

GREATER COLUMBIA BEHAVIORAL HEALTH Policies and Procedures

Category: Quality Review
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Approved By: The Board of Directors
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Title: Quality Review Team Policy

I. Scope:

The Quality Review Team (QRT) Standard allows for the functionally independent review of Greater Columbia Behavioral Health (PIHP) and all Member Governments and providers throughout the Greater Columbia region.

II. Purpose(s):

- A. To effectively and efficiently fulfill the requirements set forth in:
 - 1. Applicable WACS,
 - 2. Applicable MHD-GCBH Contracts, and
 - 3. All applicable Federal and state Medicaid requirements.
- B. To provide safeguards that protect consumer rights and ensure, in collaboration with the GCBH Quality Management Program, the provision of quality services.
- C. To support the mission, vision, values, and principles of GCBH.
- D. To support QRT values and work including:
 - 1. Advocating for the perspective of consumers and family members,
 - 2. Investigating and addressing stigma issues wherever identified, and
 - 3. Facilitating education and understanding among consumers and family members and allied providers.
- E. To provide a structure for QRT assessment and resolution of identified systemic issues by assessing:

1. the ease of consumer access to services,
2. consumer and family member satisfaction with PIHP and subcontractor provision of services,
3. the level of satisfaction of allied service systems, and
4. potential benefit of services to the recipient of care.

F. To provide a Quality Assurance structure for the QRT. The structure will include interface with GCBH Director, Contracts Director, Ombuds, QMOC, GCBH Board of Directors, GCBH Regional Advisory Board, Provider Network, and the Mental Health Division. Such a structure will ensure unencumbered access to enable QRT work.

III. Process/Procedure(s):

- A. The QRT structure will be adequate to survey the GCBH ability to provide behavioral health services throughout the region in a manner that is responsive to children, adolescents, adults, and elderly persons.
- B. The GCBH Board of Directors will work to assure the QRT's functional independence. This includes efforts to ensure that there will not be interference with the content of reports created by the QRT. GCBH retains the right to define the scope (define scope subject to requirements of WAC and RCW) and format of review, plans for inquiry, and report formats. The Board directs the GCBH Director to provide clear and direct supervision to accomplish the definition of these formats and plans.
- C. The GCBH QRT shall be composed of at least 51% mental health consumers and family members.
- D. QRT members cannot be service providers, or members of the GCBH Board of Directors.

IV. Roles/Responsibilities of the Quality Review Team:

- A. To be "responsive to the demographic character" the GCBH QRT will annually sample the following:
 1. Children/adolescents with mental illness and receiving services.
 2. Adults with mental illness and receiving services.
 3. Elderly persons with mental illness and receiving services.
 4. Cultural and ethnic minority individuals with mental illness and receiving services.

- B. The QRT shall function in a “fair and independent” manner. All site visits, face-to-face interviews, and reports shall be “independent of the service delivery system” and “functionally independent” of GCBH. QRT members are independent, free of conflict of interest, and heed MHD/GCBH Contract requirements.
- C. QRT members shall be involved in any MHD/GCBH contract changes involving the QRT contract. Consumers and family members as represented by the GCBH Regional Advisory Board (RAB) will be involved in development of the QRT.
- D. QRT members shall attend initial statewide training events when provided by, or sponsored by, the Mental Health Division. Each QRT member shall attend a minimum of 50% of the quarterly statewide trainings/meetings sponsored by the Mental Health Division.
- E. The GCBH QRT shall visit each GCBH Provider , at least every two years, to conduct face - to face “focus interviews” with 2% of active subcontractor service recipients. Surveys will also include:
1. Children, adults, and elderly.
 2. Family members.
 3. Allied service providers.
 4. Cultural and ethnic minorities. Demographic data shall be gathered including gender, age groups, and racial/ethnic characteristics.
 5. Language interpreters are utilized as needed. A goal is to have surveys written in frequently encountered languages.
- F. Face-to-face “focus interviews” shall, at a minimum assess whether services provided are:
1. Readily accessible. “How easy was it for you to get the care you needed?” (Medicaid waiver required question)
 2. Acceptable to recipients. “Are services provided helpful to you?” Were you satisfied with the quality of care?”
 3. Addressed to recipient’s needs. (Medicaid waiver) “Do you feel that the services met your needs you had when you came to the agency?”
- G. Additional questions include:
1. “What would you change about the way help is provided to you?”
 2. “Are you treated with respect?”

- H. The QRT shall develop and implement protocols to evaluate consumer satisfaction and provider performance through the site visit face-to-face focus interviews described above.
- I. The QRT shall assess the GCBH performance by conducting every two years face-to-face “focus interviews” of:
 - 1. Member Governments.
 - 2. Community mental health providers.
 - 3. Allied systems of care.
 - 4. Members of the QMOC.
 - 5. Regional Advisory Board
- J. The face-to-face focus interviews shall be structured to address, at a minimum:
 - 1. Degree of satisfaction with Pre-Paid Health Plan (PHP) performance.
 - 2. Effectiveness of QMOC Quality Assurance/Quality Improvement processes.
 - 3. Responsiveness of PIHP to consumer/family needs. Is the recipient’s voice heard?
- K. Mailing or telephone surveys may also be utilized to achieve more intensive coverage.
- L. Allied systems of care that may be interviewed include, but are not limited to:
 - 1. PIHP subcontractors
 - 2. Division of Children and Family Services
 - 3. Juvenile Rehabilitation Administration
 - 4. Division of Alcohol and Substance Abuse
 - 5. Division of Vocational Rehabilitation
 - 6. Developmental Disabilities Division
 - 7. Eastern State Hospital
 - 8. Local Hospitals
 - 9. Public Schools
 - 10. Law Enforcement
 - 11. Alliance for the Mentally Ill
 - 12. Aging and Long-Term Care
 - 13. Nursing Homes
- M. The QRT conducts site visits and focus interviews and completes written reports regarding their findings within 30 business days. Performance reports shall include, at a minimum:

1. Identified strengths and skills.
2. Identified concerns and findings.
3. Suggestions.
4. Recommendations for provider system improvement.
5. Follow-up recommendations to resolve identified problems.

N. QRT reports include:

1. A Performance Report summarizing results of surveys of mental health providers and Member Governments regarding the GCBH performance
2. A GCBH Provider Performance Report which contains results of surveys of consumers, family members, and allied providers regarding the Provider's performance will be sent to the mental health provider involved and relevant Member Government and a copy to the GCBH Director. Providers are asked to respond in 30 days concerning the provider system improvement recommendations. This information is reviewed with the QMOC, the RAB and the GCBH Board of Directors.
3. Mental Health Division Semi-Annual Reports (distributed within 30 days after the end of a quarter to the broad distribution list below).
4. Yearly trends as a result of survey information and identified trends throughout the Region (distributed annually according to the list below).
5. Yearly summary of site visits and events (distributed annually as listed below).

O. QRT reports and summaries will be distributed as widely as possible and to, at least, the following:

1. Provider Director,
2. Local Member Government,
3. Local Advisory Board Chair (County and agency),
4. Local NAMI,
5. GCBH Director, Contracts Director, Ombuds Service,
6. GCBH Regional Advisory Board,
7. Allied care providers when involved,
8. PIHP Board of Directors,
9. PIHP QMOC,
10. PIHP Regional Advisory Board,
11. Local consumer, family, and advocacy groups,
12. Mental Health Division, and
13. Other stakeholders as requested

- P. All site visits and focus interviews conducted by the QRT are reported to subcontractors with recommendations for improvement. Subcontractors respond within designated time frames (as identified in the QRT Standard) with provider system improvement plans and changes in subcontractor policy. The GCBH Board of Directors, through the Director, holds Providers accountable for being responsive to QRT provider system improvement recommendations. Providers submit a written response to the QRT report addressing in good faith the QRT recommendations. PIHP also reviews QRT reports and responses from Providers.
- Q. The QRT shall participate, at least once every quarter, with the GCBH Regional Advisory Board and Board of Directors to provide informal feedback.
- R. The QRT shall meet with the GCBH Ombuds at least once a month to ensure effective and efficient lines of communication and collaboration between QRT and Ombuds services.
- S. The QRT shall be “free of retaliation” (MHD/PIHP Contract). When requested by the QRT, and appropriate, the PIHP Ombuds Service will intervene to support the QRT. Unresolved conflicts may be taken to the Mental Health Division for mediation and resolution.
- T. The PIHP QRT shall comply with all Federal, State, and local confidentiality requirements. The QRT shall maintain confidential files that are separate from GCBH or its Providers.
- U. The GCBH QRT shall comply with all contract and Board of Directors requirements and changes.

V. Integration with PIHP Quality Management Program:

- A. All QRT Provider Performance Reports and all GCBH Performance Reports shall be provided as specified per distribution lists.
- B. The QRT will provide and distribute semi-annual reports as specified per distribution list.
- C. The QRT shall provide summary/trends information to the GCBH QMOC to synthesize, analyze, and suggest systemic changes to its system of care.
- D. The QRT will have membership on the QMOC.

VI. QRT Expected Goals:

- A. That all GCBH providers receive site visits.
- B. That GCBH is assessed for performance annually.
- C. All site focus interviews will be based on consistent protocols.

VII. Scheduled Review of this Policy:

The revision of the GCBH policies and procedures manual is on a two year cycle. The GCBH policy review and approval process is a three month process. This policy is scheduled to be reviewed every second year:

- A. by GCBH staff by November of odd years,
- B. by the Regional Advisory Board (RAB) by December of odd years,
- C. by the GCBH Board of Directors by January of even years, and
- D. outside of the schedule if required.