

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

OCTOBER 1, 2008 THROUGH MARCH 31ST, 2009

### INTRODUCTION

NSMHA continues to report quarterly grievance, fair hearing, appeal, and denial data in accordance with the Mental Health Division's reporting templates and requirements.

NSMHA continues to collect complaint data in a separate format, on a semiannual basis, as complaints account for the majority of complaint, grievance, and fair hearing information used for quality management activities. NSMHA also aggregates complaint, grievance, fair hearing, denial, and appeal data on a semiannual basis.

NSMHA has collected and maintained overall complaint, grievance, and fair hearing data since 1999 and denial and appeal data since 2004. The NSMHA also continues to report and unduplicate this information through multiple reporting sources (Ombuds services, providers, designees, and NSMHA).

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

For this quarterly reporting period of January through March 2009 NSMHA will report grievances, fair hearings, appeals, and denials. NSMHA will also review aggregate data including complaint data for the semiannual period of October 2008 through March 2009 for quality management purposes.

### QUARTERLY GRIEVANCE, DENIAL, APPEAL, and FAIR HEARING DATA January 2009 through March 2009

There were 12 grievance or fair hearing cases and 38 occurrences, 63 denials, and no consumer appeals reported for January through March 2009.

### SEMIANNUAL COMPLAINT, GRIEVANCE, DENIAL, APPEAL, and FAIR HEARING DATA October 2008 through March 2009

There was an increase in reported grievance or fair hearing cases and occurrences over the past semiannual period and over the past year.

The overall number of overall complaint, grievance, or fair hearing occurrences reported increased substantially. It had been relatively steady over the previous four semiannual reporting periods. The overall number of cases reported shows only a slight increase as compared to the last several periods since the definition of case was last refined in October of 2007. (It is unclear how much of the fluctuation for cases reported in the past was due to the continuing efforts to refine the definition of case, with the last change coming in October of 2007).

Further analysis of the data shows that Ombuds reported an increased number of occurrences per case this period, than for previous periods, and that this accounts for much of the increase in occurrences reported.

The majority of complaints, grievances, and fair hearings filed continue to be for Medicaid consumers, but the percentage of cases and occurrences for State Funded consumers shows a slight increase over previous periods.

The categories that accounted for the most reported complaints for the current semiannual reporting period are: **Consumer Rights** 80 (17 %), **Dignity and Respect** 68 (14%), **Physicians and Medications** 56 (12%), **Other** 41 (9%), and **Service-Intensity, not available, coordination** 39 (8%).

**Consumer Rights** 129 (16%), **Dignity and Respect** 109 (13%), **Physicians and Medications** 97 (12%), **Other** 95 (11%), and **Service-Intensity, not available, coordination** 84 (10%) accounted for the most reported complaints over the past year.

When combined, *Dignity and Respect and Consumer Rights* accounted for 148 (31%) of the reported occurrences for the current semiannual period and 238 (29%) for the past year. (*Dignity and Respect* is one of the consumer rights).

The category of *Other* has shown a decrease since the three newer statewide categories (violation of confidentiality, participation in treatment, and access to inpatient) were separated out of this category in NSMHA tables. NSMHA will work with Ombuds Services and other reporters to review how the category of other is being used for the remaining occurrences.

The number of denials reported remains lower over the past three semiannual periods (October 2007 through March 2009) than for previous periods. Denials reported for children/youth have been lower than for adults, over the past 2 reporting periods, which is a departure from most prior reporting periods. The number of denials reported for inpatient services increased this period.

NSMHA has been restructuring the notice process in response to Mental Health Division changes of the definition of "Denial" and anticipates decreases in Notices of Action once implementation is complete.

There were two consumer appeals. NSMHA has processed 38 consumer appeals since implementation of the authorization process in June of 2004. (In addition to the consumer appeals process NSMHA maintains inpatient provider appeal and dispute processes. Inpatient provider appeals and disputes are not included in this appeal data).

#### **BROAD and CONSISTENT REPORTING**

NSMHA continues to work towards broad and consistent reporting of complaints across multiple reporting sources. Part of this goal includes capturing concerns that occur at the provider level when consumers are not involved in Ombuds services.

For October 2008 through March 2009 providers reported 33% of the cases and 19% of the occurrences and Ombuds reported 65% of the cases and 79% of the occurrences. Ombuds services continue to report more occurrences per case than providers. As outlined above Ombuds reported more occurrences per case than in previous periods.

Increased reliability in the reporting process is an area identified for continuous quality improvement. NSMHA and Ombuds services will continue semi-annual training on reporting with the goal of increasing the reliability of the reporting process.

#### **QUALITY MANAGEMENT PROCESSES**

Information about complaints, grievances, appeals, denials, and fair hearings remains central to NSMHA and provider's quality management processes. NSMHA will continue to collect and use aggregate data, single complaints and grievances with system implications, and patterns of clusters of complaints to identify areas for further study and review and continuous quality improvement.

NSMHA is the process of restructuring the quality management committee process. NSMHA has developed a Leadership Committee and Grievance Committee which will review complaint and grievance reports and information, including Ombuds services recommendations, and make recommendations to QMOC for continuous quality improvement or further study and review.

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

Provider and designee Complaint, Grievance, Appeal, and Fair Hearings processes have also been incorporated into the annual audit process and were a focus area in the 2008/2009 administrative audit process.

The focus areas reviewed in the 2008/2009 audit process included:

- Dignity, Respect and Recovery related to the complaint and grievance system.
- Quality Management System-How information related to consumer complaints and grievances is incorporated into the provider Quality Management System.
- Complaint, Grievance, Appeal, and Fair Hearing Policies.
- Complaint and Grievance Logs and Files.

NSMHA Ombuds services also continue to provide a semiannual summary of their data and recommendations for quality improvement.

Due to the quality management restructuring, the Complaint, Grievance, Appeal, Denial, and Fair Hearing Semiannual Report for April 2008 through September 2008 has not yet been through the quality management committee structure.

NSMHA will review the current complaint and grievance data and report, make recommendations for further study and review or quality improvement, present these recommendations to the Quality Management Oversight Committee, and report progress on ongoing quality management recommendations.

NSMHA continues to monitor several corrective action processes that resulted from grievances. The corrective action processes involve continuation of services during the grievance process, delivery and authorization of services following the assessment process, discussion of funding with consumers, and the scope of services provided and the hours of operation at a Drop-In Center.

Ongoing Quality Management Recommendations or activities include:

- ✓ Follow up with Compass Health to assure that the shortage of case management services during the **transition to modified fee for service contracts** has been resolved.
- ✓ Further study and review of **Dignity and Respect** and **Consumer Rights**.
- ✓ Evaluation of best practices related to **eating disorders**, clarification of RSN responsibility for eating disorders, and identification and development of continuum of care for eating disorders within the network and/or out of the network.
- ✓ Development of a **regional database** for Complaints, Grievances, and Fair Hearings.
- ✓ Review of the current status of the **trauma project** in the region.
- ✓ Consolidation of efforts towards review of **inpatient capacity, inpatient reduction, and diversion**.
- ✓ Further study and review of **medication management services**, including access and triage to medication management services, medication management capacity, and discharge from medication management services.
- ✓ Further study and review of the processes used to gather information and records during the **region wide access process** from the initial call to access through the assessment process.

Complaint, grievance and appeal data has been one factor in regional quality improvement efforts towards:

- ✓ Developing a clinical practice guideline for **Adult Attention Deficit Hyperactivity Disorder (ADHD)**.
- ✓ Increasing **Flex Funds**.
- ✓ Providing **trauma based services**.
- ✓ Providing region wide training regarding treatment of **eating disorders**.
- ✓ 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**.

**NORTH SOUND MENTAL HEALTH ADMINISTRATION  
COMPLAINT, GRIEVANCE, APPEAL, DENIAL, AND FAIR HEARING  
SEMIANNUAL REPORT  
OCTOBER 1, 2008 through MARCH 31st, 2009**

## **I. INTRODUCTION**

NSMHA continues to report quarterly grievance, fair hearing, appeal, and denial data in accordance with the Mental Health Division's reporting templates and requirements. NSMHA also continues to collect complaint data in a separate format, on a semiannual basis, as complaints account for the majority of complaint, grievance, and fair hearing information used for quality management activities. NSMHA also aggregates complaint, grievance, fair hearing, denial, and appeal data on a semiannual basis.

NSMHA has collected and maintained overall complaint, grievance, and fair hearing data since 1999 and denial and appeal data since 2004. NSMHA also continues to report and unduplicate this information through multiple reporting sources (Ombuds services, providers, designees, and NSMHA).

NSMHA has made it a goal to work towards broad and consistent reporting of complaints and grievances across multiple reporting sources. Part of this goal includes capturing concerns that occur at the provider level when consumers are not involved in Ombuds services.

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

NSMHA has been undergoing a process to restructure the quality management process including the quality management committee structure and process. Therefore the last semiannual report has not yet been through the quality management committee structure.

In this report we will:

- Provide a brief overview of quarterly grievance, denial, appeal and fair hearing, data for January through March 2009.
- Provide semiannual data for complaints, grievances, denials, appeals and fair hearings for October 2008 through March 2009.
- Provide a brief overview of any follow-up from previous quality management activities or recommendations that involve complaints, grievances, appeals, denials or fair hearings.
- Provide a summary of recently completed quality improvement initiatives.
- Provide an overview of internal provider quality improvement activities and Ombuds services recommendations.
- Outline future plans.

## **II. QUARTERLY GRIEVANCE, APPEAL, DENIAL, AND FAIR HEARING DATA JANUARY 2009 THROUGH MARCH 2009**

There were 12 grievance or fair hearing cases and 38 occurrences, 63 denials, and no consumer appeals reported for January through March 2009. *(See Attachments A (1) PIHP Medicaid Grievances, Fair Hearings, and Actions, and (2) RSN State Funded Grievances and Fair Hearings, and Attachment B Notice of Action Appeals Report).*

## **III. SEMIANNUAL COMPLAINT, GRIEVANCE, APPEAL, DENIAL, AND FAIR HEARING DATA OCTOBER 2008 THROUGH MARCH 2009**

### **A. Grievance and Fair Hearing Data**

There was an increase in reported grievance or fair hearing cases and occurrences as compared to previous periods. Twenty-five cases (25) and 81 occurrences were reported for October 2008 through March 2009 as compared to 19 cases and 63 occurrences, 9 cases and 25 occurrences, 13 cases and 39 occurrences, 17 cases and 40 occurrences, 7 cases and 7 occurrences, and 12 cases and 20 occurrences for the previous six semiannual reporting periods.

There has also been an increase in reported grievances over the past year. Forty four grievance or fair hearing cases and 144 occurrences were reported over the past year.

### **B. Denial and Appeal Data**

#### **1. Denials**

The number of denials reported remains lower over the past three semiannual periods (October 2007 through March 2009) than for previous periods. There were 112 denials reported for October 2008 through March 2009, ninety six were for outpatient services and sixteen were for inpatient services. Denials reported for children/youth have been lower than for adults, over the past 2 reporting periods, which is a departure from most prior reporting periods. The number of denials reported for inpatient services increased this period.

NSMHA has been restructuring the notice process in response to Mental Health Division changes of the definition of “Denial” and anticipates decreases in Notices of Action once implementation is complete.

#### **2. Appeals**

There were two consumer appeals reported for October 2008 through March 2009. NSMHA has processed 38 consumer appeals since implementation of the authorization process in June of 2004. In addition to the consumer appeal process NSMHA maintains inpatient provider appeal and dispute processes. Inpatient provider appeals and disputes are not included in this appeal data.

The NSMHA has developed a table to track the number of reported denials and consumer appeals over time (*See Attachment D—Table 3-NSMHA Appeals and Denials over Time*).

### **C. Overall Complaint, Grievance and Fair Hearing Data**

There were 230 cases and 471 occurrences reported as compared to 215 cases and 361 occurrences for the previous semiannual period. The number of overall complaint, grievance, or fair hearing occurrences reported increased substantially. It had been relatively steady over the previous four semiannual reporting periods.

The number of cases reported shows only a slight increase as compared to the last several periods since the definition of case was last refined in October of 2007. (It is unclear how much of the fluctuation for cases reported in the past was due to the continuing efforts to refine the definition of case).

Further analysis of the data shows that Ombuds reported an increased number of occurrences per case this period, than for previous periods, and that this accounts for much of the increase in occurrences reported.

The majority of complaints, grievances, and fair hearings filed continue to be for Medicaid consumers, but the percentage of cases and occurrences for State Funded consumers shows a slight increase over previous periods. Eighty two percent of the cases and eighty five percent of the occurrences reported were for Medicaid consumers.

The categories that accounted for the most reported complaints for October 2008 through March 2009 are: ***Consumer Rights*** 80 (17%), ***Dignity and Respect*** 68 (14%), ***Physicians and Medications*** 56 (12%), ***Other*** 41 (9%), and ***Service-Intensity, not available, coordination*** 39 (8%).

***Consumer Rights*** 129 (16%), ***Dignity and Respect*** 109 (13%), ***Physicians and Medications*** 97 (12%), ***Other*** 95 (11%), and ***Service-Intensity, not available, coordination*** 84 (10%) accounted for the most reported complaints over the past year.

As outlined in the last report, the category of **Other** had shown an increase in reporting over the past year. Part of the reason for this is that NSMHA had been collapsing the newer state categories of violation of confidentiality, participation in treatment, and access to inpatient into the category of “other”. NSMHA has separated out these 3 categories in the current tables so we can track them over time.

**Other** has shown a decrease since the three categories were separated out. NSMHA will work with Ombuds Services and other reporters to review how the category of other is being used for the remaining occurrences.

When combined, **Dignity and Respect and Consumer Rights** accounted for 148 (31%) of the reported occurrences for October 2008 through March 2009 and 238 (29%) for the past year. (*Dignity and Respect* is one of the consumer rights).

NSMHA has developed several tables to assist in identifying trends and provide information about complaints over time. The data in these tables includes complaints, grievances, and fair hearings for both Medicaid and State-funded consumers. (See *Attachments C – Table 1-Complaints, Grievances, and Fair Hearings Filed 4-2000-3-2009, Table 2-Complaints, Grievances, and Fair Hearings Filed-Past 6 months, Past Year, Since 4-2000, and Charts-Complaints, Grievances, and Fair Hearings Filed*).

#### **D. Broad and Consistent Reporting of Complaints**

As outlined above and in previous reports, NSMHA has made it a goal to work towards broad and consistent reporting of complaints and grievances across multiple reporting sources. Part of this goal includes capturing concerns that occur at the provider level when consumers are not involved in Ombuds services.

For October 2008 through March 2009 providers reported 33% of the cases and 19% of the occurrences and Ombuds reported 65% of the cases and 79% of the occurrences. Ombuds services continue to report more occurrences per case than providers. As outlined above Ombuds reported more occurrences per case than in previous periods. (See *Attachment E-Table 4-Percentage of Cases and Occurrences by Reporting Source 4-2003-3-2009 for additional information about cases and occurrences over time*).

As there have been few emergency services complaints reported by some NSMHA providers, broad and consistent reporting of emergency services complaints was identified as an area for quality improvement and addressed through the NSMHA Integrated Crisis Response System (ICRS) Committee. Broad and consistent reporting of complaints that involve children was also identified as an area for quality improvement.

Results for the latest semiannual reporting period show that emergency services complaints reported by providers remains low. (See *Attachment F-Table 5 Emergency Services Complaints by Reporting Source 4-2003-9-2009 for additional information about emergency services reporting over time*).

The number of cases and occurrences reported that involve children also remains low (13% of the cases and 9% of the occurrences) (See *Attachment C—Table 1 Kids--Complaints, Grievances, and Fair Hearings Filed 4-2000-3-2009 for information about complaint reporting for children over time*).

#### **IV. QUALITY MANAGEMENT RECOMMENDATIONS and ACTIVITIES from PREVIOUS SEMIANNUAL REPORTING PERIOD AND QUALITY MANAGEMENT CYCLE**

As outlined in previous reports, information about complaints, grievances, appeals, denials, and fair hearings remains central to NSMHA and provider’s quality management processes. As outlined above, and in previous reports, NSMHA is in the process of restructuring the quality management process including the quality management committee structure and process.

NSMHA will continue to collect and use aggregate data, single complaints and grievances with system implications, and patterns of clusters of complaints to identify areas for further study and review and continuous quality improvement.

In addition, complaint data has become increasingly more central to individual providers' internal quality management processes. Provider and designee Complaint, Grievance, Appeal, and Fair Hearing processes have also been incorporated into the annual audit process and were a focus area in the 2008/2009 administrative audit process. The focus areas reviewed in the 2008/2009 audit process included:

- Dignity, Respect and Recovery related to the complaint and grievance system.
- Quality Management System-How information related to consumer complaints and grievances is incorporated into the provider Quality Management System.
- Complaint, Grievance, Appeal, and Fair Hearing Policies.
- Complaint and Grievance Logs and Files.

NSMHA has discontinued the Internal Quality Management Committee (IQMC) which served to integrate areas for continuous quality improvement or further study and review, utilizing data and information from multiple sources. NSMHA has developed a Leadership Committee and Grievance Committee which will review complaint and grievance reports, including Ombuds services recommendations, and make recommendations to QMOC for continuous quality improvement or further study and review.

Due to the restructuring, the Complaint, Grievance, Appeal, Denial, and Fair Hearing Semiannual Report for April 2008 through September 2008 has not yet been through the quality management committee structure.

NSMHA will provide a brief summary and update of previous recommendations or quality management activities below:

#### **A. Corrective Action Processes**

As outlined in previous reports several grievances have resulted in a corrective action process with providers. Issues addressed in these corrective action processes include:

- Scope of Services and Hours of operation of a Drop-In Center provided by Compass Health.
- Continuation of services during the grievance process and delivery and authorization of services following the assessment process (Sea Mar).
- Discussion of funding with consumers (Compass Health).

*Update:* NSMHA has received and approved corrective action plans and will continue to monitor implementation of these plans.

**B. Case Management Services During Transition (Recommendation to follow up with Compass Health to determine whether the shortage of case management services during the transition to modified fee for service contracts has been resolved).**

Through complaint and grievance information Compass Health, Ombuds services, and NSMHA noted that there was a shortage of case management services during the transition to modified fee for service contracts. Compass Health has been addressing this issue in their internal quality management process and is monitoring the number of complaints related to this issue.

Compass Health reports that the number of complaints regarding availability of case management services has decreased and that efforts to stabilize the situation and provide adequate coverage appear to have resulted in a smaller than anticipated number of complaints. In addition, Ombuds services had not indicated that this issue continues to be an area of concern in their April through September 2008 semiannual report to NSMHA. NSMHA will follow up with Compass Health to close the loop on this recommendation.

*Update:* None

**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 is 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 will include the identification of objectives and an action plan designed to achieve those objectives. Two areas that have been identified to explore are: 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 remains a topic of required training on the NSMHA Regional Training Plan. The NSMHA 2008 Recovery Conference was held in October 2008. Dignity and Respect was the theme for this Conference.

**Update:** *There was an increase in occurrences reported regarding dignity and respect and consumer rights. Dignity and respect accounted for 68 (14%) of occurrences and Consumer Rights accounted for 80 (17%) of occurrences. The newer category of participation in treatment accounted for 16 (3%) of occurrences. NSMHA has not yet begun the system wide partnership.*

**D. Eating Disorders** (Recommendation for evaluation of best practices related to eating disorders, clarification of RSN responsibility for eating disorders, and identification and development of a continuum of care for eating disorders within the network and/or out of the network.)

As outlined in previous reports, NSMHA had received several grievances related to the treatment for eating disorders. In response to the grievances, NSMHA identified research-based treatments for eating disorders through a work group process that included providers, consumers, advocates, and NSMHA staff. The researched based treatments identified were 1). Cognitive –Behavioral Therapy, 2). Dialectical Behavior Therapy, and 3). The Maudsley Model.

NSMHA provided several region wide trainings through Federal Block Grant funding with an eating disorder expert and dietician with eating disorder expertise. In addition, NSMHA convened a workgroup to identify and facilitate solutions to barriers identified in the training and has provided consultation with an eating disorder expert. NSMHA also completed and adopted region wide practice guidelines for Adult Anorexia and Bulimia.

**Update:** *NSMHA has continued to provide monthly clinical consultation for providers with an eating disorder expert. The consultation will continue through September 2009. NSMHA has also planned a third region wide training for September of 2009. NSMHA will begin to collect information from providers on a quarterly basis about clinicians available to provide treatment for those with eating disorders.*

**E. Trauma Services** (Recommendation for review of current status of the trauma project in the region.)

In previous reports, we have discussed quality improvement efforts related to complaint and grievance data in the area of treatment for trauma and trauma-based disorders. We have also discussed that NSMHA and providers established a trauma disorder workgroup and although the workgroup has ended, the Regional Quality Management Committee (RQMC) would continue to work to increase the access to and quality of services for those with trauma-based disorders. We also reported that RQMC and QMOC approved four initial recommendations:

- 1. *Post Traumatic Stress Disorder (PTSD) Clinical Guidelines:*** *(The final revisions to the Post Traumatic Stress Disorder (PTSD) clinical guidelines for adults were completed, and the guidelines were approved by QMC, QMOC, and adopted by the NSMHA Board of Directors)*
- 2. *Trauma Screening Tool:*** *(A trauma screening tool was developed for use when trauma is suspected or reported. NSMHA reviewed the status of implementation of the trauma screening tool-Some providers have implemented use of the trauma screening tool while others have not)*
- 3. *Trauma Training:*** *(The NSMHA Regional Training Plan module for PTSD was completed and approved by RQMC and QMOC).*



**4. “Quality in Action” Presentations to QMOC by the Three Trauma Pilot Projects:** *Compass Health provided their “Quality in Action” presentation to QMOC completing the presentations.*

The four original workgroup recommendations have been completed.

**Update:** *NSMHA will begin to collect information from providers on a quarterly basis about clinicians available to provide treatment for adults and children with trauma based disorders. (NSMHA will also collect quarterly information from providers about clinicians available who can provide culturally competent services for individuals who identify as GLBT and for individuals with eating disorders).*

**F. Medication Management Services** (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.

NSMHA met to review the status of this objective and recommended continued work to complete the medication management study. NSMHA will review and summarize IS data regarding medication management services and review next steps to complete the study of medication management capacity in NSMHA.

**Update:** *The overall number of complaints reported about physicians and medications showed a slight increase in the most recent period as compared to the last four semiannual reporting periods where it had remained relatively stable. It should be noted that not all complaints reported about physicians and medications concern the issue of access to or capacity of medication management services. Ombuds services have reported that they have seen a shift in the types of complaints reported in this category and a decrease in those that concern access to medication management services.*

*A review of the data shows that complaints regarding physicians and medications accounted for the third most reported complaints in the current semiannual reporting period and over the past year.*

**G. Region Wide Access Process** (Recommendation for further study and review of the processes used to obtain information and records during the region wide Access process.)

As outlined in previous reports, the processes used to gather information and records during the Access process (from the initial call to Access through the assessment process) has been identified as an area for further study and review.

This recommendation was made in light of the need to establish consumer eligibility for services within a short time frame with the goal of maximizing the potential for complete information when establishing consumer eligibility for services. This recommendation had been postponed due to the restructuring of the region wide access and authorization process.

NSMHA had reviewed current access practices with VOA. VOA asks callers to bring any information that might be helpful to their assessment appointment and suggests callers bring a friend or family member to the assessment.

**Update:** *NSMHA recommends no further action on this recommendation at this time.*

**H. Inpatient Capacity** (Recommendation was for further study and review of inpatient capacity, Ombuds services concerns were one factor leading to further study and review of inpatient capacity).

As outlined in previous reports, after review in RQMC, the recommendation was made to refer inpatient capacity to Management Council and/or the NSMHA Planning Committee. RQMC consensus was that we cannot

compartmentalize approaches to this issue and that we need to create capacity and review the systems that are in place regarding inpatient services.

NSMHA had also discussed this recommendation in IQMC and revised the recommendation to be the consolidation of efforts towards review of inpatient capacity, inpatient reduction, and diversion as efforts had already begun towards hospital reduction and diversion. NSMHA had completed a Hospital Reduction work group and inpatient reduction was prioritized as one of six statewide performance indicators. The plan was for NSMHA to review the results of the Hospital Reduction work group and bring recommendation and action steps forward to RQMC and QMOC.

In addition, NSMHA and providers had been implementing programs to strengthen the continuum of care in the region. NSMHA and providers began PACT in Snohomish and Whatcom Counties as well as Children's Wraparound programs in all five counties.

Beginning August 1, 2007, the Mental Health Division and Health and Recovery Services Administration implemented state wide changes to the inpatient utilization management process. NSMHA anticipated that the new process would allow for better management of inpatient resources.

NSMHA in partnership with the Children's Administration and Snohomish County had also implemented the Children's Short Term High Intensity Program, which is one of the programs designed to assist in diverting children from needing to be hospitalized.

NSMHA had been planning to review inpatient objectives, provide a summary of recommendations in the context of the results of the original Hospital Reduction Workgroup, and provide a summary of the changes that have occurred in the inpatient process.

As there have been multiple changes to the inpatient system since the original Hospitalization Reduction Workgroup met, NSMHA recommends not proceeding with efforts to review the results of the original Hospital Reduction work group. Inpatient reduction has been prioritized as one of six statewide performance indicators, remains a goal on the NSMHA Quality Management Plan, and will be monitored through the Quality Management Plan Report Process.

***Update:** NSMHA will review this area including inpatient capacity through the quality management plan reporting process. If consumer concerns about inpatient capacity arise in the future NSMHA will revisit this area through the complaint and grievance reporting process.*

**I. Database for Complaints, Grievances, and Fair Hearings** (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 not yet begun to develop a regional database for complaints.*

## **V. COMPLETED 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:

- ✓ Developing a clinical practice guideline for **Adult Attention Deficit Hyperactivity Disorder (ADHD)**.
- ✓ Increasing **Flex Funds**.
- ✓ Ongoing efforts to provide **trauma based services**.
- ✓ 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.

## VI. PROVIDER QUALITY IMPROVEMENT ACTIVITIES and OMBUDS RECOMMENDATIONS

As outlined in previous reports, providers and designees continue to provide semiannual information to the NSMHA about how they use complaint, grievance, fair hearing, denial, and appeal information in their internal quality management processes. The NSMHA has also begun to collect information about how this information is integrated into provider Quality Management Plans. Ombuds services also provide semiannual information and recommendations to NSMHA.

### A. Provider Quality Improvement Activities

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

- Compass Health had reported that they continued to address the shortage of case management services during the transition to modified fee for service contracts in their internal quality management process, that efforts to stabilize the situation appear to have resulted in a smaller than anticipated number of complaints, and that they would continue to monitor this area. Compass Health has not reported continuing issues in this area.
- Compass Health had also focused on complaints related to physicians and medications and report that the number of complaints related to physicians and medications has continued to stabilize.
- Compass Health reports a somewhat disproportionate number of complaints from their Island County location, and that they will be reviewing the nature of those complaints in more detail to determine if there is a trend or pattern that can be identified.
- Catholic Community Services report that their quarterly quality management committee continues to review complaint information and reviews the themes of their complaint and grievance reports as a part of continuous quality improvement. Some themes reviewed by their quality management committee include:
  - Continued value of efforts to make the best match possible between client/family and clinician at the outset and assuring families that at the beginning they should feel free to discuss any concerns or complaints with clinicians/supervisors so that the issues can be addressed early on.
  - Additional work with their Snohomish County Site regarding complaint follow up and documentation.
  - Reinforcing the value of complaints (and grievances) as critical feedback that fosters learning and provides the opportunity for building even stronger relationships with consumers.
- Whatcom Counseling and Psychiatric Clinic (WCPC) In response to complaints and Grievances regarding Rainbow Center WCPC is in the process of reviewing all of Rainbow Centers' procedures via the Advisory Board. The Advisory Board also held a full day retreat, to include Advisory Board members, Staff and Peer Advocates. The purpose of this meeting was to discuss concerns regarding safety, leadership and roles. The Advisory Board has increased membership and now includes WCPC Executive and Board of Director membership.
- Lake Whatcom Center (LWC) reports continued implementation of consumer rights/dignity and respect training, which included a consumer presentation and consumer created dignity and respect poster. The training includes a module for all new staff. LWC reports a decrease in complaints related to dignity and respect and that they will collaborate with NSMHA efforts in this area.
- Lake Whatcom Center (LWC) - As a result of a grievance in the client confidentiality category LWC reviewed & revised the Oath of Confidentiality and provided staff training
- Lake Whatcom Center (LWC) - As a result of a consumer concern about access to the telephone at the Boarding Home, LWC installed toll free telephone service at the residential facility.

- Lake Whatcom Center (LWC)-has worked to improve letters of resolution sent to consumers to focus on recovery, to express a desire to hear concerns, and to reassure clients of a continuing commitment to ongoing training and development.
- Volunteers of America (VOA) they continue to continued to maintain a broad definition for complaints across their system at Care Crisis Response Services, provide continued focus on Customer Service as a Quality Improvement measure to ensure that all callers will receive excellent care, continue silent monitoring, and have included their Customer Service philosophy in their QM plan.
- Sea Mar reports that as a result of complaints and grievances they have been working to make sure that access to services are not delayed to consumers and have provided training regarding professionalism at one of their offices.
- bridgeways reports continued efforts to seek consumer feedback through consumer satisfaction surveys, asking consumers more directly regarding their experiences, and promoting their complaint and grievance procedures as well as those available through Ombuds. Seeking consumer feedback was included on bridgeways quality management plan.
- bridgeways reports dignity and respect is an area identified for continuous quality improvement and that staff training will be provided.
- Sunrise Services, Inc. reports that some of the complaints they received may be the result of insufficient availability of prescriber services. Sunrise Services is working aggressively to expand their prescriber capacity to decrease the length of forward scheduling of prescriber appointments and to provide increased back-up for prescribers when one of them is unexpectedly absent.
- Sunrise Services, Inc. reports they are also monitoring the caseload size and composition of their clinicians to determine when it may be necessary to increase the number of clinicians to accommodate consumer service needs.
- Interfaith reports that as a result of complaint information they are working to prioritize situations that require prompt attention or urgent appointments, that this area is being reviewed and revised frequently to accommodate consumers who are having an increase in symptoms, having difficulty adjusting to medication changes, and who are discharging from an inpatient setting.
- Interfaith reports they have also worked to improve response to telephone calls in a timely manner

### **B. Ombuds Services Recommendations**

Regional Ombuds services also provide a semi-annual summary of their data and recommendations for quality improvement. Many of the Ombuds recommendations for further study and review or quality improvement have been integrated into NSMHA quality improvement processes as outlined above. Ombuds and NSMHA will work to prioritize areas for further study and review or quality improvement. Ombuds services recommendations for quality improvement focus during this period included:

- Coordination with Home and Community Services (HCS) - Ombuds services recommend that NSMHA, Home & Community Services and the Long-Term Care community work together to develop appropriate community service plans for clients with primary diagnosis of dementia who no longer have the option of going to Western State Hospital or who will be discharged to our local communities.
- Seamless Access to medications upon discharge from Inpatient facilities-Ombuds services report that there are gaps between discharge from inpatient facilities and the receipt of medications from outpatient providers. Ombuds services recommended NSMHA review the processes and address this issue including addressing the issue with local inpatient facilities, and reviewing outpatient provider processes.
- Peer Counselor Education-Ombuds services recommend NSMHA encourage those teaching the peer counselor courses to incorporate a training program on resolving employee problems.
- Hospital and Evaluation & Treatment Facility Procedures for Assaultive/Violent Behavior- Ombuds services recommends NSMHA work with the region's hospitals to ensure physical protection of hospital staff from patients who are suffering a psychotic break and who may be violent.

- Dignity and respect-Ombuds services recommend continued efforts focused on dignity and respect, particularly during times of funding cuts.

## VI. FUTURE PLANS

- (1). NSMHA continues to restructure the quality management system and quality management committee process to integrate and synthesize quality management information, provide continuity regarding quality management recommendations, and close the loop once recommendations have been achieved.
- (2). NSMHA continues to work towards broad and consistent reporting of complaints across multiple reporting sources and will continue to work towards increased reliability in reporting. Creating a database to collect complaint information may assist with the increased reliability of the reporting process.
- (3). NSMHA will review the current complaint and grievance data and report, make recommendations for further study and review or quality improvement, present these recommendations to QMOC, and report progress on ongoing quality management recommendations.
- (3). In addition to reviewing the aggregate data in these reports to identify any trends; individual complaints, grievances, or appeals with system implications, or patterns or clusters of complaints, grievances, or appeals with system implications will be reviewed and used to generate quality improvement activities or identify areas for further study and review. NSMHA will continue to work closely with Ombuds services to address any emerging patterns or clusters of complaints and incorporate this information into quality management processes.
- (4). NSMHA will also continue the practice of reviewing grievances or appeals that result in the reversal of the original authorization decision in order to ensure this process is reliable, adheres to standards, and identifies areas for potential quality improvement.
- (5). NSMHA and providers will continue to collaborate to use information about complaints, grievances, appeals, denials, and fair hearings as opportunities for quality improvement.
- (6). NSMHA has been restructuring the notice process in response to Mental Health Division changes of the definition of “Denial” and anticipates decreases in Notices of Action once implementation is complete.
- (7). NSMHA continues to incorporate provider and designee complaint and grievance processes into the administrative audit process on an ongoing basis. Provider and designee complaint and grievance processes were a focus area in the 2008/2009 administrative audit process and included four areas of review:
  - Dignity, Respect and Recovery related to the complaint and grievance system.
  - Quality Management System-How information related to consumer complaints and grievances is incorporated into the provider Quality Management System.
  - Complaint, Grievance, Appeal, and Fair Hearing Policies.
  - Complaint and Grievance Logs and Files.
- (8). NSMHA revised the regional complaint, grievance, appeal, notice, and fair hearing policies and will continue to update policies as needed.

07-09 Report - PIHP - Medicaid Services Only

ATTACHMENT A-PIHP

**PIHP Name** North Sound Mental Health Ad **Contact Name:** Diana Striplin **Reporting Period:** January 2009 to March 2009  
**Contact Phone No.** (360)416-7013 **(Month and Year)**

**Total Unduplicated Number of Adult Cases** 11

**Total Unduplicated Children Cases** 1

<b>Occurrence</b>					
	<b>CMHA Grievances</b>	<b>PIHP Grievances</b>	<b>Fair Hearings</b>	<b>Outstanding</b>	<b>Denials</b>
<b>Adult (21 Yrs. and over)</b>					
Access to Outpatient	1	1			30
Dignity and Respect	3	2		3	
Quality/ Appropriateness		1			
Phone calls not returned					
Service -- Intensity, Not Available, Coordination	1	2	1	1	
Consumer Rights	5	4	1	2	
Physicians & Medications	3				
Financial & Admin Svs	1				
Transportation					
Emergency Services	1		1	1	
Access to Inpatient		1			5
Violation of Confidentiality					
Participation in Treatment		3	1	1	
Other	3			2	
<b>Total</b>	<b>18</b>	<b>14</b>	<b>4</b>	<b>10</b>	<b>35</b>

<b>Occurrence</b>					
	<b>CMHA Grievances</b>	<b>PIHP Grievances</b>	<b>Fair Hearing</b>	<b>Outstanding</b>	<b>Denials</b>
<b>Children (0-20 Yrs.)</b>					
Access to Outpatient					23
Dignity and Respect					
Quality/ Appropriateness					
Phone calls not returned					
Service -- Intensity, Not Available, Coordination	1				
Consumer Rights					
Physicians & Medications					
Financial & Admin Svs					
Transportation					
Emergency Services					
Access to Inpatient					5
Violation of Confidentiality					
Participation in Treatment					
Other	1				
<b>Total</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>28</b>

<b>Resolutions</b>				
	<b>CMHA Grievances</b>	<b>PIHP Grievances</b>	<b>Fair Hearings</b>	<b>Outstanding from Last Period</b>
<b>Adult (21 Yrs. and over)</b>				
Info/Referral	2	3		
Referral to QRT				
Conciliation/Mediation	12	1		3
Arbitration				2
Fair Hearing				
Other				
Not Pursued		4	4	
<b>Total</b>	<b>14</b>	<b>8</b>	<b>4</b>	<b>5</b>

<b>Resolutions</b>				
	<b>CMHA Grievances</b>	<b>PIHP Grievances</b>	<b>Fair Hearing</b>	<b>Outstanding from Last Period</b>
<b>Children (0-20 Yrs.)</b>				
Info/Referral				
Referral to QRT				
Conciliation/Mediation	2			
Arbitration				
Fair Hearing				
Other				
Not Pursued				
<b>Total</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>

**RSN Name** North Sound Mental Health Ac **Contact Name:** Diana Striplin  
**Contact Phone #:** (360) 416-7013

**Reporting Period:** January 2009 to March 2009  
*(Month and Year)*

Total Unduplicated Number of Adult Cases 0

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

Total Unduplicated Number of Children Cases 0

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

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

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

**PIHP Notice of Action Appeals Report 05-07**

ATTACHMENT B

PIHP NSMHA Diana Striplin

Report Period January -March 2009

Expedited Appeals	<b>ADULTS</b>		<b>Resolutions</b>		
	Resolution within 3 working days		Wholly in favor of Enrollee	Partially in favor of Enrollee	Appeal Denied
Referred to Standard Appeals	0				
Denials	0				
Reduction	0				
Suspensions	0				
Terminations	0				
<b>Total</b>	<b>0</b>				

Expedited Appeals	<b>CHILDREN</b>		<b>Resolutions</b>		
	Resolution within 3 working days		Wholly in favor of Enrollee	Partially in favor of Enrollee	Appeal Denied
Referred to Standard Appeals	0				
Denials	0				
Reduction	0				
Suspensions	0				
Terminations	0				
<b>Total</b>	<b>0</b>				

Standard Appeals			<b>Resolutions</b>		
	Resolution within 45 days		Wholly in favor of Enrollee	Partially in favor of Enrollee	Appeal Denied
Denials	0				
Reduction	0				
Suspensions	0				
Terminations	0				
<b>Total</b>	<b>0</b>				

Standard Appeals			<b>Resolutions</b>		
	Resolution within 45 days		Wholly in favor of Enrollee	Partially in favor of Enrollee	Appeal Denied
Denials	0				
Reduction	0				
Suspensions	0				
Terminations	0				
<b>Total</b>	<b>0</b>				

Standard Appeals			<b>Resolutions</b>		
	Resolution within 59 days		Wholly in favor of Enrollee	Partially in favor of Enrollee	Appeal Denied
Denials	0				
Reduction	0				
Suspensions	0				
Terminations	0				
<b>Total</b>	<b>0</b>				

Standard Appeals			<b>Resolutions</b>		
	Resolution within 59 days		Wholly in favor of Enrollee	Partially in favor of Enrollee	Appeal Denied
Denials	0				
Reduction	0				
Suspensions	0				
Terminations	0				
<b>Total</b>	<b>0</b>				





ATTACHMENT C - Adults  
**TABLE 1 - COMPLAINTS, GRIEVANCES, FAIR HEARINGS FILED**  
 REPORTING FROM 4/1/2000 through 3/31/2009

OCCURRENCES - (Includes occurrences of complaints, grievances, and fair hearings files)	TIME PERIOD																																							
	4/1/2000 - 9/30/2000		10/1/2000 - 3/31/2001		4/1/2001 - 9/30/2001		10/1/2001 - 3/31/2002		4/1/2002 - 9/30/2002		10/1/2002 - 3/31/2003		4/1/2003 - 9/30/2003		10/1/2003 - 3/31/2004		4/1/2004 - 9/30/2004		10/1/2004 - 3/31/2005		4/1/2005 - 9/30/2005		10/1/2005 - 3/31/2006		4/1/2006 - 9/30/2006		10/1/2006 - 3/31/2007		4/1/2007 - 9/30/2007		10/1/2007 - 3/31/2008		4/1/2008 - 9/30/2008		10/1/2008 - 3/31/2009		4/1/2000 - 3/31/2009			
	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total		
Unduplicated Number of Cases								137		159		180		225		193		251		215		176		185		130***		160***		154***		189 <sup>1</sup>		179		201 <sup>1</sup>		2,734		
Access*	17	10%	34	22%	24	15%	8	5%	25	15%	20	10%	37	14%	25	11%	40	14%	33	13%	33	15%	30	10%	23	11%	28	9%	19	6%	14	4%	12	4%	21	5%	443	10%		
Dignity and Respect	10	6%	23	15%	15	9%	26	16%	17	10%	17	8%	19	7%	7	3%	15	5%	21	8%	13	6%	31	10%	29	14%	41	13%	50	16%	26	8%	40	13%	66	15%	466	10%		
Quality/Appropriateness **	32	20%	21	13%	32	20%	35	22%	18	11%	22	11%	22	8%	5	2%	9	3%	9	3%	3	1%	7	2%	11	5%	29	9%	24	8%	25	8%	4	1%	26	6%	334	7%		
Phone Calls Not Returned	1	1%	5	3%	1	1%	2	1%	2	1%	2	1%	2	1%	3	1%	7	2%	9	3%	15	7%	12	4%	13	6%	5	2%	13	4%	11	3%	6	2%	11	3%	120	3%		
Service - Intensity, Not Available, Coordination	30	19%	9	6%	19	12%	10	6%	17	10%	29	14%	20	8%	35	16%	47	16%	28	11%	13	6%	11	4%	12	6%	16	5%	10	3%	17	5%	37	12%	34	8%	394	9%		
Consumer Rights	24	15%	18	11%	14	9%	7	4%	15	9%	17	8%	19	7%	25	11%	30	10%	32	12%	40	18%	66	22%	22	10%	35	11%	48	15%	55	17%	44	14%	80	19%	591	13%		
Physicians & medications	11	7%	7	4%	12	7%	24	15%	11	7%	14	7%	29	11%	25	11%	20	7%	35	13%	30	14%	43	14%	33	16%	45	15%	48	15%	40	13%	36	12%	52	12%	515	12%		
Residential	1	1%	3	2%	2	1%	9	6%	17	10%	11	5%	7	3%	12	5%	1	0%	3	1%	2	1%	1	0%	0	0%	7	2%	5	2%	9	3%	3	1%	0	0%	93	2%		
Housing	28	17%	13	8%	6	4%	11	7%	8	5%	10	5%	11	4%	15	7%	27	9%	29	11%	21	10%	23	8%	15	7%	29	9%	26	8%	23	7%	20	6%	23	5%	338	8%		
Financial & Admin Svcs.	4	2%	6	4%	7	4%	6	4%	8	5%	9	4%	21	8%	17	8%	55	19%	30	11%	19	9%	39	13%	14	7%	24	8%	34	11%	20	6%	22	7%	33	8%	368	8%		
Transportation		0%	2	1%	1	1%	1	1%	0	0%	0	0%	0	0%	2	1%	0	0%	2	1%	1	0%	4	1%	2	1%	4	1%	2	1%	2	1%	3	1%	0	0%	26	1%		
Emergency Services		0%	12	8%	21	13%	14	9%	20	12%	34	17%	44	17%	38	17%	31	11%	21	8%	21	10%	14	5%	23	11%	36	12%	30	9%	48	15%	38	12%	21	5%	466	10%		
Access to Inpatient	0 <sup>2</sup>	0% <sup>2</sup>	0 <sup>2</sup>	0% <sup>2</sup>	0 <sup>2</sup>	0% <sup>2</sup>	0 <sup>2</sup>	0% <sup>2</sup>	0 <sup>2</sup>	0% <sup>2</sup>	0 <sup>2</sup>	0% <sup>2</sup>	0 <sup>2</sup>	0% <sup>2</sup>	0 <sup>2</sup>	0% <sup>2</sup>	0 <sup>2</sup>	0% <sup>2</sup>	0 <sup>2</sup>	0% <sup>2</sup>	0 <sup>2</sup>	0% <sup>2</sup>	0 <sup>2</sup>	0% <sup>2</sup>	0 <sup>2</sup>	0% <sup>2</sup>	0 <sup>2</sup>	0% <sup>2</sup>	0 <sup>2</sup>	0% <sup>2</sup>	0 <sup>2</sup>	0% <sup>2</sup>	0 <sup>2</sup>	0% <sup>2</sup>	2 <sup>2</sup>	0% <sup>2</sup>	2 <sup>2</sup>	0% <sup>2</sup>		
Violation of Confidentiality	0 <sup>2</sup>	0% <sup>2</sup>	0 <sup>2</sup>	0% <sup>2</sup>	0 <sup>2</sup>	0% <sup>2</sup>	0 <sup>2</sup>	0% <sup>2</sup>	0 <sup>2</sup>	0% <sup>2</sup>	0 <sup>2</sup>	0% <sup>2</sup>	0 <sup>2</sup>	0% <sup>2</sup>	0 <sup>2</sup>	0% <sup>2</sup>	0 <sup>2</sup>	0% <sup>2</sup>	0 <sup>2</sup>	0% <sup>2</sup>	0 <sup>2</sup>	0% <sup>2</sup>	0 <sup>2</sup>	0% <sup>2</sup>	0 <sup>2</sup>	0% <sup>2</sup>	0 <sup>2</sup>	0% <sup>2</sup>	0 <sup>2</sup>	0% <sup>2</sup>	0 <sup>2</sup>	0% <sup>2</sup>	0 <sup>2</sup>	0% <sup>2</sup>	0 <sup>2</sup>	0% <sup>2</sup>	9 <sup>2</sup>	2% <sup>2</sup>	9 <sup>2</sup>	0% <sup>2</sup>
Participation in Treatment	0 <sup>2</sup>	0% <sup>2</sup>	0 <sup>2</sup>	0% <sup>2</sup>	0 <sup>2</sup>	0% <sup>2</sup>	0 <sup>2</sup>	0% <sup>2</sup>	0 <sup>2</sup>	0% <sup>2</sup>	0 <sup>2</sup>	0% <sup>2</sup>	0 <sup>2</sup>	0% <sup>2</sup>	0 <sup>2</sup>	0% <sup>2</sup>	0 <sup>2</sup>	0% <sup>2</sup>	0 <sup>2</sup>	0% <sup>2</sup>	0 <sup>2</sup>	0% <sup>2</sup>	0 <sup>2</sup>	0% <sup>2</sup>	0 <sup>2</sup>	0% <sup>2</sup>	0 <sup>2</sup>	0% <sup>2</sup>	0 <sup>2</sup>	0% <sup>2</sup>	0 <sup>2</sup>	0% <sup>2</sup>	0 <sup>2</sup>	0% <sup>2</sup>	15 <sup>2</sup>	3% <sup>2</sup>	15 <sup>2</sup>	0% <sup>2</sup>		
Other	4	2%	5	3%	8	5%	7	4%	8	5%	16	8%	30	11%	13	6%	8	3%	11	4%	6	3%	22	7%	15	7%	11	4%	8	3%	30	9%	44	14%	36	8%	282	6%		
<b>Total</b>	<b>162</b>	<b>100%</b>	<b>158</b>	<b>100%</b>	<b>162</b>	<b>100%</b>	<b>160</b>	<b>100%</b>	<b>166</b>	<b>100%</b>	<b>201</b>	<b>100%</b>	<b>261</b>	<b>100%</b>	<b>222</b>	<b>100%</b>	<b>290</b>	<b>100%</b>	<b>263</b>	<b>100%</b>	<b>217</b>	<b>100%</b>	<b>303</b>	<b>100%</b>	<b>212</b>	<b>100%</b>	<b>310</b>	<b>100%</b>	<b>317</b>	<b>100%</b>	<b>320</b>	<b>100%</b>	<b>309</b>	<b>100%</b>	<b>429</b>	<b>100%</b>	<b>4,462</b>	<b>99%</b>		

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

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

\*\*\* The NSMHA further defined the definition of care to mean the person once during the reporting period<sup>4</sup>

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

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

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

Violation of Confidentiality and participation in Treatment are rolled into Other.

<sup>1</sup> The NSMHA redefined the definition of case.



## Attachment C

**Table 2 - NSMHA Complaint, Grievance, Fair Hearing Data - Past Six Months, Past Year, Since 4/1/2000\***  
**Reporting from 4/1/2000 through 3/31/2009**

**Past Six Months**  
**10/1/2008 through 3/31/2009**

Type	Total	Percentage
Consumer Rights	80	17%
Dignity and Respect	68	14%
Physicians & medications	56	12%
Other	41	9%
Service -- Intensity, Not Available, Coordination	39	8%
Quality/Appropriateness **	34	7%
Financial & Admin Svs.	33	7%
Access*	26	6%
Housing	24	5%
Emergency Services	24	5%
Phone Calls Not Returned	18	4%
Participation in Treatment	16	3%
Violation of Confidentiality	9	2%
Access to Inpatient	3	1%
Residential	0	0%
Transportation	0	0%
Total	471	100%

**Past Year**  
**4/1/2008 through 3/31/2009**

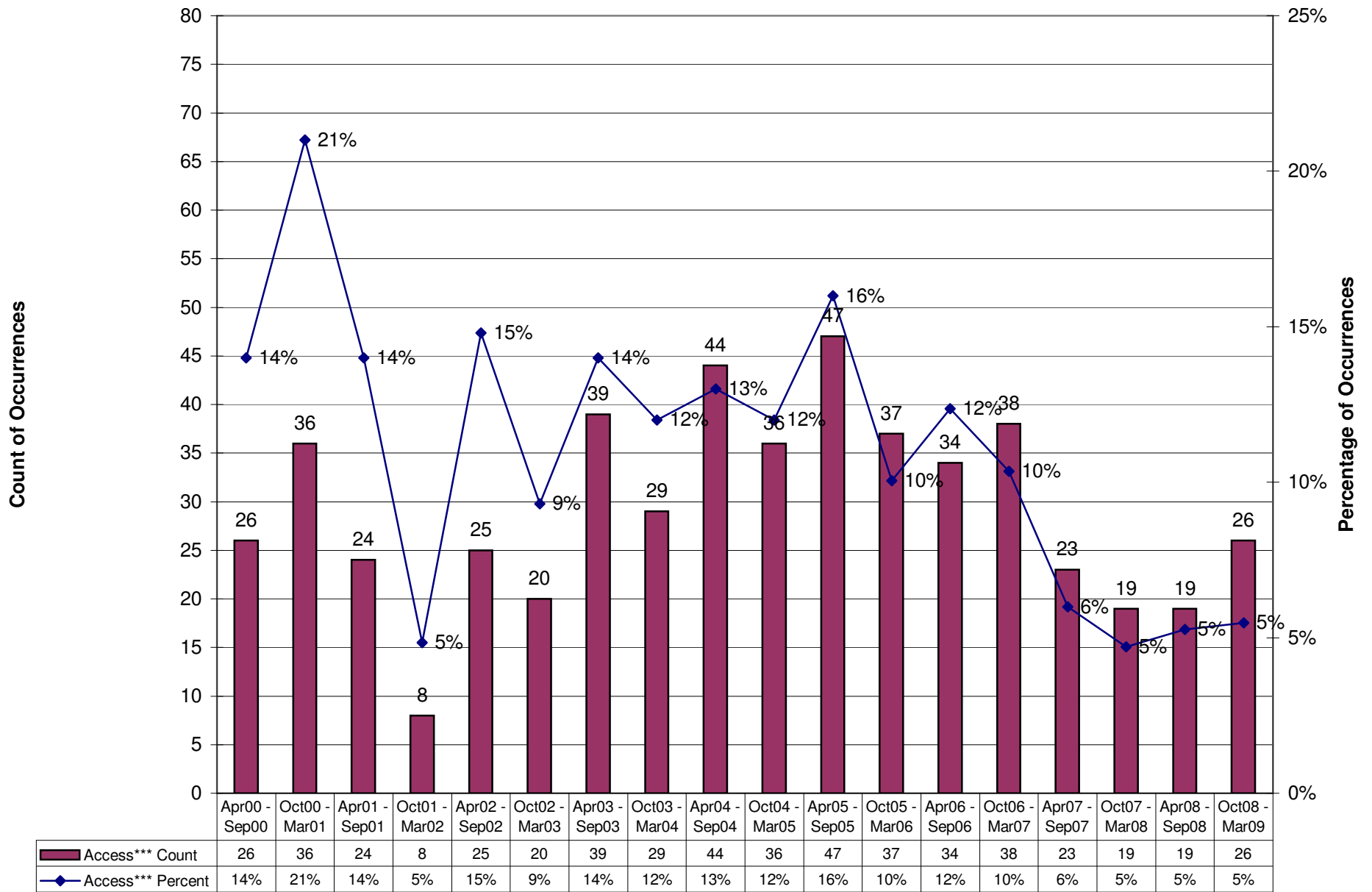
Type	Total	Percentage
Consumer Rights	129	16%
Dignity and Respect	109	13%
Physicians & medications	97	12%
Other	95	11%
Service -- Intensity, Not Available, Coordination	84	10%
Emergency Services	65	8%
Financial & Admin Svs.	56	7%
Quality/Appropriateness **	46	6%
Housing	46	6%
Access*	45	5%
Phone Calls Not Returned	25	3%
Participation in Treatment	16	2%
Violation of Confidentiality	9	1%
Transportation	4	0%
Residential	3	0%
Access to Inpatient	3	0%
Total	832	100%

**Since 4/1/2000**  
**4/1/2000 through 3/31/2009**

Type	Total	Percentage
Consumer Rights	634	12%
Physicians & medications	580	11%
Access*	530	10%
Dignity and Respect	515	10%
Emergency Services	492	10%
Service -- Intensity, Not Available, Coordination	467	9%
Quality/Appropriateness **	443	9%
Financial & Admin Svs.	385	8%
Other	351	7%
Housing	350	7%
Phone Calls Not Returned	171	3%
Residential	108	2%
Transportation	31	1%
Participation in Treatment	16	0%
Violation of Confidentiality	9	0%
Access to Inpatient	3	0%
Total	5,085	100%

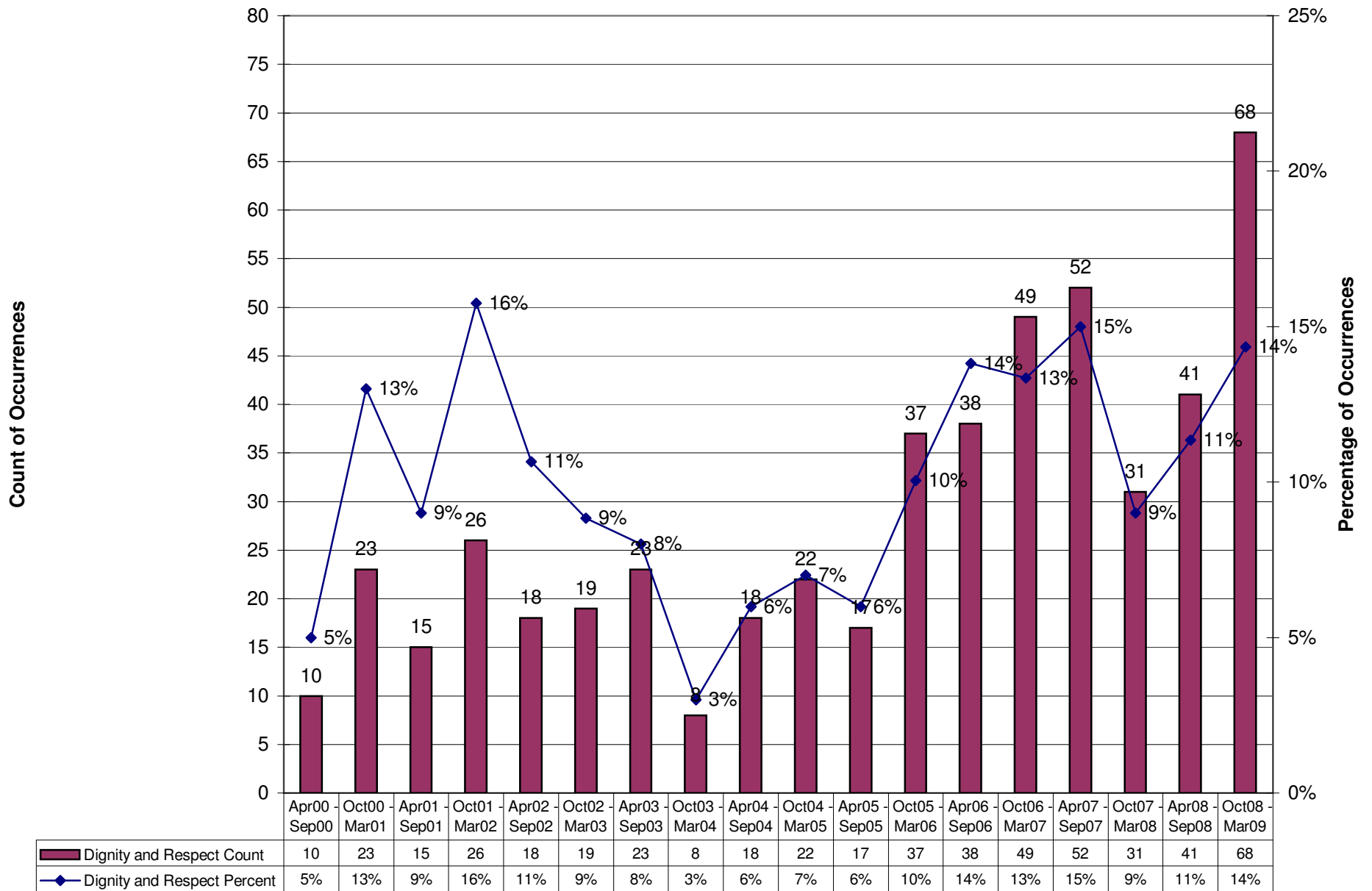
\* NSMHA has been collecting Complaint and Grievance data since 4/1/1999. The data for 4/1/1999 through 3/31/2000 is not included in this table, as collection methods were less standardized at that time.

Chart 4 -  
**Access**



Reporting Period

Chart 4 -  
**Dignity and Respect**



Reporting Period

Chart 4 -  
**Quality/Appropriateness**

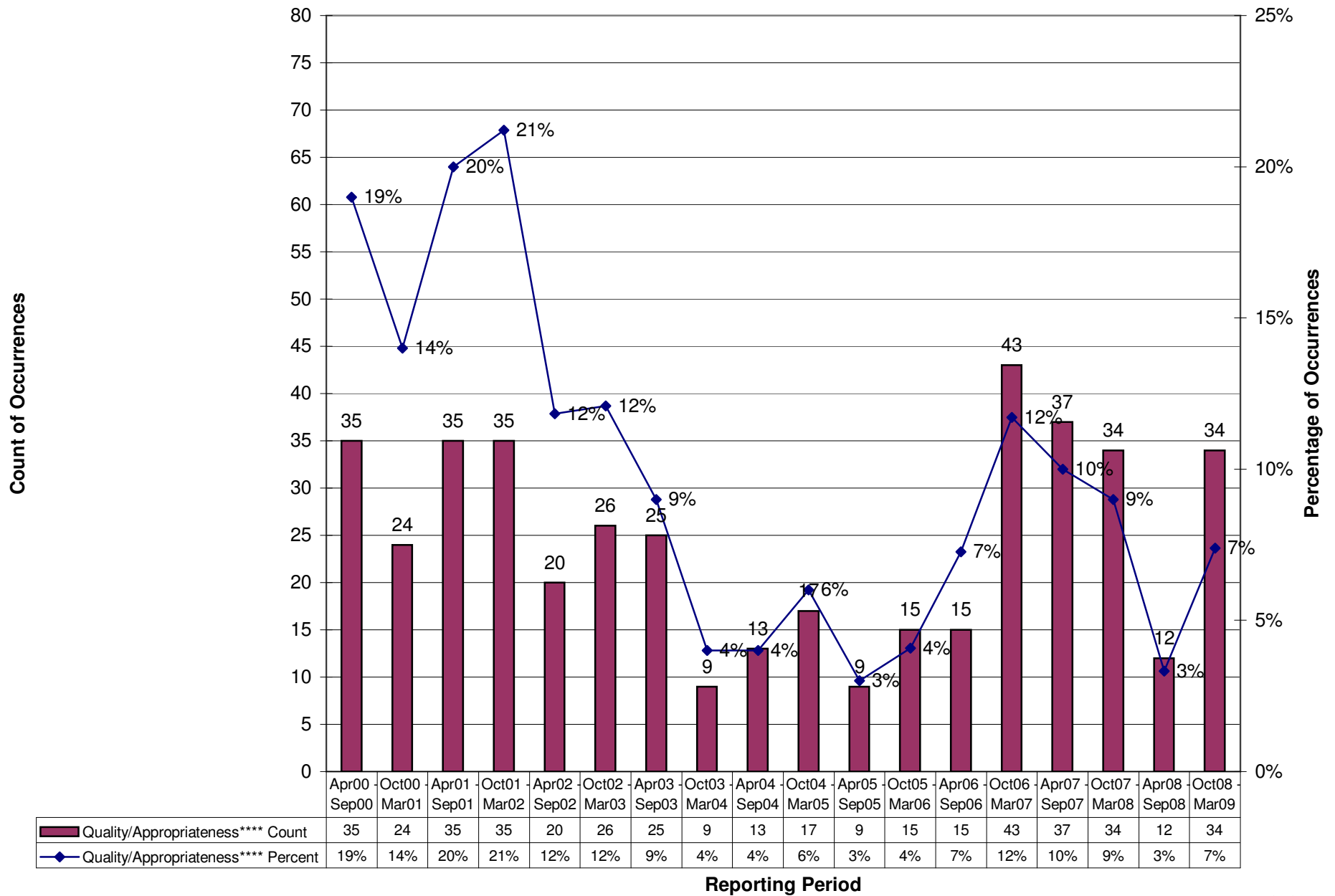


Chart 4 -  
**Phone Calls**

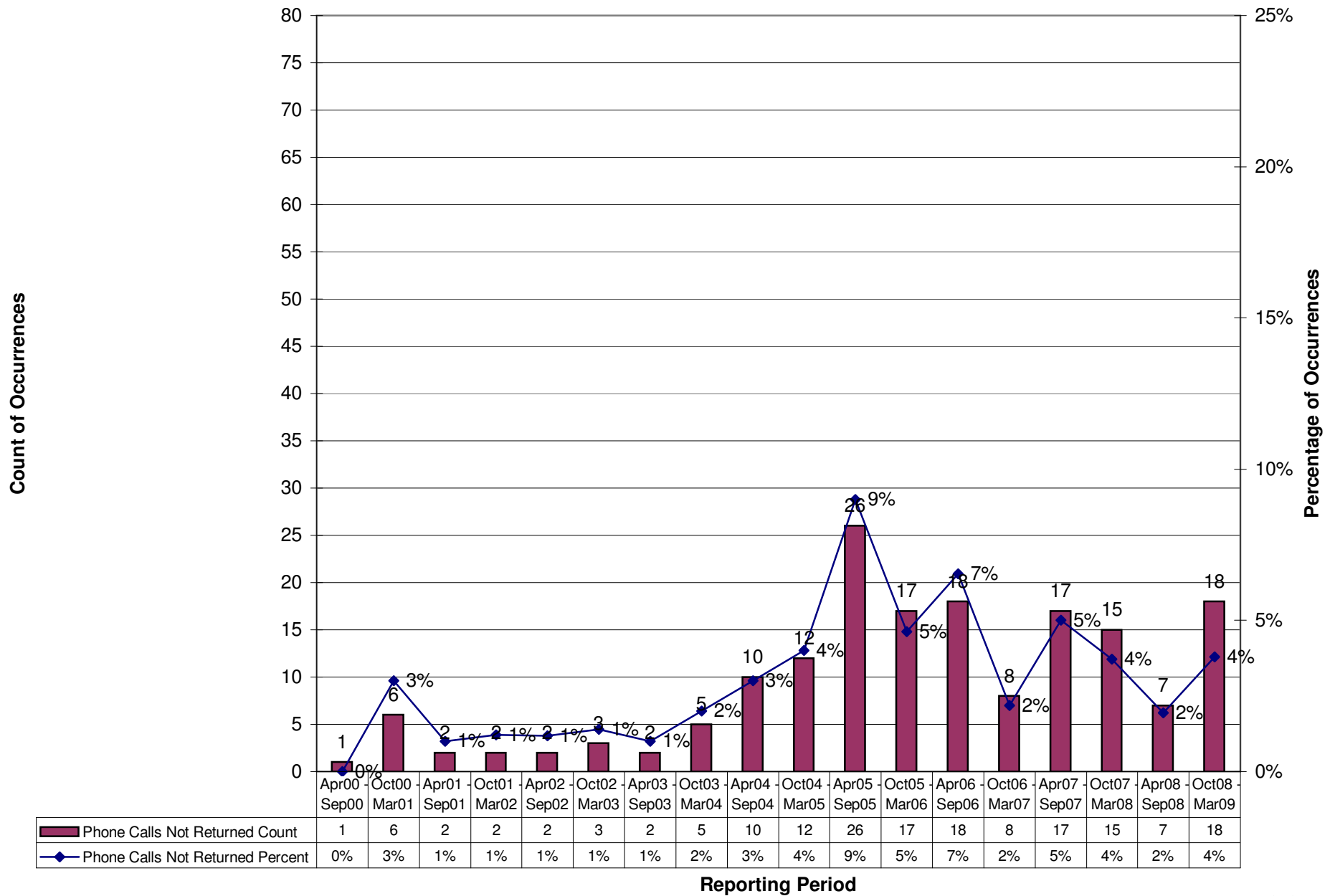
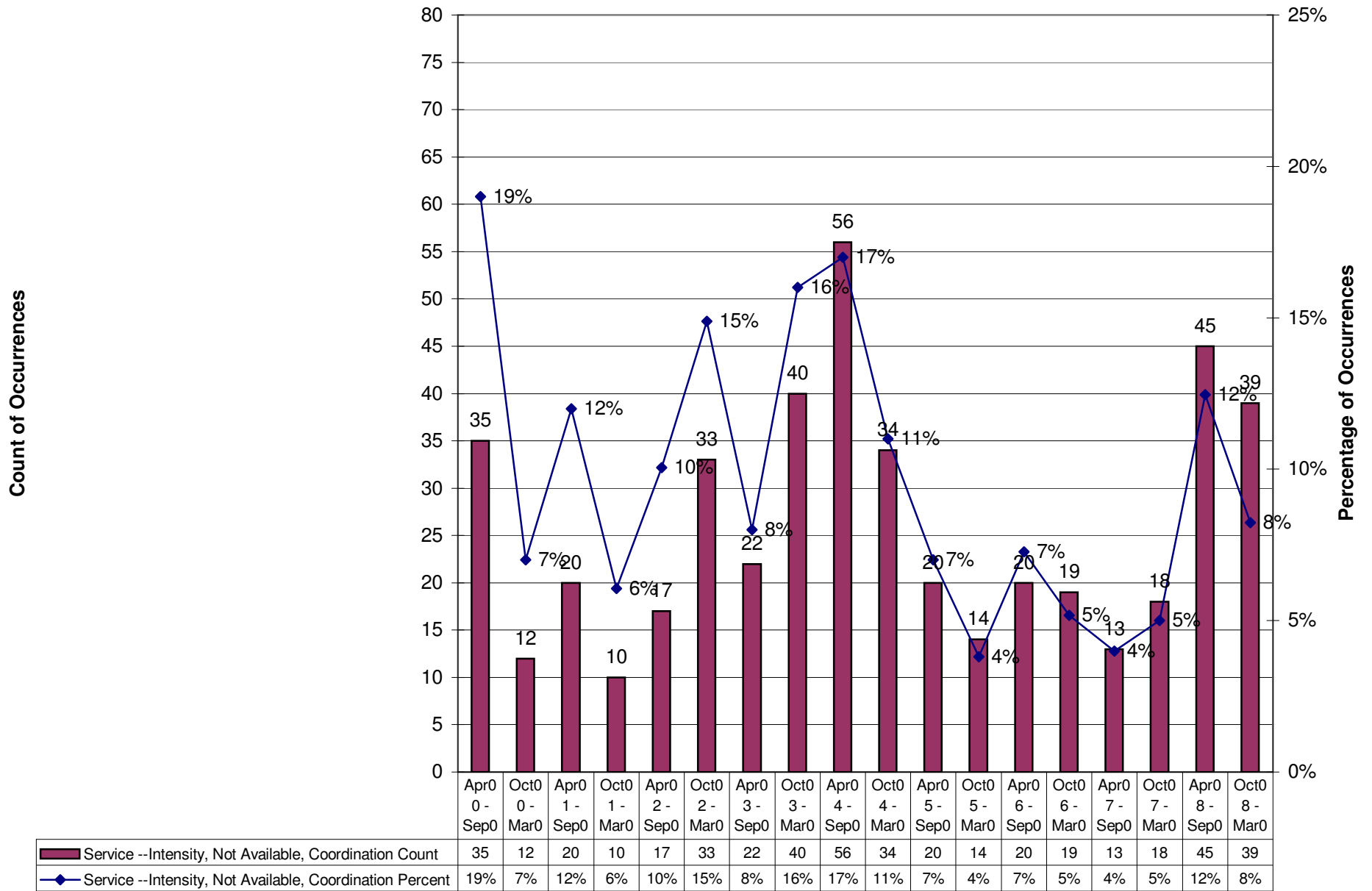




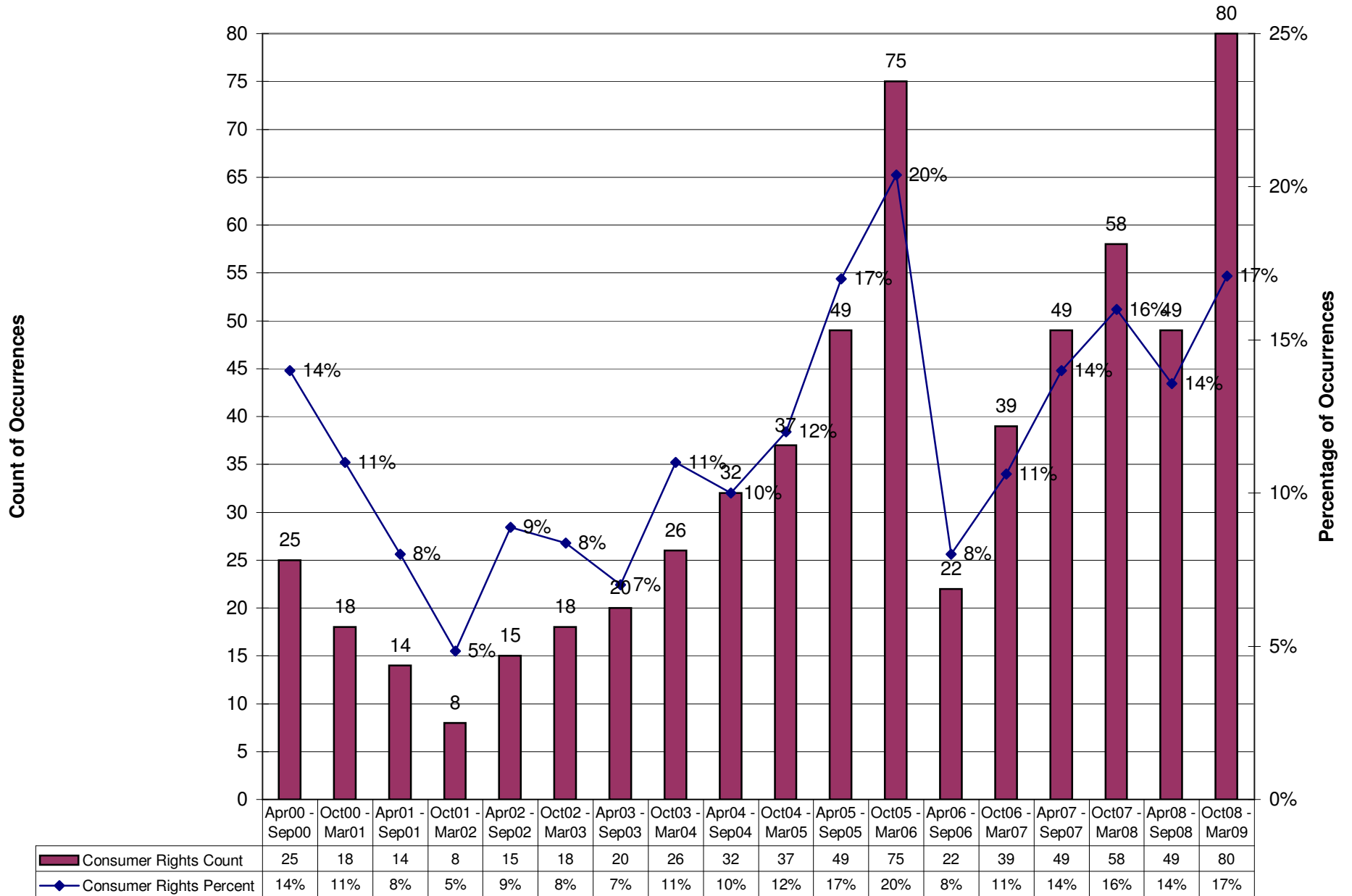
Chart 4 -

**Service -- Intensity, Not Available, Coordination**



Reporting Period

Chart 4 -  
**Consumer Rights**



Reporting Period

Chart 4 -  
**Physicians & Medications**

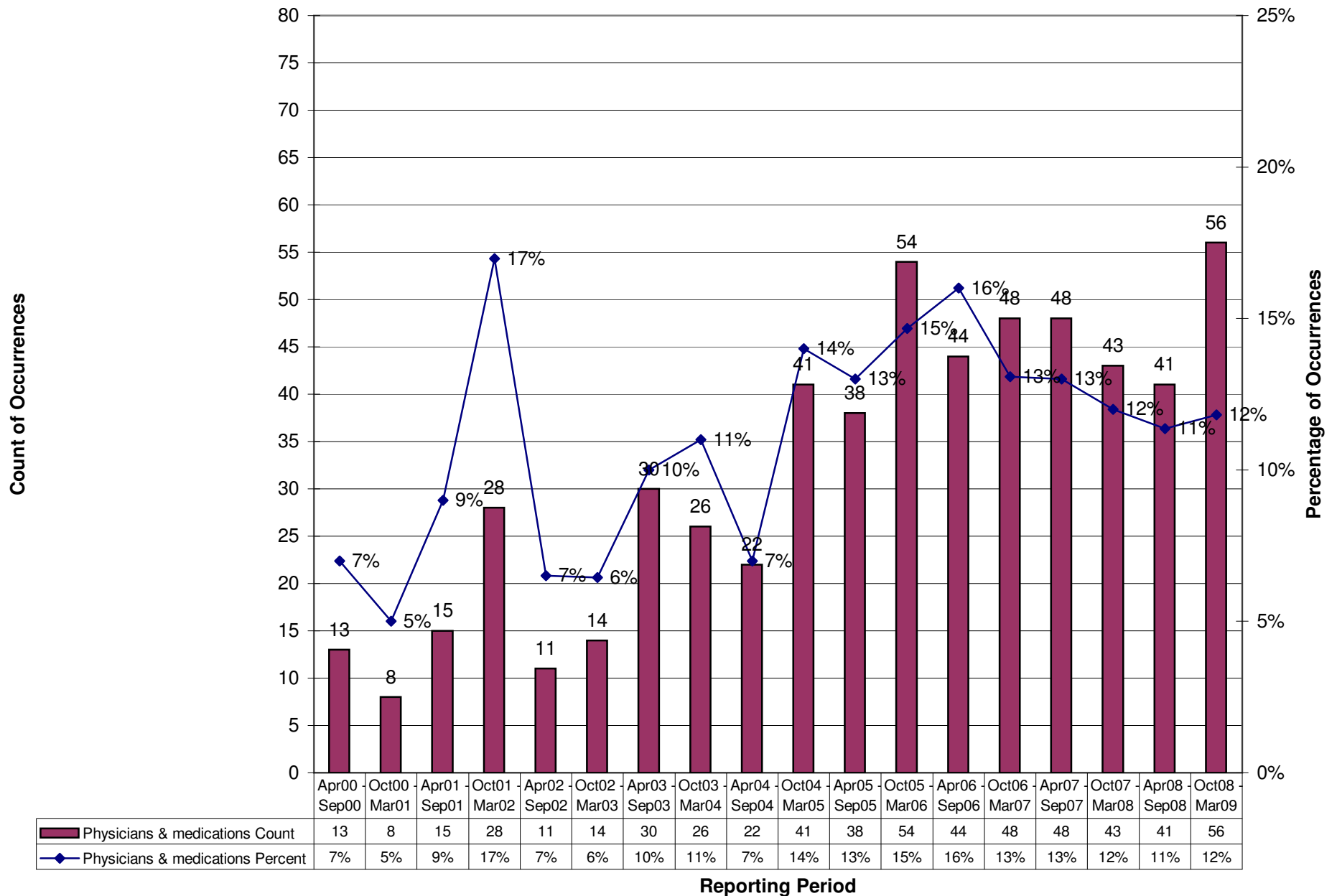
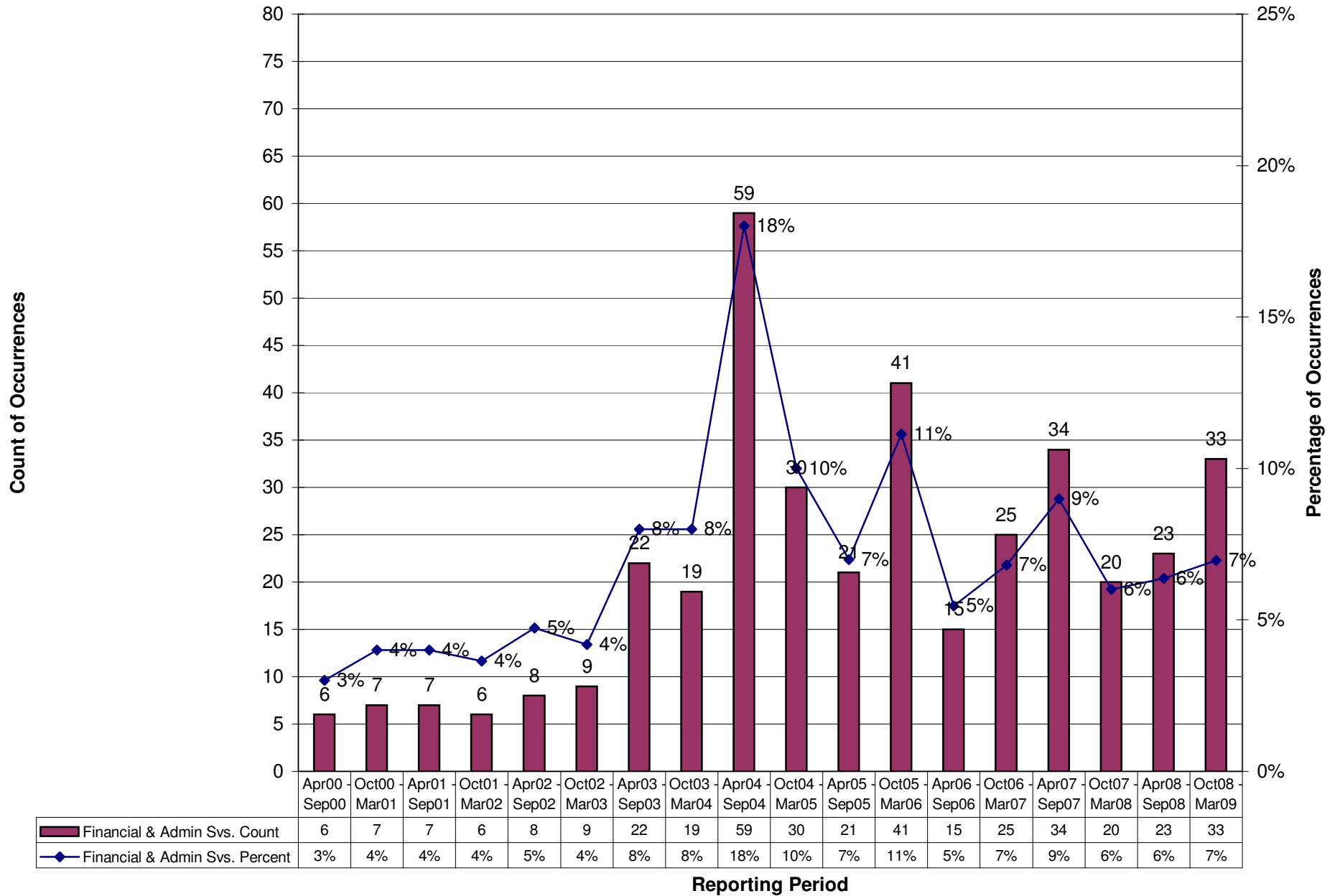


Chart 4 -  
**Financial & Admin. Services**



Attachment C-Charts  
Complaints, Grievances,  
and Fair Hearings Filed

Chart 4 -  
**Residential**

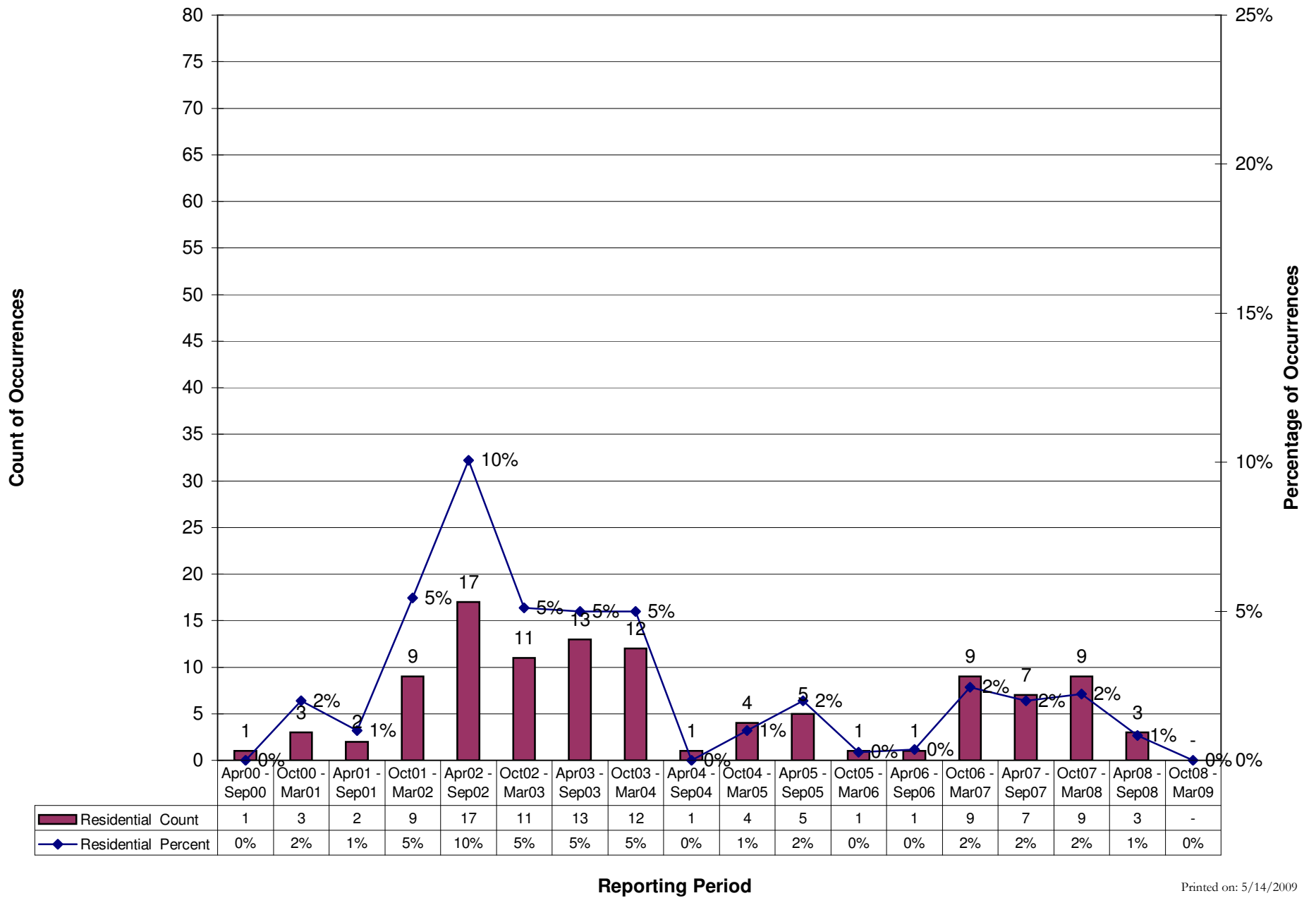


Chart 4 -  
**Housing**

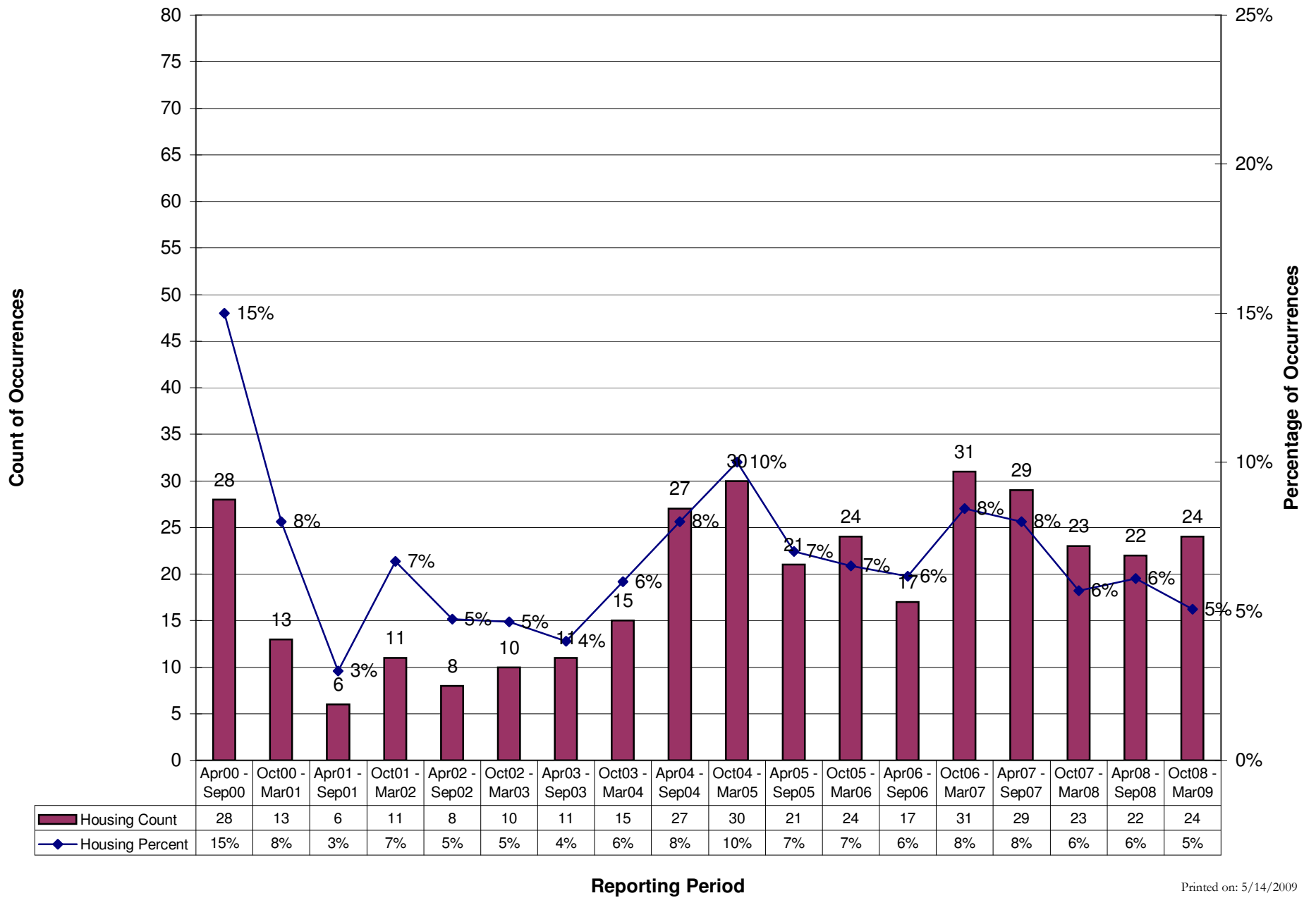


Chart 4 -  
**Transportation**

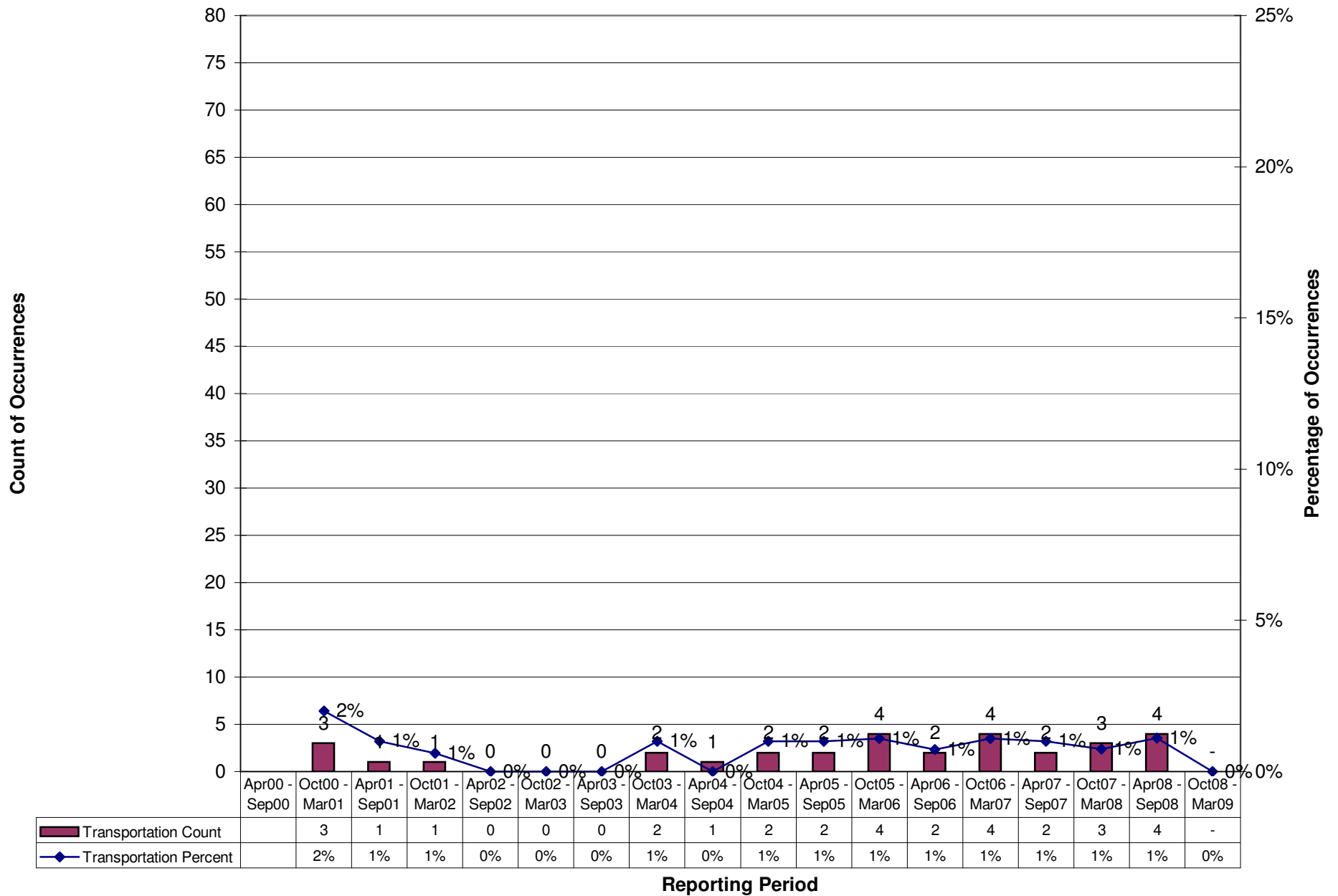
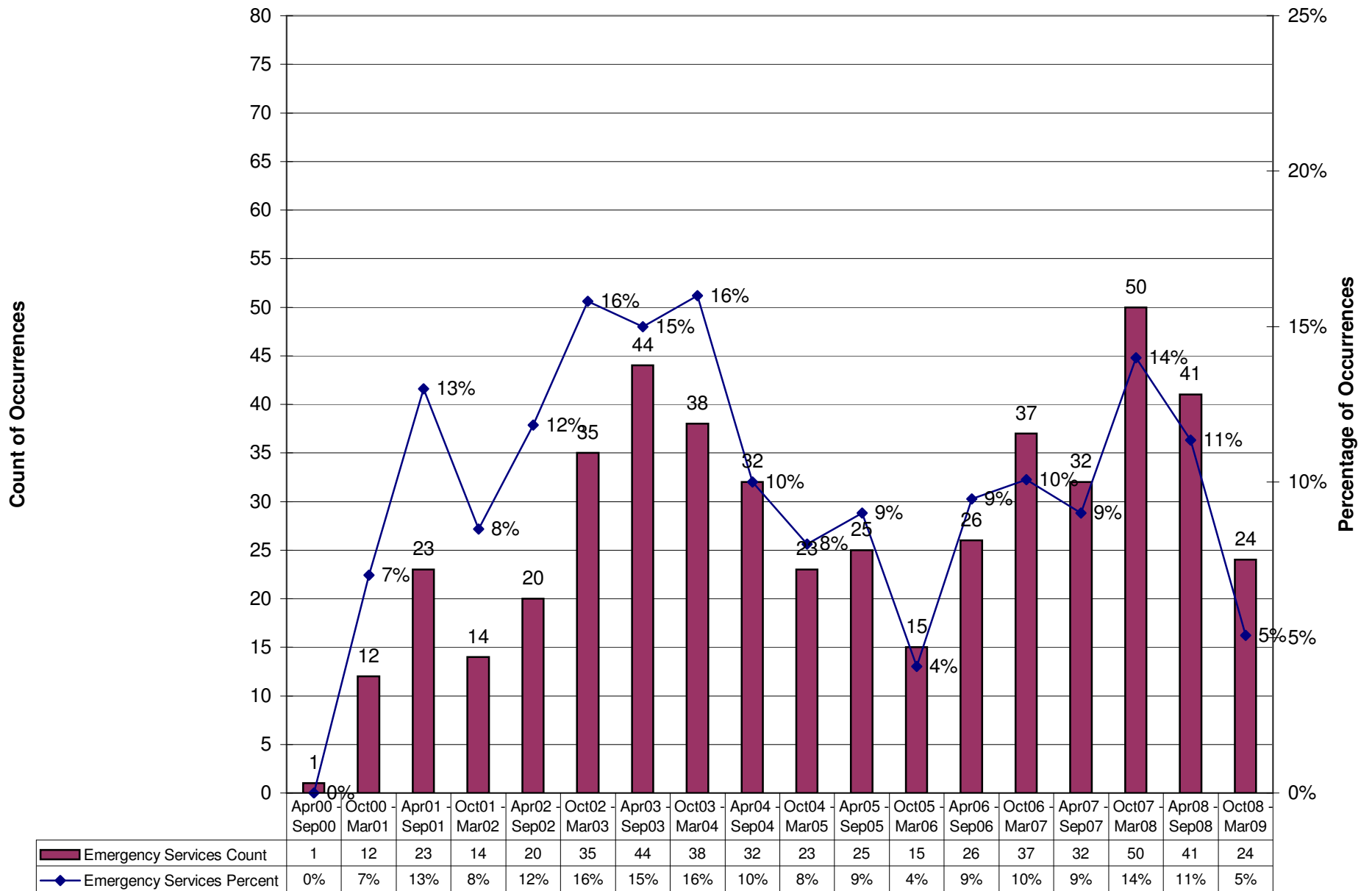


Chart 4 -  
**Emergency Services**



Reporting Period



Chart 4 -  
**Access to Inpatient**

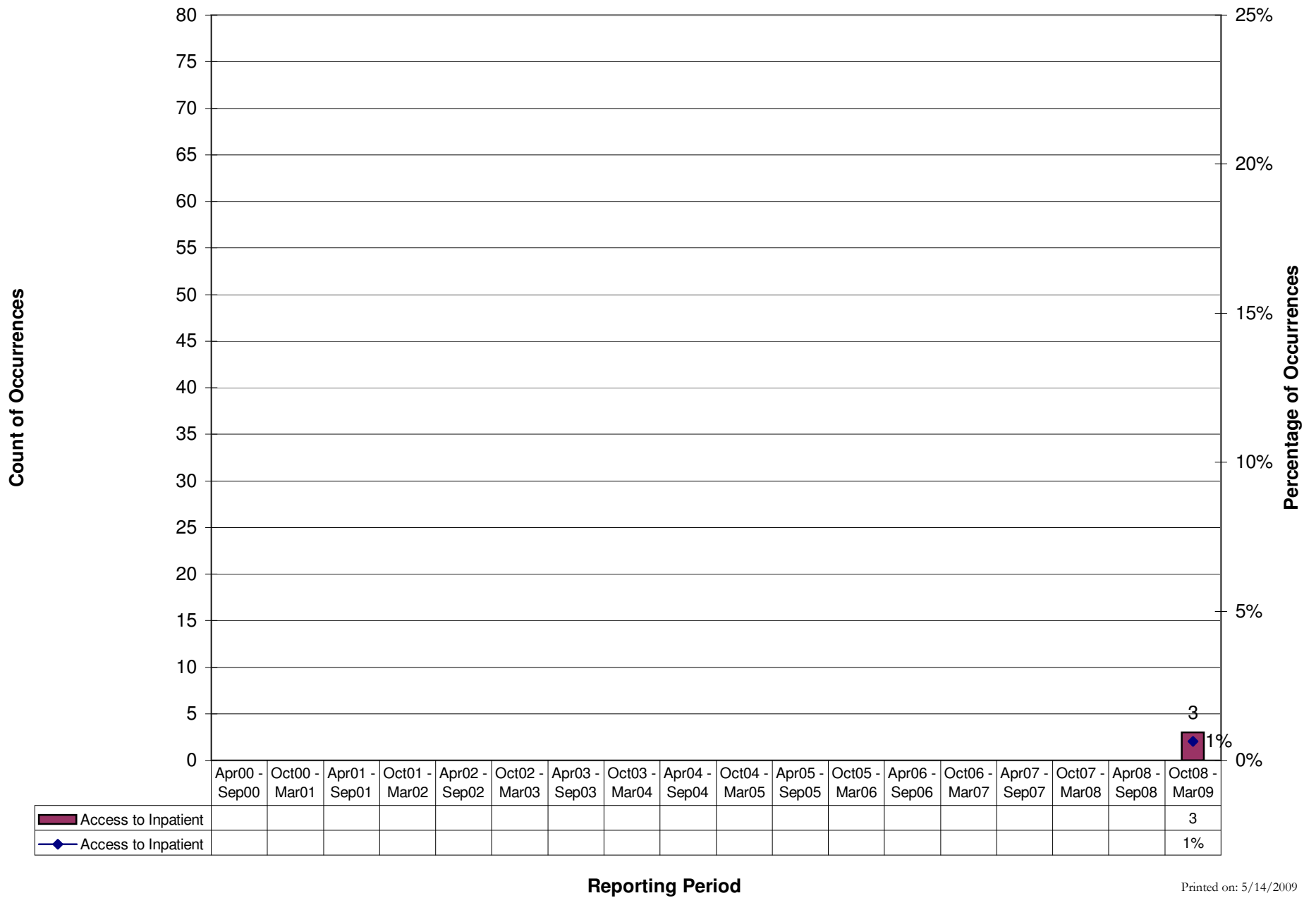
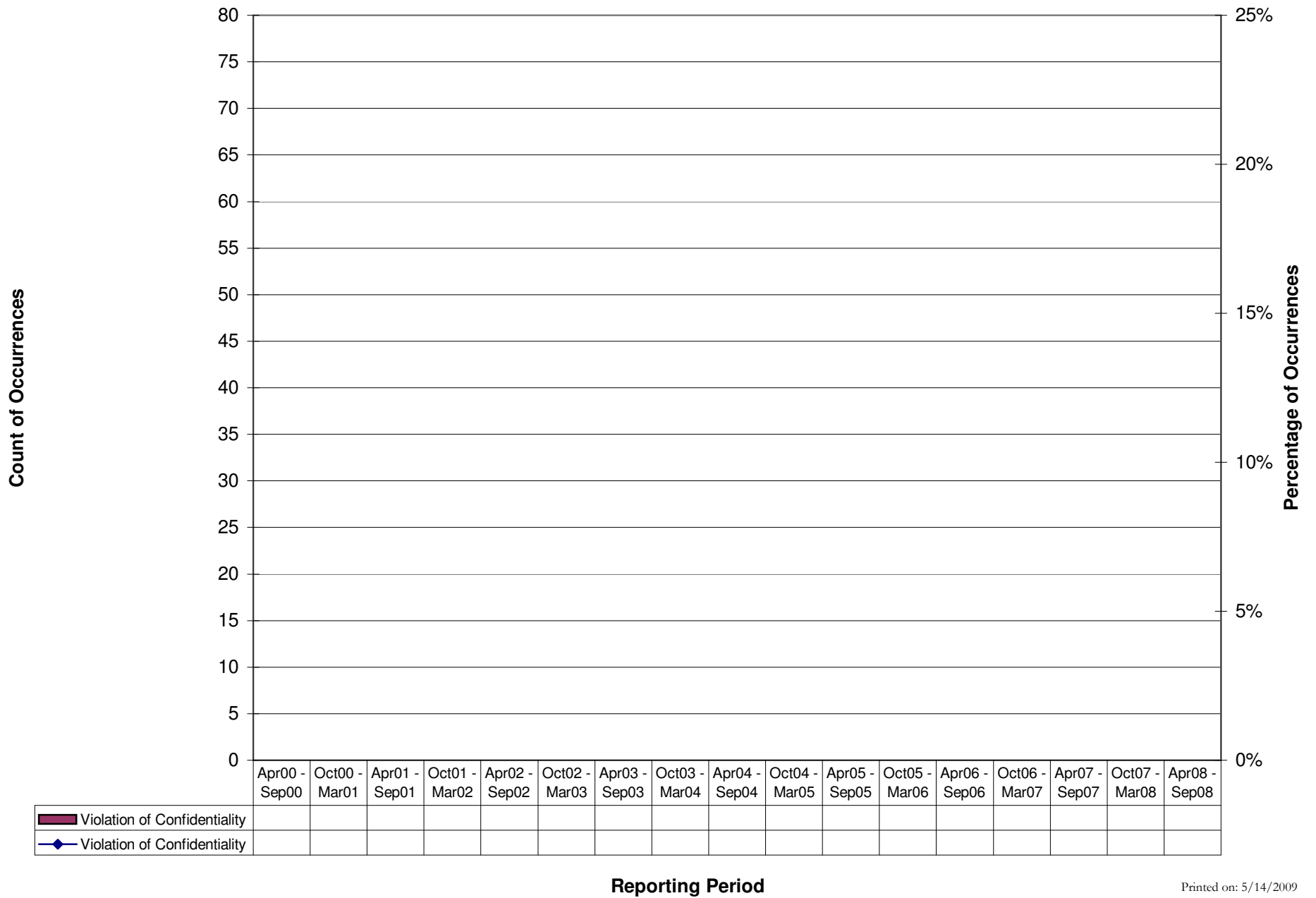
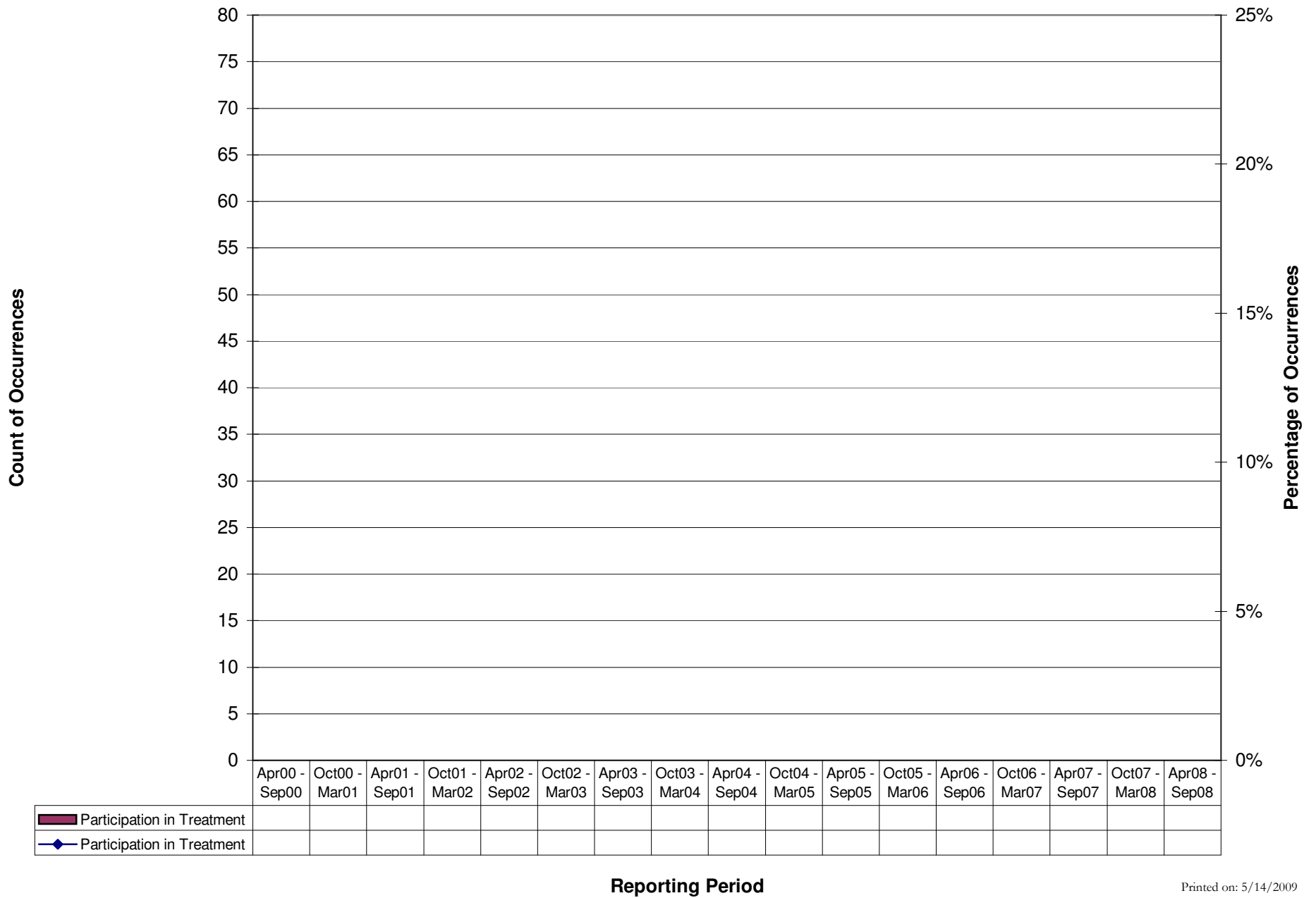


Chart 4 -  
**Violation of Confidentiality**



Attachment C-Charts  
Complaints, Grievances,  
and Fair Hearings Filed

Chart 4 -  
**Participation in Treatment**



Attachment C-Charts  
Complaints, Grievances,  
and Fair Hearings Filed

Chart 4 -  
**Other**

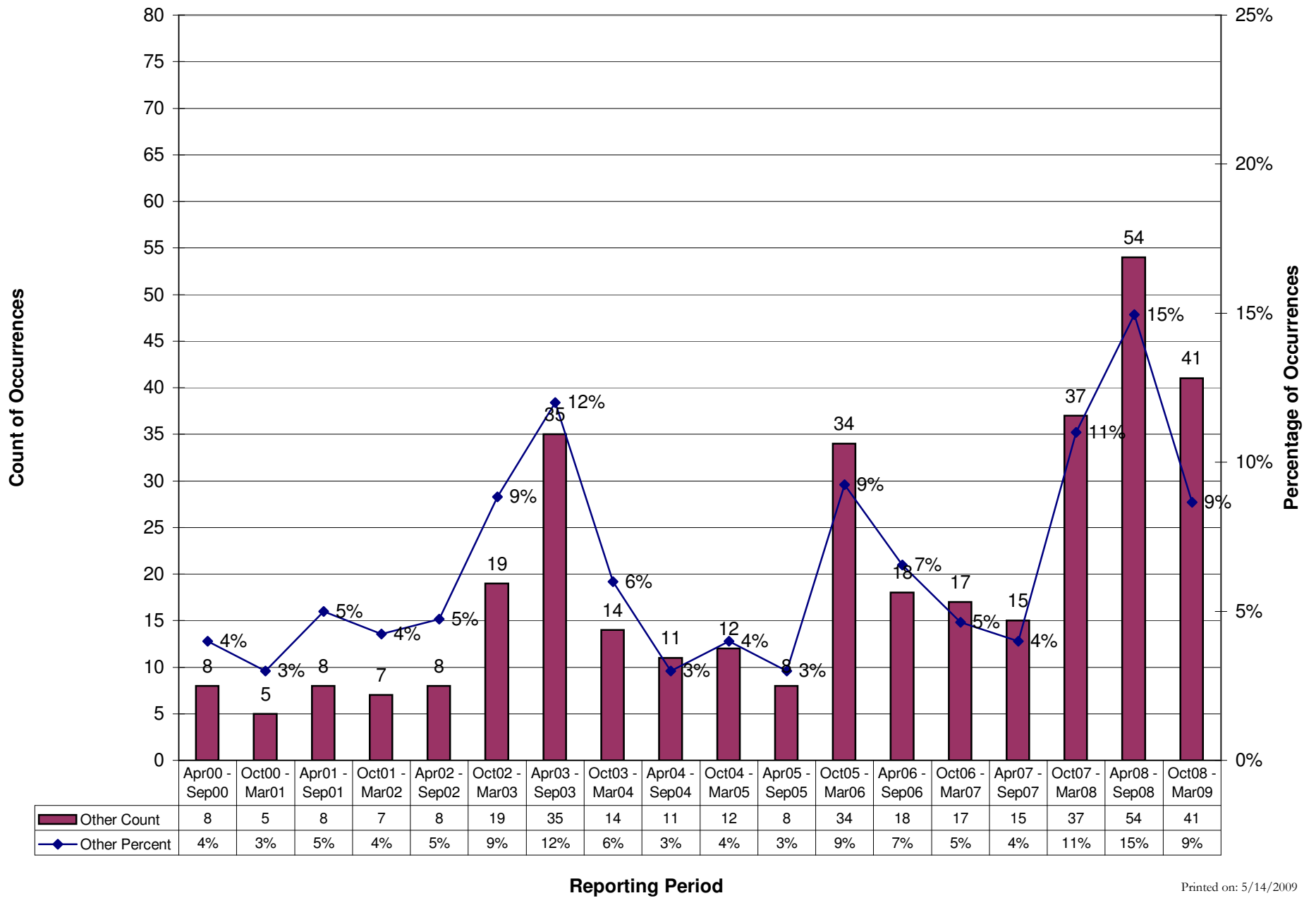
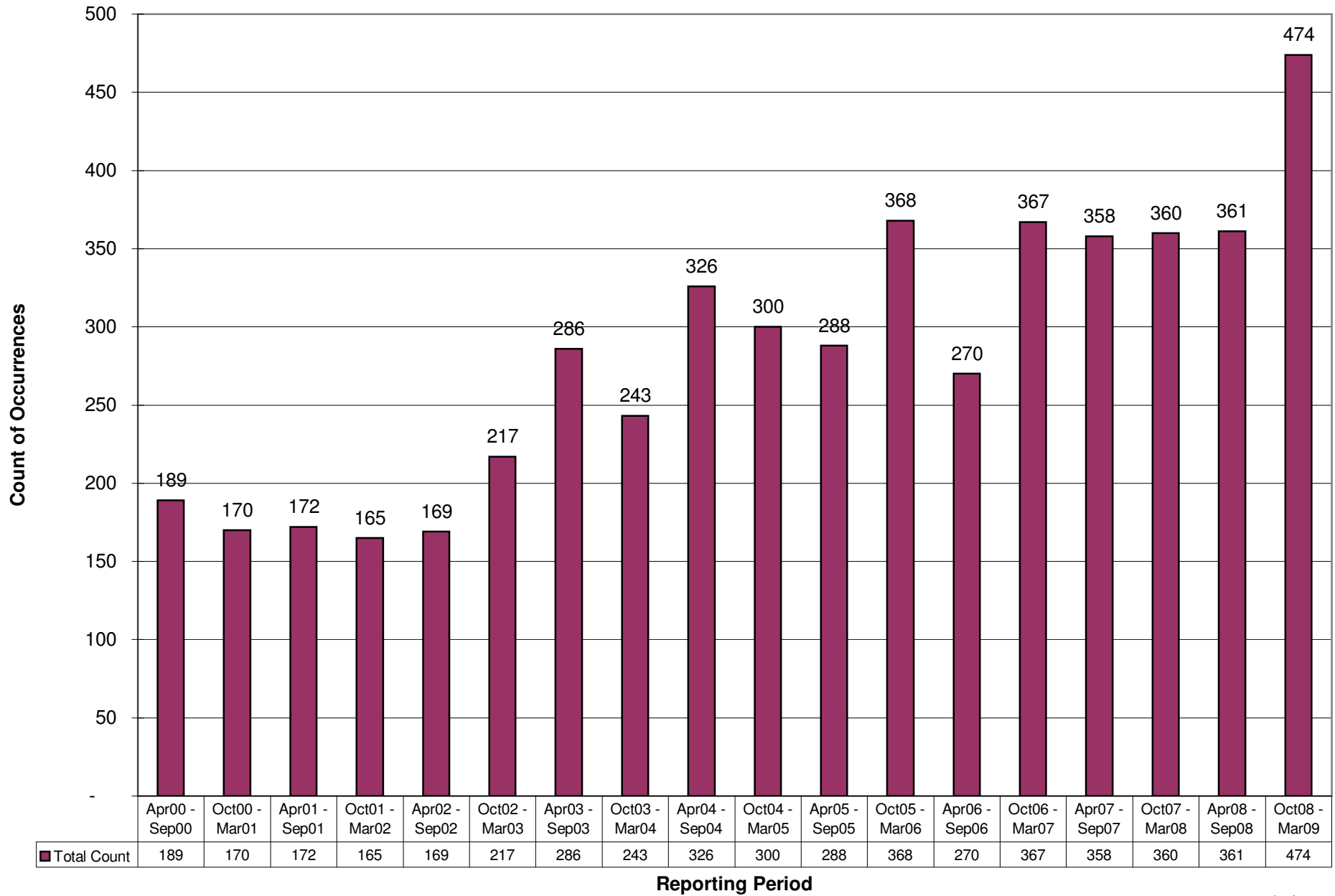


Chart 4 -  
**Total Occurrences**



**Table 3 North Sound Mental Health Administration Denials & Appeals Over Time**

Denial Types	10/1/2004 -- 3/31/2005						4/1/2005 -- 9/30/2005						10/1/2005 -- 3/31/2006						4/1/2006 -- 9/30-2006						10/1/2006 -- 3/31/2007					
	Denials			Appeals			Denials			Appeals			Denials			Appeals			Denials			Appeals			Denials			Appeals		
	Adult	Child	Total	Adult	Child	Total	Adult	Child	Total	Adult	Child	Total	Adult	Child	Total	Adult	Child	Total	Adult	Child	Total	Adult	Child	Total	Adult	Child	Total			
Access to Out Serv	59	69	128	5	2	7	62	61	123	4	1	5	47	75	122	2		2	78	99	177	2	2	4	72	85	157	4	1	5
Trans																														
Emer Serv.																														
Access to Inp Serv	*	*	*				3	3	6										4		4				7	1	8	2	2	
Other																														
<b>Total</b>	59	69	128	5	2	7	65	64	129	4	1	5	47	75	122	2	2	2	82	99	181	2	2	4	79	86	165	6	1	7

Denial Types	4/1/2007 -- 9/30/2007						10/1/2007 -- 3/31/2008						4/1/2008 -- 9/30/2008						10/1/2008 -- 3/31/2009						4/1/2009 -- 9/30/2009					
	Denials			Appeals			Denials			Appeals			Denials			Appeals			Denials			Appeals			Denials			Appeals		
	Adult	Child	Total	Adult	Child	Total	Adult	Child	Total	Adult	Child	Total	Adult	Child	Total	Adult	Child	Total	Adult	Child	Total	Adult	Child	Total	Adult	Child	Total	Adult	Child	Total
Access to Out Serv	56	72	128	1	1	2	40	72	112	1	1	1	57	53	110	1	1	2	53	43	96	1		1						
Trans																														
Emer Serv.																														
Access to Inp Serv	7		7	1		1	1		1		1	3	2	5					7	9	16	1		1						
Other																														
<b>Total</b>	63	72	135	2	1	3	41	72	113	1	1	1	60	55	115	1	1	2	60	52	112	2		2						

Data Notes:

\* NSMHA did not collect data on the number of inpatient denials for this period.

\*\* There were 5 appeals from 4/1/2004 through 9/30/2004. The denial and appeal process began on June 1, 2004 and therefore appeal data for this period does not represent a full 6 months of data.

\*\*\*There were 2 additional State funded adverse determinations for inpatient services for Oct 08 - Mar 09.

Attachment E

Table 4 Percentage of Cases and Occurrences Reported by Ombuds Services and Providers 4-2003 through 3-2009

	Reporting Period	Apr-03 through Sep-03		Oct-03 through Mar-04		Apr-04 through Sep-04		Oct-04 through Mar-05		Apr-05 through Sep-05		Oct-05 through Mar-06		Apr-06 through Sep-06		Oct-06 through Mar-07		Apr-07 through Sep-07		Oct-07 through Mar-08		Apr-08 through Sep-08		Oct-08 through Mar-09	
		Cases	Occ	Cases	Occ	Cases	Occ	Cases	Occ	Cases	Occ	Cases	Occ	Cases	Occ	Cases	Occ	Cases	Occ	Cases	Occ	Cases	Occ	Cases	Occ
2003 through 3-2009	%	80%	80%	77%	72%	70%	73%	63%	67%	69%	70%	66%	74%	56%	64%	67%	75%	75%	84%	68%	76%	67%	78%	65%	79%
Ombuds	#	196	229	165	175	201	238	157	202	162	203	158	273	99	175	133	276	135	301	147	272	143	280	150	370
Providers	%	20%	20%	23%	28%	30%	27%	37%	33%	31%	30%	33%	25%	44%	36%	31%	23%	24%	14%	31%	23%	32%	21%	33%	19%
	#	49	57	49	68	86	88	93	98	72	85	79	92	77	100	61	85	43	51	67	84	69	77	77	90
NSMHA	%													<1%	1%			2%	2%	1%	2%	1%	1%	1%	2%
	#													1	3			4	6	2	6	3	4	3	4
Total	%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	#	245	286	214	243	287	326	250	300	234	288	238	368	176 <sup>1</sup>	275 <sup>2</sup>	198 <sup>1 2</sup>	367 <sup>2</sup>	180 <sup>1 2</sup>	358 <sup>2</sup>	217 <sup>1 2</sup>	360 <sup>2</sup>	215 <sup>1 2</sup>	361 <sup>2</sup>	230 <sup>1 2</sup>	471 <sup>2</sup>

Data Notes

<sup>1</sup>Cases further defined by the NSMHA to represent the person once in a reporting period

<sup>2</sup>Ombuds Services changed their reporting to include only complaints about public mental health services

## ATTACHMENT F

Table 5 Reported Emergency Services Complaints by Reporting Source\*  
4-2003 through 3-2009

Reporter	4-2003 through 9-2003	10-2003 through 3-2004	4-2004 through 9-2004	10-2004 through 3-2005	4-2005 through 9-2005	10-2005 through 3-2006	4-2006 through 9-2006	10-2006 through 3-2007	4-2007 through 9-2007	10-2007 through 3-2008	4-2008 through 9-2008	10-2008 through 3-2009	Total
Ombuds Services	31	26	23	13	22	12	22	24	25	31	30	18	277
Volunteers of America	8	8	5	8	0	1	1	10	5	13	11	4	74
Snohomish County ITA	5	3	2	2	0	2	0	0	0	0	0	0	14
Lake Whatcom	0	0	0	0	0	0	0	0	0	0	0	0	0
Catholic Community Services	0	0	0	0	0	0	0	0	0	0	0	0	0
Sea Mar	0	0	0	0	0	0	0	0	0	0	0	0	0
Whatcom Counseling Psychiatric Clinic	0	1	0	0	1	0	1	0	1	1	0	0	5
Volunteers of America Inpatient	**	**	**	**	**	0	0	0	0	0	0	0	0
<i>bridgeways</i>	0	0	0	0	0	0	0	0	0	0	0	0	0
Compass Health	0	0	2	0	2	0	2	2	1	4	0	2	15
NSMHA	0	0	0	0	0	0	0	1	0	1	0	0	2
Sunrise Services	**	**	**	**	**	**	**	**	**	0	0	0	0
Interfaith	**	**	**	**	**	**	**	**	**	0	0	0	0
<b>Total</b>	<b>44</b>	<b>38</b>	<b>32</b>	<b>23</b>	<b>25</b>	<b>15</b>	<b>26</b>	<b>37</b>	<b>32</b>	<b>50</b>	<b>41</b>	<b>24</b>	<b>387</b>

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

\*\* Not collected from this reporting unit during this period