



Community Services, Housing, and Community Development Department (CSHCD)

Spokane County Regional Behavioral Health (SCRBH)

Administrative Service Organization

Quality Assurance and Performance Improvement (QAPI) Plan

Effective January 2020

Introduction

CSHCD SCR BH is a public behavioral health administrator for crisis services for all regional residents and an administrator for all behavioral health services for Non-Medicaid individuals at or below the 220% Federal Poverty Level (FPL) in the Spokane Regional Service Area (RSA). The RSA constitutes 6 counties in northeast Washington State, including: Spokane, Stevens, Ferry, Lincoln, Adams and Pend Oreille. The CSHCD SCR BH is governed by the Spokane County Board of Commissioners (BOCC) with an interlocal agreement established in conjunction with northeast county commissioners. The Spokane County BOCC chairs the Spokane County Regional Interlocal Leadership Structure (SCRILS) which brings together County Authorities in the 6-county region. SCRILS also includes the State Health Care Authority (HCA), Apple Health Managed Care Organizations (MCOs), and input from other community stakeholders together with the CSHCD SCR BH to jointly administer the vision for integrated health care in the region; assuring clients are at the center of care delivery and supporting integration of physical and behavioral health care at the provider level.

The Spokane County CSHCD is dedicated to strengthening our communities and helping our region's most vulnerable residents achieve and maintain healthier and more independent lives in a safe environment.

The CSHCD SCR BH Mission Statement

It is the mission of the CSHCD SCR BH to help those seeking to recover from mental illness and/or substance use disorder (SUD) live safer, healthier, and more independent lives. We ensure that our range of care, resources, and services are person-driven, build on strengths and opportunities, and are available and accessible to individuals and their families. The CSHCD SCR BH offers services and resources that value:

- Safety and health
- Cultural diversity, social justice, and sensitivity
- Belief that achieving wellness is a reality
- The dignity of each Individual to determine their own path
- Active partnerships with related services that also assist the individual
- Promoting a purposeful, satisfying quality of life in one's own community

The CSHCD SCR BH Vision Statement: Like our mission, our vision is ambitious.

The CSHCD SCR BH's vision is to be a leader in transforming the delivery of high-quality behavioral health care through integrated services that are responsive to individual needs.

The CSHCD SCRBH is dedicated to a culture of continuous quality assessment and performance improvement. Standards and goals for the crisis system are aligned with the National Committee for Quality Assurance (NCQA).

Guiding Principles

The following principles describe the CSHCD SCRBH organization's beliefs and philosophy pertaining to quality assessment and performance improvement (QAPI):

- The outcome of QAPI in our organization is focused on improving the quality of care and the quality of life of individuals in our system of care (SOC).
- QAPI is a priority. It guides our day-to-day operations and is a barometer for decision making.
- In our organization, QAPI includes all CSHCD SCRBH staff, CSHCD SCRBH-contracted agencies, service recipients, community stakeholders and the services they provide.
- QAPI focuses on systems and processes and promotes a culture of non-retribution, which facilitates open discussion and information exchange to identify gaps.
- Our organization utilizes data from multiple sources, including performance indicators, clinical services monitoring, tracking of adverse events and grievances, and input from stakeholders, individuals and families to continuously monitor our SOC.
- Management and the governing board take an active role in assuring the QAPI program is adequately resourced to conduct its work, and that policies are established to sustain the QAPI program.
- Our organization systematically monitors performance and progress based on state-wide goals and requirements.
- Network engagement is sustained and developed through systematic feedback (surveys), monitoring, coaching, workgroups, and identifying key champions. CSHCD SCRBH-contracted agencies are encouraged to support each other, as well as be accountable for their own professional performance and practice.

Quality Management Program Overview

The CSHCD SCRBH Quality Management Program is the responsibility of the CSHCD Director, Assistant Director and the Fiscal Operations Manager, which are referred to in this document as CSHCD SCRBH Leadership. The CSHCD SCRBH Leadership has final authority on all plans and activities associated with the QM Program. They oversee quality activities including monitoring,

external reviews, audits, policies and procedures, and utilization management as well as all performance improvement programs.

The CSHCD SCRBH Leadership has created a quality management organizational structure to ensure adherence to the CSHCD SCRBH mission. This structure is comprised of internal and external quality monitoring committees and processes. Multiple quality committees of stakeholders within the SOC perform ongoing quality reviews and sharing of information.

The CDHCD SCRBH Leadership seeks feedback and participation from several stakeholder groups. These groups include, but are not limited to, Ombuds, residential providers, the Behavioral Health Advisory Board (BHAB), the Consumer Consultation Panel (CCP), and behavioral health providers. Feedback is systematically gathered through meeting discussions, care coordinators and surveys. The CSHCD SCRBH leadership also has an open forum and take direct emails and calls from individuals and agencies, welcoming all feedback and questions.

The internal QAPI Steering Committee gathers and reviews all quality-related information from Raintree data, surveys, grievance reports, monthly activity reports, and monitoring activities for analysis of trends and gaps. Quality and performance-related information is shared and distributed at appropriate stakeholder quality committee meetings and ad hoc workgroups. QAPI workplan goals are reviewed and performance projects developed.

The Quality Management Program addresses all Federal Block Grant (FBG) requirements, including submission of annual progress reports, quarterly capacity management data, and ensuring current compliance with all FBG requirements.

This system determines when in-depth Root Cause Analysis (RCA) is needed to fully understand problems and works to prevent future problems with ongoing quality assessments and Failure Mode and Effects Analysis (FMEA) when needed.

All quality and performance-related data, along with input from stakeholders, guides CSHCD SCRBH leadership decisions that address service gaps, individuals in need of services, and other trends and patterns.

Ongoing systematic monitoring of quality and performance progress includes the following:

Behavioral Health Provider Contractually Required Reports that include service denials, monthly compliance reports, performance goals, business submissions, Federal Block Grant requirements, financial reports, and other reports as designated by the Scope of Work (SOW) contracts. Contracts and contractors including delegated agreements are monitored for compliance with licensing or certification requirements.

Annual Monitoring Activities that evaluate compliance with Washington Administrative Code (WAC), quality of care, person-centered recovery, clinical records, children's system of care priorities, and quality outcomes for comparative analysis. Monitoring teams include Information Systems, Disaster Recovery, Financial, Compliance (General Compliance, Fraud,

Waste and Abuse), Record Retention, Clinical, and Administration. An annual review of provider monitoring outcomes identifies trends, patterns, and areas of strength or opportunities for improvement.

Policies and Procedures Activities that ensure adherence to applicable Code of Federal Regulations (CFR), Revised Codes of Washington (RCW) and Washington Administrative Codes (WAC), in addition to Federal Block Grant contracts. The CSHCD SCR BH leadership has oversight and authorization of all policies and procedures; however, policies can be initiated by any of the quality committees or CSHCD SCR BH staff.

Raintree Data Submission Reports and Provider Monthly Business Submission Reports are monitored monthly and noncompliant findings are discussed individually with agencies. Providers that do not meet the target compliance rate are individually conferenced to confirm data accuracy and/or correct erroneous data, which may require an improvement plan to achieve a minimum of 99% compliance as specified in agency contracts.

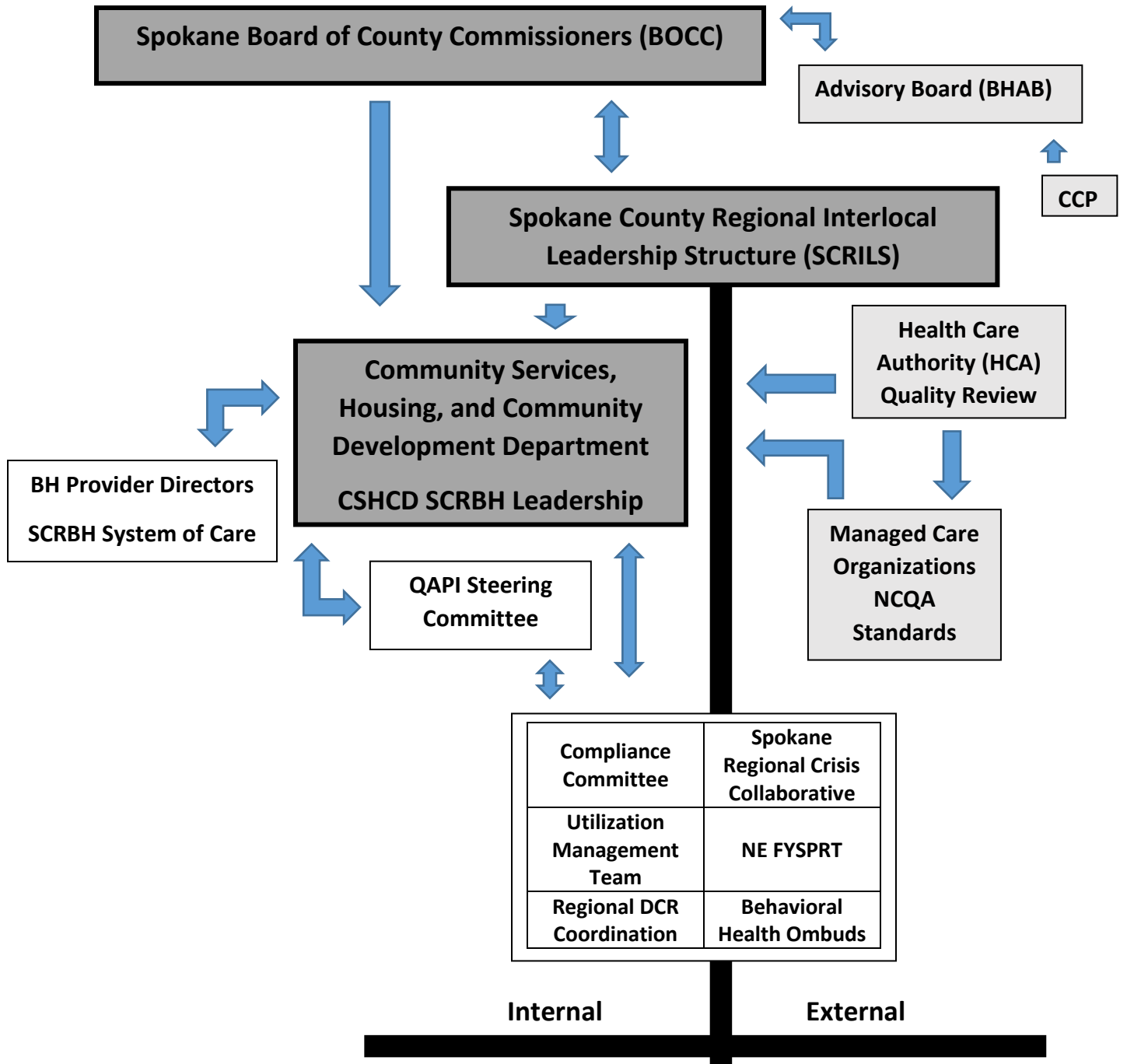
Grievance Management gathers and reviews all grievance-related data for the CSHCD SCR BH SOC and shares de-identified reports with CSHCD SCR BH leadership, quality committees, and the BHAB for input and identification of trends and gaps.

Critical Incident Management ensures that BHAs follow requirements of reporting to CSHCD SCR BH of all critical and media incidents. The CSHCD SCR BH tracks and monitors incidents for timely response and for identification of patterns or systemic issues. Incidents are submitted to the State in adherence to all contractual reporting requirements.

Utilization Management ensures appropriate utilization of resources, timely access, notice of actions, and reviews data for timely collaboration with treatment providers to make any necessary adjustments. Variances greater than 15% are reviewed quarterly with individual agencies to make necessary changes and provide follow-up monitoring activities.

Quality Management Structure

The following figure represents the flow of quality management activities and illustrates the CSHCD SCR BH's quality management structure. Ad hoc workgroups and individual CSHCD SCR BH staff members, not identified below, are an integral part of the quality management process and have an obligation to report all quality and performance related issues to the CSHCD SCR BH leadership or QAPI steering committee for further review.



Spokane County Regional Interlocal Leadership Structure (SCRILS)

Meeting Frequency: Quarterly

Chair: Spokane County BOCC Chairperson

Committee Purpose and Responsibilities:

- Establish a vision for the Spokane County RSA integrated care model.
- Provide oversight for regional resources to ensure integrated system of care is working effectively for all counties and communities in the region.
- Discuss and identify region's performance gaps and capacity/access/growth planning needs.
- Discuss and identify integrated managed care resource priorities among regional stakeholders.
- Discuss how to address integrated managed care resource priorities.
- Discuss policy change ideas, if needed to address the region's priorities and collaborate on how to communicate and implement the policy changes at various levels within the system of care.
- Act as a collective regional voice regarding the region's integrated managed care resource priorities and needs
- Provide oversight for the regional integrated system of care design and ensuring an optimal transition.
- Establish stakeholder engagement.
- Identify and eliminate service gaps in the system of care, collaborate to responsibly address and close service gaps.
- Oversight and ongoing monitoring of the fully integrated managed care model.

Membership:

- County Commissioners from Adams, Ferry, Lincoln, Pend Oreille, Spokane, and Stevens Counties
- Governor's Office Liaison
- HCA Representative(s)
- Division of Social and Health Services (DSHS) Representative (s) – State Hospitals
- CSHCD Director and Assistant Director
- MCOs – One representative from each of four MCOs
- Accountable Community of Health (ACH) – Better Health Together Executive Director
- Tribal Authority – One representative from each tribe and RAIO
- BH Provider Representatives from each of 6 counties in the RSA
- Primary Health Care Provider Representative
- Critical Access and Community Hospital Representatives from 6 counties

Quality Assessment and Performance Improvement (QAPI) Steering Committee

Meeting Frequency: Monthly

Chair: Integrated Behavioral Health Project Coordinator

Obtain Direction from and Reports to: Integrated Behavioral Healthcare Quality Supervisor

Committee Purpose and Responsibilities:

- Meets regularly for discussion and information sharing regarding quality and performance updates and assessments of the CSHCD SCRBH QAPI Program
- Reviews key data indicators and document-related decision making
- Refines processes and systems to enhance performance and quality
- Identifies performance and quality-related gaps, and address issues, and evaluate mechanisms for detection
- Streamlines and enhance systems for gathering, and sharing QAPI information with stakeholders, and identify interventions to improve network engagement
- Conducts the annual quality program evaluation and review the QAPI plan
- Develops an annual Quality Management (QM) work plan that outlines objectives, interventions, measurements and progress. Review and update the QM work plan at least once per quarter
- Actively utilizes a Plan, Do, Study, Act (PDSA) cycle for continuous quality improvement

Membership:

- CSHCD SCRBH Leadership
- Integrated Behavioral Health Quality Supervisor
- Data Systems Supervisor
- Fiscal Manager
- Healthcare Compliance Analyst
- Ombuds

SCRBH System of Care

Meeting Frequency: Monthly or as needed

Chair: CSHCD Assistant Director and Integrated Behavioral Healthcare Quality Supervisor

Obtain Direction from and Reports to: CSHCD Director

Committee Purpose and Responsibilities:

- Develops and implements the operational directives to meet contractual and quality requirements for the system of care
- Reviews status of current projects, initiatives, and legislative initiatives
- Addresses contract and/or budget obligations

- Problem-solving operational, systems challenges
- Recommends and reviews provider contract performance goals and objectives
- Prepares and analyzes coordination of quality activities
- Defines policies and procedures that guide required provider reports
- Participates in preparation of an annual report on quality activities
- Recommends process development and trainings for operational changes
- Communicates and coordinates the adoption of HCA and SCRBH data and process changes
- Reviews data trends for inpatient, outpatient, residential, and incarceration
- Assists with grievances along with Ombuds and Providers
- Ensures data compliance, consistency, timeliness, and accuracy
- Maintains SCRBH Management Information System (MIS)
- Data quality reporting and communications

Membership:

- Provider Agency Directors and representatives
- CSHCD SCRBH Leadership and Finance
- SCRBH Integrated Care Coordinators
- SCRBH Integrated Behavioral Healthcare Project Coordinator
- Healthcare Compliance Analyst
- CSHCD Data Systems Supervisor
- Ombuds
- IS staff

Fraud and Abuse and Compliance Committee

Meeting Frequency: Quarterly

Chair: CSHCD Director

Obtain direction from and Reports to: BoCC, CEO, COO, CBO

Committee Responsibilities:

- Implements and updates the Fraud and Abuse Compliance Plan and HIPAA requirements
- Oversees and approves the annual compliance risk assessment and risk management workplan
- Trains new staff at hire and provides annual in-service training for all staff (General Compliance, Fraud/Waste/Abuse and HIPAA)
- Documents all issues and resolutions regarding compliance and HIPAA incidents
- Communicates and educates, in collaboration with QIC, NECQ, and ad hoc committees as appropriate
- Shares work products with HCA upon request
- Participates in statewide compliance meetings with MCOs, BH-ASOs, and BHOs

Membership:

- CSHCD Director (Compliance Officer)
- CSHCD Assistant Director
- Health Care Compliance Analyst (HIPAA Privacy Officer)
- Data Systems Supervisor (HIPAA Security Officer)
- Fiscal Operations Manager
- Integrated Behavioral Healthcare Manager
- Staff Assistant
- Senior Accountant, as needed
- Data Information Analyst, as needed

Spokane Regional Crisis Collaborative

Meeting Frequency: Quarterly

Chair: CSHCD Assistant Director

Committee Responsibilities:

- Provides a forum for a multi-stakeholder education and discussion of the crisis service system, diversion options, and the Involuntary Treatment Act (ITA) in the Spokane Regional Service Area
- Sharing new and existing practices and procedures, identifies system challenges and/or gaps, and makes recommendations to support a crisis continuum of care, including ITA investigations and civil commitments, that supports community and individual safety and the stabilization of behavioral health symptoms for individuals
- Facilitates communication and interdisciplinary discussion to identify strengths and barriers faced by crisis responders and other involved stakeholders, and implement collaborative approaches to improve communication and the quality of services and outcomes
- Provide education on behavioral health disaster response plans and resources in the Spokane Regional Service Area
- Addresses legislative issues when applicable
- Recommends needed changes to optimize the administration of the ITA

Membership:

- SCRBH ASO
- Managed Care Organizations
- Crisis and ITA Providers
- Hospital, Psychiatric Inpatient, Crisis Stabilization, and Secure Withdrawal Management and Stabilization Services Facility Representatives
- Medical Providers
- Judges/Commissioners/Attorneys
- Public Education Representatives

- Law Enforcement
- Tribes
- Ombuds
- Other behavioral health providers
- First Responders
- Emergency Management
- Jails
- Probation Officers
- Housing Providers
- Community Services

Designated Crisis Responder (DCR) Coordination Meeting

Meeting Frequency: Monthly

Chair: Integrated Behavioral Health Quality Supervisor

Obtain Guidance and Support from: CSHCD Assistant Director

Committee Responsibilities:

- Provides a forum for sharing new and existing practices and procedures, identifies gaps in the system, and makes recommendations to support a recovery model system of care
- Facilitates communication and interdisciplinary discussion across the SOC to better identify barriers faced by DCR's, and implement collaborative approaches to improve services
- Prepares and analyzes coordination of quality services
- Defines and clarifies policies and procedures (P&Ps) that guide required provider services.
- Addresses legislative issues impacting the crisis system and involuntary treatment services
- Recommends needed changes to optimize the administration of the SOC

Membership:

- SCRBH ASO
- Crisis and ITA Providers
- Managed Care Organizations

'Hot Spotter' Adult Intensive Resources Task Force

Meeting Frequency: BI-Weekly (Every other Wednesday and upon referral from EMTs and Spokane Fire Department)

Chair: Volunteers of America

Committee Responsibilities:

- Consultation for individuals with high utilization of emergency services to achieve stabilization in their community without the need for frequent emergency response

Membership:

- CSHCD SCR BH Crisis Response provider
- CSHCD SCR BH Integrated Care Coordinator
- Area hospital emergency medicine physicians
- Law enforcement and Fire Department
- Individual’s behavioral health care provider (as applicable)
- Community Courts
- Community System Partners
- Managed Care Organizations
- Other Stakeholders as applicable

NE Family Youth System Partner Roundtable (FYSPRT)

Meeting Frequency: Monthly

Chair: Tri-lead Family Partner, System Partner, Youth Partner

Obtain Direction from and Reports to: Statewide FYSPRT and Kristen Royal, HCA

Committee Purpose and Responsibilities:

- Provide information to the Statewide FYSPRT and Executive Leadership Team-HCA regarding children’s issues in our region
- Address any children issues at the local level and provide ideas/solutions
- Education for services and opportunities for youth within our community
- Family and youth driven with at least 51% membership of family and youth partners

Membership: Community members within the Spokane Regional Service Area (RSA).

Behavioral Health Advisory Board (BHAB)

The advisory board consists of up to 18 members appointed by the Spokane County Board of Commissioners. Members are chosen for their demonstrated concern for MH and/or SUD issues. The role of BHAB is to advise the CSHCD SCR BH leadership and Spokane County Commissioners on matters relating to behavioral health services. Members of the advisory board are representatives of the region. The CSHCD SCR BH encourages members of minority groups and people in recovery and resilience to participate in the advisory board.

Behavioral Health Advisory Boards (BHAB)

Meeting Frequency: Monthly

Chair: Designated Chair from Membership

Obtain Guidance and Support from: CSHCD SCR BH Leadership

Committee Responsibilities:

- Reviews and provides input and feedback to CSHCD SCR BH leadership on plans, budgets, policies, and community needs

Membership by appointment of the BOCC:

- Individuals from Spokane County and North East Counties who are or have been in services, or have family members who are or have been in services
- Representatives of tribes and Recognized American Indian Organizations (RAIO) within Spokane County RSA counties
- Members of law enforcement
- MCOs
- CSHCD SCR BH Leadership
- Other interested individuals representing community interests

Consumer Consultation Panel (CCP)

Meeting Frequency: Monthly

Chair: Designated Chair from Membership

Obtain Direction from and Reports to: BHAB and other interested parties and individuals

Committee Responsibilities:

- Provides information and feedback to the BHAB regarding perceptions about treatment delivery
- Provides peer assistance to individuals enrolled in behavioral health treatment concerning community resource information
- Plans and hosts Jaunt in June, to bring together peers and community members to walk for MH Awareness

Membership:

- CCP committee members
- Behavioral Health Ombuds
- SCR BH liaison
- BHAB liaison
- Others, as applicable or invited

QAPI-related Ad hoc Workgroups and Meetings

Various workgroups, task forces, and community committees are formed as needed. These groups provide specific information and additional feedback that is valuable for the QAPI Management Program. These include the:

- The Eastern State Hospital (ESH) Transition and Placement Committee
- Spokane and Northeast Counties Children’s Intensive Resources Task Force
- Accountable Community of Health (ACH) and Better Health Together (BHT)

Performance Improvement

Facilitation of Regional Training
Description: Facilitate a regional training schedule for providers that promote system of care priorities as determined by CSHCD SCR BH and provider leadership and available resources.
Desired Outcome: Trainings offered to CSHCD SCR BH providers will be relevant to the CSHCD SCR BH’s system of care priority initiatives. The goal is to expand knowledge of providers in regards to contract requirements, and increase the expertise of providers to enrich the quality of services for individuals.
Measurement: Evaluations of training presentations indicate a high level of satisfaction with the outcome objectives for the training.
Accountability: CSHCD SCR BH Leadership and all CSHCD SCR BH quality committees.
Timeline: Ongoing.

Crisis Performance Metrics and Reporting Requirements
Description: The CSHCD SCR BH shall monitor crisis provider performance through monthly reports.
1) Call Center Performance Metrics:
a) Quantity
(i) The total number of crisis calls received
(ii) Demographics of all crisis callers (name, age, gender, ethnicity, fund source)
(iii) Total # of crisis callers enrolled and active in behavioral health services
b) Quality
(i) Abandonment rate of 5% or less
(ii) 90% of all call answered within 30 seconds
(iii) Utilization rate: (number of unique individuals using the service within the previous 6 months)
c) Outcomes

<ul style="list-style-type: none"> (i) Disposition of all calls (resolved online, referred to mobile crisis outreach or DCR, referral to OP treatment provider, referral to IP treatment provider, referral to law enforcement)
<p>2) Mobile Crisis Outreach Performance Metrics:</p> <ul style="list-style-type: none"> a) Quantity <ul style="list-style-type: none"> (i) Total # of mobile crisis outreach events (ii) Total # of DCR events b) Quality <ul style="list-style-type: none"> (i) The # of mobile crisis outreach events with 2 hours (or less) response time for emergent crisis and 24 hours (or less) for urgent crisis c) Outcomes <ul style="list-style-type: none"> (i) Disposition of all mobile crisis and DCR outreach events (resolved on scene, voluntary treatment referral, involuntary treatment referral, law enforcement referral)
<p><u>Crisis Services Annual Report:</u></p> <p>The annual report will include a summary, analysis, and findings of all crisis metrics in the previous calendar year. Along with an analysis of coordination with various stakeholders, an analysis of individual crisis plans, and the identification, development and implementation of any strategies to improve the crisis system over time.</p>
<p>Desired Outcome: Reports will be generated to establish a baseline with goal to improve performance and quality of crisis system over time. 100% compliance with submitting monthly data and annual report to HCA.</p>
<p>Accountability: CSHCD SCRBH Leadership, Behavioral Health Medical Director, Integrated Behavioral Healthcare Quality Supervisor, Integrated Care Coordinators, and CSHCD SCRBH IS Staff</p>
<p>Timeline: All Crisis Services metrics will be reported monthly by the 15th of the following month. The Crisis Services Annual Report will be submitted to HCA annually by January 15.</p>

Customer Care Performance Measures and Reports
<p>Description: CSHCD SCRBH will collect and analyze data to measure the performance outcomes for customer service calls on a quarterly and annual basis to ensure performance standards have been met or exceeded.</p>
<p>Desired Outcome: Customer service calls will meet all performance standards</p>
<p>Measurement: Telephone abandonment rate- standard is less than five percent (5%)</p> <p>Telephone response time – average speed of answer within thirty (30) seconds</p>
<p>Accountability: CSHCD SCRBH Leadership, Integrated Behavioral Healthcare Quality Supervisor, Customer Care Representatives,</p>

Timeline: Reports will be published for review with HCA quarterly and annually: Ongoing.

Quality Assessment Activities

Utilization Management and Care Management
Description: Utilization Management (UM) and Care Management provide essential functions for quality care and support for behavioral health providers in the delivery of effective behavioral health treatment services and support.
Desired Outcome: Assure individuals receive the appropriate quantity and quality of behavioral health services within available resources and that services are timely and provided in a setting that is consistent with the treatment care needs of the individual. Also, assuring that all services that are authorized meet HCA’s definition of medical necessity.
Measurement: The UM team works collaboratively with the QAPI Committee to evaluate the quality of the UM Program utilizing analytical review data for authorization and denial percentages, behavioral health levels of care and service settings, lengths of stay, continuity of care, and any service gaps to develop improvement action plans, ongoing monitoring, and evaluation. The CSHCD SCRBH collects and maintains authorization and denial tracking data that includes reason for denial, agency, appeals and issuance of Notice of Action (NOA) Regular reviews are conducted to determine adherence to policies and procedures. This includes: Compliance for response to appeals, access to expedited appeals and second opinions Timely Access to authorizations: 2-hour timeline for response to a request for authorization and decision rendered within 12 hours NOAs timeliness: written notification for expedited authorization requests within 72 hours or 48 hours when denying a request for a non-crisis related service. Notice provided at least 10 calendar days before the date of action.
Accountability: CSHCD SCRBH Leadership, Behavioral Health Medical Director, Integrated Behavioral Healthcare Quality Supervisor, Integrated Care Coordinators
Timeline: Ongoing.

Crisis Provider Credentialing
Description: The CSHCD SCRBH must evaluate the quality of contracted providers prior to initiating a contract and complete a reassessment of the quality of healthcare delivery at least every three

years through an assessment process, which will include initials and dates of reviews by CSHCD SCR BH staff. All reviews are complete at least 180 days prior to the Credentialing Team decision date.

Desired Outcome: Providers will have 100% compliance with Credentialing and Re-credentialing requirements.

Accountability: CSHCD SCR BH Leadership, Behavioral Health Medical Director, Integrated Behavioral Healthcare Quality Supervisor, Integrated Care Coordinators, and Program Specialists.

Timeline: Initiated: April 2018. Completion: Ongoing; CSHCD SCR BH has participated in MCO Pre-Delegation Assessments and completed Provider Credentialing July 23, 2018. CSHCD SCR BH will continue to be monitored by the MCOs annually for compliance with NCQA standards.

Annual Crisis Provider Monitoring for NCQA Standards

Description:

The CSHCD SCR BH will conduct an annual monitoring and evaluation of the delegated Crisis provider’s performance based on the current executed and signed Delegation Grid for sub-delegate’s compliance with National Committee for Quality Assurance (NCQA) standards. The review will include member experience data and clinical performance data. Contracted Crisis Response Providers will be monitored to ensure they have Behavioral Health Crisis Response Protocols for qualified staff to make decisions that require clinical judgment and decision making to assist individuals in crisis. The Behavioral Health Crisis Response Protocols must:

- Address relevant mental health and substance use situations utilizing clinically based triage and referral protocols that are in keeping with current acceptable practices for the delivery of behavioral healthcare;
- Address the urgency of clinical circumstances, including crisis situations, and emergencies;
- Define the appropriate care setting for treatment based on the urgency of the clinical circumstances and treatment resources; and
- Contain documentation that they are reviewed at a minimum of every 24 months and revised as needed.

The CSHCD SCR BH will conduct an annual monitoring and evaluation of the delegated Crisis Behavioral Health Hotline provider’s performance based on the current, executed and signed Delegation Grid for sub-delegate’s compliance with National Committee for Quality Assurance (NCQA) standards. CSHCD shall ensure that the 24/7 regional behavioral health crisis hotline is in compliance with performance standards, which include the following:

- Telephone abandonment rate – standard is less than three percent (3%), and
- Telephone response time – average speed of answer within thirty (30) seconds. Standard is 90% of calls are answered within thirty (30) seconds.

- Direct line access to all mobile crisis outreach teams for necessary support and information assistance after dispatch to ensure no caller waits more than thirty seconds for a live answer.

The CSHCD SCR BH will produce a report with a summary of findings on NCQA performance for the performance of delegated NCQA activities, which includes the Crisis Behavioral Health Hotline. The CSHCD SCR BH will evaluate performance reports at a minimum of semi-annually. Evaluation of performance will include the average percent time for telephone response, the telephone abandonment rate percentages, and member experience data. These will be reviewed at the CSHCD SCR BH QAPI meeting as evidenced by meeting minutes.

Desired Outcome: Providers will have 100% with compliance with NCQA standards for crisis services.

Accountability: CSHCD SCR BH Leadership, Behavioral Health Medical Director, Integrated Behavioral Healthcare Quality Supervisor, Integrated Care Coordinators, Program Specialists, and IS Staff.

Timeline: Initiated: April 2018. Completion: Ongoing; CSHCD SCR BH has participated in MCO Pre-Delegation Assessments. CSHCD SCR BH will continue to be monitored by the MCOs annually for compliance with NCQA standards. CSHCD SCR BH will monitor contracted crisis providers for compliance with NCQA standards annually.

Clinical Monitoring of Behavioral Health Agencies

Description: The CSHCD SCR BH shall conduct annual reviews of contracted services to include the general provider contract requirements as stated in scope of work agreements, provider contracts and applicable laws. The review may include but is not limited to: delegated activities, clinical records, facilities, policies and procedures, employee files representing both clinical and non-clinical employees, fiscal, and Information Systems (IS). Implementation of a Quality Improvement Tool for monitoring ‘Golden Thread’ documentation in the clinical record that has high inter-rater reliability and is endorsed by providers and clinical monitors. Treatment plans that are developed in collaboration with the individual, address the reason for seeking treatment as defined by the individual, and are informed by the individual’s strengths and experiences. Monitoring to ensure providers who receive Federal Block Grant Funds are in compliance with requirements. Ensure crisis services are provided in accordance with contract requirements and WAC. This will be accomplished by CSHCD SCR BH Integrated Care Coordinators linking progress notes to treatment plans. CSHCD SCR BH Integrated Care Coordinators revise the CSHCD SCR BH Clinical Monitoring Tool to reflect these principles. CSHCD SCR BH Care Coordinators provide voluntary technical assistance for compliance with monitoring tool to most agencies.

Desired Outcome: Providers are expected to be in compliance with monitoring tools. Corrective Action Plans (CAPs) are given for any items that do not meet monitoring requirements.

Accountability: CSHCD SCR BH Leadership, Integrated Care Coordinators, and CSHCD SCR BH IS Staff

Raintree Data Submission

- Raintree data submission reports and provider monthly business submission reports are monitored monthly and noncompliant findings are discussed individually with agencies. Providers that do not meet the target compliance rate are individually conferenced to confirm data accuracy and, either correct erroneous data or discuss an improvement plan to achieve a 100% compliance within 30 calendar days as specified in agencies' contracts.

QAPI Program Evaluation Process

The QAPI Steering Committee conducts an internal QAPI self-assessment and evaluation every year and includes this as an attachment with the QAPI Plan for stakeholder and HCA review. External quality reviews are conducted by state and federal agencies. Corrective action findings are addressed and implemented into the QAPI Work Plan.

The process for evaluating the impact and effectiveness of the CSHCD SCR BH QAPI Program:

1. The QAPI committee, along with CSHCD leadership, utilizes the CSHCD SCR BH QAPI Self-Assessment Tool, on an annual basis, to help identify progress being made and areas needing greater concentration.
2. The QAPI Plan is reviewed on an annual basis by the QAPI committee. If modifications are warranted upon review, the plan is revised and updated. The QAPI Plan is vetted by CSHCD SCR BH leadership, the BHAB, with ultimate approval made by the CSHCD SCR BH Director. Any updated plan is automatically sent to HCA to maintain alignment with the State of Washington Quality Strategy Plan. The QAPI Plan is made available on the CSHCD SCR BH website for all community stakeholders.
3. A QAPI Work Plan is developed at the start of each calendar year based on the results of the previous year's work plan, the annual internal QAPI evaluation, current trends, performance gaps, and CAPS from external quality reviews. The goals in the Work Plan include measures and specific actionable interventions. The Work Plan is a living document that is reviewed on a quarterly basis by the QAPI Steering Committee and made available to community stakeholders.
4. QAPI data reports are utilized to collect, analyze and display performance outcomes and trends for ongoing reviews by the QAPI committee.
5. The QAPI committee prepares an annual Evaluation Report of the Quality Management Program that is distributed to BHAs, the BHAB, HCA and stakeholders. The content of the report includes a summary of accomplishments and progress toward objectives.

This document is published and available for the public on the Spokane County website at:
<https://www.spokanecounty.org/3811/Behavioral-Health>