



Quality Management Plan

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.

**NORTH SOUND BEHAVIORAL HEALTH
ADMINISTRATIVE SERVICES ORGANIZATION**

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Introduction

The North Sound Behavioral Health Administrative Services Organization (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 contracted Behavioral Health services, which include mental health, substance use disorder services and crisis services, to the entire five (5) county region. Mental health and substance use disorder treatment services will be provided to non-Medicaid recipients, in accordance with the State of Washington Behavioral Health Contracts, using monies available through Federal Block Grant and State Funding sources. Crisis services will be provided to all people, regardless of insurance status, income level, ability to pay and county of residence, in accordance with the State of Washington Behavioral Health Contracts, using monies available through State, Federal Block Grant, and Managed Care Funding sources.

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 the Health Care Authority (HCA). The mission of the Health Care Authority 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 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 cultivate cultural humility in attempting to understand the world view of the persons and communities we serve
- **Social Equity:** We commit to working to reduce institutionalized racism and reduce disparities in health care

Guiding Principles

It is the goal of North Sound BH-ASO to provide a quality service delivery system, which can clinically individualize care, while working within the state funding and contractual guidelines.

We aim to:

- Hold administrative costs to a minimum in order to maximize resources available for direct services.
- Demonstrate the North Sound BH-ASO mission, vision, core values and guiding principles, which include individual voice, choice and ownership, as well as recovery and resilience.
- Be responsive to individuals and advocates through a system that listens to their needs and offers appropriate services and support.
- Strive to support a behavioral health system that provides culturally appropriate care in which services are provided with Cultural Humility and an understanding of the person's culture and community, informed by Historical Trauma and the resulting cycle of Adverse Childhood Experiences.
- Meet state and federal requirements, to include requirements mandated by the State of Washington HCA, the Balanced Budget Act (BBA), the Health Insurance Portability and Accountability Act (HIPAA), and 42 Code of Federal Regulations (CFR) Part 2.
- Implement a shared vision of quality services and a system that is effective, coherent, transparent and easy to navigate for all stakeholders.
- Engage Behavioral Health Agency (BHA) staff and their perspectives regarding service delivery.
- Assure consistency and focus over time in our service delivery models.
- Acknowledge and support successful delivery models.
- Achieve the right balance between resources devoted to service delivery and quality management activities to enhance the delivery of services.
- Create a culture based on using measurements and data to inform decisions regarding services.

Quality Management System Overview

The North Sound BH-ASO Quality Management Plan describes the system and interrelated activities that guide the development and implementation of quality assurance and quality improvement activities that occur within North Sound BH-ASO's five county region. Quality assurance refers to compliance with minimum standards (i.e., rules, regulations, and contract terms) as well as reasonably expected levels of performance, quality, and practice. Quality improvement focuses on activities to improve performance above minimum standards/reasonably expected levels of performance, quality, and practice.

The oversight of all of these functions is charged to North Sound BH-ASO's Internal Quality Management Committee (IQMC). IQMC has the role of monitoring internal processes and reviewing reports to determine where deficiencies lay. This committee is charged with integrating data collected and reported by North Sound BH-ASO and other key stakeholders into its work of identifying areas that need to be improved.

Scope

It is the intent of North Sound BH-ASO to develop the Quality Management Program to conform to Washington State's HCA, Federal requirements (including 42 CFR Part 2), and the standards of HIPAA. To assist in this process, North Sound BH-ASO has been certified as a Coordinated Quality Improvement Program (CQIP), in accordance with the State of Washington Department of Health (DOH).

The Quality Management Plan represents all of the internal and external quality assurance/improvement activities that are conducted and managed by North Sound BH-ASO. North Sound BH-ASO oversees the provision of an array of

behavioral health services that includes crisis related services and additional mental health and substance use disorder services authorized by North Sound BH-ASO.

Who We Serve?

North Sound BH-ASO's Quality Management Plan addresses non-Medicaid individuals who are enrolled with North Sound BH-ASO contracted BHAs as well as those individuals who utilize crisis and behavioral health inpatient services. Behavioral Health services are provided within available resources to individuals without health care coverage who meet low-income guidelines.

Any person in the North Sound five-county region, regardless of funding source, is eligible for crisis services. Crisis Services include a toll free 24-hour crisis line, mobile crisis outreach services and involuntary commitment services. Quality of care issues concerning Medicaid individuals that receive crisis services through North Sound BH-ASO are reviewed jointly with the individual's Apple Health Plan. North Sound BH-ASO will report any identified concern to the Apple Health Managed Care Organization (MCO) within 1 business day of receiving the concern.

Individual Rights

North Sound BH-ASO BHAs are expected to provide whatever adaptation and accommodation is necessary including translation to other language(s) to individuals for whom English is not a first language; use of an interpreter; use of alternative modalities for visually impaired, hearing impaired and cognitive impaired individuals.

North Sound BH-ASO policy requires that its network BHAs provide a copy of the "*Individual Rights*" to each individual at the assessment or subsequent appointment and that this statement be posted in a conspicuous location within the BHA facility.

Individuals will be notified in writing, in accordance with all state, federal and contract requirements, if their BHA's subcontract with the North Sound BH-ASO is terminated. Termination notification can be initiated by either North Sound BH-ASO or its contracted BHA.

Accountability

North Sound BH-ASO acknowledges that it and regionally contracted BHAs will each maintain procedures related to quality assurance, quality management, and utilization management. These procedures will be complementary and should reflect the State of Washington's HCA Quality Strategy. North Sound BH-ASO recognizes and values the advocacy efforts external to North Sound BH-ASO oversight and that of its contracted BHAs in assuring the quality of services. External advocacy is provided by individuals, family members, advocates, regional National Alliance on Mental Illness (NAMI) groups, North Sound BH-ASO Advisory Board, North Sound Regional Ombuds, and other recovery-oriented groups. North Sound BH-ASO's Board of Directors supports and solicits input from these sources and other stakeholders as identified.

North Sound BH-ASO recommends that a parallel process of quality management effort exist between the North Sound BH-ASO and its contracted BHAs in order to:

- Provide optimal advocacy and clinical support to individuals.
- Provide contract and clinical oversight to ensure BHAs comply with all contractual mandates, with consistent reference to standards of care performance, and remedial actions and sanctions related to nonperformance.
- Guarantee to individuals and advocates that services provided to them will remain accessible and effective, as

well as culturally and linguistically relevant.

- Demonstrate to HCA and Managed Care contractors that North Sound BH-ASO is meeting its contractual obligations and mandates of the State of Washington.
- Promote the concepts of recovery and cultural humility as addressed in the Mission Statements of the North Sound BH-ASO.

Recommendations, Remedial Action, and Sanctions

BHA

Oversight, monitoring, contract compliance and quality improvement are core functions of North Sound BH-ASO.

Occasionally, recommendations, remedial action, or sanctions are necessary to carry out these responsibilities. North Sound BH-ASO may require any contracted BHA to plan and execute corrective actions if remedial actions are given.

Corrective action plans, developed by contracted BHAs, must be submitted for approval to North Sound BH-ASO within 30 calendar days of notification. Corrective action plans must be provided in a format acceptable to North Sound BH-ASO. North Sound BH-ASO may extend or reduce the time allowed for corrective action depending upon the nature of the situation as determined by unusual circumstances.

North Sound BH-ASO is responsible to HCA for any remedial action required of North Sound BH-ASO by HCA. Contracted North Sound BHAs will be responsible to work with North Sound BH-ASO regarding any remedial action required by the state. Any remedial action required of North Sound BH-ASO is reported to the Board of Directors.

The full information detailing BHA responsibilities and requirements regarding remedial actions may be found in each BHA's contract with the North Sound BH-ASO.

BH-ASO

Any identified issues regarding North Sound BH-ASO not meeting the necessary benchmarks or timelines will be remediated by the IQMC in accordance with the North Sound BH-ASO Quality Management Plan. All remediation processes and outcomes are reported to the North Sound BH-ASO Leadership Team by the IQMC Chair. The Leadership Team will determine the final action to be taken considering recommendations given by IQMC.

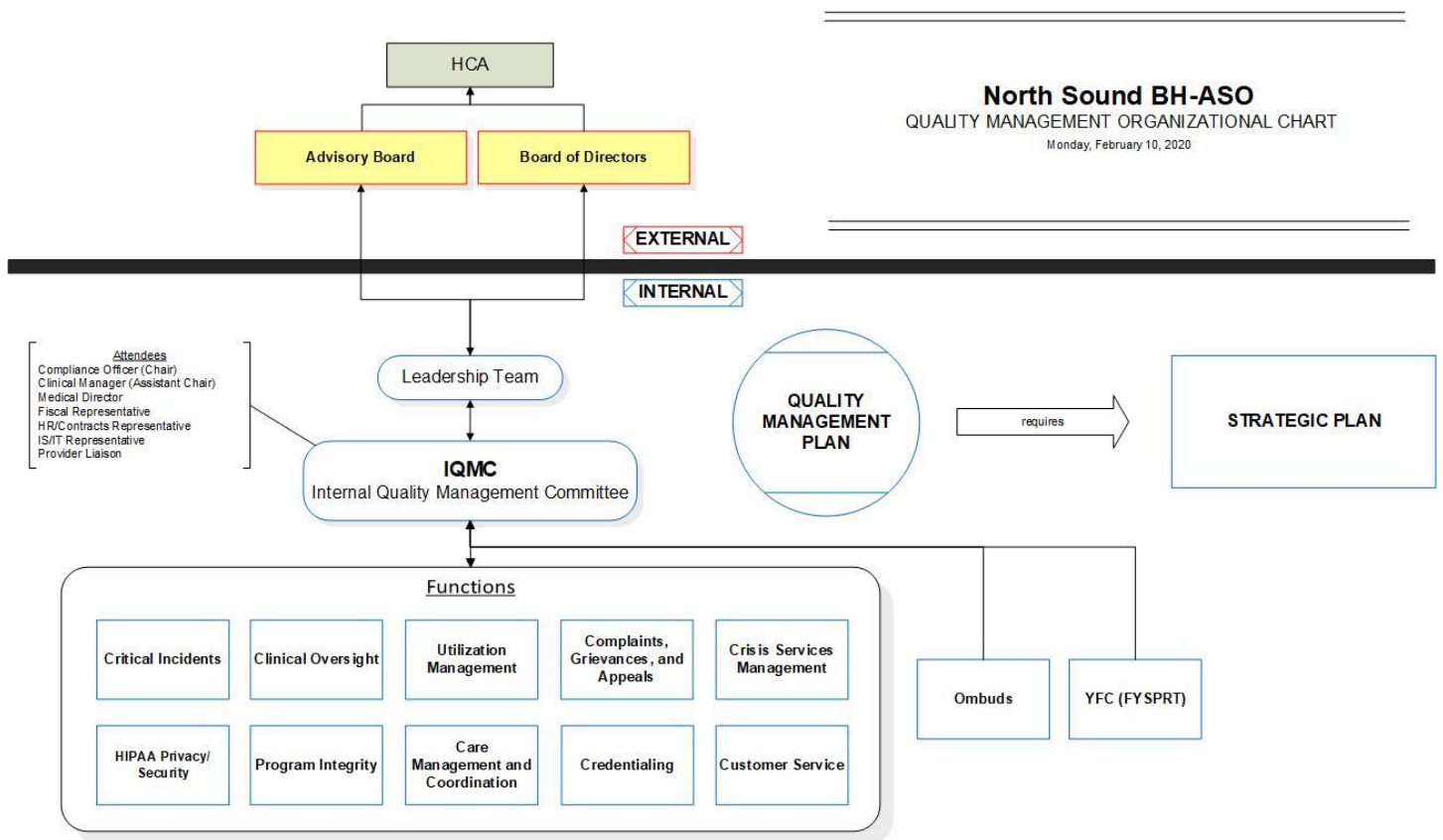
Development of the Quality Management Plan

Maintaining and improving quality is inherent in our work each day at the North Sound BH-ASO. At any point in time when a North Sound BH-ASO employee, committee, or BHA recognizes a deficiency in quality, they are encouraged to bring the issue to North Sound BH-ASO's IQMC for investigation. This open accessibility allows North Sound BH-ASO to continuously review and improve upon the processes that are currently in place and strengthen the quality of services that the North Sound BHAs provide.

Along with daily quality oversight and quality improvement activities, North Sound BH-ASO's Quality Management Plan is evaluated and updated on a biennial basis at the end of the calendar year. This review is done by IQMC and is then vetted in a process whereby the North Sound BH-ASO Leadership Team, Advisory Board, and Board of Directors have the opportunity to review the Plan. Once this process is complete and revisions are made, ultimate approval of the plan is made by the North Sound BH-ASO Executive Director. Any updated Plan is automatically sent to the HCA as a means of maintaining alignment with the State of Washington Quality Strategy.

Quality Management Structure

The following figure represents the flow of quality management activities and illustrates the North Sound BH-ASO’s quality management structure. Sub committees are an integral part of the quality management process and have an obligation to report any and all quality issues to IQMC for further review. Individual staff members and departments of North Sound BH-ASO work cross functionally to accomplish all quality management activities.



Board of Directors

North Sound BH-ASO’s Board of Directors is the governing body of North Sound BH-ASO. It is comprised of elected officials (or their delegates) from Island, San Juan, Skagit, Snohomish and Whatcom counties, Tribal representatives, as well as the Chair and Vice Chair of the North Sound BH-ASO Advisory Board. The Board of Directors delegates oversight of the Quality Management Program to North Sound BH-ASO and has delegated final approval of the Quality Management Plan to the Executive Director. The Board of Directors meets monthly throughout the year. In regard to the Quality Management program, the Board of Directors is accountable to ensure North Sound BH-ASO’s Quality Management program is reviewed and updated regularly. Membership designation is as follows:

- Island County (1 member)
- San Juan County (1 member)
- Skagit County (1 member)
- Snohomish County (4 members)

- Whatcom County (2 members)

Advisory Board

The North Sound BH-ASO Advisory Board is comprised of at least 51% of persons who are prior or current individuals, family and foster-family members, caregivers, and/or parents of children that have a diagnosed serious mental illness. Other members of the Advisory Board include advocates and other interested parties from throughout the region that are representative of the demographic character of the region. The region's 8 Tribes are also afforded a seat at the Advisory Board. Membership designation is as follows:

- Island County (4 members)
- San Juan County (3 members)
- Skagit County (4 members)
- Snohomish County (9 members)
- Whatcom County (6 members)
- Tribes (8 members)

The Advisory Board meets monthly, with a minimum of 10 meetings per year, to review issues of concern and relevance to behavioral health individuals, their families, and other community stakeholders. The purpose of the Advisory Board is to provide independent advice and input to the North Sound BH-ASO and Board of Directors as well as to local jurisdictions and BHAs. Reports from the Advisory Board will be a regular agenda item at the monthly North Sound BH-ASO Board of Directors meetings.

Internal Quality Management Committee (IQMC)

North Sound BH-ASO's IQMC reviews quality management activities performed at both the regional and BHA level. The committee makes recommendations based upon results of quality management activities and forwards these recommendations to the Leadership Team for discussion. Through the process of consensus, IQMC works to standardize, operationalize, and implement regional quality management activities, including the policies and procedures to define such activities. After review and discussion, the recommendations from IQMC will be forwarded to the North Sound BH-ASO Leadership Team. The Leadership Team reviews the quality management recommendations and decides to either accept the recommendations from IQMC or return for further review. IQMC is comprised of the following voting members:

- Compliance Officer (Chair)
- Clinical Manager (Assistant Chair)
- Fiscal Representative
- HR/Contracts Representative
- IS/IT Representative
- Provider Liaison
- Medical Director

The following are common recurring duties and responsibilities of IQMC in carrying out quality management oversight functions:

- Developing and obtaining approval for the biennial North Sound BH-ASO Quality Management Plan and any

subsequent revisions in accordance with applicable CFR, WAC, North Sound BH-ASO contract and other regulatory statutes.

- Making recommendations for actions to be taken for continuous quality improvement including the establishment of ad hoc committees to review issues and concerns that need further assessment.
- Identify and determine necessary remedial actions and/or recommendations to be given to the Leadership Team for review.
- Review and analyze organizational and internal standing committee reports on a continuous basis as a means of quality assurance/improvement.
- Reviewing the CQIP and updating the CQIP plan when necessary.

Leadership Team

The Leadership Team is the internal governing body of North Sound BH-ASO, responsible for executive level decisions, providing program direction and oversight. The Leadership Team ensures checks and balances are in place to monitor and respond to quality. The Leadership Team receives reports and recommendations from IQMC, which are incorporated into the overall organizational vision and decision-making process. Leadership Team is comprised of the following members:

- Executive Director
- Fiscal Officer
- Assistant Director
- Clinical Manager
- IS/IT Administrator
- Administrative Manager
- Business Improvement Manager
- Medical Director

North Sound BH-ASO Functions

Clinical Oversight

Responsibilities of the Clinical Oversight function include, but are not limited to, availability of services, adequate capacity for services, coordination and continuity of care, allied system coordination, coverage and authorization of services, practice guidelines, evidence-based practices, and quality reviews. With these, as well as other North Sound BH-ASO functions, the Clinical Oversight function both receives from and provides to other internal North Sound BH-ASO functional areas the necessary support to ensure BHA oversight functions. This function is led by the North Sound BH-ASO Clinical Manager with consultation provided by the North Sound BH-ASO Medical Director.

Customer Service

Customer service is an organization wide responsibility and requires cross functional support. North Sound BH-ASO conducts annual training with reception staff and customer service representatives to ensure individuals are receiving the information that they need in a timely and efficient manner. IQMC is responsible for ensuring the customer service team is meeting the standards in place and provides assistance when procedures need to be modified. Staff shall be able to access information regarding eligibility requirements and benefits; GFS/FBG services; refer for

behavioral health services; and resolve Grievances and triage Appeals.

Credentialing

The function of provider credentialing is overseen by the Credentialing Committee and includes provider licensure verification, provider conflicts of interest, and provider exclusions from contracting. The Credentialing Committee is an interdisciplinary structure composed of Human Resources (HR), Contracts, Compliance, and Clinical. The North Sound BH-ASO Medical Director serves as the chair of the Credentialing Committee and has final say on all provider credentialing decisions.

Care Management and Coordination

Care coordination is a function that is overseen by North Sound BH-ASO clinical staff and includes providing care management and coordination of care for individuals receiving North Sound BH-ASO funded services, coordination with allied systems to address whole person care, coordination with partner payers for transitioning care, and developing regional care coordination protocols. This function is led by the North Sound BH-ASO Clinical Manager with consultation provided by the North Sound BH-ASO Medical Director and is intended to ensure the Individual receives the most appropriate treatment, while ensuring that care is not duplicated.

Program Integrity

Program integrity is an organizational function, overseen by the North Sound BH-ASO Compliance Officer, focused on preventing any form of healthcare fraud, waste, and abuse. The program integrity function is also responsible for the organization's adherence to State, Federal, and contractual guidelines. IQMC provides oversight of program integrity by serving as the Ethics and Compliance Committee (ECC). The Compliance Officer provides direct report to the Board of Directors on any matters concerning fraud, waste, or abuse. Program Integrity follows the seven essential elements of an effective compliance program:

- Written policies and procedures
- Designated compliance officer and compliance committee
- Effective training and education
- Effective lines of communication
- Internal monitoring and auditing
- Enforcement of standards through well-publicized disciplinary guidelines
- Prompt response to detected problems through corrective

HIPAA Privacy and Network Security

Privacy is an organizational responsibility that requires oversight on multiple levels to protect sensitive personal information safeguarded by the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH). Data security and information systems security is overseen by the North Sound BH-ASO Security Officer. Oversight of clinical record management and Privacy breaches is overseen by the North Sound BH-ASO Privacy Officer.

Crisis Services Management

Crisis Services Management is overseen by a committee inclusive of leadership from crisis system provider agencies and North Sound BH-ASO staff with the purpose of detecting and resolving issues identified in the delivery and

administration of crisis services. Crisis services is a core line of business for North Sound BH-ASO and requires a collaborative approach with network providers to ensure the crisis system is effective and efficient.

Complaints, Grievances, and Appeals

The Grievance and Appeals System Committee (GASC) serves as the oversight body for interpreting and implementing State and Federal regulations around handling grievances and appeals for services funded through one of North Sound BH-ASO's funding streams. GASC is responsible for reviewing and reporting data, detecting inefficiencies in system processes, developing North Sound BH-ASO policies and guidance on grievances and appeals, and reviewing provider complaints.

Utilization Management

Utilization management is overseen by the Utilization Management Committee (UM) with the responsibility of providing guidance and support for the utilization management program. The UM Committee is comprised of the North Sound BH-ASO Medical Director, the North Sound BH-ASO Clinical Manager, clinical staff, the IQMC chair, and data specialists. The UM Committee is responsible for reviewing utilization data, developing criteria and coordination protocols for individuals who frequently utilize the system, auditing and monitoring of crisis providers and addressing over and underutilization issues.

Critical Incidents

Critical incidents are a joint responsibility with North Sound BH-ASO and contracted provider agencies. Both entities are responsible for reporting categorized critical incidents within a timely manner. The timelines and classifications of critical incidents are determined by North Sound BH-ASO's State contract with HCA. North Sound BH-ASO clinical staff routinely monitor adherence to the guidance set forth in the contract.

Independent Functions Contributing to Quality Management

Behavioral Health Ombuds

Ombuds are an integral part of the North Sound BH-ASO's quality management continuous process improvement life cycle. Ombuds is funded by North Sound BH-ASO but operates with functional independence. The Ombuds staff members are available to assist individuals and family members receiving publicly funded behavioral health services access the Grievance and Appeals System applicable to their funding source (Managed Care Organization (MCO) vs. BH-ASO). The services that Ombuds provide include:

- Advocate for individuals to resolve their issues, from their perspective, at the lowest possible level.
- Educate individuals about their rights.
- Assist with customer service issues as well as requests for grievances, appeals and administrative hearings.
- Meet with BHAs to build working relationships as well as to market Ombuds services.
- Assist North Sound BH-ASO grievance system reports due to HCA.
- Report aggregate data on a quarterly basis to North Sound BH-ASO

Ombuds are charged with providing reports to the IQMC on the types and trends of support provided for assessment of systemic impact and opportunity. In addition, Ombuds provides briefs to the North Sound BH-ASO Advisory Board and Board of Directors.

North Sound Youth and Family Coalition (YFC)

The North Sound YFC is the Family, Youth, System Partner Round Table (FYSPRT) for the North Sound Regional Service Area (RSA) and was developed under the DSHS Washington State System of Care (SOC) Expansion Project as a key component for ensuring behavioral health and other public child-, youth-, and family-serving systems in Washington State are coordinated and informed by input from multiple stakeholders.

This group of invested stakeholders include family and youth; system partners; BHAs; community leaders; system representatives; and others. YFC participants and members convene monthly and have the opportunity to engage in the process of evaluating system-level needs and strengths and identifying strategies for improvement. YFCs are intended to promote development of a system of care that is based on community priorities. By ensuring that families and youth are key collaborators, and are in core positions of leadership, systems of care become more family-driven and youth-guided. Finally, by ensuring that this community mobilization process is representative of the diversity of the community and focuses on issues such as disproportionality and cultural and linguistic competence of services and supports, systems of care become more culturally and linguistically competent.

Quality Management Activities

All of the quality management activities outlined in the Quality Management Work Plan fall into the oversight categories listed below.

Availability of Services

Maintain and Monitor Network of Appropriate Providers

North Sound BH-ASO conducts a comprehensive review of its crisis and non-Medicaid BHA network to determine whether or not there are gaps in service throughout the North Sound BH-ASO region. North Sound BH-ASO utilizes data and information from the UM Committee, Grievance System, and Geographic Access Reports to determine whether gaps may exist in the provider network. When gaps are determined and/or an unmet service need exists North Sound BH-ASO ensures unbiased BHA selection is completed through a procurement process that addresses the quality of the organization as well as financial stability in order to ensure that services are provided promptly and are reasonably accessible and available.

Timely Access

North Sound BH-ASO requires that its BHAs offer all North Sound BH-ASO individuals, or those individuals attempting to engage in services, hours of operation that are no less than those offered to individuals covered by commercial plans. North Sound BH-ASO requires crisis providers to provide access and services 24 hours a day, 7 days a week. The North Sound BH-ASO 24-hour Crisis Line is a delegated function that must adhere to timeliness metrics outlined in the workplan. The North Sound BH-ASO crisis providers are required to adhere to the contact timelines listed in the workplan found at the end of this Plan.

Culturally Responsive

North Sound BH-ASO network providers shall participate in and cooperate in efforts to promote the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. Network Providers will provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

At a minimum, the Contractor shall:

- Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis (CLAS Standard 4);
- Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services. (CLAS Standard 5);
- Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally, and in writing. (CLAS Standard 6);
- Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided. (CLAS Standard 7);
- Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area. (CLAS Standard 8);
- Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations. (CLAS Standard 9);
- Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery. (CLAS Standard 11); and
- Create conflict and Grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflict or complaints. (CLAS Standard 14).

Accessibility Considerations

North Sound BH-ASO and its BHAs will attempt to identify and reduce any barriers individuals with disabilities may face when attempting to engage in services. North Sound BH-ASO and network providers will make reasonable accommodations, as required by state and federal law, to ensure individuals with disabilities are able to access and take full advantage of services on an equal basis with all other individuals.

Assurances of Adequate Capacity and Services

Adequate Capacity

North Sound BH-ASO maintains and monitors a network of appropriate BHAs that is supported by written agreements and is sufficient to provide adequate access to all services covered under the BH-ASO - HCA contract. In establishing and maintaining the network, North Sound BH-ASO considers the following:

- The anticipated census in the North Sound BH-ASO region.
- The expected utilization of crisis and non-Medicaid behavioral health services, taking into consideration the characteristics and needs of specific behavioral health needs represented in the region.
- The numbers and types (in terms of training, experience and specialization) of BHAs necessary to furnish the contracted services.
- The geographic location of BHAs and individuals seeking service, considering distance, travel time and the means of transportation ordinarily used by individuals seeking behavioral health services.

Adequate Services

North Sound BH-ASO carries out a system wide and organizational planning process, in conjunction with system stakeholders, that establishes its mission, vision, and core values, ensures compliance in accordance with HCA contractual mandates for service delivery, allocates resources, estimates the clinical needs of the community, estimates

the service capacity available in response to community trends, and identifies the populations to be served by age groups and other relevant characteristics. This process considers the needs of North Sound BH-ASO's Advisory Board, provider network, North Sound RSA counties, allied system partners, and North Sound RSA MCOs. Adequate service delivery through identified service trends and needs are contingent on North Sound BH-ASO funding and the availability of resources.

Coordination and Continuity of Care

Cross System Coordination

North Sound BH-ASO Care Management and Coordination policies and procedures focus on ensuring coordination of care with:

- BH-ASOs for transfers between regions;
- Regional Family, Youth, System Partner Round Tables (FYSPRT) - Youth and Family Coalition (YFC);
- Apple Health MCOs to facilitate enrollment of Individuals who are eligible for Medicaid;
- Apple Health MCOs for coordination around Medicaid individuals that utilize the crisis system;
- Tribal entities regarding tribal members who access the crisis system;
- Community Health Clinics, Federally Qualified Health Centers (FQHCs), and Rural Health Centers (RHC);
- The Criminal Justice system (courts, jails, law enforcement, public defenders, Department of Corrections, juvenile justice system);
- DSHS, Western State Hospital, and other state agencies;
- State and federal agencies and local partners that manage access to housing;
- Regional Recovery Navigators;
- Regional Crisis Co-Responders;
- Education systems;
- Accountable Community of Health; and
- First Responders

North Sound BH-ASO holds monthly or quarterly meetings with many allied systems. North Sound BH-ASO utilizes several mechanisms (e.g., policy, clinical record review) to monitor expectations for BHAs to fully assess individuals' needs, including needs beyond behavioral health, ensure these needs are incorporated into individual service planning, and that the provision and coordination of services addresses these identified needs.

North Sound BH-ASO participates in regular care coordination activities with MCOs providing Apple Health coverage in the North Sound BH-ASO region and maintains joint care coordination plans with each MCO. These activities include care coordination meetings to primarily, but not exclusively, promote improved coordination for shared members and reduce unnecessary crisis service utilization.

Level of Care Tools and Guidelines

North Sound BH-ASO utilizes several tools to guide utilization. The Level of Care Utilization System (LOCUS) and Child & Adolescent Level of Care Utilization System (CALOCUS) are used to identify the appropriate level of care for individuals at their initial entry to mental health services and during the ongoing episode of care. The LOCUS/CALOCUS guidelines outline the six levels of care including the types of service to be included and the recommended range of service hours for each level of care. The current American Society of Addiction Medicine (ASAM) criteria is used in substance use

disorder services to identify the needed level of care for both youth and adult individuals at the initial assessment and during the ongoing episode of care. Level of care tools and guidelines are made available to North Sound BH-ASO contracted providers and at the request of individuals receiving services.

Individuals with Behavioral Healthcare Needs Assessment

North Sound BH-ASO affords all individuals meeting North Sound BH-ASO eligibility criteria the opportunity to receive an assessment to enter behavioral health services based on available resources. An assessment must be conducted by a Mental Health Professional (MHP) or Substance Use Disorder Professional (SUDP).

Individuals with Behavioral Healthcare Needs Treatment Plans

As applicable, North Sound BH-ASO BHAs work with each individual to create a Treatment Plan, which incorporates the strengths of the individual, to serve as a roadmap to recovery goals and desired outcomes. Individuals with special healthcare needs are afforded the same opportunity to assist in the development of a crisis and/or treatment plan that will incorporate any and all allied healthcare system needs.

Individuals with Behavioral Healthcare Needs Direct Access to Specialists

North Sound BH-ASO contracts with multiple BHAs to develop and maintain specialized programs to serve individuals with more intense healthcare needs. North Sound BH-ASO contracted BHAs provide, identify, define, and specify the amount, duration, and scope of each service the individual receives, in collaboration with the individual. This may include referral for a special type or intensity of service. All referrals to specialty services are subject to the North Sound BH-ASO authorization process and the availability of funding.

Provision of Services

Nondiscrimination

North Sound BH-ASO and network providers do not discriminate against any person because of race, color, national origin, ancestry, religion, gender, marital status, age, sexual orientation, gender identity (including gender presentation), health status, presence of a sensory, mental or physical disability, use of a service animal, or any other reason(s) prohibited by law. Neither party shall use any policy or procedure which has the effect of discriminating on the basis of any of the foregoing.

Medical Necessity

North Sound BH-ASO provides coverage for medically necessary services and ensures services are sufficient in amount, duration, or scope and reasonably expected to:

- Improve, stabilize, or prevent deterioration in functioning resulting from the behavioral health issue.
- Provide benefit to the individual.
- Be the most appropriate method of addressing the unmet need(s).

Services are not arbitrarily denied or reduced. The State determines the definition of medical necessity and North Sound BH-ASO follows this as part of the authorization criteria. All non-crisis North Sound BH-ASO funded services are based on the availability of resources.

Authorization of Services

North Sound BH-ASO must adhere to defined tools and criteria for determining whether an individual is eligible for services and if there is funding available. For individuals who are eligible to receive services funded by North Sound BH-ASO, BHAs are required to submit a request for authorization. North Sound BH-ASO clinical staff shall review an authorization request, in accordance with North Sound BH-ASO utilization management policies, when the BHA substantiates the individual meets financial eligibility and medical necessity criteria.

North Sound BH-ASO UM reviews of authorization are conducted by licensed clinical staff. The determinations made regarding authorization are made in accordance with North Sound BH-ASO policies and procedures and consistent application is ensured through regular review by the UM Committee. When necessary, North Sound BH-ASO staff consults with the BHA staff to ensure accurate and complete information is available in order to make a determination. If it is determined that an individual may not meet medical necessity criteria, the authorization will be reviewed, and a determination is made by a reviewer that meets the following criteria:

- A physician board-certified or board-eligible in Psychiatry or Child and Adolescent Psychiatry;
- A physician board-certified or board-eligible in Addiction Medicine, a Subspecialty in Addiction Psychiatry; or
- A licensed, doctoral level clinical psychologist

Provider Selection

Credentialing and re-credentialing requirements

North Sound BH-ASO conducts a BHA credentialing process prior to contract negotiations including, but not limited to, verification of appropriate and current licensure with DOH and evidence of liability insurances. North Sound BH-ASO has established a primary source verification process to assist the BHA network in selecting competent, experienced professional staff and privileging those staff selected. Once the credentialing file is established, re-credentialing occurs every 36 months through the North Sound BH-ASO Credentialing Committee, which is chaired by the North Sound BH-ASO Medical Director.

Nondiscrimination

The North Sound BH-ASO will not discriminate, with respect to participation, reimbursement, or indemnification, against providers practicing within their licensed scope of practice solely based on the type of license or certification they hold, however, the North Sound BH-ASO is free to establish criteria and/or standards for providers' inclusion in a network of providers based on their specialties. If North Sound BH-ASO declines to include individual or groups of providers in its network, it shall give the affected providers written notice of the reason for its decision.

North Sound BH-ASO policies and procedures on provider selection and retention shall not discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatment.

Consistent with the North Sound BH-ASO's responsibilities to Individuals, this section does not:

- Require the North Sound to contract with providers beyond the number necessary to meet the behavioral health requirements under the HCA BH-ASO contract.
- Preclude the North Sound BH-ASO Contractor from using different reimbursement amounts for different specialties or for different providers in the same specialty.

- Preclude the North Sound BH-ASO Contractor from establishing measures that are designed to maintain quality of services and control costs.

Excluded providers

North Sound BH-ASO and contracted BHAs are required to implement procedures to screen their employees, contractors and subcontractors prior to hiring or contracting, monthly and as directed by contract, including members of Governing Boards/Committees. Documentation of exclusionary checks is to be maintained in individual employee, contractor and subcontractor files and is subject to periodic audit. Employees or subcontractors of BHAs in the North Sound BH-ASO region will assign and maintain a contact on North Sound BH-ASO's compliance/exclusions E-mail distribution list. This requirement is to ensure review of new releases, to determine whether employees and/or contractors have been listed by a state or federal agency as debarred, suspended, excluded, or otherwise ineligible for state or federal program participation.

BHAs will report any excluded individuals and entities discovered in the screening within 10 business days to North Sound BH-ASO. North Sound BH-ASO, in turn, will report any excluded individuals and entities discovered in their screening or reported as a result of BHA screening within 10 business days of discovery to HCA.

Confidentiality

North Sound BH-ASO is acutely aware that behavioral health disorders continue to be a category of illness that may subject an individual seeking services to discrimination and other disadvantages. North Sound BH-ASO has procedures in place to assure individuals that confidentiality protections are strong and will protect an individual's privacy within State and Federal laws. North Sound BH-ASO and its BHAs protect all information, records, and data from unauthorized disclosure in accordance with applicable Federal statutes, including CFR 42 Part 2, WAC, and RCW as well as the current ASO-HCA contract and other applicable state regulations.

Grievance and Appeal System

The grievance and appeal system is a comprehensive mechanism for North Sound BH-ASO to manage and review all activities relating to grievances, notices of action, appeals, and administrative hearings. North Sound BH-ASO maintains a grievance and appeal system that complies with the requirements found in WAC and the BH-ASO - HCA contract. North Sound BH-ASO Customer Service staff are trained to intake and assist individuals with grievance and appeal concerns. North Sound BH-ASO affords all individuals, or their authorized representatives, that are applying for, eligible for, or receiving behavioral health services authorized by North Sound BH-ASO the opportunity to express concern about their rights, services, or treatment. North Sound BH-ASO also coordinates with the regional Ombuds to assist in the timely management of grievances and appeals.

Notice of Action (NOA)

North Sound BH-ASO will give all individuals timely, clear, and easily understood notice of adverse determination in the form of written NOAs. Each NOA is provided to the individual, legal guardian, or authorized representative and must follow the timelines and requirements outlined in WAC and the HCA contract.

North Sound BH-ASO will incorporate data containing the circumstances, notification timelines, the number of NOAs, and any trends or patterns seen to identify potential quality issues and conduct quality assurance activities.

Adverse Authorization Decisions

North Sound BH-ASO will monitor all adverse authorization decisions for timeliness of decision making and accuracy of content in accordance with North Sound BH-ASO policy. As noted above, any deficiencies in meeting these timelines are addressed by the North Sound BH-ASO Leadership Team. The Leadership Team will determine the final action to be taken considering recommendations given by IQMC.

Grievances

The grievance process affords individuals, guardians, or authorized representatives who are applying for, eligible for, or receiving behavioral health services authorized by North Sound BH-ASO the right to express dissatisfaction about any matter other than an adverse benefit determination. Grievances may include, but are not limited to, the quality of care or services provided, and aspects of interpersonal relationships such as rudeness of a BHA staff member, or failure to respect the individual's rights regardless of whether remedial action is requested.

North Sound BH-ASO will incorporate data containing the number of grievances, the types of grievances, and any trends or patterns seen to identify potential quality issues and conduct quality assurance activities.

Appeals

The appeal process affords individuals, guardians, or authorized representatives who are applying for, eligible for, or receiving behavioral health services authorized by North Sound BH-ASO the right to have North Sound BH-ASO review the determination made in an NOA.

North Sound BH-ASO will incorporate data containing the number of appeals, the reasons for and results of appeals, and any trends or patterns seen to identify potential quality issues and conduct quality assurance activities.

Administrative Hearings

The administrative hearing process affords individuals, guardians, authorized representatives, or the legal representative of a deceased individual's estate to request a State administrative hearing in the event an appeal is resolved and is not in favor of the individual. An individual must first exhaust the BH-ASO appeal process before requesting an administrative hearing.

North Sound BH-ASO will incorporate data containing the number of administrative hearings, the reasons for and results of administrative hearings, and any trends or patterns seen to identify potential quality issues and conduct quality assurance activities.

Sub Contractual Relationships and Delegation

Delegation is defined as a formal process by which the North Sound BH-ASO gives another entity the authority to perform certain functions on its behalf, such as the 24/7 Crisis Hotline. Although the North Sound BH-ASO can delegate the responsibility to perform a function, it cannot delegate the authority for assuring that the function is performed appropriately.

North Sound BH-ASO will contract with agencies and/or member counties for delegated activities based on an extensive procurement process similar to that seen when contracting with BHAs. All delegated activities require a thorough process for monitoring and regulation to ensure the delegated activity is meeting all Federal and State regulations as

well as North Sound BH-ASO contract expectations. North Sound BH-ASO will create an exclusive contract as well as a comprehensive delegation plan for all contracted agencies that conduct delegated activities.

The North Sound BH-ASO shall assure that delegated functions are performed appropriately through the monitoring of all such functions. This monitoring may include, but is not limited to:

- Concurrent, focused, selected, retrospective and critical incident reviews
- BHA on-site reviews including administrative, quality assurance and fiscal auditing
- Monitoring for adherence to North Sound BH-ASO operational policies
- Ombuds reports
- Monitoring of established performance metrics as applicable (for instance call answering times, abandonment rates, review turn-around times, etc.)

Clinical Practice Guidelines

Adoption of Clinical Practice Guidelines

Under the oversight of the Medical Director, North Sound BH-ASO adopts Clinical Practice Guidelines that are considered best practice (e.g., based on clinical evidence or consensus of relevant health care professionals) and consider the needs, culture and community of the individuals we serve. All guidelines are adopted and reviewed at a minimum of every two years in collaboration with North Sound BH-ASO BHAs, individuals/advocates, and county representatives with the oversight of the North Sound BH-ASO Medical Director.

Application of the Clinical Practice Guidelines is encouraged and monitored through the metrics included in North Sound BH-ASO's Clinical Record Reviews found in the Quality Management Work Plan. North Sound BH-ASO decisions for utilization management, individual education, coverage of services and other areas to which the procedures apply will be consistent with the Clinical Practice Guidelines.

Dissemination of Clinical Practice Guidelines

North Sound BH-ASO is responsible for ensuring the Clinical Practice Guidelines are distributed to all BHAs and, upon request, to individuals interested in or currently receiving services. The dissemination for these guidelines (and any subsequent updates) will be consistent with the timelines outlined in the aforementioned section. North Sound BH-ASO Clinical Practice Guidelines are available on the website at www.nsbhaso.org.

Health Information Systems (HIS)

Data Collection

North Sound BH-ASO expects all contracted BHAs to regularly submit data, within contractually agreed upon timelines, using the guidelines for documenting and submitting data contained in the North Sound BH-ASO *Data Dictionary* and *North Sound BH-ASO Companion Guide*.

The data collected from North Sound BH-ASO contracted BHAs is vital to the quality measures and reports that North Sound BH-ASO oversees. These reports contain the necessary elements to make data informed quality assurance/improvement decisions.

Certification of Data

The certification of data is completed based on the procedure put in place by HCA. North Sound BH-ASO adheres to these

guidelines by reviewing the data on a regular basis with North Sound BH-ASO IS staff.

Timeliness of Data

North Sound BH-ASO requires all BHAs to deliver required data elements in a manner that will allow for timely monitoring and management of the North Sound BH-ASO network. North Sound BH-ASO also requires that these data elements are provided to meet the timelines designated by the HCA contract and Supplemental Data Guide.

All information system reports require data to be submitted with consistent regularity in order to provide timely reports to meet review and contract deadlines.

Submission of Data to the State

North Sound BH-ASO requires all contractually mandated encounter and supplemental data elements to be submitted to the HCA in compliance with State mandated timelines.

Quality Assessment and Performance Improvement

Quality and Appropriateness of Care

To ensure the quality and appropriateness of care, North Sound BH-ASO monitors under and overutilization of services, including use of best practices that are individualized and focused on recovery and resiliency.

Utilization Management Program

The following shall be the common recurring duties and responsibilities of the UM Committee in carrying out its oversight functions. These responsibilities are set forth below as a guide to the Committee with the understanding that the Committee may alter or supplement them as appropriate:

- Review Utilization Management data in order to effectively address issues in the utilization management process. The data will include but is not limited to:
 - Over utilization
 - Under utilization
 - Availability of state funds and block grant funds
 - Authorization and denial process
 - Number and types of authorization requests
 - Denial percentage by reason
- Review of the number of detentions and single bed certifications as a percentage of the population in order to isolate issues that may occur in a particular county.
- Oversee the North Sound BH-ASO utilization criteria and the review of specific cases of over and underutilization of the crisis system.
- Oversee the development and implementation of care coordination protocols that are to be used in a joint effort with partnering MCOs around crisis system utilization by individuals who receive a Medicaid benefit.
- Oversee the monitoring and/or auditing all HCA contractually obligated crisis reporting metrics.
- Monitor Utilization Management as part of the North Sound BH-ASO Quality Review process and clinical record review of all North Sound BH-ASO crisis providers, block grant providers, crisis line delegate, denial review delegate, and internal authorization process for adherence to RCW, Washington Administrative Code (WAC), Contract, and North Sound BH-ASO policies and procedures.
- Review processes for evaluation and referral to services.

- Review of consistent application of criteria for provision of services within available resources and review of related grievances.
- Review of assessment and treatment services against clinical practice standards. Clinical practice standards include but are not limited to evidenced-based practice guidelines, culturally appropriate services, discharge planning guidelines, and activities such as coordination of care.
- Monitor to ensure that resource management and UM activities are not structured in such a way as to provide incentives for any individual or entity to deny, limit, or discontinue medically necessary behavioral health services.
- Develop and monitor adherence to UM Program policies and procedures.

Clinical record reviews address the following areas:

- Acute Inpatient Care – SUD and MH
- Crisis Line and Crisis Intervention
- Detoxification in Residential Settings
- Crisis Stabilization in a Crisis Stabilization or a Triage Facility
- Residential Treatment – SUD and MH
- Intensive Outpatient Programs
- Opiate Treatment Programs
- High Intensity Outpatient Programs
- PPW Housing Support

Program Quality Review

North Sound BH-ASO will conduct quality reviews for legislatively mandated proviso funding and specialized programs.

Critical Incident Reporting

North Sound BH-ASO works to promote individual safety and risk reduction by requiring the recognition and reporting of extraordinary occurrences involving those individuals it serves. North Sound BH-ASO follows the HCA guidelines on incident reporting. North Sound BH-ASO encourages the development of a system-wide culture, which minimizes individual blame or retribution for involvement in critical incidents and emphasizes accountability, trust, system improvement and continuous learning. If a Critical Incident occurs to a Medicaid enrolled individual while being served through the North Sound BH-ASO Crisis System, then the North Sound BH-ASO will coordinate and communicate with that individual's Apple Health Managed Care Organization.

Training Plan

North Sound BH-ASO has an effective training plan related to the requirements and maintain records of the number of staff participating in training, including evidence of assessment of participant knowledge and satisfaction with the training.

Training plans at a minimum will encompass the following:

- North Sound BH-ASO Policies and Procedures
- HIPAA Privacy & Security
- Compliance
- Customer Service

- UM Protocols
- Level of Care Guidelines
- HCA BH-ASO Contract
- Cultural and Linguistic Competence
- Culturally Appropriate Care

Risk Assessment

North Sound BH-ASO maintains a system of monitoring that is based on identifying opportunities for improvement through measurement and analysis while also instituting specific controls to mitigate potential risk. North Sound BH-ASO's Compliance Program is responsible for coordinating the development and overseeing the implementation of a comprehensive risk assessment that identifies all potential risks in accordance with the Office of Inspector General (OIG).

North Sound BH-ASO currently has a risk management process that includes an internal and external assessment of risk. The external assessment is completed by a contracted agency that evaluates the risk of North Sound BH-ASO's IS/IT system. A contracted agency or tool is used to perform an assessment of the overall risk of the organizations entire scope of work. The internal assessment is reviewed and revised annually and agreed upon by North Sound BH-ASO's Leadership Team and contains the risk areas that are deemed to be most relevant to North Sound BH-ASO. The outcome of the identification of risks through both the internal and external process is an annual risk mitigation plan.

Crisis System Reporting

North Sound BH-ASO actively monitors all BHAs and subdelegates that comprise an integrated crisis system. In addition to the North Sound BH-ASO defined reporting metrics, North Sound BH-ASO will utilize the Crisis Reporting Metrics and Reporting form found in the HCA/BH-ASO contract. This form, found in North Sound BH-ASO's contract with HCA, contains quality metrics used to monitor the toll-free crisis line, mobile crisis teams, and crisis utilization.

Substance Abuse Block Grant Capacity Management

North Sound BH-ASO actively monitors all BHAs for capacity to provide IUID and PPW services to individuals. The SABG Capacity Management Form contains the necessary waitlist tracking elements used to determine placement. Regular reporting on capacity management will be provided to HCA based on the timelines found in the form and the HCA/BH-ASO contract.

Federal Block Grant Management

North Sound BH-ASO requires each BHA to submit -annual progress block grant reports to determine whether they are meeting the contracted requirements. North Sound BH-ASO IQMC will assess pertinent information provided by contracted BHAs to determine if there are any areas of concern. North Sound BH-ASO will provide an annual progress report to HCA using the Federal Block Grant Annual Progress Report.

Quality Management Work Plan

This work plan lays out the tasks and timelines for overseeing the quality activities found in the North Sound BH-ASO Quality Management Plan for calendar year 2022. Each oversight area in the Quality Management Work Plan is monitored as noted in the QM Report Area column of the plan, followed by the name of the report, the metric used to monitor the task, and the data source for each metric. The reporting structure for each activity is outlined as well as the staff responsible and the method of reporting.

Monitoring Area	Report	Measurement	Responsible Position	Reporting Structure & Timeline
Availability of Services				
Maintain and Monitor Network of Appropriate Providers	UM Committee Monthly Metrics Report	Number of authorization requests by service type, eligibility type, eligibility criteria, and diagnosis	UM Committee	UM Committee- Quarterly
Maintain and Monitor Network of Appropriate Providers	UM Committee Monthly Metrics Report	Number of services (crisis and authorized) by authorization type for a given period of time. (County, provider)	UM Committee	UM Committee- Quarterly
Maintain and Monitor Network of Appropriate Providers	UM Committee Monthly Metrics Report	Number of services (crisis and authorized) by diagnosis for a given period of time. (County, provider)	UM Committee	UM Committee- Quarterly
Maintain and Monitor Network of Appropriate Providers	North Sound Geo-Access Calculation Report	Population Drive Times and Penetration Rate	Data Analyst	IQMC- Annually
Timely Access	Program Integrity Audit-Delegation Requirements	Policy review. Clinical record review of services occurring 24 hours a day, 7 days a week	Compliance Officer, Clinical Manager	IQMC- Annually
Timely Access	VOA Crisis Hotline Deliverable	Crisis Call Center "call abandonment rate" of five (5) percent or less	Clinical Manager	IQMC- Monthly

Quality Management Plan

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Monitoring Area	Report	Measurement	Responsible Position	Reporting Structure & Timeline
Availability of Services (continued)				
Timely Access	VOA Crisis Hotline Deliverable	Ninety (90) percent of all Call Center crisis calls are answered live within thirty seconds	Clinical Manager	IQMC- Monthly
Timely Access	UM Committee Monthly Metrics Report	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)	UM Committee	UM Committee- Quarterly
Culturally Appropriate Care and Cultural Humility	Administrative Audit	Personnel Review staff training	Audit Team	IQMC- Annually
Culturally Appropriate Care and Cultural Humility	CLAS Self-Assessment	Assessment completed & action implemented	Audit Team	IQMC- Annually
Accessibility Considerations	Annual Credentialing Report	ADA standards met	Audit Team	IQMC- Annually
Assurance of Adequate Capacity and Services				
Adequate Capacity	UM Committee Monthly Metrics Report	Number of single bed certifications as a percentage of the population	UM Committee	UM Committee- Quarterly
Adequate Capacity	UM Committee Monthly Metrics Report	Number of walkaways as a percentage of the total number of investigations	UM Committee	UM Committee- Quarterly
Adequate Capacity	UM Committee Monthly Metrics Report	Number of ITA certifications received for a given period of time by facility	UM Committee	UM Committee- Quarterly

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Monitoring Area	Report	Measurement	Responsible Position	Reporting Structure & Timeline
Assurance of Adequate Capacity and Services (continued)				
Adequate Services	UM Committee Monthly Metrics Report	Number of services (crisis and authorized) by authorization type for a given period of time. (County, provider)	UM Committee	UM Committee-Quarterly
Adequate Capacity	UM Committee Monthly Metrics Report	Number of psychiatric hospitalizations as a percentage of the population	Clinical Manager	UM Committee-Quarterly
Adequate Services	UM Committee Monthly Metrics Report	Number of services (crisis and authorized) by diagnosis for a given period of time. (County, provider)	UM Committee	UM Committee-Quarterly
Adequate Services	UM Committee Monthly Metrics Report	Number of services (crisis and authorized) to individuals as a percentage of the population by demographic breakdown	UM Committee	UM Committee-Quarterly
Adequate Services	UM Committee Monthly Metrics Report	Service intensity provided by LOC (i.e., PACT, SUD OP/Residential)	UM Committee	UM Committee-Quarterly
Adequate Services	UM Committee Monthly Metrics Report	Length of stay for individuals by LOC (i.e., PACT, SUD OP/Residential)	UM Committee	UM Committee-Quarterly
Adequate Services	UM Committee Monthly Metrics Report	Number of telehealth services provided by service type	UM Committee	UM Committee-Quarterly
Coordination and Continuity of Care				
Cross System Coordination	UM Committee Monthly Metrics Report	Number of individual's discharged from inpatient hospitalization on Less Restrictive Alternatives (LRA) (October 2020)	Clinical Manager	UM Committee-Quarterly

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Monitoring Area	Report	Measurement	Responsible Position	Reporting Structure & Timeline
Coordination and Continuity of Care (continued)				
Cross System Coordination	Annual Care Coordination Review	Provider access to Crisis safety plan and coordination information for individuals in crisis (Pend till process developed)	Clinical Manager	IQMC- Annually
Cross System Coordination	CLIP Report	Total number of CLIP referrals received by each plan operating within the region; Total number of referrals reviewed by the region's CLIP Committee; Total number of referrals "not recommended for CLIP treatment"; Documentation of all participating members at each committee meeting	Clinical Manager	IQMC- Annually
Level of Care Tools and Guidelines	Clinical Record Audit	Provider compliance rate for conducting CA/LOCUS, other standardized assessments, and ASAM	Clinical Manager	UM Committee- As indicated when need arises
Individuals with Behavioral Healthcare Needs- Assessment	Clinical Record Audit	Provider compliance rate for conducting initial assessments	Clinical Manager	IQMC- As indicated when need arises
Individuals with Behavioral Healthcare Needs- Treatment Plans	Clinical Record Audit	Provider compliance rate for developing and maintaining updated treatment plans	Clinical Manager	IQMC- As indicated when need arises
Individuals with Behavioral Healthcare Needs- Direct access to specialists	UM Committee Monthly Metrics Report	Number of authorization requests by service type	UM Committee	UM Committee- Quarterly

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Monitoring Area	Report	Measurement	Responsible Position	Reporting Structure & Timeline
Provision of Services				
Non-Discrimination	Ombuds Quarterly Report	Number of grievances, appeals, agency complaints, and resource provided by ethnicity, gender, and age	Ombuds	IQMC- Quarterly
Non-Discrimination	UM Committee Monthly Metrics Report	Authorization requests by ethnicity, sexual orientation, and age	UM Committee	UM Committee- Quarterly
Non-Discrimination	UM Committee Monthly Metrics Report	Count and percentage of services by ethnicity	UM Committee	UM Committee- Quarterly
Adequate Capacity	Clinical Record Audit	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	Clinical Manager	IQMC- As indicated when need arises
Medical necessity	UM Committee Monthly Metrics Report	Number of services (crisis and authorized) by diagnosis for a given period of time. (County, provider)	UM Committee	UM Committee- Quarterly
Authorization of Services	UM Committee Monthly Metrics Report	Number of authorization requests by service type, eligibility type, eligibility criteria, and diagnosis	UM Committee	UM Committee- Quarterly
Authorization of Services	UM Committee Monthly Metrics Report	Number of authorization requests by demographic breakdown	UM Committee	UM Committee- Quarterly
Authorization of Services	UM Committee Monthly Metrics Report	Number of denials as a percentage of the number of authorization requests	UM Committee	UM Committee- Quarterly

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Monitoring Area	Report	Measurement	Responsible Position	Reporting Structure & Timeline
Provision of Services (continued)				
Authorization of Services	UM Committee Monthly Metrics Report	Number and percentage of denials by decision code	UM Committee	UM Committee-Quarterly
Authorization of Services	UM Committee Monthly Metrics Report	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	UM Committee	UM Committee-Quarterly
Authorization of Services	UM Committee Monthly Metrics Report	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	UM Committee	UM Committee-Quarterly
Authorization of Services	UM Committee Monthly Metrics Report	Number of authorizations that resulted in a termination, suspension, or reduction of services that were completed 10 day prior to the action being taken	UM Committee	UM Committee-Quarterly
Provider Selection				
Credentialing and Recredentialing	Annual Credentialing Report	Number of new credentials and re-credentials. Denials in credentialing requests	Credentialing Committee	IQMC- Annually

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Monitoring Area	Report	Measurement	Responsible Position	Reporting Structure & Timeline
Provider Selection (continued)				
Nondiscrimination	Annual Credentialing Report	Denials in credentialing and contracting requests	Credentialing Committee	IQMC- Annually
Excluded Providers	Monthly Exclusion Monitoring	Number of possible matches from LEIE, SAM, and WA. State Exclusion Database	Compliance Officer, Data Analyst	Compliance Officer- Monthly; IQMC- Annually
Confidentiality				
Confidentiality	HIPAA Compliance Monitoring	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	Privacy Officer	IQMC- Annually
Grievance and Appeal System				
Notice of Action	UM Committee Monthly Metrics Report	Number of denials as a percentage of the number of authorization requests	UM Committee	UM Committee- Quarterly
Notice of Action	UM Committee Monthly Metrics Report	Number and percentage of denials by decision code	UM Committee	UM Committee- Quarterly
Adverse Authorization Decisions	HCA Grievance and Appeal Quarterly Report	Number of Adverse Authorization Determinations during quarter	Clinical Manager	Grievance and Appeal Committee & IQMC- Quarterly
Adverse Authorization Decisions	UM Committee Monthly Metrics Report	Number and percentage of denials by decision code	UM Committee	UM Committee- Quarterly

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Monitoring Area	Report	Measurement	Responsible Position	Reporting Structure & Timeline
Grievance and Appeal System (continued)				
Adverse Authorization Decisions	UM Committee Monthly Metrics Report	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	UM Committee	UM Committee- Quarterly
Notice of Action	UM Committee Monthly Metrics Report	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	UM Committee	UM Committee- Quarterly
Notice of Action	UM Committee Monthly Metrics Report	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	UM Committee	UM Committee- Quarterly
Grievances	HCA Grievance and Appeal Quarterly Report	Number of Grievances received during quarter	Clinical Manager	Grievance and Appeal Committee & IQMC- Quarterly
Appeals	HCA Grievance and Appeal Quarterly Report	Number of Appeals received during quarter	Clinical Manager	Grievance and Appeal Committee & IQMC- Quarterly

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Monitoring Area	Report	Measurement	Responsible Position	Reporting Structure & Timeline
Grievance and Appeal System (continued)				
Administrative Hearings	HCA Grievance and Appeal Quarterly Report	Number of Administrative Hearing occurred during quarter	Clinical Manager	Grievance and Appeal Committee & IQMC- Quarterly
Sub Contractual Relationships and Delegation				
Sub contractual Relationships and Delegation	Ombuds Annual Audit	Contract compliance	Contracts Manager	IQMC- Annually
Sub contractual Relationships and Delegation	Administrative Audit	Contract compliance and policy adherence	Contracts Manager	IQMC- Annually
Sub contractual Relationships and Delegation	Compliance Officer Annual Report/Program Integrity Audit-Delegation Requirements	Crisis Services shall be available 24-7-365, including regional crisis hotline that provides screening and referral services. Policy and chart review *	Compliance Officer	IQMC- Annually
Sub contractual Relationships and Delegation	Compliance Officer Annual Report/Program Integrity Audit-Delegation Requirements	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 *	Compliance Officer	IQMC- Annually
Sub contractual Relationships and Delegation	Compliance Officer Annual Report/Program Integrity Audit-Delegation Requirements	Percentage of encounters rejected per encounters received *	Compliance Officer	IQMC- Annually

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Monitoring Area	Report	Measurement	Responsible Position	Reporting Structure & Timeline
Sub Contractual Relationships and Delegation (continued)				
Sub contractual Relationships and Delegation	Compliance Officer Annual Report/Program Integrity Audit-Delegation Requirements	Submission of monthly call center data *	Compliance Officer	IQMC- Annually
Sub contractual Relationships and Delegation	Compliance Officer Annual Report/Program Integrity Audit-Delegation Requirements	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 *	Compliance Officer	IQMC- Annually
Sub contractual Relationships and Delegation	Compliance Officer Annual Report/Program Integrity Audit-Delegation Requirements	Telephones are answered by a live voice within 30 seconds. Telephone abandonment rate is within 5 percent *	Compliance Officer	IQMC- Annually
Sub contractual Relationships and Delegation	Compliance Officer Annual Report/Program Integrity Audit-Delegation Requirements	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 *	Compliance Officer	IQMC- Annually

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Monitoring Area	Report	Measurement	Responsible Position	Reporting Structure & Timeline
Clinical Practice Guidelines				
Adoption of clinical practice guidelines	Clinical Record Audit	Provider compliance rate of evidence of agency adoption of recognized best practice guidelines	Clinical Manager	IQMC- As indicated when need arises
Dissemination of clinical practice guidelines	Clinical Practice Guidelines	ASO Medical director review of Clinical Practice guidelines and publication to provider network	Clinical Manager	IQMC- Annually
Data Collection	Monthly Data Report	The number of provider submitted services in a month by agency	Provider Liaison	IQMC- Quarterly
Health Information System				
Data Collection	Monthly Data Report	Then number of provider submitted services in a month that were accepted/rejected by agency	Provider Liaison	IQMC- Quarterly
Data Collection	Monthly Data Report	The number of provider submitted services in a month that were received, accepted, and rejected by CPT code	Provider Liaison	IQMC- Quarterly
Certification of Data	Monthly Data Report	Number of certified batches submitted during the month	Provider Liaison	IQMC- Quarterly
Timeliness of Data	Monthly Data Report	The number of services received, by agency, within 30, 60, and 90 days from the service date	Provider Liaison	IQMC- Quarterly
Timeliness of Data	Monthly Data Report	The number of corrected services received, by agency, within 30, 60, and 90 days from the date of first receipt	Provider Liaison	IQMC- Quarterly

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Monitoring Area	Report	Measurement	Responsible Position	Reporting Structure & Timeline
Health Information System (continued)				
Submission of Data	Monthly Data Report	The number of services that were submitted to contractor by contractor name	Provider Liaison	IQMC- Quarterly
QAPI				
Quality and Appropriateness of Care	Clinical Record Audit	Provider UR report and summary	Clinical Manager	IQMC- As indicated when need arises
Utilization Management Program	Annual UM Committee Report	Utilization Management report and summary	UM Committee	IQMC- Annually
Program Quality Review	Program Quality Audits	Program audits assessing compliance with contract requirements; County monitoring reports	Clinical Manager	IQMC- As indicated when need arises
Critical Incident Reporting	Critical Incident Annual Report	Type and Count of CI reported by BHA, screened out by BHO, and reported to DBHR	Clinical Manager	IQMC- Annually
Training Plan	HR Annual Report	Annual report on training for the organization	HR	IQMC- Annually
Risk Assessment	Annual Compliance Risk Assessment	Number of risks determined, mitigation plan in place, and progress towards mitigating risk	Compliance Officer	Leadership Team- Annually
Risk Assessment	Annual Security Risk Assessment	Number of risks determined, mitigation plan in place, and progress towards mitigating risk	Security Officer	Leadership Team- Annually

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Monitoring Area	Report	Measurement	Responsible Position	Reporting Structure & Timeline
QAPI (continued)				
Crisis System Reporting	Exhibit E Quarterly Report	Exhibit E-1 HCA Quarterly Summary Report	Clinical Manager	IQMC - Quarterly
SABG Capacity Management	Quarterly SABG Capacity Management Report	90% Program Capacity	Clinical Manager	IQMC - Annually
Trueblood Reporting	Exhibit R-1	Number of individuals served with diversion funds by category of spending	Fiscal	IQMC - Annually
FBG Management	FBG Annual Progress Report	Analysis of Federal Block Grant funding to Authorized services	Fiscal	IQMC - Annually
COVID Block Grant	COVID Block Grant Report	Analysis of COVID Block Grant funding to Authorized Services	Fiscal	IQMC - Annually

*Measurement required by North Sound BH-ASO's contract with MCOs.