety measures are in place for safety and violence prevention.

POLICY

1. CMHAs shall conduct a security and safety assessment to identify existing or potential hazards for violence and determine the appropriate preventive action to be taken. The assessment shall include but is not limited to a measure of the frequency of and an identification of the causes for and consequences of violent acts at the setting during the preceding five years.
2. Based on the assessment, each CMHA shall develop and implement a workplace violence plan to reasonably prevent and protect employees from violence at the setting. In developing the plan, the health care setting may consider any guideline on violence in the workplace or in the health care setting issued by the Department of Health, DSHS, Department of Labor and Industries, Federal Occupational Safety and Health Administration, Medicare, and health care setting accrediting organizations. The workplace violence plan shall address security considerations related to the areas below:
 - a. The physical attributes of the health care setting
 - b. Staffing, including security staffing
 - c. Personnel policies
 - d. First aid and emergency procedures
 - e. The reporting of violent acts
 - f. Employees education and training
3. CMHAs shall provide violence prevention training to direct services staff and supervisors to ensure they are provided an individualized, annual training plan on safety and violence prevention topics (as directed by the workplace violence plan), appropriate to their job duties, and maintain documentation of that individualized violence prevention training.
4. CMHAs will keep a record of any violent act against an employee, a patient, or a visitor occurring at the setting.
5. CMHAs will maintain written policies and procedures for clinical staff who engage in visits to individuals at private homes and other private locations in accordance with current RCWs.

PROCEDURES

1. The violence prevention training shall occur within ninety days of the employee's initial hiring date, unless he or she is a temporary employee (for temporary employees, training would take into account unique circumstances) and then on an annual basis. The training may vary by the plan and may include but is not limited to classes, videotapes, brochures, verbal training, or other verbal or written training that is determined to be appropriate. The curriculum components, for the violence prevention training, developed collaboratively with the Department of Social and Health Services (DSHS), contracted mental health providers, and employee organizations that represent community mental health workers, will include:
 - a. General safety procedures
 - b. Personal safety procedures
 - c. The violence escalation cycle
 - d. Violence-predicting factors
 - e. Obtaining patient history from a patient with violent behavior
 - f. Verbal and physical techniques to de-escalate and minimize violent behavior
 - g. Strategies to avoid physical harm
 - h. Restraining techniques
 - i. Appropriate use of medications as chemical restraints
 - j. Documenting and reporting incidents
 - k. The process whereby employees affected by a violent act may debrief
 - l. Any resources available to employees for coping with violence
 - m. The health care setting's workplace violence prevention plan

2. If there is a violent act against an employee, a patient, or a visitor at the CMHA, the record of the violent act will include:
 - a. The CMHA's name and address
 - b. The date, time, and specific location at the health care setting where the act occurred
 - c. The name, job title, department and staff identification or social security number of the victim if an employee
 - d. A description of the person against whom the act was committed as:
 - i. A patient
 - ii. A visitor
 - iii. An employee, or
 - iv. Other

 - e. A description of the person committing the act as:
 - i. A patient
 - ii. A visitor
 - iii. An employee, or
 - iv. Other

- f. A description of the type of violent act as a:
 - i. Threat of assault with no physical contact
 - ii. Physical assault with contact but no physical injury
 - iii. Physical assault with mild soreness, surface abrasions, scratches or small bruises
 - iv. Physical assault with major soreness, cuts or large bruises
 - v. Physical assault with severe lacerations, a bone fracture, or head injury
 - vi. Physical assault with loss of limb or death
- g. An identification of any body part injured
- h. A description of any weapon used
- i. Number of employees in the vicinity of the action when it occurred
- j. A description of the actions taken by employees and the CMHA in response to the act.
(Each record shall be kept for at least 5 years following the act reported, during which time it shall be available for inspection upon request)

3. For clinical staff who engage in visits to private homes or other private locations:

- a. When determined to be necessary for safety, clinical staff who provide outreach to consumers shall engage the use of a second person to accompany them. The second person can be a mental health professional or a mental health paraprofessional who has received training under RCW 71.05.715, a law enforcement officer, or other first responder, such as fire or ambulance personnel.
- b. If risk cannot be assessed, clinical staff shall consider other outreach options or arrange to see the consumer at a staffed location (see North Sound Mental Health Administration Crisis Policy #1702.00). No retaliation may be taken against clinical staff who following consultation with the clinical team, refuse to go to a private home or other private location alone.
- c. CMHAs will ensure that individual's crisis plans are available to Designated Mental Health Professionals (DMHPs), crisis teams, voluntary inpatient and involuntary inpatient evaluation and treatment facilities 24 hours a day 7 days a week. If commitment records or advanced directives exist, they should also be made available to DMHP's. Additionally this information must be available to NSMHA and state staff as required for management information, quality management, and program review.
- d. CMHAs will provide wireless telephone or comparable devices (for the purpose of emergency communication) to clinical staff who engage in home visits to individuals.

ATTACHMENTS

None

Effective Date: ~~6/17/2010~~; 5/21/2008; 6/25/2007
Revised Date: 3/11/2010
Review Date: ~~6/17/2014~~5/26/2010

North Sound Mental Health Administration

Section 1500 – CLINICAL: Safety Policy

Authorizing Source: RCWs 49.19.030, 49.19.020, 71.05.700, ~~71.05.705, 71.05.710~~, 71.05.715 and 71.05.720
WACs 388-~~877-0510, 388-877A-240, 260, 270, 280, 865-0440, 388-865-0452 and 388-865-0456~~
HB 1456

Cancels:

See Also:

Providers must have “policy consistent with” this policy

Responsible Staff: ~~Quality Manager~~Deputy Director

Approved by: Executive Director

Date: ~~6/17/2010~~

Signature:

POLICY #1557.00

SUBJECT: SAFETY POLICY

PURPOSE

To assure community mental health employees who work directly with individual consumers are adequately trained and safety measures are in place for safety and violence prevention.

POLICY

~~Community Mental Health Agencies (CMHAs) will maintain written procedures for clinical staff who engage in visits to consumers at private homes and other private locations in accordance with current RCWs.~~

1. CMHAs shall conduct a security and safety assessment to identify existing or potential hazards for violence and determine the appropriate preventive action to be taken. The assessment shall include but is not limited to a measure of the frequency of and an identification of the causes for and consequences of violent acts at the setting during the preceding five years.
2. Based on the assessment, each CMHA shall develop and implement a workplace violence plan to reasonably prevent and protect employees from violence at the setting. In developing the plan, the health care setting may consider any guideline on violence in the workplace or in the health care setting issued by the Department of Health, DSHS, Department of Labor and Industries, Federal Occupational Safety and Health Administration, Medicare, and health care setting accrediting organizations. The workplace violence plan shall address security considerations related to the areas below:
 - a. The physical attributes of the health care setting;
 - b. Staffing, including security staffing
 - c. Personnel policies
 - d. First aid and emergency procedures
 - e. The reporting of violent acts
 - f. Employees education and training

3. In addition, ~~3.~~ CMHAs shall provide violence prevention training will ensure that to direct services staff and supervisors to ensure they are provided an individualized, annual training plan on safety and violence prevention topics (as directed by the workplace violence plan), appropriate to their job duties, and maintain documentation of that individualized violence prevention training training plan.

~~The curriculum components, developed collaboratively with the Department of Social and Health Services (DSHS) and employee organizations that represent community mental health workers, will include:~~

~~General safety procedures~~
~~Personal safety procedures~~
~~The violence escalation cycle~~
~~Violence predicting factors~~
~~Obtaining patient history from a patient with violent behavior~~
~~Verbal and physical techniques to de-escalate and minimize violent behavior~~
~~Restraining techniques~~
~~Appropriate use of medications as chemical restraints~~
~~Documenting and reporting incidents~~
~~The process whereby employees affected by a violent act may debrief~~
~~Any resources available to employees for coping with violence~~
~~The health care setting's workplace violence prevention plan~~

4. CMHAs will keep a record of any violent act against an employee, a patient, or a visitor occurring at the setting.
5. CMHAs will maintain written policies and procedures for clinical staff who engage in visits to individuals at private homes and other private locations in accordance with current RCWs.

PROCEDURES

1. The violence prevention training shall occur within ninety days of the employee's initial hiring date, unless he or she is an temporary employee (for temporary employees, training would take into account unique circumstances) and then on an annual basis. The training may vary by the plan and may include but is not limited to classes, videotapes, brochures, verbal training, or other verbal or written training that is determined to be appropriate. The curriculum components, for the violence prevention training, developed collaboratively with the Department of Social and Health Services (DSHS), contracted mental health providers, and employee organizations that represent community mental health workers, will include:
 - a. ~~a.~~ General safety procedures
 - b. ~~b.~~ Personal safety procedures
 - c. ~~c.~~ The violence escalation cycle
 - d. ~~d.~~ Violence predicting factors
 - e. ~~e.~~ Obtaining patient history from a patient with violent behavior
 - f. ~~f.~~ Verbal and physical techniques to de-escalate and minimize violent behavior
 - g. ~~g.~~ Strategies to avoid physical harm
 - h. ~~h.~~ Restraining techniques
 - i. ~~i.~~ Appropriate use of medications as chemical restraints
 - j. ~~j.~~ Documenting and reporting incidents
 - k. ~~k.~~ The process whereby employees affected by a violent act may debrief
 - l. ~~l.~~ Any resources available to employees for coping with violence
 - m. ~~m.~~ The health care setting's workplace violence prevention plan
- 1.2. If there is a violent act against an employee, a patient, or a visitor at the CMHA, the record of the violent act will include:
 - a. The CMHA's name and address

- b. The date, time, and specific location at the health care setting where the act occurred
- c. The name, job title, department and staff identification or social security number of the victim if an employee
- a.d. A description of the person against whom the act was committed as:

- i. A patient
- ii. A visitor
- iii. An employee, or
- iv. Other

- e. A description of the person committing the act as:

- i. A patient
- ii. A visitor
- iii. An employee, or
- iv. Other

- b.f. A description of the type of violent act as a:

- i. Threat of assault with no physical contact
- ii. Physical assault with contact but no physical injury
- iii. Physical assault with mild soreness, surface abrasions, scratches or small bruises
- iv. Physical assault with major soreness, cuts or large bruises
- v. Physical assault with severe lacerations, a bone fracture, or head injury
- vi. Physical assault with loss of limb or death

- g. An identification of any body part injured

- h. A description of any weapon used

- i. Number of employees in the vicinity of the action when it occurred

- j. A description of the actions taken by employees and the CMHA in response to the act. (Each record shall be kept for at least 5 years following the act reported, during which time it shall be available for inspection upon request)

3. For clinical staff who engage in visits to private homes or other private locations:

- a. When determined to be necessary for safety, clinical staff who provide outreach to consumers shall engage the use of a second person to accompany them. The second person can be a mental health professional or a mental health paraprofessional who has received training under RCW 71.05.715, another agency clinical staff, a law enforcement officer, or other first responder, such as fire or ambulance personnel.
- b. If risk cannot be assessed, clinical staff shall consider other outreach options or arrange to see the consumer at a staffed location (see North Sound Mental Health Administration Crisis Policy #1702.00). No retaliation may be taken against clinical staff who following consultation with the clinical team, refuse to go to a private home or other private location alone.

- c. CMHAs will ensure that ~~individual's consumer individualized~~ crisis plans are available to Designated Mental Health Professionals (DMHPs) ~~/Designated Crisis Responders (DCRs)~~, crisis teams, voluntary inpatient and involuntary inpatient evaluation and treatment facilities 24 hours a day 7 days a week. If ~~commitment records or~~ advanced directives exist, they should also be made available to DMHP's ~~/DCR's~~. Additionally this information must be available to NSMHA and state staff as required for management information, quality management, and program review.
- d. CMHAs will provide wireless telephone or comparable devices (for the purpose of emergency communication) to clinical staff who engage in home visits to ~~individual consumers~~.

ATTACHMENTS

None

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: Review Requirements for Reauthorization Requests

PRESENTER: Charissa Westergard

COMMITTEE ACTION: Action Item FYI & Discussion FYI only

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

NSMHA updated its policy (1505) on authorizations to include the following:

While the MHCP (Mental Health Care Provider) and individual review progress toward the individual's Recovery/Resiliency Plan (RRP) goals routinely throughout the course of treatment, for individuals whose current authorization is about to expire, the MHCP must ensure the RRP review is conducted within 45 days of the current authorization's expiration. Based upon this review, the MHCP shall determine reauthorization of services is warranted or determine transition to discharge should begin if it hasn't already.

If, upon completion of the RRP review, the provider believes Continued Stay Criteria are met, they will transmit a completed electronic request for reauthorization per NSMHA's data dictionary including, but not limited to: diagnoses, eligibility criteria and identified Level of Care to NSMHA within the two (2) week period prior to the expiration of the current authorization.

Provider agencies are indicating the requirement for the RRP review to be within 45 days of the current authorization's expiration is creating issues for them.

CONCLUSIONS/RECOMMENDATIONS:

Need to identify what the issues of this change are.

TIMELINES:

N/A

ATTACHMENTS:

None

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: State Funding Policy – Priority Populations

PRESENTER: Charissa Westergard

COMMITTEE ACTION: Action Item FYI & Discussion FYI only

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

NSMHA Policy 1574 outlines the priorities for use of State funds. Recently, NSMHA has encountered statements or questions by agency staff (administrative not direct service), which indicate there may be confusion about the priority populations. This confusion has created potential barriers for accessing services. The two areas of the policy that appear to be creating the most confusion are:

Individuals making a request for NSMHA initial authorization or reauthorization and individuals in a current NSMHA authorization period regardless of NSMHA outpatient episode status who are:

1. Discharging, or discharged within the past 30 days, from a Children’s Long-Term Inpatient Program (CLIP) facility or Western State Hospital (WSH).
2. Currently on a Less Restrictive Alternative (LR) court order or Conditional Release (CR).

For State-funded individuals where transfer or coordination of care with another CMHA (Community Mental Health Agency) is requested by the individual or appears clinically appropriate, the MHCP (Mental Health Care Provider) shall contact the second CMHA to determine if they have the funds to accept an individual covered by State funding.

1. The MHCP shall have assisted the individual in attempting to obtain Washington Apple Health prior to transfer or coordinated of care whenever possible.
2. The MHCP shall give consideration to the length of the remaining authorization and need for continued services prior to initiating a transfer or coordination of care.
3. Refusal of transfer or coordinated services by a CMHA should be a rare occurrence. The CMHA initiating the transfer or coordinated services shall notify NSMHA when another CMHA refuses the request.

CONCLUSIONS/RECOMMENDATIONS:

Please ensure staff are clear about the priority populations for utilization of State funds.

TIMELINES:

N/A

ATTACHMENTS:

Policy 1574

Effective Date: 6/12/2014; 5/29/2009; 9/11/2008; 6/19/2008
Revised Date: 5/28/2014
Review Date: 6/11/2014

North Sound Mental Health Administration

Section 1500 – Clinical: State Only Funding Plan – Mental Health Services

Authorizing Source: SMH Contract; NSMHA

Cancels:

See Also:

Providers must “comply with” this policy and individualized implementation guidelines may be developed by CMHAs

Approved by: Executive Director:

Date: 6/12/2014

Responsible Staff: Deputy Director

POLICY 1574.00

SUBJECT: STATE ONLY FUNDING PLAN – MENTAL HEALTH SERVICES

PURPOSE

To identify the individuals eligible for and services covered by State funds in the North Sound region. For individuals eligible for services covered by State funds and within available resources, this policy is also meant to ensure consistent application of standards region-wide for access to medically necessary outpatient mental health services.

POLICY

North Sound Mental Health Administration (NSMHA) utilizes State funds, as long as available, to provide services to specific populations of individuals with insufficient funding as well as pay for certain programs and services. The use of State funds may be revised as State funding availability changes. Any changes to these categories shall be effective immediately upon written notification.

NSMHA funds a variety of outpatient and inpatient services including the following with State funds:

- A. Access and authorization
- B. Court filing fees
- C. Crisis Services including Mobile Outreach Teams
- D. Evaluation & Treatment Facilities (E&Ts) including out of region E&T costs
- E. Flex Funds
- F. Inpatient Psychiatric Hospitalization costs
- G. Involuntary Treatment Act (ITA) Services
- H. Jail Services
- I. Medicaid Personal Care
- J. Ombuds Services
- K. Out of Network Services
- L. State Plan Outpatient Services to identified populations (see Procedure section below)
- M. Peer Centers
- N. Residential Room and Board costs

NSMHA shall allocate a proportionate and fixed amount of State funds to each Community Mental Health Agency (CMHA) on an annual basis to provide State Plan outpatient services to individuals with insufficient funding. Each CMHA is responsible for management of their allotted funds. If providers exceed their allotted amount, they run the risk of not receiving payment for services provided.

State funds payment by NSMHA for individuals receiving State Plan services shall be considered payment in full as long as they meet State funding qualifications, per State guidelines and this policy, and do not

have third party resources. Additionally, payments of State funds for individuals on a spenddown shall be considered qualifying medical expenses that have been paid on behalf of the individual by a publicly administered program per Washington Administrative Code (WAC) 182-519-0110(9).

Community Mental Health Agencies (CMHAs) shall work with individuals to apply for Washington Apple Health and/or meet their spenddowns. For individuals who are not eligible for Washington Apple Health, consideration shall be given to transitioning them to other programs/services.

PROCEDURE

State Plan Outpatient Services

The following populations of individuals are eligible for medically necessary, State Plan outpatient treatment services under State funding.

- A. Individuals making a request for NSMHA initial authorization or reauthorization and individuals in a current NSMHA authorization period regardless of NSMHA outpatient episode status who are:

1. Discharging, or discharged within the past 30 days, from a Children's Long-Term Inpatient Program (CLIP) facility or Western State Hospital (WSH).
2. Currently on a Less Restrictive Alternative (LR) court order or Conditional Release (CR).

NSMHA-contracted Community Mental Health Agencies (CMHAs) shall serve the individuals identified in this section (A 1-2). It is NSMHA's expectation that State funds are prioritized for these individuals and that there are enough available resources to serve all individuals who meet one or both criteria. For initial and reauthorizations, NSMHA shall provide authorization for a period not to exceed 3 months*. For individuals in a current authorization, NSMHA shall allow for continuation of the current authorization for a period not to exceed 3 months*.

- B. Individuals with a current NSMHA authorization *and* in a current NSMHA outpatient episode who:

1. Are funded by Washington Apple Health, but currently subject to a spenddown from the Department of Social and Health Services (DSHS).
2. Lose their Washington Apple Health coverage and do not fit any of the previously identified categories.

For individuals identified in this section (B 1-2), NSMHA shall allow for continuation of the current authorization for a period not to exceed 3 months from when Washington Apple Health is not active or end of the current authorization period, whichever is sooner*. Due to limited funding, individuals identified in this section are not eligible for initial authorization of outpatient services unless they qualify on some other basis. See below regarding the reauthorization process.

- C. Individuals 18 and older, with an income up to 200% of the Federal Poverty Level, may be served in PACT (Program of Assertive Community Treatment) as long as they were in the

program as of October 7, 2011 and have not closed their PACT treatment episode since that time.

- D. Individuals, in a current NSMHA outpatient episode or not, admitted to CLIP (Children's Long-Term Inpatient Program) facilities or WSH (Western State Hospital), returning to or entering NSMHA services upon discharge, and who are in need of care coordination from the CMHA to facilitate inpatient treatment and discharge planning.
 - 1. CMHAs should use the Rehabilitation Case Management CPT (Current Procedural Terminology/HCPCS [Healthcare Common Procedure Coding System]) code.

Reauthorization

- A. NSMHA shall authorize eligible individuals for medically necessary, State-funded services for a period not to exceed 3 months per reauthorization*.
- B. The determination whether to request reauthorization for an individual covered by State funding is the responsibility of the CMHA to be made in the context of medical necessity and availability of resources with the exception of individuals currently meeting one or both of the criteria in State Plan Outpatient Services – Section A above; a reauthorization is expected for these individuals.
 - 1. Examples of when it may be appropriate to request reauthorization may include, but not be limited to:
 - i. Individual at imminent risk of psychiatric hospitalization.
 - ii. Individual on a complex psychotropic medication regimen for which no prescriber outside the CMHA can be located.
 - iii. Individual improving in intensive services, but who needs time to transition in to a lower level of care prior to discharge from treatment.

***Re/Authorization Limit Exceptions**

- A. Providers may determine there are exceptional cases for which they want an authorization period longer than 3 months. This determination is left to the provider, but the rationale for the exception must be noted in the electronic authorization request in order for NSMHA to provide authorization for a period longer than 3 months.
- B. For individuals who become State-funded during their authorization period, it is the responsibility of the CMHA to request termination of the authorization from NSMHA. For termination of an authorization, see the Change in Mental Health Coverage (Loss of Coverage/Change in Payer) section of NSMHA Policy 1505 Authorization for Ongoing Outpatient Services.

Transfers and Coordination of Care

- A. For State-funded individuals where transfer or coordination of care with another CMHA is requested by the individual or appears clinically appropriate, the MHCP shall contact the second CMHA to determine if they have the funds to accept an individual covered by State funding.
 - 1. The MHCP shall have assisted the individual in attempting to obtain Washington Apple Health prior to transfer or coordinated of care whenever possible.

2. The MHCP shall give consideration to the length of the remaining authorization and need for continued services prior to initiating a transfer or coordination of care.
3. Refusal of transfer or coordinated services by a CMHA should be a rare occurrence. The CMHA initiating the transfer or coordinated services shall notify NSMHA when another CMHA refuses the request.

B. Transfers and coordination of care shall otherwise follow NSMHA Policy 1510.

ATTACHMENTS

None

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: Notices

PRESENTER: Charissa Westergard

COMMITTEE ACTION: Action Item FYI & Discussion FYI only

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

Implementation of providers issuing Notices when denying access to an intensive service program or in cases of Disagreement with Treatment Plan began in November 2014. NSMHA has received one provider-issued Notice since that time.

CONCLUSIONS/RECOMMENDATIONS:

Have all relevant staff been trained? How are Disagreements with Treatment Plans being resolved (between individual/family and clinical team, with second opinions or grievances) as Notices being sent? Is this a change? Have intensive programs not denied any requests for admission to the program (other than due to lack of capacity)? Are there other issues for consideration?

TIMELINES:

N/A

ATTACHMENTS:

Provider Issued Notice Instructions



Notice Completion - Instructions for BHAs

Issuance of Notices shall follow NSMHA Policy 1005 Notice Requirements. In the case of Outpatient Treatment Plan Disagreements, procedures in NSMHA Policy 1551 Resiliency/Recovery Plans shall be followed prior to issuance of a Notice. Situations leading to, or potentially leading to, issuance of a Notice will be reviewed by NSMHA periodically to determine that timelines and required steps, per the policies noted above, have been documented and followed. In documenting the Notice process, please keep in mind that records of complaints, grievances, and appeals shall be kept in confidential files separate from clinical records. In order to ensure consistency in these situations, NSMHA requests that each BHA identify a single designee or limited number of designees responsible for issuance of Notices.

When do I send a Notice and which Notice do I send?

The grid identifies who (NSMHA, VOA, BHA, or BHA Intensive Program) sends what type of Notice in particular situations (those for which BHAs are responsible are highlighted).

Situation	Notice Issued by			
	NSMHA	BHA	BHA (Intensive Program)	VOA (Inpatient UM)
Authorization of Routine Outpatient Services	NOD (Outpatient)			
Authorization of Psychiatric Inpatient Services				NOD (Inpatient)
Denial of an intake appointment (*NOAD would only be issued to an individual covered by state funds if they are eligible for an intake per NSMHA Policy 1574)	NOA/NOAD* (Outpatient)			
Denial of Routine Outpatient Services beyond Intake (authorization or reauthorization)	NOA/NOAD (Outpatient)			

Situation	Notice Issued by			
	NSMHA	BHA	BHA (Intensive Program)	VOA (Inpatient UM)
Individual wants continued services and BHA disagrees/plans to discharge from treatment episode		NOA/NOAD (Outpatient Tx Plan Disagreement)		
Individual wants continued services and BHA Intensive Program disagrees/plans to discharge from treatment episode or intensive program episode			NOA/NOAD (Outpatient Tx Plan Disagreement)	
Denial of Inpatient Psychiatric Services				NOA/NOAD (Inpatient)
Denial by NSMHA of requested type or intensity of outpatient service	NOA/NOAD (Outpatient)			
Denial by BHA Intensive Program of request for admission to the intensive program due to lack of eligibility			NOA/NOAD (Outpatient)	
Requested type or intensity of outpatient service not provided by BHA		NOA/NOAD (Outpatient Tx Plan Disagreement)		
Reduction, suspension, or termination of previously authorized services	NOA/NOAD (Outpatient)			

The type of Notice (NOD, NOA, or NOAD) to send is based on the individual’s funding source.

- Notices of Determination (NODs) are sent to both individuals with Washington Apple Health and those covered by State funds. There is an Outpatient and an Inpatient version; the version of the Notice is identified in the footer on the first page of the Notice.
- Notices of Action (NOAs) are sent to individuals with Washington Apple Health. There is a general Outpatient version, an Outpatient Treatment Plan Disagreement version, and

an Inpatient version; the version of the Notice is identified in the footer on the first page of the Notice.

- Notices of Adverse Determination (NOADs) are sent to individuals covered by State funds. There is a general Outpatient version, an Outpatient Treatment Plan Disagreement version, and an Inpatient version; the version of the Notice is identified in the footer on the first page of the Notice.

BHA/BHA Intensive Programs - How do I complete a NOA or NOAD when there is Disagreement with the Outpatient Treatment Plan?

1. Use the Outpatient Treatment Plan Disagreement version of the Notice (NOA or NOAD).
2. **“To”** - enter individual’s (or legal representative’s) name and address.
 - a. If the individual is 12 or younger, address the Notice to the parent/guardian and see 4a below.
 - b. If the individual is 13-17 years old, address the Notice to the individual but indicate in c/o the parent/guardian (this will have to go on the same line).
 - c. If the individual is 18 years old or older, address the Notice to the individual (you may decide to use the “c/o” option if there is a legal guardian).
3. **“Date”** - enter the date the letter is mailed.
4. **“Service Type” and/or “Service Intensity”** - mark whether the disagreement is about Service Type and/or Service Intensity and then describe what the individual/family has indicated they want (e.g., individual treatment, intensive services program, to be seen 3x/week, etc).
 - a. If the individual is 12 or younger, identify the individual by name (e.g., request for individual treatment for Johnny Doe; use the individual’s full name as the last name of the individual is not always the same as that of the parent/guardian),
5. **“In response to...”** - indicate what the BHA decision is in response to the individual’s request (e.g., group treatment, routine outpatient services, appointments 1x/week, etc). The decision may be to continue what was already offered in the previous treatment planning discussions or it may be to offer something different than was previously offered, but still not what the individual is requesting.
6. **“Effective Date”** - Enter the date the BHA decision is effective. This is frequently the same as the date the Notice is mailed (i.e., the Notice should be mailed in a timely manner in relation to the date the decision is effective).
7. **“The reason for this decision is”** - mark whether the reason for the decision is because the service is not medically necessary (the more common option) or other and indicate why by including one of the following reasons*:

- a. Best options to use for discharge from treatment
 - i. You have substantially met your goals for this episode of care.
 - ii. It has been determined that the concern(s) for which you requested help does not appear to be the result of a covered diagnosis.
 - iii. You appear to be managing your current needs well enough that you do not qualify for continued mental health services in our system at this time.
 - iv. The likelihood that your needs can be addressed successfully at this time is seriously limited as (fill in the blank; examples – mental health treatment has not improved treatment participation; re-engagement attempts have not improved treatment participation; treatment with medication is clinically indicated, but you do not want to pursue that option; etc).
 - v. Current treatment is not resulting in improvement and there are no other appropriate options proposed.
- b. Best options to use when a requested type or intensity of service will not be provided
 - i. The requested service is not covered.
 - 1. Note for BHA designee completing the Notice – “not covered” generally means not covered under the Service Encounter Reporting Instructions.
 - ii. There are other available services to meet your needs. These are the other services available: (BHA designee must identify suggested alternatives).
 - iii. The requested service is not related to treating a covered mental health issue.
 - iv. The requested service or service intensity is not likely to meet your needs or improve your condition or could make your condition worse.
 - v. The requested service or service intensity has already been tried and shown not to be the best fit for you.

*All of the reasons provided fall under the “not medically necessary” category. If you think your reason is not covered or need to use the “Other” category, you may contact Charissa Westergard at NSMHA (charissa_westergard@nsmha.org or 360-419-5628) for consultation if needed.

- 7. Make two (2) copies of the Notice.
 - a. Retain one copy for your records.

- b. Fax or **secure** email one copy to NSMHA (360-416-7017, Attn: Charissa Westergard; charissa_westergard@nsmha.org) within one business day of mailing the Notice to the individual/family.
8. Ensure that the Notice is mailed to the individual/family on the date identified on the Notice.

BHA Intensive Programs – How do I complete a NOA or NOAD when a request for admission to the program is denied*?

1. Use the Outpatient version of the Notice (NOA or NOAD).
2. **“To”** - enter individual’s (or legal representative’s) name and address.
 - a. If the individual is 12 or younger, address the Notice to the parent/guardian and see 4a below.
 - b. If the individual is 13-17 years old, address the Notice to the individual but indicate in c/o the parent/guardian (this will have to go on the same line).
 - c. If the individual is 18 years old or older, address the Notice to the individual (you may decide to use the “c/o” option if there is a legal guardian).
3. **“Date”** - enter the date the letter is mailed.
4. **“Your request for...will be”** – enter the name of the intensive program type here and select the **“Denied”** box.
 - a. If the individual is 12 or younger, identify the individual by name (e.g., Wraparound with Intensive Services (WISE) for Johnny Doe; use the individual’s full name as the last name of the individual is not always the same as that of the parent/guardian).
5. **“Effective Date”** - Enter the date the BHA decision is effective. This is frequently the same as the date the Notice is mailed (i.e., the Notice should be mailed in a timely manner in relation to the date the decision is effective).
6. **“The reason for this decision is”** - mark whether the reason for the decision is because the service is not medically necessary (the more common option) or other and indicate why by including one of the following reasons*:
 - a. It appears that your current services are meeting your needs.
 - b. There are other available services to meet your needs. These are the other services available that we suggest: (BHA designee identifies suggested alternatives).
 - c. The request for (insert intensive program type here) does not appear to be related to treating a covered mental health issue.
 - d. The request for (insert intensive program name here) is not likely to meet your needs or improve your condition or could make your condition worse.

- e. The request for (insert intensive program name here) has already been tried and shown not to be the best fit for you.

*All of the reasons provided fall under the “not medically necessary” category. If you think your reason is not covered or need to use the “Other” category, you may contact Charissa Westergard at NSMHA (charissa_westergard@nsmha.org or 360-419-5628) for consultation if needed.

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- 8. Ensure that the Notice is mailed to the individual/family on the date identified on the Notice

***PACT will continue the current screening process with the NSMHA designee prior to issuance of a Notice.**

NSMHA 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 November 15th 2014 Grievance System report sent to DBHR. It covers the period of April 2014 through September 2014.

Grievance System Processes

As noted in prior reports, DBHR changed the Grievance System and Grievance System reporting requirements. NSMHA has recently updated grievance system policies and reporting systems to be in line with our understanding of changing DBHR expectations.

NSMHA developed a web based portal to assist with some data collection and is using the web based system to report for the next period of October 2014 through March 2015.

For this period reported Grievance data, Enrollee appeal data, Notices of Action, Fair Hearings Filed, and Ombuds Cases.

Ombuds and providers also continued to collect complaint data and provide semiannual narrative reports to NSMHA through this period.

NSMHA also has an Internal Grievance Committee which reviews grievance system information. System recommendations may also be taken through the committee structure to Leadership Team and then QMOC.

CONCLUSIONS/RECOMMENDATIONS:

- 1. NSMHA anticipates an increase in grievances reported for the next period due to policy changes**
- 2. Review Status of Previous ongoing System Recommendations in the Report.**

TIMELINES: November 15th, 2014 Report (April 2014 through September 2014)

ATTACHMENTS: 1. November 15, 2014 Grievance System Report (NORTH SOUND MENTAL HEALTH ADMINISTRATION GRIEVANCE, FAIR HEARING, ACTION, and APPEAL SUMMARY April 2014 through September, 2014 with Grievance Reports and Notice of Action and Appeals Report

**NORTH SOUND MENTAL HEALTH ADMINISTRATION
GRIEVANCE, FAIR HEARING, NOTICE of ACTION and APPEAL SUMMARY
April, 2014 through September, 2014**

INTRODUCTION

NSMHA is working to report grievances, appeals, notices, and fair hearings to meet DBHR intentions. NSMHA revised our Grievance system policies, including our notice policy in 2014. We continue to be in the process of reviewing and revising our policies to be in line with changing DBHR expectations.

NSMHA continued utilizing reporting forms from DBHR and is also working to continue to collect grievances at both provider (level 1) and RSN (level 2).

GRIEVANCE, APPEAL, NOTICE of ACTION, and FAIR HEARING DATA

NSMHA is reporting Ombuds cases as the number of level 1 or 2 grievances with which Ombuds was involved. Ombuds have been involved in assisting us to understand their past reporting including resolution codes. As outlined previously, NSMHA Ombuds are able to assist individuals in the level 1 grievance process, level 2 grievance process, appeal process, and fair hearing process.

NSMHA anticipates an increase in grievance reporting for the next period due to grievance policy changes.

The grievance reporting this period was similar to the last report. There were 11 new grievances reported and we reported each level as a grievance at the top of the report forms. We reported 23 categories of issues across level 1 and level 2 grievances and will continue to work to have a common understanding with providers and Ombuds of these categories. We also plan to request additional clarification of the categories through RSN Administrator meetings. NSMHA intends to report RSN level 2 resolutions as other at this time.

There were 90 Notices of Action for this period, all for inpatient. This reflects an overall increase in Notices of Action for inpatient since the last period. NSMHA will be reviewing this data in the context of Medicaid expansion.

There were 4 Notices of Action for outpatient for this period and this continues to reflect NSMHA transition to new policies. Outpatient notices will be Notices of Action verses adverse determination for outpatient services for Medicaid enrollees. We anticipate an increase in reporting of Notices of Action for outpatient services next period.

There were no appeals by an enrollee reported. (See Attachments (1) PIHP Grievances (2) SMHC Grievances and (3) Notice of Action appeals report.

Two individuals requested a fair hearing and NSMHA reported the request even if it did not result in fair hearing as was outlined in prior instructions. One request involved multiple issues and we reported multiple issues at the point of initiation.

QUALITY MANAGEMENT PROCESSES and RECOMMENDATIONS

NSMHA continues to fine-tune our quality management processes and has continued to maintain an Internal Grievance Review Committee and our Leadership Team (LT)/Internal Quality Management Committee (IQMC). System recommendations related to the grievance system can be reviewed by NSMHA LT/IQMC and then taken to NSMHA Quality Management Oversight Committee (QMOC).

North Sound Regional Ombuds continue to provide quarterly reports and a semiannual summary of their recommendations for quality improvement or further study and review to Leadership Team/IQMC. Once approved by LT/IQMC, select recommendations may also be taken to QMOC. In addition, Ombuds also reports to our QMOC and Advisory Board.

NSMHA has also continued monthly meetings with Ombuds services. NSMHA continues to discuss integration of Ombuds recommendations with other grievance system recommendations and continues to review for system recommendations.

We have been focusing on policy changes and implication and will also be focusing on collecting data in a consistent method for quality management purposes. NSMHA providers and designees also use information in their internal quality management processes and plans and provide a semiannual summary of information to the NSMHA.

NSMHA Leadership Team (LT/IQMC) will review this summary report, identify any new recommendations, and review status of previous system recommendations summarized and reviewed below. The report will then be taken to NSMHA QMOC.

Ongoing System Recommendations through the QMOC processes that are related to the grievance system are summarized below:

1. **Expertise for Specialty Areas** Recommendation concerned contracting for assessments and/or second opinions in specialty areas (Dissociative Identity Disorder (DID), Post-Traumatic Stress Disorder (PTSD), Eating Disorders. The recommendation and discussion was to look for expertise in these areas within the network but not restrict ourselves to the network. NSMHA has also had broader discussions about trauma informed care.

NSMHA has been reviewing expertise within our network. Our Medical Director has also contacted resources outside of our network. The original discussion and recommendation was revised to exclude the term complex PTSD as this will not be a diagnosis in the DSM V.

NSMHA continues discussing this area. A NSMHA Care Coordinator has been reviewing this area and has developed a resource spreadsheet about for eating disorder providers. NSMHA Medical Director has contacted University of Washington as well.

We are continuing to work with Relias Learning (<http://www.reliaslearning.com/>) a web based training and tracking platform. Part of the product functionality may allow RSN/providers to identify specialized training.

***Update:** NSMHA has been reviewing trauma resources. NSMHA has also been discussing trauma informed care in our QMOC.*

2. **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, Ombuds, 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 QMOC.

The following recommendations were made to the NSMHA Planning Committee:

1. Develop a Dignity and Respect Campaign
2. Develop a Dignity and Respect Toolkit. The toolkit would include training resources, organizational self-assessments, etc.

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

The Dignity and Respect site page had been added to the NSMHA website and the dignity and respect pledge, part of the dignity and respect campaign, was initiated. Work was also done to begin an organizational self-assessment tool.

NSMHA also had contracted with the University of Pittsburgh Medical Center (UPMC) to assist us with developing and maintaining our dignity and respect campaign. The UPMC Campaign includes 3 toolkits to be implemented over a 3 year period. UPMC launched a national dignity and respect campaign in 2010. Linda Kehoe was hired as a consultant to assist with our Dignity and Respect Initiative.

NSMHA continues with the Dignity and Respect initiative and campaign and continues to have Dignity and Respect meetings with a variety of stakeholders, including Ombuds Services and providers. Linda Kehoe continues as the NSMHA Dignity and Respect Consultant. Multiple NSMHA providers have also continued their own dignity and respect campaigns.

Most recently NSMHA had a region wide Dignity and Respect Conference Celebrating Workplace Diversity.

***Update:** NSMHA will review next steps for Dignity and Respect Campaign and related efforts in this area. It was noted in QMOC that it would be beneficial to have more Peers involved in this process as it moves forward.*

- 3. Database for DBHR Reporting including Notices, Grievances, Appeals and Fair Hearings**
(Recommendation had been to develop a regional database for grievance system to track monitor and analyze data related to grievances and fair hearings.

NSMHA has been developing a database that is aligned with the new DBHR reporting requirements. This recommendation is being adjusted to reflect the revised DBHR reporting requirements regarding the grievance system including grievances and notice of action.

Update: NSMHA developed and implemented a web based portal to assist with current and future data collection. NSMHA will continue to review and revise systems for reporting.

RSN Grievance Report-- Medicaid Funded Services

Reporting Period April through September 1014

RSN Name NSMHA

Contact Name: Diana Striplin

Contact Number: (360) 416-7013

Total Unduplicated Number of Adult Grievances 11

Total Unduplicated Number of Children's Grievances

Category	Level 1 Grievances	Level 2 Grievances	Outstanding	Fair Hearings Filed
Adult (21 Yrs. and over)				
Access	2			
Dignity and Respect	3	2		
Quality/ Appropriateness		1		
Phone calls not returned				
Service -- Intensity, Not Available, Coordination	3			
Violation of Confidentiality				
Physicians and ARNPs	3	2		
Financial & Admin Svs				
<i>Residential</i>	1			
<i>Housing</i>		2		
<i>Transportation</i>				
Emergency Services				
Participation in Treatment		3		
Other Rights Violations		1		
Other				1
Total	12	11	0	1

Category	Level 1 Grievances	Level 2 Grievances	Outstanding	Fair Hearings Filed
Children (0-20 Yrs.)				
Access				
Dignity and Respect				
Quality/ Appropriateness				1
Phone calls not returned				
Service -- Intensity, Not Available, Coordination				
Violation of Confidentiality				
Physicians and ARNPs				1
Financial & Admin Svs				
<i>Residential</i>				
<i>Housing</i>				
<i>Transportation</i>				
Emergency Services				
Participation in Treatment				1
Other Rights Violations				1
Other				
Total	0	0	0	4

Resolutions	Level 1 Grievances	Level 2 Grievances	Outstanding from Last Period
Adult (21 Yrs. and over)			
Information/Referral	1		
Conciliation/Mediation	10		
Not Pursued	1		
Other		11	
Total	12	11	0

Resolutions	Level 1 Grievances	Level 2 Grievances	Outstanding from Last Period
Children (0-20 Yrs.)			
Information/Referral			
Conciliation/Mediation			
Not Pursued			
Other			5
Total	0	0	5

Ombuds Cases	
Level 1 Grievances	Level 2 Grievances
7	3

RSN Grievance Report-- State Funded Services Only

Reporting Period 4 2014 through 9 2014

RSN Name NSMHA

Contact Name: Diana Striplin

Contact Number: 360 416 7013

Total Unduplicated Number of Adult Grievances 0

Total Unduplicated Number of Children's Grievances 0

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

Category	Level 1 Grievances	Level 2 Grievances	Outstanding	Fair Hearings Filed
Children (0-20 Yrs.)				
Access				
Dignity and Respect				
Quality/ Appropriateness				
Phone calls not returned				
Service -- Intensity, Not Available, Coordination				
Participation in Treatment				
Physicians and ARNPs				
Financial & Admin Svs				
Residential				
Housing				
Transportation				
Emergency Services				
Violation of Confidentiality				
Other Rights Violations				
Other				
Total	0	0	0	0

Resolutions	Level 1 Grievances	Level 2 Grievances	Outstanding from Last Period
Adult (21 Yrs. and over)			
Info/Referral			
Conciliation/Mediation			
Not Pursued			
Other			
Total	0	0	0

Resolutions	Level 1 Grievances	Level 2 Grievances	Outstanding from Last Period
Children (0-20 Yrs.)			
Info/Referral			
Conciliation/Mediation			
Not Pursued			
Other			
Total	0	0	0

Ombuds Cases	
Level 1 Grievances	Level 2 Grievances
0	0

RSN Notice of Action and Appeals Report

PIHP:

NSMHA

Report Period:

April through September 2014

APPEALS FILED			Type of Appeal				Resolutions			
	Adults	Children	Expedited Appeal (3 Days)	Standard Appeal (45 Days)	Extended Appeal (59 Days)	Ombuds Cases	In Favor of Enrollee	Partially in Favor of Enrollee	Appeal Denied	Pending
Denials										
Reductions										
Suspensions										
Terminations										
Disagreement with Treatment Plan										
Total	0	0	0	0	0	0	0	0	0	0

NOTICE OF ACTIONS				
	Adults		Children	
	Medicaid Outpatient	Medicaid Inpatient	Medicaid Outpatient	Medicaid Inpatient
Denials	4	50	0	40
Reductions				
Suspensions				
Terminations				
Disagreement with Treatment Plan				
Total	4	50	0	40