



Quality Management Annual Review

North Sound BH-ASO

As a public behavioral health authority in Washington State (Island, San Juan, Skagit, Snohomish, Whatcom), the central purpose of North Sound Behavioral Health Administrative Services Organization (North Sound BH-ASO) is to ensure the provision of quality Crisis related services to all people regardless of insurance status, income level, ability to pay and county of residence. North Sound BH-ASO also provides behavioral health services to individuals who are not eligible for Medicaid.

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Executive Summary

The North Sound Behavioral Health Administrative Services Organization (North Sound BH-ASO) Quality Management Annual Review provides a summary of the work done to satisfy the requirements of the North Sound BH-ASO Quality Management Plan (QM Plan). The North Sound BH-ASO QM Plan outlines the structure of quality management at North Sound BH-ASO and all the activities that are accomplished throughout the year to satisfy Federal and State guidelines and ensure the provision of quality services to individuals in the North Sound Regional Service Area (RSA). The oversight of the North Sound BH-ASO QM Plan is delegated to the North Sound BH-ASO Internal Quality Management Committee (IQMC). The QM Plan Work Plan guides the IQMC's review of quality activities and sets a baseline standard for each area of oversight.

The North Sound BH-ASO Quality Management Annual Review is broken into four (4) main sections that provide a synopsis of the wonderful work being done by BH-ASO and behavioral health agency (BHA) staff. Section one (1) of the annual review provides an update on the progress towards the goals outlined in the QM Plan. Section two (2) provides a summary of accomplishments realized by North Sound BH-ASO during the first year of the BH-ASO contract cycle July 2019-June 2020. Section three (3) provides an update on the North Sound BH-ASO annual risk assessment. Section four (4) provides a summary of all the measures and oversight areas that North Sound BH-ASO reviews throughout the year and are identified in the QM Plan Work Plan.

These four (4) summary areas provide a general overview of the work that is being done and gives the reader an idea of what and how North Sound BH-ASO is measuring the quality of services that are provided in the region. When reading this document please use the North Sound BH-ASO QM Plan as a companion guide to give you more detail on the areas of oversight and the activities that are conducted to monitor those areas.

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Introduction

The North Sound BH-ASO is a public behavioral health authority that serves the Northwest Washington State counties of Island, San Juan, Skagit, Snohomish, and Whatcom. North Sound BH-ASO ensures the provision of Crisis and other related services, which include mental health (MH) and substance use disorder (SUD) services, to the entire five (5) county region. Crisis services will be provided to Medicaid and non-Medicaid recipients, in accordance with the State of Washington Behavioral Health Administrative Services Contract, using monies available through State Funding sources and Medicaid Managed Care Organization (MCO) contracts. North Sound BH-ASO will also provide behavioral health services to individuals who are not eligible for Medicaid based on priority populations and the availability of State funding.

Mission

North Sound BH-ASO has a history rooted in providing quality standards of care that place a primary importance on the active voices of individuals in planning their care, choosing their goals, and integrating community resources into their individual service-recovery plans. This notion is guided by the overarching goals and mission set forth by Washington State's Department of Social and Health Services (DSHS) and in particular to the Washington State Health Care Authority (HCA). The mission of the Washington State HCA is:

"Provide high quality health care through innovative health policies and purchasing strategies."

North Sound BH-ASO prides itself on aligning with the standards and goals set forth by the Center for Medicare and Medicaid Services (CMS), Washington State's DSHS, and the HCA. The mission of the North Sound BH-ASO is:

"Empowering individuals and families to improve their health and well-being."

Vision

A system of care that is shaped by the voices of our communities, and people using behavioral health services. The people who work in this system are competent, compassionate, and empowering and supportive of personal health and wellness.

Core Values

- **Integrity:** We nurture an environment of transparency, trust, and accountability
- **Collaboration:** We believe every voice matters
- **Respect:** We accept and appreciate everyone we encounter
- **Excellence:** We strive to be the best in everything we do
- **Innovation:** We endeavor to try new things, be forward thinking, learn from mistakes and be adaptable
- **Culture:** We endeavor to be culturally educated and responsive
- **Social Equity:** We commit to working to reduce institutionalized racism and reduce disparities in health care

Annual Review

The annual review of the North Sound BH-ASO Quality Management Program is conducted by the IQMC. The IQMC uses the North Sound BH-ASO Quality Management Plan as the guiding document for conducting the annual review. The North Sound BH-ASO QM Plan outlines the guidelines and processes utilized to maintain the North Sound BH-ASO Quality Management Program.

The annual review is an evaluation of the North Sound BH-ASO QM Plan and QM Plan Work Plan. The QM Work Plan outlines the activities and metrics that are used throughout the year to determine how well North Sound BH-ASO and its

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contracted BHAs are progressing towards meeting the standards set forth by each authorizing source and/or the North Sound BH-ASO. IQMC will also evaluate the activities and actions conducted during committee and subcommittee meetings.

The findings and recommendations made by this report is given to the North Sound BH-ASO Leadership Team for review before distribution. After receiving approval by the North Sound BH-ASO Leadership Team, the annual review is distributed to the North Sound BH-ASO Advisory Board and the North Sound BH-ASO Board of Directors. The review is also distributed to the North Sound BH-ASO contracted BHAs and other North Sound BH-ASO stakeholders via the North Sound BH-ASO website.

Progress Towards Goals

The North Sound BH-ASO Quality Management Plan presents ten goals that the North Sound BH-ASO uses as guiding principles for its Quality Management Program. The goals along with the actions taken to achieve the goals are listed below:

1. Hold administrative costs to a minimum in order to maximize resources available for direct services.
 - a. North Sound BH-ASO continues to keep its administrative operating expenses below the allowable 15%.
 - b. North Sound BH-ASO carefully monitors expenditures to maximize resources for services. This has allowed the BH-ASO to expand services in the following areas:
 - i. Expanded capacity in Crisis Services
 - ii. Expanded capacity in Pregnant and Parenting Women Housing Support Services
 - iii. Expanded capacity in Program of Assertive Community Treatment (PACT)
 - iv. Developed contracts with Triage Centers to cover Non-Medicaid individuals
 - v. Developed contracts to provide mental health outpatient services for Non-Medicaid individuals
2. Demonstrate North Sound BH-ASO mission, vision, core values and guiding principles, which include individual voice, choice and ownership, as well as recovery and resilience.
 - a. North Sound BH-ASO continues to use the North Sound BH-ASO Advisory Board, provider meetings, and the North Sound Regional Ombuds as a voice for the community and the individuals we serve.
 - b. North Sound BH-ASO incorporates provider complaints, grievances, and appeals into its routine monitoring in providing quality oversight.
 - c. During the first quarter of 2020 North Sound BH-ASO put out a request for proposal (RFP) for Housing and Recovery through Peer Services and Path Finder services. Due to the onset of COVID-19 the RFP was unsuccessful. We are continuing to work with the Health Care Authority (HCA) to develop a provider solution to offer these services.
3. Be responsive to individuals and advocates through a system that listens to their needs and offers appropriate services and support.
 - a. North Sound BH-ASO continues to receive individual voice through multiple committee meetings- North Sound BH-ASO Advisory Board, the North Sound Regional Ombuds, Provider Meetings, Family Youth System Partner Round Table (FYSPRT), and joint MCO/BH-ASO meetings.
 - b. North Sound BH-ASO uses the grievance and appeals system to review and assist with issues of concern. The issues discovered through this process can lead to reviews in the quality of care delivery.
4. Meet state and federal requirements, to include requirements mandated by the State of Washington DSHS, HCA, CMS, the Balanced Budget Act (BBA), the Health Insurance Portability and Accountability Act (HIPAA), and 42 Code of Federal Regulations (CFR) Part 2.

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- a. North Sound BH-ASO conducts annual quality audits of all BHA contracted services. These reviews include the quality of documentation, program structure, and process design.
 - b. North Sound BH-ASO conducts biennial administrative audits of all contracted BHAs for adherence to state and federal guidelines.
 - c. North Sound BH-ASO participates in an annual review conducted by HCAs Medicaid Program Operations and Integrity division.
5. Implement a shared vision of quality services and a system that is effective, coherent, transparent, and easy to navigate for all stakeholders.
- a. North Sound BH-ASO provides its Quality Management Plan to all stakeholders through the North Sound BH-ASO website on a biennial basis.
 - b. North Sound BH-ASO continues to present quality metrics and reports to the North Sound BH-ASO Advisory Board and Board of Directors for the sake of transparency.
6. Engage BHA staff and their perspectives regarding service delivery.
- a. North Sound BH-ASO continues to solicit BHA participation in the Regional Crisis Committees, Joint Operating Committee, and to develop a comprehensive system of care and review quality issues that occur in the region.
 - b. North Sound BH-ASO developed a quarterly Integrated Provider meeting to discuss issues and changes with the North Sound BH-ASO system of care.
7. Assure consistency and focus over time in our service delivery models.
- a. North Sound BH-ASO continued the process of updating clinical and non-clinical policies and procedures to adhere to changes that occur at the state or federal level.
 - b. North Sound BH-ASO conducts an extensive review of its clinical practice guidelines to assure consistent service delivery.
8. Acknowledge and support successful delivery models.
- a. North Sound BH-ASO continues to review and implement the use of evidenced based practices.
9. Achieve the right balance between resources devoted to service delivery and quality management activities to enhance the delivery of services.
- a. North Sound BH-ASO has implemented a payment model that best aligns payment type with service type. Due to our flexibility in funding we have been able to serve a number of individuals who may have not been eligible for services previously.
10. Create a culture based on using measurements and data to inform decisions regarding services.
- a. The QM Work Plan was developed to create a system of measurement for every oversight area.
 - b. The North Sound BH-ASO Utilization Management (UM) Committee was formed to place greater emphasis on proactive monitoring of North Sound BH-ASO utilization metrics.

Summary of Accomplishments

North Sound BH-ASO's Quality Management Program saw many accomplishments during the initial 2019-2020 contract year regarding service delivery design, quality management oversight, and internal process redesign. Each of the accomplishments listed below were completed in acknowledgement of North Sound BH-ASO's mission, vision, and core values.

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Accomplishments

1. Reviewed and updated the Program Integrity Plan which guides the compliance activities conducted at North Sound BH-ASO to ensure compliance for state and federally funded programs.
2. Re-organized and re-structured the North Sound BH-ASO QM Plan to fit the requirements embedded in the Washington State ASO contract and all contracts for delegated services with regional MCOs.
3. In follow-up to Phase 1 of an Office for Civil Rights (OCR) HIPAA Security Risk Assessment, conducted in 2016, contracted and funded the same assessment for each of our regional network provider agencies. Two independent assessments from two separate vendors have been completed. A HIPAA vulnerability and compliance assessment from Proteus Consulting and a complementary HIPAA internal and external penetration test and State OCIO contract compliance assessment conducted by XPIO.
4. Contracted with a vendor to conduct Phase 2 and 3 of the OCR HIPAA Security Risk Assessment consisting of technical and non-technical testing, for which Recommendations and Mitigation Plan are final deliverables. Remediation of all high and most medium findings from both Proteus and the XPIO internal, external and physical registers was complete. Remediation of all other findings was underway but was slowed due to COVID-19 as new internal and external remote access technologies were implemented. Additional vulnerability assessments pertaining to the changes have yet to be conducted in light of the pending office relocation.
5. Rewrote and streamlined all North Sound BH-ASO policies to better align with the requirements provided in the state ASO contract.
6. Participated in the development of the North Sound BH-ASO Supplemental Provider Guide to ensure consistent and quality care delivered through North Sound BH-ASO contracted providers.

Annual Risk Assessment

North Sound BH-ASO continues the risk mitigation activities identified in the North Sound Behavioral Health Organization (BHO) organizational wide risk assessment conducted in 2018/2019 to identify internal systematic risks. This risk assessment was inclusive of the Program Integrity Program, the Information Technology and Information Systems infrastructure, and North Sound BH-ASO payment and operations structure. The outcomes of the risk assessment provided North Sound BH-ASO with a report of identified risks that could be acted upon by North Sound BH-ASO's Leadership Team and staff.

Now that North Sound BH-ASO has operated its first year under the Washington State integrated managed care system and under the contract guidance of HCA, North Sound BH-ASO can begin identifying major risk areas. North Sound BH-ASO will conduct an updated risk assessment at the end of calendar year 2020 to ensure compliance and mitigation of all risks identified under integrated managed care.

Quality Management Work Plan

All of the quality management activities conducted by North Sound BH-ASO fall into the guidelines stipulated in North Sound BH-ASO's contract with HCA and the regional MCOs. The quality management activities outlined in the North Sound BH-ASO QM Plan Work Plan fall into the below oversight categories.

Availability of Services

1. **Report:** Utilization Management Committee Monthly Metrics Report

Measurement:

- A.** Number of authorization requests by service type, eligibility type, eligibility criteria, and diagnosis.

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- B. Number of services (crisis and authorized) by authorization type for a given period of time. (County, provider)
- C. Number of services (crisis and authorized) by diagnosis for a given period of time. (County, provider)
- D. 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. (October 2020)

Findings/Opportunities:

- A. North Sound BH-ASO, through the Utilization Management Committee, reviews monthly metrics regarding authorization requests. The committee reviews authorization requests broken out by three service types: outpatient mental health, outpatient substance use disorder, and residential substance use disorder. Mental health voluntary and involuntary requests are processed through a separate system and are also reviewed by the utilization management committee.

During the first year of operations North Sound BH-ASO received 375 requests for authorization for non-Medicaid outpatient and residential services and eight (8) requests for voluntary mental health inpatient. Over 75% of the requests have been for outpatient substance use disorder services and the majority of these requests are for OTP services.

North Sound BH-ASO has provided zero (0) Medical Necessity denials during the first year of operations. We have developed a funding model that allows for non-Medicaid individuals to receive care when requested. There were 66 rejections not attributed to Medical Necessity decisions with 55% of the rejections occurring due to the individual having an active Medicaid status.

- B. North Sound BH-ASO contracted providers delivered over 18,000 services associated with an authorization, with 97% of the services occurring through the authorization service type of outpatient substance use disorder. PACT mental health services and substance use residential services made up the majority of the remaining services provided. 94% of the services rendered, that were authorized, were provided by North Sound BH-ASOs contracted OTP provider, Therapeutic Health Services. 97% of the services provided under an authorization were provided in Snohomish and King County as our primary OTP provider is located on the county border.

North Sound BH-ASO contracts with 3 crisis providers to provide a comprehensive crisis system. The Crisis Hotline provider is Volunteers of America (VOA) and they operate out of Snohomish County but serve the whole region. Over the first year of the contract VOA successfully provided 50,877 Crisis Hotline services using the CPT code H0030. Of the 50,877 services provided, 44% were provided to individuals who were enrolled in Medicaid.

The Snohomish County Integrated Crisis Response System (ICRS) provides Mobile Crisis Outreach and ITA Investigation services for Snohomish County. During the first year of the contract Snohomish County ICRS successfully provided 6,006 Crisis Outreach services and 3,861 Investigation services in Snohomish County. Of the 6,006 crisis outreach services provided by Snohomish County ICRS, 47% were provided to individuals who were enrolled in Medicaid. Of the 3,861 investigation services, 57.5% were provided to individuals who were enrolled in Medicaid.

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Compass Health provides Crisis Outreach and ITA Investigation services for Skagit, Whatcom, Island and San Juan Counties with integrated crisis response teams that include DCRs. During the first year of the contract Compass Health successfully provided 4,647 Crisis Outreach services and 1,801 Investigation services. Of the 4,647 Crisis Outreach services, 7.3% occurred in Island County, 3.0% occurred in San Juan County, 26.5% occurred in Skagit County, and 63% occurred in Whatcom County. The percentage of individuals that received Crisis Outreach services and were Medicaid was 43%. Of the 1801 Investigation services provided, 10.6% occurred in Island County, 1.5% occurred in San Juan County, 31.9% occurred in Skagit County, and 56.0% occurred in Whatcom County. The percentage of individuals that received Investigation services and were Medicaid was 49.1%.

- C. When looking at all of the authorizations provided it was determined that 95% of the services provided under those authorizations were for individuals that had opioid use diagnosis. 2.2% of the services were for individuals with alcohol disorder and 1.8% of the services were provided for individuals with diagnosed schizophrenia. The other 1% of the services were for individuals with the diagnoses of bipolar, psychotic/delusional, cocaine use, SUD psychoactive, and SUD stimulant use.
- D. North Sound BH-ASO reviews the average response time on a monthly basis while also conducting individual case studies on cases where the response time is greater than 2 hours. During this contract cycle the average response time from dispatch to investigation was 1.3 hours with the maximum monthly response time of 1.4 hours.

Recommendations:

- A. North Sound BH-ASO has shifted budgeting and funding models to allow for more funds to be allocated to outpatient mental health services and intensive outpatient services. We anticipate this funding shift will cause an increase in the number of requests for mental health services and allow North Sound BH-ASO to serve more individuals in an outpatient capacity. North Sound BH-ASO continues to make SABG funding available for supporting substance use disorder services. Although North Sound BH-ASO did not have available funding for all requested services, we hope that this data can demonstrate a need for additional General Fund – State gaps for non-Medicaid services.

North Sound BH-ASO is constantly refining its authorization processes and data capture tools. This process refinement will allow North Sound BH-ASO to filter out authorization requests that would not need a clinical level of review. This should result in less rejections not based on Medical Necessity.

- B. North Sound BH-ASO is retooling its funding model and reaching out to providers to enhance outpatient service provision. The issue being faced is the belief by contracted providers that the amount of non-Medicaid funding available is not significant enough to warrant the administrative requirements of doing business. In order to quell this concern, North Sound BH-ASO is working with providers to develop unique funding models that allow for more flexibility for the provision of services while also maintaining the integrity of the information that is required to be shared.

North Sound BH-ASO to continue to monitor and review crisis utilization with our crisis providers and key community stakeholders to address any identified barriers to crisis services.

- C. North Sound BH-ASO continues to monitor the number of services by authorization type and identify funding gaps that could improve the continuity of acute crisis care services, residential and outpatient services. North Sound BH-ASO has seen a steady increase in crisis services since March of 2020.

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Recommendations to continue to assess potential capacity improvements to address any increase in crisis or requested service.

- D. North Sound BH-ASO's Crisis Leadership group, UM Committee and IQMC to continue to monitor mobile crisis outreach response times weekly and monthly to ensure performance metrics continue to be met. North Sound BH-ASO's clinical manager shall continue to work with our agencies on specific cases that may have fallen outside our contractual timelines, identify opportunities for improvements and report back to our internal quality committees.

2. **Report:** North Sound Geo-Access Calculation Report

Measurement: Population Drive Times and Penetration Rate

Findings/Opportunities: In FY 2020 North Sound BH-ASO held contracts with providers that operate 95 Mental Health (MH) and Substance Use Disorder (SUD) facilities spread across the 5 county North Sound Region. Requirements are 30 minutes travel time for most situations and 90 minutes travel time for areas with less than 20 people per square mile. During fiscal year 2020 (7/1/2019-6/30/2020), 57.2 percent of the eligible population resided within 5 minutes' drive time of a North Sound BH-ASO provider facility and 79.1 percent were within 10 minutes. Region-wide, 98.1 percent of eligible residents live within 30 minutes of a behavioral health facility. Of the areas not within the 30 minutes travel time, most are areas classified as large rural with less than 20 people per square mile and all areas in the region meet the 90 minutes travel time criteria.

Recommendations: North Sound BH-ASO continues to review the access times and provider locations. We will continue to identify opportunities for improvement to assist our providers in expanding to areas of need. A facility located in Lynden would reduce the travel time to Sumas to under 30 minutes and reduce travel times for communities in Blaine and Point Roberts. Current methods of outreach to communities served by ferries or in remote areas should be continued and these areas monitored for access to care. Consideration should be given to get services to the larger communities of Maple Falls, Clinton and Langley.

3. **Report:** Program Integrity Audit- Delegation Requirements

Measurement: Policy and chart review to determine if services occur 24 hours a day, 7 days a week.

Findings/Opportunities: North Sound BH-ASO delegates the responsibility of crisis hotline services to Volunteers of America (VOA). As part of the routine delegation monitoring North Sound BH-ASO reviewed VOA's policies to ensure there was language around having 24/7 crisis hotline availability. VOA passed the policy review as all necessary policies contained the 24/7 requirement.

North Sound BH-ASO also conducted an onsite record audit to determine whether crisis line calls were being responded to in a 24/7 capacity. During the record audit it was determined that calls were responded to in a timely manner on a 24/7 capacity. There were no concerns around any particular time segment of the day.

Recommendations: North Sound BH-ASO has no identified concerns with VOA 24/7 availability and capacity. We will continue to work with VOA to provide staffing support through additional funding.

4. **Report:** VOA Regional Crisis Toll-Free Line Deliverable

Measurement:

- A. Crisis Call Center "call abandonment rate" of five (5) percent or less.
- B. Ninety (90) percent of all Call Center crisis calls are answered live within thirty seconds.

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Findings/Opportunities: VOA is required to provide monthly performance metrics reports to North Sound BH-ASO regarding the contractually required crisis hotline standards. During the second half of the contract cycle North Sound BH-ASO has seen a drop in the performance metrics for both performance standards to an all-time low during the month of June 2020.

- A. The percent abandoned metric saw an initial 12-month average of 3.1%. In June 2020, the percent abandoned metric increased to a rate of 7.9%. This rate fell out of the contractually required 5% or less standard and required further action.
- B. The calls answered in less than 30 seconds metric saw an initial 12-month average of 91.53%. In June 2020, the calls answered in less than 30 seconds metric decreased to a rate of 76.5%. This rate fell out of the contractually required 90% or greater standard and required further action.

Recommendations: Since both performance metrics have recently fallen outside of the contractually required standards, North Sound BH-ASO is working with VOA to identify the potential causes and to implement action plans necessary to support improvement.

VOA has identified staffing issue due to staff turnover, retirement, and burnout as a result of natural attrition and the COVID-19 pandemic. It has also been difficult for VOA to onboard staff due to the social distancing guidelines put in place and the limited capacity at their facility. North Sound BH-ASO has amended the VOA contract to provide funding support for 2 additional FTEs to work the crisis hotline. This increase in staff will assist VOA in ensuring there are enough staff available to meet the increased need.

VOA has also identified the need to upgrade their call center platform to allow remote access and operations during the COVID-19 pandemic. Requiring onsite call center operations has created additional burden and stress for line staff during the pandemic and will allow more flexible operations for the future.

North Sound BH-ASO has identified several other opportunities for enhancing the crisis call system to ensure consistence performance in line with the crisis line standards. North Sound BH-ASO has requested VOA expand the metrics on the monthly crisis reports to include calls by shift, talk time, and those calls that fail to meet the crisis line standards. Having these additional metrics will allow North Sound BH-ASO staff to pinpoint the exact time or reason a call failed to meet the standards. These reports will be reviewed with VOA staff to make sure there is no confusion and the two entities are aligned on performance.

5. **Report:** Administrative Audit

Measurement:

- A. Individual Rights
- B. Facility Oversight
- C. Charitable Choice
- D. Cultural Considerations
- E. HIPAA
- F. Federal Block Grant
- G. Personnel System
- H. Subcontracts
- I. Mandatory Postings
- J. Review of Corrective Actions

Findings/Opportunities:

- A. Reviewer ensures Individual Rights are given to individuals and posted in conspicuous areas.
- B. Reviewer uses a global checklist to ensure facilities are ADA accessible and privacy is protected
- C. Reviewer will ensure that no public funds are used for religious purposes.

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- D. Reviewer will look at policies, practices and milieu to ensure the facilities, communications and staff are culturally friendly and appropriate.
- E. Reviewer examines privacy policies, practices and training of staff.
- F. Reviewer ensures federal block services are targeted to the appropriate population, services are allowable and fiscal oversight.
- G. Reviewer examines personnel files to ensure individuals providing services have the appropriate credentials and training.
- H. Reviewer examines any subcontracts that use ASO funding to ensure they comply with contract requirements.
- I. Reviewer ensures individual rights are posted in English and the prevalent language for that service area.
- J. Reviewer will inquire of any corrective actions the provider may be under and ensure they are complying with requirements.

Recommendations: North Sound BH-ASO will review the administrative review process based on the July 2020 contract requirements and make appropriate changes to the administrative audit process.

6. **Report:** CLAS Self-Assessment

Measurement: Assessment completed, and action implemented.

Findings/Opportunities: North Sound BH-ASO has not mandated a self-assessment but is encouraging our providers to find one of their choosing. In contract we have required the providers to work one or more of the CLAS standards and when we conduct our review we will inquire on their progress. We have offered a self-assessment based on the CLAS standards.

Recommendations: North Sound BH-ASO has recognized an opportunity to explore how social inequities influence our organization, policies, and practices. For 2020-21 we are committed to start the work on examining our organization and ultimately our continuum of care to ensure we are anti-racist in our work and our service delivery.

7. **Report:** Annual Credentialing Report

Measurement: For all credentialing audits reviewed determination of ADA standards being met.

Findings/Opportunities: North Sound BH-ASO conducted 0 credentialing and/or re-credentialing reviews during the initial contract year. North Sound BH-ASO went through an annual credentialing review with our MCO contractors and passed with 100% compliance.

Recommendations: North Sound BH-ASO will continue to follow written policies and procedures for any provider agency that wishes to contract.

Assurance of Adequate Capacity and Services

8. **Report:** Utilization Management Committee Monthly Metrics Report

Measurement:

- A. Number of single bed certifications as a percentage of the population.
- B. Number of walkaways as a percentage of the total number of investigations.
- C. Number of ITA certifications received for a given period of time by facility.
- D. Number of psychiatric hospitalizations as a percentage of the population.

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- E. Number of services (crisis and authorized) by authorization type for a given period of time. (County, provider)
- F. Number of services (crisis and authorized) by diagnosis for a given period of time. (County, provider)
- G. Number of services (crisis and authorized) to individuals as a percentage of the population by demographic breakdown.
- H. Service intensity provided by LOC. (i.e. PACT, SUD OP/Residential)
- I. Length of stay for individuals by LOC. (i.e. PACT, SUD OP/Residential)
- J. Number of telehealth services provided by service type.

Findings/Opportunities:

- A. North Sound BH-ASO, and the North Sound BHO and the RSN before it, has monitored the regional use Single Bed Certifications (SBC). Monitoring of SBC has historically occurred through several mechanisms to include DCR investigation and placement data, ITA certification data and tracking SBC requests from Western State hospital (WSH).

Since the transition to IMC in July 2019, tracking SBC utilization has been complicated. In July 2019, HCA recommended that approved SBC notifications should be directed to the MCOs or the ASO by the DCR depending on the individual enrollment in Medicaid. Although North Sound BH-ASO continues to receive some SBC data on Medicaid members, it is likely that this would not represent total SBC in the region. We routinely consult with HCA WSH database and cross reference this to North Sound's data for accuracy. In addition, North Sound BH-ASO continues to monitor ITA placement through our DCR data transactions.

SBC utilization in the North Sound Region has remained stable for many years, though we are monitoring any recent increase in 2020. The hospitals in the North Sound Region that are certified to provide ITA treatment on an SBC are Peace Health St Joseph, Swedish Hospital Edmonds, Skagit Valley Regional Hospital and Providence Regional Medical Center Everett – PRMCE (Colby).

For the first 6 months of 2020, North Sound BH-ASO received copies of 247 SBC requests, most of which were for non-Medicaid individuals. This gave North Sound BH-ASO a total of 273 SBCs for roughly 7 months of the contract period. Of the 273 SBCs issued, 47.6% occurred at Providence Hospital in Everett, 4.4% occurred at Skagit Valley Hospital, 32.2% occurred at St. Joseph's Hospital, 15% occurred at Swedish Edmonds, and less than 1% occurred at United General. According to the WSH SBC database, North Sound DCR's requested 627 SBCs between July and December 2019, and 747 from January to July 2020. We are in the process of identifying new methods to capture Medicaid SBC placements through our DCR investigation transactions. 3333

- B. During the contract measurement period there were 64 total investigation that resulted in Unavailable Detention Facility Reports (No Bed Reports) out of 4,192 investigations. This gave a walkaway percentage of 1.5% during the initial year of the contract cycle. The number of No Bed Reports increased in 2019, then returning to historical averages in 2020. The number of DCR No Bed Reports may include multiple investigations on the same individual. Many DCR No Bed Reports involve individuals that have treatment needs that cannot be appropriately addressed at a traditional Evaluation and Treatment (E&T) setting.
- C. During the contract measurement period there were 717 investigation that resulted in an ITA certification through North Sound BH-ASO with an average of 60 per month. The majority of ITA detainments were

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admitted to State defined E&T beds within the North Sound regional service area. The breakdown of placements at regional facilities are:

- a. Fairfax Hospital Everett – 19%
- b. Mukilteo E and T – 3%
- c. Providence Medical Center Everett – 12.8%
- d. Smokey Point Behavioral Health – 19.7%
- e. St. Joseph’s Hospital Bellingham – 11.2%
- f. Swedish Edmonds – 14.1%
- g. North Sound E and T – 7.3%

The remaining 23% of placements were provided by facilities across the region and state in smaller percentages. This would include ITA detentions to out of region secure withdrawal management facilities.

- D.** The average population for the North Sound regional service area was 1,275,170 individuals during the initial contract measurement period. The average monthly Medicaid eligible population during the contract measurement period was 232,320. Subtracting the Medicaid population from the overall population gives North Sound BH-ASO a population of 1,042,850 that is eligible to receive funding for psychiatric hospitalization through North Sound BH-ASO. North Sound BH-ASO is currently not funding voluntary inpatient authorization requests due to availability of funding. This means that all of the inpatient hospitalizations for individuals funded by North Sound BH-ASO are the result of an ITA investigation.

Based on the information provided by the number of ITA certifications, there were a total of 717 inpatient hospitalizations. With an eligible population size of 1,042,850 we saw a hospitalization rate of 0.000562% or 56.2278 per 100,000 individuals.

- E.** North Sound BH-ASO contracted providers delivered over 18,000 services associated with an authorization, with 97% of the services occurring through the authorization service type of outpatient substance use disorder. PACT mental health services and substance use residential services made up the majority of the remaining services provided. 94% of the services rendered, that were authorized, were provided by North Sound BH-ASOs contracted OTP provider, Therapeutic Health Services. 97% of the services provided under an authorization were provided in Snohomish and King County as our primary OTP provider is located on the county border.

North Sound BH-ASO contracts with 3 crisis providers to provide an integrated crisis response system. The Crisis Hotline provider is VOA and they operate out of Snohomish County. Over the first year of the contract VOA successfully provided 50,877 Crisis Hotline services using the CPT code H0030. Of the 50,877 services provided, 44% were provided to individuals who were enrolled in Medicaid.

Snohomish County ICRS provides Mobile Crisis Outreach and ITA Investigation services for Snohomish County with integrated crisis response teams that include DCRs. During the first year of the contract Snohomish County ICRS successfully provided 6,006 Crisis Outreach services and 3,861 Investigation services in Snohomish County. Of the 6,006 crisis outreach services provided by Snohomish County ICRS, 47% were provided to individuals who were enrolled in Medicaid. Of the 3,861 investigation services, 57.5% were provided to individuals who were enrolled in Medicaid.

Compass Health provides Crisis Outreach and ITA Investigation services for Skagit, Whatcom, Island and San Juan Counties with integrated crisis response teams that include DCRs, MHPs, and Peers. During the first year of the contract Compass Health successfully provided 4,647 Crisis Outreach services and 1,801

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Investigation services. Of the 4,647 Crisis Outreach services, 7.3% occurred in Island County, 3.0% occurred in San Juan County, 26.5% occurred in Skagit County, and 63% occurred in Whatcom County. The percentage of individuals that received Crisis Outreach services and were Medicaid was 43%. Of the 1801 Investigation services provided, 10.6% occurred in Island County, 1.5% occurred in San Juan County, 31.9% occurred in Skagit County, and 56.0% occurred in Whatcom County. The percentage of individuals that received Investigation services and were Medicaid was 49.1%.

- F. When looking at all of the authorizations provided it was determined that 95% of the services provided under those authorizations were for individuals that had opioid use diagnosis. 2.2% of the services were for individuals with alcohol disorder and 1.8% of the services were provided for individuals with diagnosed schizophrenia. The other 1% of the services were for individuals with the diagnoses of bipolar, psychotic/delusional, cocaine use, SUD psychoactive, and SUD stimulant use.
- G. Of the 18,099 services that were provided under a BH-ASO authorization, 82% were to individuals identifying as White/Caucasian, 3.3% were to individuals identifying as AI/AN, 1.5% were to individuals identifying as Asian, 1.7% were to individuals identifying as African American, and 1.5% were to individuals identifying as Hispanic. 11.5% of the individuals served identified as another culture or refused to identify. Of the 67,159 crisis services provided, 47.6% were provided to individuals identifying as White/Caucasian, 1.3% were to individuals identifying as AI/AN, 2.5% were provided to individuals identifying as Asian, 3.3% were provided to individuals identifying as African American, and 3.3% were to individuals identifying as Hispanic. 44.8% of the individuals that received crisis services identified as another culture or refused to identify.
- H. North Sound BH-ASO reviews the level of care of an individual at the time an authorization request is made. All of the services rendered outside of the crisis system are attributed to an authorization. Of the 18,099 services that were provided under an authorization, 94% of the services were provided to individual with an ASAM score of 1, 1.3% had an ASAM score of 3, 1.6% had an ASAM score of 4, and 2.1% had a LOCUS level of 4. All other services were provided to individuals with an ASAM score of 0, 8, 9, and 11 and represent less than 1% of the overall services rendered.
- I. North Sound BH-ASO has broken down service intensity by episode length. During the contract year the average episode length for an outpatient mental health authorization was 153.6 days, for an outpatient SUD authorization was 163.3 days, and for a SUD residential authorization it was 21 days.
- J. North Sound BH-ASO saw a dramatic increase in the use of telehealth services in the crisis system since the rise of the COVID-19 pandemic. The North Sound BH-ASO crisis system went from providing 1 telehealth crisis service per month to 12 in April, 49 in May, and 31 in June. The ability to provide crisis services in a telehealth capacity has allowed North Sound BH-ASO crisis providers to reach individuals in rural areas during unknown times. 33% of the crisis services provided in Island County and 9% of the crisis services provided in Skagit County occurred in a Telehealth capacity.

Recommendations:

- A. The use of SBC in our region has steadily increased since March 2020, with the total number of SBCs during July 2019 to June 2020 surpassing previous years. HCA has reported that SBC usage has increased across the State in Q2 and Q3 of 2020. The number of evaluation and treatment (E&T) beds have remained stable through the 2019-2020 period, without any significant reductions in capacity. As noted in our Crisis Metrics Report, there has been an increase in DCR investigation and detentions by population, which could translate

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to higher SBC volumes.

In addition, our DCR leadership have noted increased placement difficulties related to COVID-19. This includes changes to E&T admission criteria or limited facility operations for quarantine measures. Several hospitals have requested negative COVID screening prior to admission. Many outpatient agencies have shifted to Telehealth services, and our DCR leadership have noted that individuals may not have the same level of provider contract as they had prior COVID-19, potentially leading to high rates of decompensation and the need for more immediate crisis interventions.

Additional outpatient treatment capacity is critical to ensure the availability of less restrictive options. North Sound BH-ASO has expanding non-Medicaid contracts with Triage and Withdrawal Management Facilities, expanding funding for PACT services for non-Medicaid persons, and providing more funding support to support proviso funding for persons on a Less Restrictive Order or Conditional release.

North sound BH-ASO will continue to monitor SBC utilization by hospital and assess barriers to E&T beds through our Crisis Leadership meetings as well as through our Internal Quality Management committee (IQMC).

- B.** North Sound BH-ASO has incorporated DCR Unavailable Facility Detention (No Bed) Reports into our Crisis Metrics and UM data reports. The number of DCR No Bed reports are dependent on a variety of factors include complex treatment needs that are not appropriate for a traditional E&T setting. Unlike neighboring regions, North Sound BH-ASO's community hospitals cannot all attest to Single Bed Certification by WSH, which presents fewer options for DCR's and often leads to No bed reporting. North Sound BH-ASO UM committee and IQMC to continue to review DCR No Bed Reports and provided recommendations to Crisis Leadership group as needed.
- C.** The number of DCR 72-Hour initial detentions to our two (2) contracted freestanding E&Ts (Telecare and Compass Health) remain low, though both facilities have a smaller capacity compare to larger hospitals. In 2020, Compass Health temporarily relocated to the Broadway Everett location. Recommendations include ongoing monitoring of DCR placement and assess/identify barriers for admission to the smaller freestanding E&T units.
- D.** North Sound BH-ASO to continue to assess our region's non-Medicaid access to voluntary inpatient psychiatric care. Although North Sound BH-ASO has received a limited number of voluntary hospitalization requests for non-Medicaid individuals, the total number of requests does not represent the historical volume of inpatient services offered to individuals without a Medicaid benefit. Recommendation for North Sound BH-ASO to assess current non-Medicaid admissions for voluntary psychiatric care that are currently being unfunded to advocate for additional GF-S dollars to support services as an alternative to ITA treatment.
- E.** North Sound BH-ASO to continue to monitor the number of services by authorization type and identify funding gaps that could improve continuity of acute care services (crisis) and outpatient services. North Sound BH-ASO is monitoring a steady increase in Crisis services in 2020. Continue to support capacity improvements to address any increase in requested services.
- F.** North Sound BH-ASO to continue our evaluation of diagnosis data as it relates to authorized service requests. Recommendation for the UM Committee and IQMC to further assess treatment capacity for alcohol use disorder or specialty treatments. Crisis services (ITA and Mobile crisis outreach) are not required to make a diagnostic determination for services. Compass Health has reported some diagnostic

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information for crisis services, thought this diagnostic information is likely the result of the individual treatment history in their outpatient or residential programs. DCR investigations included Mental Health or SUD qualifiers, and we've seen an increase in SUD detentions in 2020. Recommendations to further assess diagnostic data provided and whether our current provider network has the capacity to provide any specialized treatment needs.

- G. Demographic data suggests a under representation of self-identified Hispanic population served by outpatient, residential and crisis services when compared to the demographic makeup of the North sound Region. Hispanic representation in the North Sound region is 10.7%, as low as 6.6% in San Juan county and as high as 19.3% in Skagit County. Recommendation for North Sound UM committee to explore potential barriers that impact access and engagement.
- H. Recommendation for the UM Committee to continue to assess access issues for non-Medicaid individual that require high levels of care for both SUD and MH treatment.
- I. North Sound BH-ASO has traditionally used the hours of service to determine the service intensity provided to an individual for a particular level of care. When moving to an ASO our IS system was forced to make a change that would not allow minutes of service in the system and instead only receives units based on the State SERI Guide and Data Dictionary. North Sound BH-ASO must infer as to the minutes of service based on the number of minutes each unit of service is comprised of. This methodology has not fully been developed as the number of minutes for a unit could be a wide range. We plan to develop this methodology in the future to get a more accurate depiction of the number of hours of service an individual received.
- J. North Sound BH-ASO will continue to monitor telehealth service encounters by county and assess if additional resources can be provided to mobile crisis outreach providers to enhance service delivery. North Sound BH-ASO will also cross compare crisis service outcomes for those delivered by telehealth or traditional face-to-face field interventions.

Coordination and Continuity of Care

9. **Report:** Utilization Management Committee Monthly Metrics Report

Measurement:

- A. Number of individual's discharged from inpatient hospitalization on Less Restrictive Alternatives (LRA). (October 2020)
- B. Number of authorization requests by service type.

Findings/Opportunities:

- A. Since July 2019, North Sound BH-ASO has only monitored Non-Medicaid individuals discharged from inpatient hospitalization on a Less Restrictive Alternative (LRA). Although North Sound BH-ASO is currently funded for Non-Medicaid LR 'monitoring', we have not received any notifications of non-Medicaid individuals discharged on a LR/LRA or other court order for outpatient treatment. We anticipate that through our ongoing partnerships and education with our counties and provider network, we will see an increase in LR court orders and can begin monitoring this service level. North Sound BH-ASO's DCR offices continue to support LR/LRA court orders for Medicaid enrolled individuals with the five (5) MCOs operating in our region.
- B. North Sound BH-ASO, through the Utilization Management Committee, reviews monthly metrics regarding authorization requests. The committee reviews authorization requests broken out by three service types:

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outpatient mental health, outpatient substance use disorder, and residential substance use disorder. Mental health voluntary and involuntary requests are processed through a separate system and are also reviewed by the utilization management committee.

During the first year of operations North Sound BH-ASO saw 375 requests for authorization for non-Medicaid outpatient and residential services and eight (8) requests for voluntary mental health inpatient. Over 75% of the requests have been for outpatient substance use disorder services and the majority of these requests are for OTP services.

Recommendations:

- A.** North Sound BH-ASO is assessing how to best track and monitor LRAs for Medicaid individuals.
- B.** North Sound BH-ASO has shifted budgeting and funding models to allow for more funds to be allocated to outpatient mental health services and intensive outpatient services. We anticipate this funding shift will cause an increase in the number of requests for mental health services and allow North Sound BH-ASO to serve more individuals in an outpatient capacity. North Sound BH-ASO continues to make SABG funding available for supporting substance use disorder services.

North Sound BH-ASO is constantly refining its authorization processes and data capture tools. This process refinement will allow North Sound BH-ASO to filter out authorization requests that should never make the clinical level of review based on the data inputs provided. This should result in less rejections not based on Medical Necessity.

10. **Report:** Annual Care Coordination Review

Measurement: Provider access to Crisis safety plan and coordination information for individuals in crisis. (Pend till process developed)

Findings/Opportunities: North Sound BH-ASO has continued to promote shared data agreements and processes with the five (5) MCOs operating in our region and the HCA. We have updated our Policies and procedures to include the most recent regulatory and contractual requirements, though operationalizing these requirements continue to be a challenge.

Recommendations: North Sound BH-ASO to continue our promotion of common-sense solutions to include implementation of data sharing platforms such as “PreManage”/Edie systems.

11. **Report:** CLIP Report

Measurement:

- A.** Total number of CLIP referrals received by each plan operating within the region.
- B.** Total number of referrals reviewed by the region’s CLIP Committee.
- C.** Total number of referrals “not recommended for CLIP treatment.
- D.** Documentation of all participating members at each committee meeting.

Findings/Opportunities:

- A.** During the first year of operation, North Sound BH-ASO received (1) CLIP referral from Amerigroup, (3) from Community Health Plan of Washington, (3) from Coordinated Care of Washington, (2) from Molina Healthcare, (2) from United Health Care, and (1) from North Sound BH-ASO.

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B. During the first year of operation, North Sound BH-ASO reviewed (1) CLIP referral from Amerigroup, (3) from Community Health Plan of Washington, (3) from Coordinated Care of Washington, (2) from Molina Healthcare, (2) from United Health Care and (1) from North Sound BH-ASO.

C. During the first year of operation, the total number of referrals “not recommended” include (1) from Community Health Plan of Washington, (1) from Coordinated Care of Washington, and (1) for North Sound BH-ASO.

D. North Sound BH-ASO CLIP Committee has documented full participation of its committee members.

Recommendations: North Sound BH-ASO does not have any recommendations at this time. We will continue to assess the number of referrals and referral recommendations to identify quality improvement opportunities with the MCOs and HCA.

12. **Report:** Annual Clinical Record Audit

Measurement:

A. Provider compliance rate for conducting CA/LOCUS, other standardized assessments, and ASAM.

B. Provider compliance rate for conducting initial assessments.

C. Provider compliance rate for developing and maintaining updated treatment plans.

Findings/Opportunities:

A. Due to COVID-19 restrictions, North Sound BH-ASO has not completed our Annual Clinical Record Audit. North sound BH-ASO completed our Annual Clinical Audit with Volunteers of America (VOA) for Crisis line services, though this audit does not review standardized assessments.

B. Due to COVID-19 restrictions, North Sound BH-ASO has not completed our Annual Clinical Record Audit.

C. Due to COVID-19 restrictions, North Sound BH-ASO has not completed our Annual Clinical Record Audit.

Recommendations: North Sound BH-ASO is developing alternative auditing methods during the COVID pandemic, to include virtual or desk audits for the remainder of 2020. We will assess if completing onsite review can be completed in early 2021.

Provision of Services

13. **Report:** Ombuds Quarterly Report

Measurement: Number of grievances, appeals, agency complaints, and resource provided by ethnicity, gender, and age.

Findings/Opportunities: The North Sound Regional Ombuds (Ombuds) have gone through a structural change (with the exit of senior staff) in the past year. This change has led to a steep learning curve with the current Ombuds staff. North Sound BH-ASO has been working with Ombuds staff to refine their reporting metrics and implement new reporting requirements handed down by HCA. This has led to more informational reports that has assisted North Sound BH-ASO in identifying issues or needs with the individuals that we serve. Ombuds reporting provides tremendous value in providing consumer voice to the North Sound BH-ASO IQMC.

During the first year of contract operations Ombuds has handled 2 grievances and 0 appeals, provided support for 19 agency level complaints, and provided resource to over 175 individuals. Ombuds provides resource to individuals who are currently receiving services, advocates of individuals receiving services, provider agencies, and providing system information and referral.

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Recommendations: The North Sound Regional Ombuds is learning how to operate in an environment in which they must coordinate with 6 entities to provide support to individuals in services. The Ombuds continues to provide resources to individuals who are attempting to navigate the system. The shift in HCA's method for stratifying grievances and complaints has led to a decrease in grievances from prior time periods. North Sound BH-ASO will continue to work with Ombuds to identify opportunities for outreach, reporting, and grievance and appeal identification.

14. **Report:** Utilization Committee Monthly Metrics Report

Measurement:

- A. Authorization requests by ethnicity, sexual orientation, and age.
- B. Count and percentage of services by ethnicity.
- C. Number of services (crisis and authorized) by diagnosis for a given period of time. (County, provider)
- D. Number of authorization requests by service type, eligibility type, eligibility criteria, and diagnosis.
- E. Number of denials as a percentage of the number of authorization requests.
- F. Number and percentage of denials by decision code.
- G. Number and percentage of authorizations/denials (medical necessity or other) completed within 5 calendar days, 14 calendar days for additional information, or 28 calendar days for extension requests from the time of original receipt of standard authorization requests.
- H. Number and percentage of authorizations/denials (medical necessity or other) completed within 12 hours and acknowledgment provided in 2 hours from receipt of authorization requests for behavioral health inpatient.
- I. Number of authorizations that resulted in a termination, suspension, or reduction of services that were completed 10 day prior to the action being taken.

Findings/Opportunities:

- A. Of the 423 authorization requests received, 70.7% were by individuals who identified as White/Caucasian, 2.9% were by individuals who identified as Hispanic, 0.6% were by individuals who identified as Asian, 0.6% were by individuals who identified as African American, and 5.1% were by individuals who identified as AI/AN. 20.1% of the individuals identified as another culture or did not provide a response.
1.5% of the authorization requests received were for individuals who identified as a sexual orientation other than Male, Female, or not disclosed.
79.5% of the authorization requests have been for adults in the range of 18-65 years of age. 20.5% of the authorization requests have been for older adults in the ranges of 65+ years of age. North Sound BH-ASO received 0 requests for authorization for individuals younger than the age of 18.
- B. Of the 18,099 services provided to individuals with an authorization, 82% were to individuals who identified as White/Caucasian, 1.5% were to individuals who identified as Hispanic, 1.5% were to individuals who identified as Asian, 1.7% were to individuals who identified as African American, and 3.3% were to individuals who identified as AI/AN. 11.5% of the individuals identified as another culture or did not provide a response.
- C. When looking at all of the authorizations provided it was determined that 95% of the services provided under those authorizations were for individuals that had opioid use diagnosis. 2.2% of the services were for

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individuals with alcohol disorder and 1.8% of the services were provided for individuals with diagnosed schizophrenia. The other 1% of the services were for individuals with the diagnoses of bipolar, psychotic/delusional, cocaine use, SUD psychoactive, and SUD stimulant use.

- D. North Sound BH-ASO, through the Utilization Management Committee, reviews monthly metrics regarding authorization requests. The committee reviews authorization requests broken out by three service types: outpatient mental health, outpatient substance use disorder, and residential substance use disorder. Mental health voluntary and involuntary requests are processed through a separate system and are also reviewed by the utilization management committee.

During the first year of operations North Sound BH-ASO saw 423 requests for authorization for non-Medicaid outpatient and residential services and eight (8) requests for voluntary mental health inpatient. Over 75% of the requests have been for outpatient substance use disorder services and the majority of these requests are for OTP services.

North Sound BH-ASO has provided 0 Medical Necessity denials (Actions) during the first year of operations. We have orchestrated a funding model that allows for non-Medicaid individuals to receive care when requested. There were 60 rejections not attributed to Medical Necessity decisions with 80% of the rejections occurring due to the individual having an active Medicaid status.

- E. In the North Sound BH-ASO authorization system all authorization requests have an outcome decision. Denials are comprised of Actions and Adverse Authorization Determinations. During the first year of operations North Sound BH-ASO saw 0 Actions and 60 Adverse Authorization Determinations for standard authorization requests. The 60 Adverse Authorization Decisions represented 14% of the overall decisions. Of the 60 Adverse Authorization Determinations, 80% were for individuals that had an alternate benefit plan/Medicaid or had met their spend down, 5% were duplicate requests, and the remaining 15% either did not meet eligibility criteria or did not provide enough information to verify eligibility.
There were 0 Actions and eight (8) Adverse Authorization Determinations for voluntary inpatient requests.
- F. The decision code data was not implemented into the North Sound BH-ASO authorization system until July 1, 2020. During the first year of operations there were 0 decision codes to report.
- G. During the first year of operations North Sound BH-ASO reviewed 423 authorization requests for standard authorizations. 95% of the authorization requests were decided on within 5 days from the date of the initial request. Of the 21 authorization requests decided outside of the 5-day timeframe, 20 were provided outside of the authorization process during the first month of operations as the process was not fully developed.
- H. North Sound BH-ASO received eight (8) requests for voluntary inpatient services from July 2019 to June 2020. North Sound provided acknowledgment of receipt and determination that the ASO did not have available funding for this level of care for non-Medicaid individuals.
- I. During the first year of operations North Sound BH-ASO saw 0 Actions as a result of a reduction, suspension, or termination.

Recommendations:

- A. North Sound BH-ASO demographic data suggests an under representation of the self-identified Hispanic population served by outpatient, residential and crisis services when compared to the demographic makeup of the North Sound RSA. Hispanic representation in the North Sound RSA is 10.7%, with a range as low as 6.6% in San Juan county and as high as 19.3% in Skagit County. North Sound BH-ASO UM committee will

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explore potential barriers that impact access and engagement among the various demographics represented in the North Sound RSA.

- B.** North Sound BH-ASO demographic data suggests an under representation of the self-identified Hispanic population served by outpatient, residential and crisis services when compared to the demographic makeup of the North Sound RSA. Hispanic representation in the North Sound RSA is 10.7%, with a range as low as 6.6% in San Juan county and as high as 19.3% in Skagit County. North Sound BH-ASO UM committee will explore potential barriers that impact access and engagement among the various demographics represented in the North Sound RSA.
- C.** North Sound BH-ASO will continue our evaluation of diagnosis data as it relates to authorized service requests. The UM Committee and IQMC will further assess treatment capacity for alcohol use disorder or specialty treatments. Crisis services (ITA and Mobile crisis outreach) are not required to make a diagnostic determination for services. Compass Health has reported some diagnostic information for crisis services, though this diagnostic information is likely the result of the individual treatment history in their outpatient or residential programs. DCR investigations include Mental Health or SUD qualifiers which allow North Sound BH-ASO to ascertain the nature of the investigation. In reviewing this data, North Sound BH-ASO has seen an increase in SUD detentions in 2020. North Sound BH-ASO will further assess diagnostic data provided and whether our current provider network has the capacity to provide any specialized treatment needs.
- D.** North Sound BH-ASO will provide additional education for providers who submit authorization requests for Medicaid enrolled individuals. This will allow North Sound BH-ASO to focus on authorizing services for individuals that qualify for North Sound BH-ASO funding.
- E.** North Sound BH-ASO will continue to assess the adverse decisions that are made during the eligibility review and authorization process. This assessment will allow us to assist our providers in submitting requests for individuals that qualify for funding with North Sound BH-ASO.
- F.** North Sound BH-ASO has instituted a better tracking process for noting adverse determination reasons. This more efficient process will allow us to ensure we are providing education to support providers and individuals that seek services.
- G.** North Sound BH-ASO has streamlined the authorization review process to include steps necessary to provide the UM reviewer with enough information to make an authorization decision. North Sound BH-ASO will continue to review UM decision timelines to ensure all requests are resolved in a timely fashion.
- H.** North Sound BH-ASO will continue to assess our region's non-Medicaid access to voluntary inpatient psychiatric care. Although North Sound BH-ASO has received a limited number of voluntary hospitalization requests for non-Medicaid individuals, the total number of requests does not represent the historical volume of inpatient services offered to individuals without a Medicaid benefit. North Sound BH-ASO will assess the current non-Medicaid admissions for voluntary psychiatric care that are currently being unfunded to advocate for additional GF-S dollars to support services as an alternative to ITA treatment.
- I.** No recommendations.

15. **Report:** Annual Clinical Record Audit

Measurement: Jail Services provided to inmates in Snohomish County Jail meet contract expectations in NSBHO-Snohomish County Contract "Scope of Work" and "Services to be Provided" sections.

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Findings/Opportunities: This element was not reviewed during the initial contract period.

Recommendations: N/A

Provider Selection

16. **Report:** Annual Credentialing Report

Measurement:

- A. Number of new credentials and re-credentials
- B. Number of denials in credentialing requests

Findings/Opportunities: North Sound BH-ASO conducted 0 credentialing and/or re-credentialing reviews during the initial contract year. North Sound BH-ASO went through an annual credentialing review with our MCO contractors and passed with 100% compliance.

Recommendations: North Sound BH-ASO will continue to follow written policies and procedures for any provider agency that wishes to contract.

17. **Report:** Monthly Exclusion Monitoring

Measurement: Number of possible matches from LEIE, SAM and Washington State exclusion database.

Findings/Opportunities: North Sound BH-ASO performs monthly exclusion monitoring as part of its routine monitoring of the provider network and in accordance with the North Sound BH-AOS Program Integrity Plan. This monitoring is aimed at identifying individuals or agencies who may be expelled or debarred from participating in federally funded programs. North Sound BH-ASO runs the monthly database check on all subcontracted agencies, vendors, staff, and Board of Directors.

During the initial contract cycle there were 6 individuals that were identified as a possible match against the OIG LEIE database that were then verified by the Compliance Officer to be a no match. There were 0 possible matches identified when matching against both the SAM database and the Washington State exclusion database.

Recommendations: The routine monitoring of individuals and entities excluded from participating in federal and state funding is an important part of monitoring compliance and ensuring funds are legally appropriated. North Sound BH-ASO will continue to run monthly exclusion checks and follow the processes indicated in our state contract to ensure any funds provided to excluded individuals are recuperated appropriately.

Confidentiality

18. **Report:** HIPAA Compliance Monitoring

Measurement: Confirmed internal and external breaches and potential breaches, type, originator (BHO-BHA), resolution, if potential breach investigation determines a breach was made it results in critical incident and reporting per PIHP and OCR, opportunities for improvement

Findings/Opportunities: North Sound BH-ASO requires our provider network to have Privacy Policy and Procedures, annual HIPAA training and an annual Oath of Confidentiality signed by employees. This requirement is internal to the ASO and to the external network of providers.

Recommendations: North Sound is seeking a more thorough training for employees, to specifically include training on remote work requirements for the protection of PHI, for 2021. Additionally, we will be reviewing our practices to limit exposure to PHI that could in the home setting.

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Grievance and Appeal System

19. **Report:** Utilization Management Committee Monthly Metrics Report

Measurement:

- A. Number of denials as a percentage of the number of authorization requests.
- B. Number and percentage of denials by decision code.
- C. Number and percentage of authorizations/denials (medical necessity or other) completed within 5 calendar days, 14 calendar days for additional information, or 28 calendar days for extension requests from the time of original receipt of standard authorization requests.
- D. Number and percentage of authorizations/denials (medical necessity or other) completed within 12 hours and acknowledgment provided in 2 hours from receipt of authorization requests for behavioral health inpatient.

Findings/Opportunities:

- A. In the North Sound BH-ASO authorization system all authorization requests have an outcome decision. Denials are comprised of Actions and Adverse Authorization Determinations. During the first year of operations North Sound BH-ASO saw 0 Actions and 60 Adverse Authorization Determinations for standard authorization requests. The 60 Adverse Authorization Decisions represented 14% of the overall decisions. Of the 60 Adverse Authorization Determinations, 80% were for individuals that had an alternate benefit plan/Medicaid or had met their spend down, 5% were duplicate requests, and the remaining 15% either did not meet eligibility criteria or did not provide enough information to verify eligibility.

There were 0 Actions and eight (8) Adverse Authorization Determinations for voluntary inpatient requests.
- B. The decision code data was not implemented into the North Sound BH-ASO authorization system until July 1, 2020. During the first year of operations there were 0 decision codes to report.
- C. During the first year of operations North Sound BH-ASO reviewed 423 authorization requests for standard authorizations. 95% of the authorization requests were decided on within 5 days from the date of the initial request. Of the 21 authorization requests decided outside of the 5-day timeframe, 20 were provided outside of the authorization process during the first month of operations as the process was not fully developed.
- D. North Sound BH-ASO received eight (8) requests for voluntary inpatient services from July 2019 to June 2020. North Sound provided acknowledgment of receipt and determination that the ASO did not have available funding for this level of care for non-Medicaid individuals.

Recommendations:

- A. North Sound BH-ASO will continue to assess the adverse decisions that are made during the eligibility review and authorization process. This assessment will allow us to our providers in submitting requests for individuals that qualify for funding with North Sound BH-ASO.
- B. North Sound BH-ASO has instituted a better tracking process for noting adverse determination reasons. This more efficient process will allow us to ensure we are providing education to support providers and individuals that seek services.
- C. North Sound BH-ASO has streamlined the authorization review process to include steps necessary to provide the UM reviewer with enough information to make an authorization decision. North Sound BH-ASO will continue to review UM decision timelines to ensure all requests are resolved in a timely fashion.

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- D. North Sound BH-ASO will continue to assess our region's non-Medicaid access to voluntary inpatient psychiatric care. Although North Sound BH-ASO has received a limited number of voluntary hospitalization requests for non-Medicaid individuals, the total number of requests does not represent the historical volume of inpatient services offered to individuals without a Medicaid benefit. North Sound BH-ASO will assess the current non-Medicaid admissions for voluntary psychiatric care that are currently being unfunded to advocate for additional GF-S dollars to support services as an alternative to ITA treatment.

20. **Report:** HCA Grievance and Appeal Quarterly Report

Measurement:

- A. Number of Adverse Authorization Determinations during quarter.
- B. Number of Grievances received during quarter.
- C. Number of Appeals received during quarter.
- D. Number of Administrative Hearing occurred during quarter.

Findings/Opportunities:

- A. During the initial contract cycle North Sound BH-ASO provided 60 adverse authorization determinations.
- B. During the initial contract cycle North Sound BH-ASO received 1 grievance from an individual that was funded by our system. This grievance pertained to the crisis system and the ITA process.
- C. During the initial contract cycle North Sound BH-ASO received 0 requests for an appeal from an individual that requested services or had services terminated. The reason there were 0 appeals received is due to the fact that North Sound BH-ASO did not provide an action during the initial contract cycle.
- D. During the initial contract cycle North Sound BH-ASO received 0 requests for an administrative hearing from an individual that requested services or had services terminated.

Recommendations:

- A. North Sound BH-ASO has worked on the definitions for adverse authorization determinations to try to streamline the process of providing notifications. We have worked directly with HCA to identify multiple scenarios in which an Adverse Authorization Determination would require a notice. North Sound BH-ASO will continue to streamline the process to ensure all situations in which an adverse authorization determination is required are identified and handled appropriately.
- B. North Sound BH-ASO will continue to work with providers and Ombuds to resolve conflict at the lowest level. Most of the time this means the individual will handle their issue through the provider agency complaint process rather than filing a formal grievance with the BH-ASO. We will continue to follow this process but will also respond and provide support should a grievance become necessary.
- C. North Sound BH-ASO continues to provide services when funding allows. We have constructed our annual budget to provide a wide array of services that is based off of request and need as evidenced by data. We also consider input from our Ombuds and Behavioral Health Advisory Board.
- D. North Sound BH-ASO had 0 requests for an appeal and therefore had 0 request for an administrative hearing. North Sound BH-ASO also met all of its timeline notifications that could possibly result in a request for an administrative hearing.

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Sub Contractual Relationships and Delegation

21. **Report:** Ombuds Annual Audit

Measurement: Contract compliance.

Findings/Opportunities: North Sound BH-ASO will conduct annual audits of the Ombuds. Additionally, if there are any concerns of non-compliance or quality of work, the ASO would conduct a review at any time an issue was brought to our attention. Ombuds reports quarterly to the Internal Quality Management Committee on metrics developed by HCA, Ombuds and the ASO.

Recommendations: We are working with the Ombuds to expand reporting categories so we can identify trends early and intervene when necessary.

22. **Report:** Administrative Audit

Measurement:

- | | |
|-----------------------------------|--|
| A. Individual Rights | F. Federal Block Grant |
| B. Facility Oversight | G. Personnel System |
| C. Charitable Choice | H. Subcontracts |
| D. Cultural Considerations | I. Mandatory Postings |
| E. HIPAA | J. Review of Corrective Actions |

Findings/Opportunities:

- A.** Reviewer ensures Individual Rights are given to individuals and posted in conspicuous areas.
- B.** Reviewer uses a global checklist to ensure facilities are ADA accessible and privacy is protected
- C.** Reviewer will ensure that no public funds are used for religious purposes.
- D.** Reviewer will look at policies, practices, and milieu to ensure the facilities, communications and staff are culturally friendly and appropriate.
- E.** Reviewer examines privacy policies, practices, and training of staff.
- F.** Reviewer ensures federal block services are targeted to the appropriate population, services are allowable and fiscal oversight.
- G.** Reviewer examines personnel files to ensure individuals providing services have the appropriate credentials and training.
- H.** Reviewer examines any subcontracts that use ASO funding to ensure they comply with contract requirements.
- I.** Reviewer ensures individual rights are posted in English and the prevalent language for that service area.
- J.** Reviewer will inquire of any corrective actions the provider may be under and ensure they are complying with requirements.

Recommendations: North Sound BH-ASO will review the administrative review process based on the July 2020 contract requirements and make appropriate changes to the administrative audit process.

23. **Report:** Compliance Officer Annual Report/Program Integrity Audit- Delegation Requirements

Measurement:

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- A. Crisis Services shall be available 24-7-365, including regional crisis hotline that provides screening and referral services. Policy and chart review.
- B. Crisis Services shall be available to members without the need for the member to complete an intake evaluation or other screening or assessment processes. Policy and chart review.
- C. Percentage of encounters rejected per encounters received.
- D. Submission of monthly call center data.
- E. Crisis services shall be performed in accordance with all state agency requirements, including Washington Department of Health and HCA regulatory requirements, applicable to Crisis Services and Crisis Services providers. Policy and chart review.
- F. Telephones are answered by a live voice within 30 seconds. Telephone abandonment rate is within 5 percent.
- G. Staff are available at least eight hours a day during normal business hours for inbound collect or toll-free calls regarding UM issues. Staff can receive inbound communication regarding UM issues after normal business hours. Staff are identified by name, title and organization name when initiating or returning calls regarding UM issues. TDD/TTY services for members who need them. Language assistance for members to discuss UM issues.

Findings/Opportunities: North Sound BH-ASO delegates the function of crisis line services to VOA. North Sound BH-ASO monitors monthly reporting metrics provided by VOA to ensure compliance with contracted timelines. North Sound BH-ASO also conducts an annual contract compliance review of VOA to ensure they are meeting all delegation requirements stipulated in contract.

- A. During the first-year contract review North Sound BH-ASO reviewed both VOA policies and clinical records to determine 24/7 availability of the crisis hotline. Based on the review VOA was in 100% compliance with maintaining 24/7 capacity and adhering to the contract requirement.
- B. During the first-year contract review North Sound BH-ASO reviewed both VOA policies and clinical records to determine crisis service availability of the crisis hotline without a prior assessment process. Based on the review VOA was in 100% compliance with maintaining crisis hotline availability without the need for prior assessment.
- C. North Sound BH-ASO IS staff provided a list of all the service encounters submitted by VOA for the designated review cycle. During the review cycle VOA submitted 19,633 crisis line services with an overall rejection rate of 5.2%. During the first 2 months of the contract, VOA had a rejection rate of 6.0% but was able to get it down to 4.5% for the remaining 3 months of the review cycle.
- D. North Sound BH-ASO requires VOA to submit monthly call center metrics by the 5th of every month. This then allows North Sound BH-ASO to package up the metrics to provide a running report to our MCO contractors. During the annual review North Sound BH-ASO reviewed the timeliness of submission for VOA and we determined there was a 100% compliance with the submission of the monthly crisis hotline metrics.
- E. North Sound BH-ASO conducts a policy and clinical chart review to ensure VOA is adhering to the WACs that pertain to the services delegated, crisis hotline services. During the annual review North Sound BH-ASO found 100% compliance with the WAC requirements through both the policy and chart review.

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- F.** During the annual review North Sound BH-ASO determines reviews the previous months performance metrics to determine adherence the crisis hotline performance standards. At the time of the report, VOA was 100% compliant with meeting the crisis hotline performance standards.

Since we receive the monthly performance metrics from VOA North Sound is able to review these standards monthly. During the second half of the contract cycle North Sound BH-ASO has seen a drop in the performance metrics for both performance standards to an all-time low during the month of June 2020. The percent abandoned metric went from a previous 12-month average of 3.1% to a June 2020 rate of 7.9%. The calls answered in less than 30 seconds metric went from a previous 12-month average of 91.53% to a June 2020 rate of 76.5%.

- G.** North Sound BH-ASO reviews policies, workflows, and onsite screening to determine whether there is a process in place at VOA to assure MCO delegated NCQA standards for utilization management are adhered to. During the annual review it was determined that VOA was 100% compliant with the utilization management standards delegated.

Recommendations: North Sound BH-ASO will continue to monitor all delegate responsibilities and ensure compliance with contract requirements. Monitoring will occur annually and reflect the requirements of the most up to date contract amendment.

Clinical Practice Guidelines

24. **Report:** Annual Clinical Record Audit

Measurement: Provider compliance rate of evidence of agency adoption of recognized best practices guidelines.

Findings/Opportunities: North Sound BH-ASO has not completed our Annual Clinical Record Audit due to COVID-19 delays. North Sound BH-ASO is developing alternative method of auditing to include virtual or desk audit processes in late 2020 or early 2021.

Recommendations: N/A

25. **Report:** Clinical Practice Guidelines

Measurement: ASO Medical director review of clinical practice guidelines and publication to provider network.

Findings/Opportunities: In 2020 North Sound's Medical Director and key clinical staff participated in the utilization of newer technologies for the treatment of behavioral health conditions as directed by the HCA and the MCOs to include the use of telehealth and virtual platforms in response to the COVID-19 Pandemic. Although these emerging technologies have not yet been incorporated in our established guidelines, we have made this information available on our website. Our 2021 review will evaluate the need to expand comprehensive guidelines on telehealth and telemedicine for ASO services.

In addition, North Sound BH-ASO participated in DOH, HCA and MCO Behavioral Health Surge workgroups. In addition, North Sound has disseminated and posted various provider resources to include Department of Health (DOH) behavioral health resources, HCA published Coronavirus guidance materials, and CMS tools kits on our website: <https://www.nsbhaso.org/news-and-events/2019-novel-coronavirus-covid-19-outbreak>.

Recommendations: Review of our Practice Guidelines occurs within our UM Committee, IQMC and Leadership Team (LT) every two years or sooner if the guidelines changes. Our Medical Director, Clinical Manager and various clinical staff are members of these committees. North Sound conducted a brief assessment of our adopted 2019 practice guidelines in June 2020. A more comprehensive assessment was delayed due to

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prioritizing our organization's COVID-19 response. We are expecting to complete this second year review by early 2021.

26. **Report:** Monthly Data Report

Measurement: Number of provider submitted services in a month by agency.

Findings/Opportunities: During the initial contract year, North Sound BH-ASO saw 87,435 services submitted by contracted provider agencies. 57.7% of the services received were submitted by VOA for crisis hotline services. 12.3% of the services were submitted by Snohomish County ICRS for crisis outreach and investigation services. 11.3% of the services received were submitted by Compass Health for crisis outreach and investigation services. This shows that 81.3% of the services submitted were for crisis services provided in the North Sound RSA and the other 18.7% were for outpatient and residential services authorized by North Sound BH-ASO.

Recommendations: North Sound BH-ASO will continue to monitor service submission by all contracted providers. This is done with the intent of identifying errors in the data submission process of to detect trends in decreased and increased utilization among a particular provider. Reviewing service batch rejection and acceptance rates allows North Sound BH-ASO to determine which providers require more assistance with processing services.

Health Information Systems

27. **Report:** Monthly Data Report

Measurement:

- A. The number of provider submitted services in a month that were accepted/rejected by agency.
- B. The number of provider submitted services in a month that were received, accepted, and rejected by CPT code.
- C. Number of certified batches submitted during the month.
- D. The number of services received, by agency, within 30, 60, and 90 days from the service date.
- E. The number of corrected services received, by agency, within 30, 60, and 90 days from the date of first receipt.
- F. The number of services that were submitted to contractor by contractor name.

Findings/Opportunities:

- A. North Sound BH-ASO reviews the accepted and rejected rate for each provider agency monthly to determine patterns of rejection and determine whether additional technical support is required. The following list shows the number of services rejected and accepted by each agency for the initial contract year.
 - a. Compass Health – Rejected: 3,496; Accepted: 8,546; Rejection Rate: 29%
 - b. Evergreen Recovery – Rejected: 140; Accepted: 139; Rejection Rate: 50%
 - c. Pioneer – Rejected: 91; Accepted: 307; Rejection Rate: 23%
 - d. SeaMar – Rejected: 40; Accepted: 90; Rejection Rate: 31%
 - e. Snohomish County – Rejected: 689; Accepted: 11,943; Rejection Rate: 5.5%
 - f. Therapeutic Health Services – Rejected: 585; Accepted: 16,930; Rejection Rate: 3.3%
 - g. Volunteers of America – Rejected: 1,476; Accepted: 50,011; Rejection Rate: 2.9%
- B. North Sound BH-ASO reviews the service utilization of each CPT code to determine whether there are variations between the authorizations and services delivered. Each CPT code is reviewed by provider to

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determine if there is inappropriate use of a particular code or if a provider is having issues submitting services. The following list shows the utilization of services by CPT code for the initial contract year.

- | | |
|--------------------------------------|---|
| a. 90791 – 1 Rejected | t. H0011 – 90 Rejected, 31 Accepted |
| b. 90832 – 2 Rejected, 2 Accepted | u. H0018 – 81 Rejected, 201 Accepted |
| c. 90834 – 18 Accepted | v. H0019 – 48 Rejected, 108 Accepted |
| d. 90837 – 8 Accepted | w. H0020 – 527 Rejected, 16,259 Accepted |
| e. 90846 – 1 Accepted | x. H0023 – 1 Accepted |
| f. 96153 – 20 Rejected, 255 Accepted | y. H0030 – 1,995 Rejected, 49,561 Accepted |
| g. 96164 – 18 Rejected, 27 Accepted | z. H0033 – 24 Rejected, 209 Accepted |
| h. 96165 – 31 Accepted | aa. H0034 – 5 Accepted |
| i. 99075 – 10 Rejected, 577 Accepted | bb. H0038 – 3 Rejected, 63 Accepted |
| j. 99205 – 1 Accepted | cc. H0043 – 26 Rejected, 51 Accepted |
| k. 99213 – 5 Accepted | dd. H0046 – 4 Rejected, 4 Accepted |
| l. 99214 – 10 Accepted | ee. H2011 – 3,591 Rejected, 17,014 Accepted |
| m. 99215 – 6 Accepted | ff. H2015 – 28 Rejected, 153 Accepted |
| n. 99223 – 1 Rejected | gg. H2036 – 2 Rejected |
| o. 99349 – 3 Accepted | hh. S9446 – 6 Rejected, 24 Accepted |
| p. H0001 – 3 Rejected, 21 Accepted | ii. S9485 – 98 Rejected, 201 Accepted |
| q. H0003 – 17 Rejected, 73 Accepted | jj. T1016 – 15 Rejected, 94 Accepted |
| r. H0004 – 34 Rejected, 637 Accepted | kk. T2038 – 298 Rejected, 759 Accepted |
| s. H0010 – 48 Rejected, 132 Accepted | |
- C.** North Sound BH-ASO reviews the number of data batch submissions by provider each month as a determinant of processing errors and changes in service delivery. We look for outliers to determine where a particular agency may be struggling or if there are increase or decreases in services provided. The processed batches are made up of 837i services, 837p services, and supplemental data through the EDI process. During the initial contract year North Sound BH-ASO saw 3,147 batches processed. There was a spike of 1,180 in October 2019 due to one agency having submission and being required to resubmit services that were submitted in error.
- D.** North Sound BH-ASO reviews and puts emphasis on timely data submission. We want to ensure all providers are sending data in a timely manner to ensure prompt payment. Of the over 87,000 services submitted by our providers, 77.2% were submitted between 0 and 29 days from the date of service, 10.9% were submitted between 30 and 59 days from the date of service, 6% were submitted between 60 and 89 days from the date of service, 2.5% were submitted between 90 and 119 days from the date of service, and 3.5% were submitted beyond 120 days from the date of service.
- E.** North Sound BH-ASO monitor accurate and timely data submission. One way we can do this is by monitoring the timeliness of data corrections by a provider. If errors occur in the data submission process, North Sound BH-ASO would like providers to correct those errors to improve data accuracy for reporting. There were 493 services that were corrected during the initial contract period. 7.7% of the services were corrected between 0 and 29 days from receipt of the initial service, 11.6% of the services were corrected between 30 and 59 days from receipt of the initial service, 11.4% of the services were corrected between 60 and 89 days from receipt of the initial service, 15.2% of the services were corrected between 90 and 119 days from receipt of

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the initial service, and 54.2% of the services were corrected beyond 120 days from receipt of the initial service.

- F. North Sound BH-ASO monitor service submission to each of its contractors to ensure contractual timelines are met and to detect any outliers in service submission. The list below shows the number and percentage of overall services submitted to each North Sound BH-ASO contractor.
- a. Amerigroup: 7,269 services submitted, 8.6%
 - b. Coordinated Care of Washington: 4,631 services submitted, 5.4%
 - c. Community Health Plan of Washington: 4,794 services submitted, 5.6%
 - d. Molina Health Care: 9,993 services submitted, 11.8%
 - e. United Health Care: 6,009 services submitted, 7.1%
 - f. HCA: 52,312 services submitted, 61.5%

Recommendations: The numbers provided indicate the services or service batches that were submitted and had syntax errors within the data set or services were submitted for individuals that are Medicaid. North Sound BH-ASO staff have worked with each provider to ensure services submitted are accurate and in the correct format. North Sound BH-ASO will continue to address issues with each provider as the monthly reports are reviewed.

Quality Assessment and Performance Improvement

28. **Report:** Annual Clinical Record Audit

Measurement: Provider UR metrics and summary.

Findings/Opportunities: North Sound BH-ASO has not completed our Annual Clinical Record Audit due to COVID-19 delays. North Sound BH-ASO is developing alternative method of auditing to include virtual or desk audit processes.

Recommendations: N/A

29. **Report:** Annual Utilization Management Committee Report

Measurement: Annual utilization report and summary.

Findings/Opportunities: The Annual Utilization Management Committee assessment will be conducted in Q4 of 2020 and be completed in Q1 of 2021. This report will be a roll up of quantitative data assessments and recommendations to IQMC.

Recommendations: N/A

30. **Report:** Program Quality Audits

Measurement: Program audits assessing compliance with contract requirements. County monitoring reports.

Findings/Opportunities: North Sound BH-ASO has not completed our Annual Clinical Record Audit due to COVID-19 delays. North Sound BH-ASO is developing alternative method of auditing to include virtual or desk audit processes.

Recommendations: N/A

31. **Report:** Critical Incident Reporting

Measurement: Type and Count of CI reported by BHA, screened out by BHO, and reported to DBHR

Findings/Opportunities: North Sound BH-ASO completed all HCA required CI reporting within our contractual timelines. Zero (0) CI reports have been filed during this reporting period.

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Recommendations: North Sound BH-ASO will continue education around changing CI reporting categories or processes with our provider network.

32. **Report:** HR Annual Report

Measurement: Annual report on training for the organization.

Findings/Opportunities: North Sound BH-ASO has the Relias Learning Platform for training. We also have a software program for developing training in house. Our internal training plan delineates organization training, team training and professional development.

Recommendations: We are expanding our training to include anti-racist training, cultural humility and advanced HIPAA training.

33. **Report:** Annual Compliance Risk Assessment

Measurement: Number of risks determined, mitigation plan in place, and progress towards mitigating risk.

Findings/Opportunities: North Sound BH-AOS typically conducts an annual compliance risk assessment with the North Sound BH-ASO Leadership Team based on feedback from staff. This compliance risk assessment is aimed at identifying potential risk areas that could cause North Sound BH-ASO significant loss or damage or could jeopardize the safety of information for the individuals that we serve. The compliance risk assessment is a multistep process that includes risk identification, prioritization, and mitigation.

North Sound BH-ASO was not able to conduct a compliance risk assessment during the first year of its contract. Ensuring North Sound BH-ASO was fully operational and meeting all contractual guidelines took priority over the risk assessment analysis.

Recommendations: North Sound BH-ASO will be able to conduct its first compliance risk assessment at the end of calendar year 2020. This compliance risk assessment will be comprehensive and more informative now that North Sound BH-ASO has completed its first year of operations. All identified risks will require a plan of action to eliminate or mitigate the risk. A report on the outcome of the risk assessment will be available at the beginning of calendar year 2021.

34. **Report:** Annual Security Risk Assessment

Measurement: Number of risks determined, mitigation plan in place, and progress towards mitigating risk.

Findings/Opportunities: HIPAA Policy based risks are in work for finalization. External Assessment-Zero Critical, and 4 High, and 16 Medium findings resolved or compensated. Internal risk analysis: 15 Identified Risks mitigated, or compensation is in work. COVID and potential office relocation is slowing efforts. Risks mitigations include physical hardening with file cabinets and shared spaces, and IRP plan and Inventory updates. State OCIO contract network security analyzed. Next internally conducted assessment will be conducted late fall 2020. Impact of new technologies will be assessed prior to next assessment.

Recommendations: North Sound BH-ASO will work on returning back to hardening and mitigating as COVID has caused an increase in teleworking technologies and a reduction in mitigating findings.

35. **Report:** Exhibit E Quarterly Report

Measurement: Exhibit E-1 HCA Quarterly Summary Report

Findings/Opportunities: The Exhibit E-1 HCA Quarterly Report is delivered to HCA as an accounting of the crisis performance metrics that are in the current version of the HCA contract. North Sound BH-ASO reviews the

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metrics embedded in the report monthly to provide a timelier response to any indicated issues. North Sound BH-ASO then compiles those metrics to provide a quarterly report to HCA. North Sound BH-ASO is in 100% compliance with providing the E-1 HCA Quarterly Summary Report.

Recommendations: North Sound BH-ASO will continue to provide this HCA deliverable in a timely manner in accordance with the contract. Any issues that need to be addressed with the performance standards embedded in the report will be handled through the standard process in the North Sound BH-ASO Internal Quality Management Committee.

36. **Report:** Quarterly SABG Capacity Management Report

Measurement: 90% program capacity.

Findings/Opportunities: North Sound BH-ASO SABG providers have not had any capacity issues since July 2019. We have expanded PPW Housing Supports, SUD residential services, Opioid Outreach and have provided funding for engagement specialize.

Recommendations: We will continue to monitor capacity and provide additional support where necessary.

37. **Report:** Exhibit R-1

Measurement: Number of individuals served with diversion funds by category of spending.

Findings/Opportunities: North Sound was notified in early 2020 of funding available for individual's identified by HCA as Trueblood class members. North Sound successfully contracted these services our county programs to provide intensive case manage and diversion services identified in exhibit R.

Recommendations: Continue to assess implementation of the county Trueblood program. Recommendation for UM and IQMC to review and assess program data identified in Exhibit R-1.

38. **Report:** FBG Annual Progress Report

Measurement: Analysis of Federal Block Grant funding to authorized services.

Findings/Opportunities: North Sound BH-ASO authorizes SUD outpatient services, SUD residential services and uses FBG funds for secure detox, acute/subacute detox, and crisis services, including E&T services. We have recently begun supporting our triage centers for individuals who are Non-Medicaid, or need services not covered by Medicaid.

Recommendations: We will continue to authorize services and manage our system to ensure the individuals who have no other coverage receive the services they need when they need it.

Conclusion

North Sound BH-ASO prides itself on having a comprehensive Quality Management Program that not only aligns with Federal and State guidelines but also attempts to incorporate emerging techniques and best practices into the oversight of services provided in the North Sound RSA. We use the North Sound BH-ASO QM Plan as the guiding document for conducting quality improvement activities and review. The QM Plan also serves as the principal document for the development of the North Sound BH-ASO Quality Management Review. Through this process we are able to identify opportunities to improve the policies and processes that are in place to enhance the provision of behavioral health services in our region. The identification of these improvement opportunities will not only ensure our region remains compliant with all Federal and State regulations, but it also gives us the opportunity to expand on the quality of services provided the individuals in our region.

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The information provided throughout this review outlines an organizational wide effort to be data driven to make sincere and informed decisions. The metrics review and subsequent decision-making process is an effort shared across teams through our various committees and comprehensive data report sharing processes. We pride ourselves on the ability to be able to provide a wealth of data to both internal and external stakeholders. North Sound BH-ASO also relishes the ability to incorporate external stakeholder feedback into the development and review with system processes. We look forward to not only being a key player in the quest for improving the quality of care for behavioral health services in the North Sound Region, while remaining a leader in the charge for system collaboration.