

Document Type:¹

☐ Policy & Procedure ☐ Process Guideline

Adopted: 8/12/2020

Last Reviewed: 6/29/2021

☒ Plan ☐ System Description

Retired: _____

Revisions: 6/22/2021

Document Scope: (applies to Policy & Procedure only)

- X The requirements herein apply only to the GCBH Central Office and its functions.
- The requirements herein apply, verbatim, to GCBH and its network providers².
- The requirements herein apply both to GCBH and its network providers². Additionally, network providers must have internal documents outlining their processes for implementing the requirements, insofar as they relate to actions for which network providers are responsible.

PURPOSE: It is the mission of Greater Columbia Behavioral Health Administrative Services Organization (GCBH BH-ASO) to ensure quality access and effective assessment and interventions to persons who are experiencing a crisis or who are eligible to receive non-Medicaid funded Behavioral Health Services. The role of GCBH BH-ASO's Operations and Clinical Management Teams is to work collaboratively with its Provider Network to support GCBH BH-ASO's efforts to continuously evaluate and improve service delivery and end-user experience. The Quality Improvement Plan (QI Plan) serves as a foundation to provide the structural and evaluative components for our ongoing performance improvement.

POLICY

1. Philosophical Orientation

- a. GCBH BH-ASO provides, through its Provider Network, services on a continuous basis, 24-hours a day, and 7-days a week. As a result, many of GCBH BH-ASO's Quality Assurance's structural and evaluative components allow for real-time clinical oversight of performance of multiple Providers. We understand the importance of consultation and feedback with these Providers to not only improve care in the moment, but to maximize the value of that feedback at the time of correction. Other structural components of our QI Plan allow for rapid response to Individual grievances or appeals; as well reports of Fraud, Waste or Abuse.
- b. GCBH BH-ASO's Quality Assurance assessment tools enable our team to review aggregate performance on our performance standards. We value System-wide and transparent reporting on aggregate data to all GCBH BH-ASO staff, Behavioral Health Advisory Board (BHAB) members, Quality Management Committee members, our Executive Committee and also (as indicated) other stakeholders including the WA State Health Care Authority (HCA), the local Accountable Community of Health (ACH), and the Apple Health Managed Care Organizations (MCOs) we contract with.

2. Authority and Reporting

- a. GCBH BH-ASO strongly believes any Network Provider or recipient of services should be able to make the BH-ASO aware of any concerns related to service provision or compliance. Avenues for reporting concerns are made clear and readily available

through routinely scheduled GCBH BH-ASO: Provider meetings, periodic written bulletins, and GCBH BH-ASO Website postings.

- b. Primarily responsibility for our Quality Improvement is shared between GCBH BH-ASO's Co-Executive Directors and the GCBH BH-ASO Medical Director. The GCBH BH-ASO Quality Management Oversight Committee, or QMOC, is primarily responsible for the implementation of quality assurance and improvement measures. Its membership includes GCBH BH-ASO Administrative and Clinical Staff, the Ombuds, and Network Provider Representatives.
- c. Through the Co-Executive Directors, the QMOC reports its activities and findings to the GCBH BH-ASO Executive Committee.

3. Ongoing Expectations

- a. Continuous oversight of our provision of services is the cornerstone of GCBH BH-ASO's QI Program. Ongoing measurement, analysis of information, and data-based decision making is only possible through sharing information throughout the BH-ASO and with our Provider system. The performance measures employed will be based upon the following priorities:
 - i. State and Federal regulations.
 - ii. GCBH BH-ASO's clinical and individual service standards.
 - iii. Contractual requirements (both with the WA HCA and the MCOs)
 - iv. Individual and Community feedback.
 - v. Ombuds Input

4. Critical Incidents Review

- a. Critical Incident review is another facet of the GCBH BH-ASO QI process. A Critical Incident is classified as one of the following types of events that involves an Individual receiving BH-ASO funded services:
 - i. Incidents occurring within a contracted behavioral health facility (inpatient psychiatric, behavioral health agencies), FQHC, or by independent behavioral health provider such as:
 - 1. Abuse, neglect, or sexual/financial exploitation
 - 2. Death
 - ii. Acts allegedly committed by an Individual receiving BH-ASO funded services, with a behavioral health diagnosis, or history of behavioral health treatment within the previous 365 days, to include:
 - 1. Homicide or attempted homicide
 - 2. Arson
 - 3. Assault or action resulting in serious bodily harm which has the potential to cause prolonged disability or death
 - 4. Kidnapping
 - 5. Sexual assault
 - iii. Unauthorized leave from a behavioral health facility during an involuntary detention, when funded by the BH-ASO

- iv. Any event involving an Individual that has attracted or is likely to attract media coverage, when funded by the BH-ASO. (Contractor shall include the link to the source of the media, as available)
 - v. Incidents posing a credible threat to an Individual's safety
 - vi. Suicide and attempted suicide
 - vii. Poisoning/overdoses unintentional or intention unknown
 - b. Per GCBH BH-ASO's contract with HCA, incident types 1 through 4 are reported as soon as GCBH BH-ASO is made aware of them, while types 5, 6, and 7 are reported through the population based semi-annual report submitted to HCA. All incident types are trended as part of the GCBH BH-ASO Critical Incident Semi-annual Trending Report.
 - c. GCBH BH-ASO staff, Ombuds Office or Network Provider staff should identify and report a Potential Critical Incident to GCBH BH-ASO the GCBH BH-ASO Quality Manager.
5. Assessment of Compliance with Federal and State Mandates
- a. Any concerns regarding Program Integrity (such as Fraud Waste and/or Abuse) are documented, evaluated and responded to within a timeframe established. GCBH BH-ASO maintains a process that ensures that no barrier to reporting persists and the GCBH BH-ASO Compliance Officer ensures that the outcomes of any investigations are directly reported the GCBH Executive Committee. The Compliance Officer is also responsible for ensuring that any Program Integrity issues are reported as per all applicable Contractual and Regulatory requirements. The QMOC will maintain oversight of the Program Integrity processes.
6. Credentialing and Re-Credentialing Requirements
- a. GCBH BH-ASO maintains an ongoing credentialing process and Credentialing Committee to ensure that it's Provider Network meet all Contract and Compliance expectations. This includes the primary source verification of appropriate licensures, liability insurances, applicable disclosure statements, and other pertinent documents. The Credentialing process, which is under the oversight of the BH-ASO Medical Director, also assures that the Provider, it's Directors, and employees have not been listed by a state or federal agency as debarred, suspended, excluded, or otherwise ineligible for state or federal program participation. Once the credentialing file is established, re-credentialing occurs every 36 months through the GCBH BH-ASO Credentialing Committee, which is chaired by the BH-ASO Medical Director. If GCBH BH-ASO declines to include a provider in its network, it shall give the affected providers written notice of the reason for its decision.
 - b. The BH-ASO policies and procedures on provider selection and retention indicates that the BH-ASO shall not discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatment.
7. Sub Contractual Relationships and Delegation
- a. GCBH BH-ASO interprets delegation to be a process by which the BH-ASO gives another entity the authority to perform certain activities or responsibilities on its behalf. As an example, GCBH BH-ASO delegates to another agency its role as the 24/7 Toll-Free Crisis Hotline.

- b. The GCBH BH-ASO assures that functions are performed appropriately through the monitoring of all such functions that are identified in the contract which establishes the delegation relationship. This monitoring may include, but is not limited to:
 - i. Periodic on-site or virtual reviews including administrative, quality assurance, and fiscal auditing
 - ii. Monitoring for adherence to contractual expectations and/or established performance metrics (such as call answering times, abandonment rates, review turn-around times, etc.)
 - iii. External feedback (such as from the Ombuds, through the Critical Incident process, or through the Grievance process)
- c. Failure to meet contract expectations will be addressed through the Corrective Action Process as discussed below.

8. Assessment of Authorizations, Notifications, Grievances and Appeals

- a. The timeliness, responsiveness and content of Authorizations and Notifications are reviewed quarterly by the QMOC with standards being established by contractual mandates.
- b. The QMOC will review findings from:
 - i. Monthly reviews of the timeliness of responses to Authorization requests and Notifications. These will be performed by the GCBH BH-ASO Medical Director and Quality Manager during monthly meetings with the UM staff and will draw from data maintained either by the UM or the GCBH BH-ASO electronic information system;
 - ii. Monthly reviews of any Notifications to ensure that they are accurate in terms of their content. These reviews will be completed during the Medical Director's staffing with the UM staff. The Medical Director and Quality Manager will review all such Notifications and document finding in the minutes of the monthly staffings.
- c. The QMOC is responsible for establishing corrective interventions in the cases of non-adherence with expectations in regards to authorizations and/or notifications. Through the Co-Executive Directors, such corrective interventions will be operationalized and monitored to ensure that they achieve the improvements as intended. If not effective, additional corrective interventions will be set forth by the QMOC until such time as performance returns to acceptable levels. Such interventions may include additional staff trainings, enhanced monitoring by the Quality Manager, and/or employee related discipline.
- d. Grievances and Appeals are also tracked and trended through the GCBH BH-ASO Quality Management Committee to ensure that there are timely and thorough responses to such occurrences. GCBH BH-ASO maintains a process that ensures no barrier to filing either a Grievance or Appeal, and the GCBH BH-ASO Compliance Officer ensures that the outcomes of any investigations are reported the GCBH BH-ASO QMOC. The Compliance Officer is also responsible for ensuring that any Grievance or Appeal outcomes are reported as per all applicable Contractual and Regulatory requirements. Beyond the review by the GCBH BH-ASO QMOC, there is a routine assessment of the Grievance and Appeal Process completed as per any Contractual Requirements.

9. Crisis System Reporting

- a. Greater Columbia Behavioral Health is committed to having an integrated Crisis System that meets the community needs and is responsive to eligible individuals seeking Behavioral Health Crisis Services.
- b. To this end, the GCBH BH-ASO QMOC provides performance oversight for the Providers that comprise its Crisis System. This includes the Crisis Providers (BHAs) and the Toll Free Crisis Line which is provided through delegation. The Work Plan (below) reflects specific aspects of this oversight.

10. Substance Abuse Block Grant (SABG) Capacity Monitoring

- a. Greater Columbia Behavioral Health endeavors to maintain a continuum of SUD Network Providers that meet the expectations of the Substance Abuse Block Grant and the HCA Contract. To accomplish this the GCBH BH-ASO QMOC actively monitors its SUD Network Providers to ensure that there is sufficient Network Provider capacity to provide IUID and PPW services to individuals. Monitoring by GCBH BH-ASO and contractual reporting will be reviewed as found in the HCA/BH-ASO contract and the Annual HCA Approved Plan.

11. Mental Health Block Grant (MHBG) Monitoring

- a. As with other funding sources, Greater Columbia Behavioral Health seeks to utilize the funding received through the Mental Health Block Grant in a manner consistent with the HCA/BH-ASO Contract and the Annual HCA Approved Plan. The GCBH BH-ASO QMOC will review Network Providers MHBG utilization during the development of the annual progress report as required by Contract.

12. Implementation of and Continuous Monitoring and Evaluation of Evidence-Based Practices

- a. GCBH BH-ASO standards of care and performance are informed by State and Federal regulations and Provider/Individual feedback. Policies and procedures provide clarity and instruction for the Provider Network that delivers this care.
- b. GCBH BH-ASO, in conjunction with its Network's Clinical Leadership, shall maintain and disseminate Practice Guidelines that are based on nationally recognized recommendations or Peer reviewed Best Practices. Continuous monitoring and evaluation of adherence to the GCBH BH-ASO performance expectations occur through established methods and tools utilized as part of ongoing on-site or virtual monitoring. Outcomes of these monitoring activities are reviewed by the GCBH BH-ASO QMOC and subsequently provided to both the GCBH BH-ASO BHAB and Executive Committee.

13. Corrective Action

- a. GCBH BH-ASO's QMOC identifies opportunities for specific areas of focus and improvement. Examples of such opportunities include (but are not limited to):
 - i. Toll-free Crisis Line performance metrics
 - ii. Individual Service line performance metrics
 - iii. Timeliness of Authorizations and Notifications
 - iv. Ombuds feedback around participant input
 - v. Encounter submission and accuracy

- b. The QMOC is responsible for establishing corrective interventions in the cases of non-adherence with expectations in regards to service delivery. Through the Co-Executive Directors, such corrective interventions will be operationalized and monitored to ensure that they achieve the improvements as intended. If not effective, additional corrective interventions will be set forth by the QMOC until such time as performance returns to acceptable levels. If required, and based on QMOC input, GCBH BH-ASO can utilize contractual language regarding sanctions and even termination in the case of persistently below-expected performance.
- c. GCBH BH-ASO is also responsible to the HCA for any remedial actions it requires. Furthermore, Network Providers will be responsible to work with the BH-ASO regarding any remedial action required by the State.
- d. Any identified incidences of the GCBH BH-ASO not meeting their own internal benchmarks or timelines will be remediated by the QMOC. All remediation processes and outcomes are reported to the Executive Committee. The Executive Committee and the Co-Executive Directors will determine the final action to be taken considering recommendations given by QMOC.

14. Reporting

- a. Consistent with GCBH BH-ASO's values of transparency, avenues for reporting a variety of Quality Improvement findings/reports are available to all GCBH BH-ASO Network Providers, the GCBH BH-ASO Ombuds, the GCBH BH-ASO QMOC, the GCBH BH-ASO BHAB, and the GCBH BH-ASO Executive Committee and as required by Contract (either with the HCA or the MCOs).

15. Quality Improvement Work Plan

- a. The Quality Improvement Work Plan identifies annual activities, objectives, accountable staff, and outcomes.

16. QI Annual Report

- a. The QI Annual Report summarizes the outcomes of the Quality Improvement Work Plan and identifies:
 - i. Educational/training needs
 - ii. Recommendations of new measurements and/or measurement tools
 - iii. Recommendations of policy and procedure revisions
 - iv. Changes in operations to minimize risks in the delivery of quality services
 - v. Development of objectives for the coming year

APPROVAL


Karen Richardson or Sindi Saunders, Co-Directors


Date

Exhibit 1 - Quality Improvement Work Plan Activities and Objectives:

QI Activity	Rationale	Objective	Owner	Last Review Date	Review By Date	Reporting to QMOC Frequency
Monitor Toll Free Crisis Line Metrics	To ensure compliance with Contractual and Industry standards regarding Timeliness of answering and minimization of caller abandonments AND to ensure rapid and timely response to callers.	At least 90% of calls to be answered by live person within 30 seconds	GCBH BH-ASO Co-Executive Directors	07/01/20	Ongoing	Monthly
		Less than 5% abandonment rate				
Ensure Program Integrity/Compliance	To ensure that GCBH BH-ASO maintains a easily accessible and effective Program Integrity Process	100% of communications with Compliance Line or Officer are addressed within Contract expectations and investigated as indicated.	GCBH BH-ASO Compliance Officer	07/01/20	Ongoing	Monthly
		100% Completion of Exclusion Reports				
Monitor Individual Service Line Metrics	To ensure compliance with clinical and individual service role as outlined by Contract	100% documentation of calls received with indication of outcomes	GCBH BH-ASO Co-Executive Directors	07/01/20	Ongoing	Monthly
		At least 90% of calls answered by Individual services trained staff within 30 seconds				
Review of Potential Critical Incidents	To ensure rapid review of all reports defined as Critical Incidents involving GCBH BH-ASO provider or Individual.	100% of reports assessed for reporting and investigations within 1 business day.	GCBH BH-ASO Clinical Director	07/01/20	Ongoing	Quarterly
		Subsequent review and determination of possible interventions/corrective input within 45 days				Trending report to HCA semi-annually
Review Individual Grievances	Grievances will be documented and investigated to identify areas of improvement.	100% of Individual complaints will be handled per GCBH BH-ASO's policy	GCBH BH-ASO Clinical Director	07/01/20	Ongoing	Quarterly
Review Timeliness and Content of Authorizations	To ensure completeness and accuracy of service records.	100% of Authorizations and Notifications will be completed within Contract and Policy standards	GCBH BH-ASO Medical Director and Quality Manager	07/01/20	Ongoing	Quarterly
		100% of Authorizations and Notification content will be accurate.				
Monitoring of Crisis and Non Crisis-covered services for Network Adequacy	To ensure that the GCBH BH-ASO network is delivering services in an accessible manner	Number of services utilized by service type, eligibility type, facility code and location.	GCBH BH-ASO Co-Executive Directors	07/01/20	Ongoing	Quarterly
		Reach a status of no waiting lists for applicable services				
Ombuds Report	Monitoring of Community Trends from Individual and Family perspective	Direct feedback and grievance data from the Ombuds;	GCBH BH-ASO Clinical Director and GCBH Ombudsperson			Quarterly
Monitoring for Under and Over Utilization	Services should be provided in a clinically effective and financially efficient manner	TBD	GCBH BH-ASO Clinical Director and GCBH Medical Director	07/01/20	Ongoing	Quarterly
Monitor Customer Service Line Metrics	To ensure that individual seeking customer service have timely access to the appropriate level of support.	At least 90% of calls answered by Individual services trained staff within 30 seconds with an abandonment rate of less than 5%	GCBH BH-ASO Co-Executive Directors			Quarterly
Monitoring for Timely Access to Crisis Services	To ensure adequacy of response by DCR's and sufficiency of DCR staffing patterns	The number of mobile crisis outreach events in which the response time was within two (2) hours (or less) of the referral to an emergent crisis and twenty-four (24) hours (or less) for a referral to an urgent crisis.	GCBH BH-ASO Quality Management	07/01/20	Ongoing	Quarterly

QI Activity	Rationale	Objective	Owner	Last Review Date	Review By Date	Reporting to QMOC Frequency
Monthly Data Attestation	Certifies the accuracy and completeness of all data concurrently with each data file upload.	100% completion of Monthly Attestations of Submission	Fiscal Services	07/01/20	Ongoing	Quarterly
Crisis Provider Adherence to Clinical and Admin Standards as outlined in Contract and as indicated by the findings of Crisis Clinical Audits	Quality and appropriate care is an essential aspect to stabilizing individuals in crisis.	Ensure that Crisis Providers are meeting the required clinical responsibilities as outlined in contract at least 90% of the time.	GCBH BH-ASO Clinical Director and Medical Director	07/01/20	Ongoing	Twice yearly
Review Individual Appeals	Appeals will be documented and investigated to identify areas of improvement;	100% of Appeals will be handled as per GCBH BH-ASO Policies and HCA Contract	GCBH BH-ASO Quality Manager	07/01/20	Ongoing	Annually
Maintain Applicable Training Expectations for BH-ASO and Network	In order to ensure quality of development and performance, GCBH BH-ASO will develop training plans based on Contract requirements and QMOC recommendations	90% of GCBH BH-ASO and Provider network staff participate in training in areas identified by PI process and HCA/MCO contracts (an item of the annual site audits)	GCBH BH-ASO HIPAA Officer	07/01/20	Ongoing	Annually
Monitor for HIPAA Compliance	To ensure adherence to standards around maintaining of privacy and data security	Report annually on confirmed internal and external breaches and potential breaches, and if the review of these events determined that it met criteria as a critical incident and reporting per Contract and State, Federal expectations, plus description of opportunities for improvement. (Found in Annual QI Report)	GCBH BH-ASO HIPAA Officer	07/01/20	Ongoing	Annually
Review of Practice Guidelines	To ensure that GCBH BH-ASO Practice Guidelines are current and pertinent to services provided, including their appropriateness to the individual needs of the individuals served by GCBH BH-ASO.	100% reviewed and updated annually	GCBH BH-ASO Medical Director	07/01/20	Ongoing	Annually
Monitoring of Credentialing Process	To ensure that Credentialing Activities are completed in a timely manner without evidence of discrimination	An Annual Report by the Credentialing Committee regarding the number of Providers reviewed, the outcome of those reviews and the reasons for any adverse decisions	GCBH BH-ASO Compliance Officer and BH-ASO Medical Director	07/01/20	Ongoing	Annually
Monitoring of Substance Abuse Block Grant	To ensure Substance Abuse Block Grant (SABG) for the BH-ASO-HCA Contract adherence- especially the provision of availability of network capacity to provide services to PPW and IUID individuals	Monitoring as per current HCA/BH-ASO contract. Review final SABG report against approved plan.	GCBH BH-ASO Financial Director	07/01/20	Ongoing	Annually
Monitoring of Mental Health Block Grant	To ensure adherence with Mental Health Block Grant (MHBG) as per the BH-ASO-HCA Contract.	Monitoring as per current HCA/BH-ASO contract. Review final MHBG report against approved plan.	GCBH BH-ASO Financial Director	07/01/20	Ongoing	Annually
IT Risk Assessment /Disaster Recovery Plan	To ensure that the GCBH BH-ASO is able to continue operations in case of emergency, and to comply with HCA contract around implementing a Business Continuity and Disaster Recovery Plan and annual testing	Report on how the test of the Business Continuity and Disaster Recovery Plan went during the annual test, what went well, what could be improved	GCBH BH-ASO IT Manager	07/01/20	Ongoing	Annually