

Per Medicaid Services Manual (MSM), Chapter 400, Section 403.2xx a Behavioral Health Community Network (BHCN) provider is required to submit a Quality Assurance (QA) Program description upon enrollment and an updated program description with QA report results to the Division of Health Care Financing and Policy (DHCFP) annually.

As defined by the Medicaid Services Manual Addendum, Quality Assurance is a structured, internal monitoring and evaluation process designed to improve quality of care. QA involves the identification of quality of care criteria, which establishes the indicators for program measurements and corrective actions to remedy any deficiencies identified in the quality of direct patient, administrative and support services.

For QA Program requirements please refer to MSM 400.xx . The following is to provide additional direction on how to assess BHCN QA quality measures and how to submit QA Program documentation:

**I. Quality Measures**

Effectiveness of Care

- a. Identify the percentage of recipients demonstrating stable or improved functioning. Utilize one or more of the following tools appropriate to the BHCN service model: the Child and Adolescent Service Intensity Instrument (CASII) and/or Level of Care Utilization System for Adults (LOCUS) scores and/or Early Childhood Service Intensity Instrument (ECSII).
- b. Develop an assessment tool to review Treatment and/or Rehabilitation Plans to assure compliance with requirements in MSM Chapter 400. Refer to MSM 400.xx for treatment plan criteria. The assessment tool may include but need not be limited to the following: indicators to review Treatment Progress, Care Coordination, Medication Management, Safety, presence of appropriate documentation and authorized signatures. Results of the assessment will include a copy of the assessment tool, the goal of the assessment, the number of Treatment and/or Rehabilitation plans reviewed, findings from the overall assessment, and what actions the BHCN took in response to adverse results.

Access and Availability of Care

- a. Measure timeliness of care. Timeliness of appointment scheduling between initial contact and rendered face to face services will be measured as follows for each service category (i.e. Outpatient Services, Day Treatment Services, Medication Clinic, etc.):

<b><u>Level of Need</u></b>	<b><u>Wait Time</u></b>
Emergent	Same Day
Urgent	Within 2 calendar days
Routine	Within 45 calendar days

## Satisfaction of Care

- a. Conduct a recipient and/or family satisfaction survey(s) and provide results. The satisfaction survey(s) questions may include but need not be limited to the following: Access to services, quality and appropriateness of services, outcome of services, recipient's participation in treatment planning, and general satisfaction of care. Include results from the recipient and/or family satisfaction survey(s).
  - i. Results will include a copy of the survey, the frequency of the survey, the number of surveys administered, number of completed surveys received, and what actions the BHCN took in response to adverse results.
- b. Submit a detailed grievance policy and procedure (refer to addendum for definition of grievance). The policy and procedure shall outline how grievances and complaints are tracked and acted upon by the BHCN in a prompt and timely manner. Identify the number of grievances and complaints that have been received by the BHCN, the response time in which the agency addressed them, the percentage of grievances/complaints resolved, and a limited description of grievances/complaints filed.

## **II. Submission Process**

- a. BHCN Program documentation should include:
  - i. Medicaid Provider ID
  - ii. BHCN Name
  - iii. Mailing Address
  - iv. Phone number
  - v. Fax number
  - vi. E-mail
  - vii. Contact person specific to BHCN QA reviews(Note that general contact information updates should continue to go through the QIO-like vendor).
- b. New BHCN providers will submit a QA Program directly to the QIO-like vendor with provider enrollment documentation. Reference the Provider Enrollment checklist at <http://www.medicaid.nv.gov/providers/checklist.aspx>. The QIO-like vendor does not approve the QA Program. QA Programs will be forwarded to the DHCFP QA specialist for review. The BHCN will be notified of QA Program acceptance by letter within 45 calendar days of receipt by DHCFP. QA Report results will not be required in year one.
- c. All BHCN providers will be expected to submit an updated QA Program and QA Report results every year on the anniversary of the BHCN enrollment month, or otherwise mutually agreed upon date if the facility reports to a crediting agency. A reminder letter will be sent in advance of the next scheduled QA Program review. BHCN providers will have 30 calendar days from notification to submit required documentation. QA Programs and QA Report results will be submitted directly to DHCFP at 1100 E William St. Carson City, NV 89701 Attn: Clinical Policy Team; or e-mailed to [Crystal.Johnson@dhcfp.nv.gov](mailto:Crystal.Johnson@dhcfp.nv.gov)
- d. If a Corrective Action Plan (CAP) is required, the BHCN will submit all components listed in MSM 400.xx. The BHCN will adhere to all corrective actions, process changes, and follow-up activities in the timeframes identified in the Corrective Action Plan.
- e. BHCN providers may be subject to sanctions, including suspension and/or termination if required timeframes are not met during any step of the submission process.

- f. Useful BH definitions may be found within the Medicaid Services Manual Addendum located at: <http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/Addendum/>
- g. Questions about the QA process can be directed to the QA Program Specialist at 775-684-3724, or [Crystal.Johnson@dhcfp.nv.gov](mailto:Crystal.Johnson@dhcfp.nv.gov)

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