
Document Type: ¹	<input checked="" type="checkbox"/> Policy & Procedure	<input type="checkbox"/> Process Guideline	Adopted:	1/1/2019
	<input type="checkbox"/> Plan	<input type="checkbox"/> System Description	Last Reviewed:	7/5/2024
			Retired:	_____

Revisions: 11/07/2019, 08/25/2020, 9/16/2021, 03/25/2022

Document Scope: (applies to Policy & Procedure only)

- The requirements herein apply only to the GCBH BH-ASO Central Office and its functions.
- The requirements herein apply, verbatim, to GCBH BH-ASO and its network providers².
- The requirements herein apply both to GCBH BH-ASO 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: To define how Greater Columbia Behavioral Health, LLC BH-ASO (GCBH BH-ASO) documents establishing standards and/or describing business processes are developed, formalized and maintained.

DEFINITIONS:

- I. **Policy & Procedure:** A document defining organizational standards and prescribing specific behaviors. Because such documents typically define the organization's response to externally imposed requirements, departure from the course of action articulated puts the organization at risk and may thus be subject to disciplinary action.
- II. **Plan:** A document describing the course of action by which the organization intends to achieve a specific goal or state. In most cases, such documents specify timeframes for accomplishing Plan milestones, and include measurable criteria against which outputs and/or outcomes will be evaluated.
- III. **Process Guideline:** A document describing a process or practice the organization seeks to standardize insofar as possible, recognizing that its implementation is subject to professional judgment based on the specifics of each situation.
- IV. **System Description:** A document describing the structure, purpose, responsibilities and/or interactions of relatively stable organizational divisions, programs, roles or functions supporting the organization's mission.

POLICY

- A. GCBH BH-ASO employs four types of document—Policy & Procedure, Plans, Process Guidelines, and System Descriptions—to formally articulate its systems and processes. These documents are developed and revised via a collaborative process involving, at a minimum, designated GCBH BH-ASO staff and pertinent committees, the Behavioral Health Advisory Board (BHAB), and the Executive Committee.
- B. Formal documents become effective within 15 calendar days of signature by the GCBH BH-ASO Director(s), following Executive Committee approval.
- C. Formal documents are reviewed at least once every year, or as needed to assure consistency with current law and contractual requirements.

PROCEDURE

1. Document Development

- 1.1. When the need for a formal document has been identified, an individual and a pertinent committee are designated by the GCBH BH-ASO Director(s) as responsible for document development.
 - 1.1.1. A consistent format (i.e., the one used for this document) is used for documents designated "Policy & Procedure." Other formal documents may be formatted to best suit to their purposes, but must include a cover page with a Header like the one on the first page of this policy, and approval and date lines as at the end of this policy.
- 1.2. Prior to formal approval, new documents are reviewed by at least the parties below, in the order noted:
 - 1.2.1. The appropriate GCBH BH-ASO Manager(s) and pertinent committee(s),
 - 1.2.2. The GCBH BH-ASO Director(s),
 - 1.2.3. Legal counsel, if the document is a "Policy & Procedure,"
 - 1.2.4. The Behavioral Health Advisory Board (BHAB), and
 - 1.2.5. The Executive Committee.

2. Document Review/Revision

- 2.1. Unless otherwise designated within a given document, GCBH BH-ASO staff are responsible for assuring that formal documents are kept current. When reviews conducted for this purpose do not reveal a need for a revision or substantial changes to the policy, the review is documented by entering a review date in the document header and obtaining the GCBH BH-ASO Director'(s) signature.
- 2.2. When a review results in revision, changes are reviewed and approved via the following process:
 - 2.2.1. Review by GCBH BH-ASO staff, Director(s) and pertinent committees.
 - 2.2.2. Review by the BHAB.
 - 2.2.3. Approval by the GCBH BH-ASO Executive Committee.

3. Document Preservation & Distribution

- 3.1. Documents designated "Policy & Procedure" are kept on file permanently and made available to network providers via the GCBH BH-ASO website. Those impacting network providers, including but not limited to billing, critical incidents, and other reporting requirements, are announced and provided via email at least one (1) week prior to becoming effective.
- 3.2. GCBH BH-ASO shall submit policies and procedures to HCA for review upon request by HCA and any time there is a new policy and procedure or there is a substantive change to an existing policy and procedure.

3.3. All other formal documents are kept a minimum of ten (10) years after the last review or revision. The appropriateness of making them available via the website is determined on a case-by-case basis, by the GCBH BH-ASO Director(s).

4. Training and Monitoring

4.1. GCBH BH-ASO maintains an effective training process ensuring that ASO staff participate in training, including evidence of assessment of participant knowledge and satisfaction with the training.

4.2. Continuous monitoring and evaluation of adherence to Policies occur through established methods and tools utilized as part of ongoing on-site or virtual monitoring (including, but not limited to, Administrative audits, the Credentialing process, reviews of clinical metrics, reviews of grievances and Critical Incidents, and monitoring of data submission accuracy).

4.2.1. 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.

4.3. The QMOC is responsible for developing corrective interventions in the cases of non-adherence with Policies. The proposed corrective interventions will be reviewed and endorsed by the applicable GCBH BH-ASO committee and approved for implementation by the GCBH BH-ASO Executive Committee.

4.3.1. Any Compliance related issues will be addressed in concert with the GCBH BH-ASO Compliance Officer and the Compliance Committee as part of the process.

4.3.2. Outcomes will be shared with the BHAB to ensure their involvement.

4.4. Through the Director(s), 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.

4.5. If required, and based on QMOC input, GCBH BH-ASO Executive Committee (through the Director(s)), can utilize contractual language regarding sanctions and even termination in the case of persistently below-expected performance.

4.6. Any identified incidences of GCBH BH-ASO not meeting their own Policies will be remediated by the QMOC through the applicable supervisory process.

APPROVAL


Karen Richardson or Sindi Saunders, Director(s)



Date