



Quality Management Plan

North Sound BH-ASO

2024

NORTH SOUND BEHAVIORAL HEALTH
ADMINISTRATIVE SERVICES ORGANIZATION

2021 E. College Way, Suite 101, Mt. Vernon, WA 98273

360.416.7013 | 800.864.3555 | F: 360.899.4754

www.nsbhaso.org

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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 non-Medicaid Behavioral Health services, which include mental health, substance use disorder services and behavioral health crisis services, to the entire five (5) county region. Mental health and substance use disorder treatment services are provided in accordance with the State of Washington Behavioral Health Contracts, using funding available through Federal Block Grant and State Funding sources. Behavioral Health 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 that place a primary importance on the inclusion of individual and family voice 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, empowering, and supportive of personal health and wellness.

North Sound BH-ASO is committed to modeling diversity, equity, and inclusion for the entire organization and in our behavioral health system of care. As an organization we fight racism, inequality, and intolerance.

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 and improve behavioral health service delivery systems, which can clinically individualize care, while working within the state funding and contractual guidelines.

We aim to:

- Keep administrative costs to a minimum 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 includes their voice and experience 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, an understanding of the person's culture and community, and 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 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 individuals and communities.
- Engage Behavioral Health Agency (BHA) staff and their voice regarding service delivery.
- Assure consistency and acknowledge successful service delivery models.
- Maintain the right balance between resources devoted to service delivery and quality management activities.
- Maintain a data-driven culture based on outcome measures to inform decisions regarding services.

Quality Management Program Overview

The North Sound BH-ASO's Quality Management Plan describes the program and interrelated activities that guide the development and implementation of quality assurance and quality improvement activities that occur within North Sound BH-ASO. **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 these functions is charged to North Sound BH-ASO's Internal Quality Management Committee (IQMC). IQMC has the role of monitoring and reviewing reports to determine where service deficiencies lie. 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).

Quality Management Plan

North Sound BH-ASO

The Quality Management Plan represents key internal and external quality assurance and improvement activities that are directly conducted by North Sound BH-ASO. IQMC acknowledges that external quality assurance and improvement activities often occur in parallel to state or contracted Behavioral Health Agency (BHA) activities. IQMC evaluates where quality activities are best performed and strives to coordinate with our system partners to achieve the right balance between resources devoted to service delivery and quality management activities.

Who We Serve

North Sound BH-ASO's Quality Management Plan addresses non-Medicaid individuals who are enrolled with North Sound BH-ASO contracted non-Crisis BHAs or entities, as well as those individuals who utilize behavioral health crisis and inpatient services. Non-Crisis 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 behavioral health crisis services. Behavioral health crisis services include a toll free 24-hour crisis line, crisis intervention 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 one (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 our provider network 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, State office of Behavioral Health Advocacy, 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.

Quality Management Plan

North Sound BH-ASO

North Sound BH-ASO recommends that a parallel process of quality management effort exist between the North Sound BH-ASO and its contracted BHAs 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 or entity to plan and execute corrective actions if remedial actions are given. Corrective action plans, developed by contracted BHAs or entities, 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.

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 contracted entity recognizes a deficiency in quality, they are encouraged to bring the issue to North Sound BH-ASO for investigation. This open accessibility allows North Sound BH-ASO to continuously review and improve upon processes that are currently in place and strengthen the quality of services that contracted agencies provide.

In addition to daily quality oversight and improvement activities, North Sound BH-ASO's Quality Management Plan is

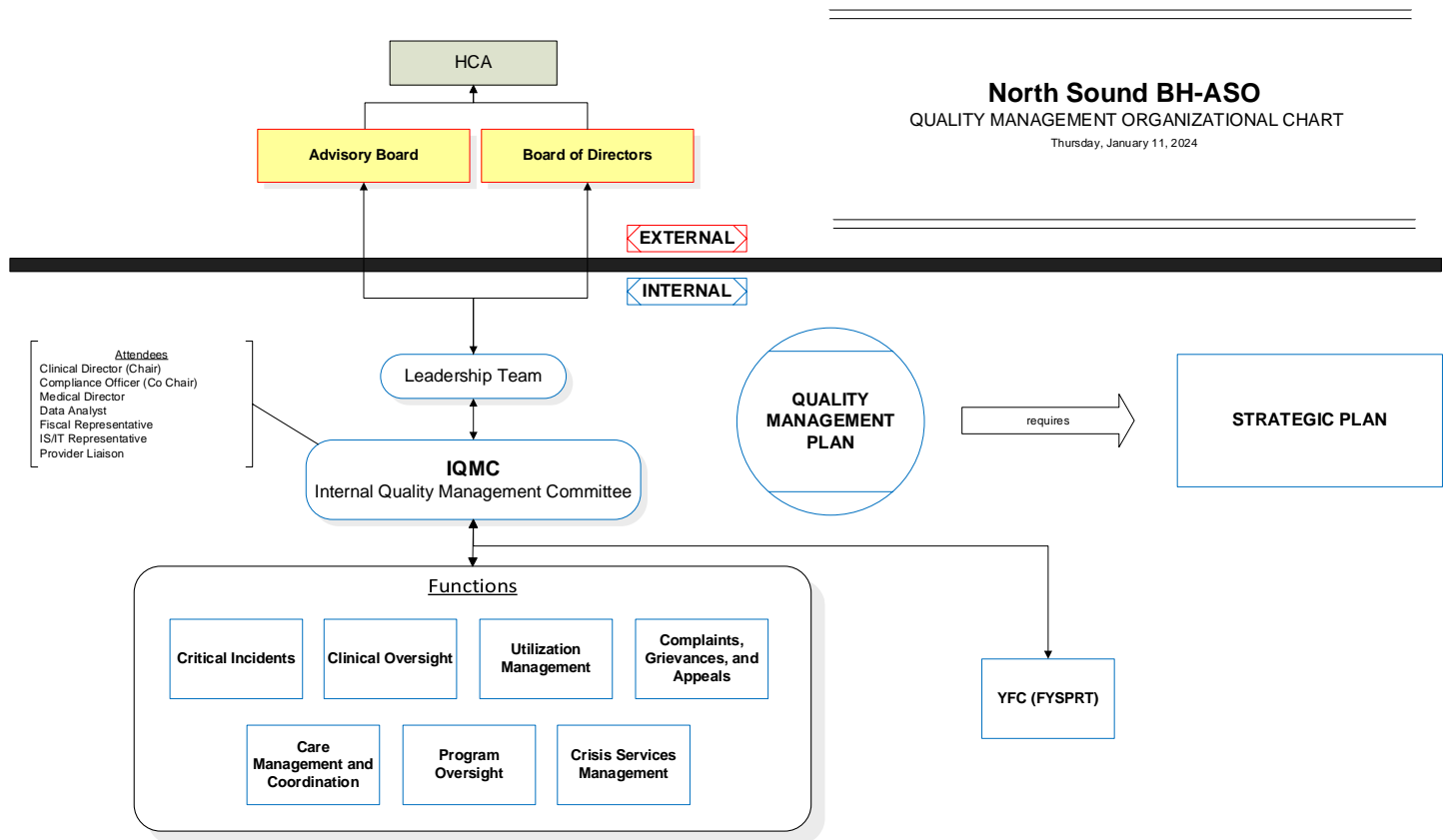
Quality Management Plan

North Sound BH-ASO

evaluated and updated on a biennial basis or as needed. 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 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 meets monthly throughout the year. The Board of Directors is accountable to ensure North Sound BH-ASO's Quality Management program is reviewed and updated regularly. Board of Director 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 a representative of the demographic characteristics of our regional service area (RSA) in accordance with WAC 182-538C-0252 and 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 and are open for public comment. 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 individuals, their families, and other community stakeholders involved in the behavioral health system. 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 ensures internal and external level quality management activities are performed and reviews this activity against the standards set for by the Quality Management Plan. IQMC makes recommendations based upon results of quality management activities and forwards these recommendations to the North Sound BH-ASO's Leadership Team. Through the process of consensus, IQMC works to standardize, operationalize, and implement North Sound BH-ASO's quality management activities, including the policies and procedures to define such activities. 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:

Quality Management Plan

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- Clinical Director (Chair)
- Compliance Officer (Co-Chair)
- Medical Director
- Data Analyst
- Fiscal Representative
- Contracts Representative
- Information Systems (IS) Representative
- Provider Liaison
- Resources - Other subject matter expert staff as needed.

The following are common recurring duties and responsibilities of IQMC:

- Program Oversight (e.g., Crisis Services, Co-Responder programs, Recovery Navigator Program, Homeless Outreach and Stabilization Team (HOST), Grants, etc.)
- Developing, coordinating, and ensuring all quality activities identified in North Sound BH-ASO's Quality Management Plan are in accordance with applicable Code of Federal Regulations (CFR), Washington Administrative Code (WAC), Revised Code of Washington (RCW), Health Care Authority (HCA), delegated functions embedded in the Managed Care Organization (MCO) contracts and other regulatory statutes, including its submission to the Leadership Team and Executive Director. for approval. This is followed by a presentation to the Advisory Board and the Board of Directors for review. North Sound BH-ASO's Quality Management Plan is reviewed and updated bi-annually or as needed.
- Ensuring North Sound BH-ASO's Quality Management activities for services and programs establish goals and interventions to improve the quality of care received; and service are culturally and linguistically diverse; and include individual and provider voice and experiences.
- Reviewing the Coordinated Quality Improvement Program (CQIP) and updating the CQIP plan when necessary.
- Making recommendations for actions to be taken for continuous quality improvement for North Sound BH-ASO programs and services.
- Coordinating and reviewing quality improvement activities tasked by the Operations Committee including surveys, audits, or reviews of Compliance, performance measurement, Health Information Systems, data quality standards and documented as indicated in the Quality Management Plan.
- Coordinating, developing, and updating a Quality Management report to be submitted to the Leadership Team. North Sound BH-ASO's Quality Management reporting will be based on the North Sound BH-ASO Quality Management Work Plan, sub-committee activities, the reports and corrective action plan database, and other quality management activities undertaken by other inter-committees throughout the year.

Provide a framework and oversight of the following sub-committee or functional areas:

- Clinical Oversight Team (COT)
- Utilization Management (UM)
- Critical Incident
- Grievance and Appeal
- Quality Management Program
- Care Coordination

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
- Medical Director
- Clinical Director
- IS/IT Administrator
- Administrative Manager
- Business Improvement Manager

North Sound BH-ASO Functions

Utilization Management

Utilization Management (UM) Committee, a sub-committee of IQMC, has the responsibility of providing guidance and support for North Sound BH-ASO's Utilization Management program. The UM Committee is comprised of the North Sound BH-ASO's Medical Director, Clinical Director (IQMC Chair), Compliance Officer (IQMC Co-Chair), clinical staff, Provider Liaison, and data Analyst. The UM Committee is responsible for, but not limited to, reviewing utilization data, maintaining standardized criteria for authorizing treatment services, and ensuring care coordination for individuals receiving services or who frequently utilize the system, and addressing over and underutilization of services.

Care Management and Coordination

Care coordination is a function that is overseen by North Sound BH-ASO Utilization Management Committee a Sub-Committee of IQMC. Care Coordination includes providing care management and transition of care for individuals receiving North Sound BH-ASO funded services, coordination with allied systems to address whole person care, coordination with provider staff and partner payers for transitioning care and developing regional care coordination protocols. This function is led by the North Sound BH-ASO Clinical Director 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.

Clinical Oversight

Responsibilities of the Clinical Oversight function include, but are not limited to, availability of services, adequate capacity for services, providing care management, coordination and ensuring continuity of care, allied system coordination, coverage, and authorization of services (conducting Utilization Management), 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 as necessary

to ensure oversight. This function is led by the North Sound BH-ASO Clinical Director with consultation provided by the North Sound BH-ASO Medical Director.

Customer Service

Customer service is an organizational wide responsibility and requires cross functional support. North Sound BH-ASO conducts annual training with administrative staff and customer service representatives to ensure individuals receive the information that they need in a timely and efficient manner. North Sound BH-ASO's Operations Committee is responsible for ensuring the customer service team meets state contract standards and provides assistance when procedures need to be modified. Customer Service staff shall be able to access information regarding eligibility requirements and benefits; General Funds-State (GFS) or Federal Block Grant (FBG) services; refer for behavioral health services; and resolve Grievances and triage Appeals.

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 privacy policies and practices, handling privacy inquiries and training and Privacy breaches is overseen by the North Sound BH-ASO Privacy Officer.

Behavioral Health Crisis Services Management

Behavioral Health Crisis Services is overseen by a committee inclusive of crisis agency and North Sound BH-ASO Leadership with the purpose of planning and implementing state crisis system operational requirements and detecting and resolving any issues in the delivery or 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.

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

Office of Behavioral Health Advocacy (OBHA) (formally Ombuds)

Washington State OBHA operates under the authority of the Department of Commerce. North Sound BH-ASO's supports bi-directional partnership to support, coordinate or resolve any OBHA activity. North Sound BH-ASO supports the advocacy work of OBHA.

North Sound Youth and Family Coalition (YFC)

The North Sound Youth and Family Coalition (YFC) is the Family, Youth, System Partner Round Table (FYSPRT) for the North Sound Regional Service Area (RSA) and was developed under the Department of Social and Health Services (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 can engage in the process of evaluating system level needs and strengths to identify strategies for improvement. FYSPRTs are intended to promote development of a regional 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 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 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 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 any other. North Sound BH-ASO requires crisis providers to ensure access to services 24 hours a day, 7 days a week. The North Sound BH-ASO 24-hour Regional Crisis Line is a delegated function that must adhere to timeline metrics outlined in the workplan. The North Sound BH-ASO crisis providers are required to adhere to the contact timelines listed in the work plan found at the

end of this Plan.

Culturally Appropriate Care

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 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's core function as an organization is to ensure adequate services at the right time and at the right intensity level. This involves ongoing work, in conjunction with system stakeholders and partners, that evaluates 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 Regional Service Area (RSA) counties, allied system partners, and North Sound Regional Service Area (RSA) Managed Care Organizations (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.
- Education systems.
- Accountable Community of Health.
- First Responders; and
- A variety of proviso-funded programs and services that require local cross system coordination.

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

Level of Care Tools and Guidelines

North Sound BH-ASO utilizes several tools to guide Utilization Management program. The Level of Care Utilization System (LOCUS) and Child & Adolescent Level of Care Utilization System (CALOCUS- CASII) 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.

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, terminated, suspended 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 a standardized methodology 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. Under the guidance of North Sound BH-ASO Medical Director, UM 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 staff making service authorization decisions have been trained in working with the specific area of service which they are authorizing to include clinical risk factors of diverse populations. UM protocols shall consider the greater and particular needs of diverse populations, as reflected in Health Disparities, risk factors (such as Adverse Child Experiences for Individuals of any age), Historical Trauma, and the need for Culturally Appropriate Care.

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 consult 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 and functions as part of North Sound BH-ASO's Operations Committee.

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 BH-ASO 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 182-538C-110 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 State Office of Behavioral Health Advocates to assist in the timely management of any grievances and appeal.

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 Regional Crisis Line. 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 meets 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 ensure 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.
- 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.

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.

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:

- I. Monitor Utilization Management activities as part of the North Sound BH-ASO Quality Management Program 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.
- II. Review Utilization Management data and processes to assess and make recommendations or decisions regarding:
 1. Over utilization
 2. Under utilization
 3. Availability of state funds and block grant funds
 4. Authorization and denial process
 - a) Number and types of authorization requests
 - b) Denial percentage by reason code
- III. Monitoring adherence to contract, policies and procedures to include:
 - a) Authorization & notification timeframes (both internal and any UM delegates), including frequency of monitoring activities and actions to be taken when non-compliance is identified.
 - b) Monitoring whether the content requirements of UM notification letters are met, including frequency of monitoring activities, and actions to be taken when non-compliance is identified.
- IV. Oversee the North Sound BH-ASO utilization management criteria and the review of specific cases of over and underutilization of the crisis system.
- V. Conduct monitoring activities of all HCA contractually obligated crisis reporting metrics.
- VI. Monitor North Sound BH-ASO's provider network to ensure referral and appropriate access to services.
- VII. Review of consistent application of UM criteria for provision of services within available resources and review of related grievances.
- VIII. Review 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.
- IX. 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.

Program Quality Review

North Sound BH-ASO will partner with State agencies for any quality assurance or improvement activities for legislatively mandated proviso funded 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 maintains training logs, 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 organization's 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 Individuals Using Intravenous Drugs (IUID) and Parenting and Pregnant Women (PPW) services. 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 Plan

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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 2024-2025. 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. IQMC has authority to amend the QM Work Plan at any time based on changes to BH-ASO-HCA contractual requirements.

QM Section	Monitoring Area	Report	Measurement	Reporting Structure & Timeline
Availability of Services	Maintain and Monitor Network of Appropriate Providers	North Sound Geo-Access Calculation Report	Population Drive Times and Penetration Rate	IQMC- Annually
Availability of Services	Timely Access	Program Integrity Audit- Delegation Requirements	Policy review. Clinical record review of services occurring 24 hours a day, 7 days a week	IQMC- Annually
Availability of Services	Timely Access	VOA Crisis Hotline Deliverable	Crisis Call Center "call abandonment rate" of five (5) percent or less	IQMC- Monthly
Availability of Services	Timely Access	VOA Crisis Hotline Deliverable	Ninety (90) percent of all Call Center crisis calls are answered live within thirty seconds	IQMC- Monthly
Availability of Services	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- Quarterly
Availability of Services	Culturally Appropriate Care and Cultural Humility	Administrative Audit	Personnel Review staff training	IQMC- Annually
Availability of Services	Culturally Appropriate Care and Cultural Humility	CLAS Self-Assessment	Assessment completed & action implemented	IQMC- Annually
Availability of Services	Accessibility Considerations	Administrative Audit	ADA standards met	IQMC- Annually
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)	UM Committee- Quarterly
Coordination and Continuity of Care	Cross System Coordination	Annual Care Coordination Review	Provider access to Crisis safety plan and coordination information for individuals in crisis (Pend till process developed)	IQMC- Annually

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Coordination and Continuity of Care	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	IQMC - Annually
Coordination and Continuity of Care	Level of Care Tools and Guidelines	Clinical Record Audit	Provider compliance rate for conducting CA/LOCUS, other standardized assessments, and ASAM	UM Committee- Annually
Coordination and Continuity of Care	Individuals with Behavioral Healthcare Needs- Assessment	Clinical Record Audit	Provider compliance rate for conducting initial assessments	IQMC- Annually
Coordination and Continuity of Care	Individuals with Behavioral Healthcare Needs- Treatment Plans	Clinical Record Audit	Provider compliance rate for developing and maintaining updated treatment plans	IQMC- Annually
Coordination and Continuity of Care	Individuals with Behavioral Healthcare Needs- Direct access to specialists	UM Committee Monthly Metrics Report	Number of authorization requests by service type	UM Committee- Quarterly
Provision of Services	Non-Discrimination	UM Committee Monthly Metrics Report	Authorization requests by ethnicity, sexual orientation, and age	UM Committee- Quarterly
Provision of Services	Non-Discrimination	UM Committee Monthly Metrics Report	Count and percentage of services by ethnicity	UM Committee- Quarterly
Provision of Services	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- Quarterly
Provision of Services	Authorization of Services	UM Committee Monthly Metrics Report	Number of authorization requests by service type, eligibility type, eligibility criteria, and diagnosis	UM Committee- Quarterly
Provision of Services	Authorization of Services	UM Committee Monthly Metrics Report	Number of authorization requests by demographic breakdown	UM Committee- Quarterly
Provision of Services	Authorization of Services	UM Committee Monthly Metrics Report	Number of denials as a percentage of the number of authorization requests	UM Committee- Quarterly
Provision of Services	Authorization of Services	UM Committee Monthly Metrics Report	Number and percentage of denials by decision code	UM Committee- Quarterly

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Provision of Services	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- Quarterly
Provision of Services	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- Quarterly
Provision of Services	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 days prior to the action being taken	UM Committee- Quarterly
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	IQMC- Annually
Grievance and Appeal System	Adverse Authorization Decisions	HCA Grievance and Appeal Quarterly Report	Number of Adverse Authorization Determinations during quarter	Grievance and Appeal Committee & IQMC- Quarterly
Grievance and Appeal System	Adverse Authorization Decisions	UM Committee Monthly Metrics Report	Number and percentage of denials by decision code	UM Committee- Quarterly
Grievance and Appeal System	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- Quarterly

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Grievance and Appeal System	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- Quarterly
Grievance and Appeal System	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- Quarterly
Grievance and Appeal System	Grievances	HCA Grievance and Appeal Quarterly Report	Number of Grievances received during quarter	Grievance and Appeal Committee & IQMC- Quarterly
Grievance and Appeal System	Appeals	HCA Grievance and Appeal Quarterly Report	Number of Appeals received during quarter	Grievance and Appeal Committee & IQMC- Quarterly
Grievance and Appeal System	Administrative Hearings	HCA Grievance and Appeal Quarterly Report	Number of Administrative Hearing occurred during quarter	Grievance and Appeal Committee & IQMC- Quarterly
Sub Contractual Relationships and Delegation	Sub contractual Relationships and Delegation	Administrative Audit	Contract compliance and policy adherence	IQMC- Annually
Sub Contractual Relationships and Delegation	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 *	IQMC- Annually
Sub Contractual Relationships and Delegation	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 *	IQMC- Annually
Sub Contractual Relationships and Delegation	Sub contractual Relationships and Delegation	Compliance Officer Annual Report/Program Integrity Audit- Delegation Requirements	Percentage of encounters rejected per encounters received *	IQMC- Annually
Sub Contractual Relationships and Delegation	Sub contractual Relationships and Delegation	Compliance Officer Annual Report/Program Integrity Audit- Delegation Requirements	Submission of monthly call center data *	IQMC- Annually

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Sub Contractual Relationships and Delegation	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 *	IQMC- Annually
Sub Contractual Relationships and Delegation	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 *	IQMC- Annually
Sub Contractual Relationships and Delegation	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 *	IQMC- Annually
Clinical Practice Guidelines	Adoption of clinical practice guidelines	Annual Clinical Record Audit	Provider compliance rate of evidence of agency adoption of recognized best practice guidelines	As Needed; TBD
Clinical Practice Guidelines	Dissemination of clinical practice guidelines	Clinical Practice Guidelines	ASO Medical director review of Clinical Practice guidelines and publication to provider network	As Needed; TBD
Health Information System	Data Collection	Monthly Data Report	The number of provider submitted services in a month by agency	IQMC- Quarterly
Health Information System	Data Collection	Monthly Data Report	The number of provider submitted services in a month that were accepted/rejectedd by agency	IQMC- Quarterly
Health Information System	Data Collection	Monthly Data Report	The number of provider submitted services in a month that were received, accepted, and rejected by CPT code	IQMC- Quarterly
Health Information System	Certification of Data	Monthly Data Report	Number of certified batches submitted during the month	IQMC- Quarterly
Health Information System	Timeliness of Data	Monthly Data Report	The number of services received, by agency, within 30, 60, and 90 days from the service date	IQMC- Quarterly

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Health Information System	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	IQMC- Quarterly
Health Information System	Submission of Data	Monthly Data Report	The number of services that were submitted to contractor-by-contractor name	IQMC- Quarterly
QAPI	Quality and Appropriateness of Care	Clinical Record Audit	Multiple Audit Tools; Provider UR report and summary	As Needed; TBD
QAPI	Program Quality Review	Program Quality Audits	Program audits assessing compliance with contract requirements; County monitoring reports	As Needed; TBD
QAPI	Critical Incident Reporting	Critical Incident Annual Report	Type and Count of CI reported by BHA, screened out by BHO, and reported to DBHR	IQMC- Annually
QAPI	Training Plan	HR Annual Report	Annual report on training for the organization	IQMC- Annually
QAPI	Crisis System Reporting	Crisis System Metrics Report	Crisis System Metrics Report HCA Quarterly Summary Report	IQMC- Quarterly
QAPI	SABG Capacity Management	Quarterly SABG Capacity Management Report	90% Program Capacity	IQMC- Annually
QAPI	Trueblood Reporting	Exhibit R-1	Number of individuals served with diversion funds by category of spending	IQMC- Annually
QAPI	FBG Management	FBG Annual Progress Report	Analysis of Federal Block Grant funding to Authorized services	IQMC- Annually

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