

The Division of Health Care Financing and Policy

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**PUBLIC WORKSHOP
BEHAVIORAL HEALTH COMMUNITY NETWORK
QUALITY ASSURANCE PROGRAM
OCTOBER 23, 2015**

**PRESENTED BY
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Objectives

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- **Purpose of the Public Workshop**
- **Purpose for the policy and process change**
- **Review of the proposed policy change**
- **Review of the process change**

Purpose of Workshop

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- **Discuss proposed changes to the Quality Assurance (QA) policy and procedures for Behavioral Health Community Network (BHCN).**
- **The current policy is outlined in Medicaid Services Manual (MSM), Chapter 400, Mental Health and Alcohol and Substance Abuse Services.**

Purpose for Changes

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- Changes to the BHCN QA policy and procedures are to clarify the requirements and timelines.
- Changes ensure the integrity of the overall program and the services and providers within those programs.
- Allows for transparency of the review process and what information will be reviewed.

Changes to Policy – Services

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- **A list of behavioral health services and evidence based practices that the BHCN provides to recipients.**
 - Identify the goals and objectives of the services and methods which will be used to restore recipient's highest level of functioning.

Changes to Policy – Organization Chart

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- **An organization chart that outlines the BHCN’s supervisory structure and the employees and positions within the agency. The organizational chart must identify the medical supervisor, clinical supervisor(s), direct supervisor(s), affiliated qualified mental health professional(s) and qualified mental health associate(s) including names and National Provider Identifier (NPI) numbers for each.**

Changes to Policy – Documentation of Trainings

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- Document how clinical and supervisory trainings are conducted and how they support standards to ensure compliance with regulations prescribed within MSM Chapter 400. Provide a brief description of material covered, date, frequency and duration of training, location, names of employees that attended, and the name of the instructor.

Changes to Policy – Quality Measures

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○ Effectiveness of Care

- ✦ 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).
- ✦ **Develop assessment tool to review Treatment and/or Rehabilitation Plans and report results of assessment.**
 - 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.

Changes to Policy – Quality Measures (cont.)

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○ Access and Availability of Care

- ✦ Measure timeliness of appointment scheduling between initial contact and rendered face to face services.
 - 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.):

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

Changes to Policy – Quality Measures (cont.)

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○ Satisfaction of Care

- ✦ 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).
 - 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.
- ✦ Submit a detailed grievance policy and procedures.
 - 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.

Changes to Policy – Corrective Action Plan

- **The DHCFP may require the BHCN to submit a DHCFP approved Corrective Action Plan (CAP) if the BHCN's QA report has adverse findings. The BHCN's CAP shall contain the following and must be provided within 30 days from date of notice:**
 - The type(s) of corrective action to be taken for improvement;
 - The goals of the corrective action;
 - The time-table for action;
 - The identified changes in processes, structure, internal/external education;
 - The type of follow-up monitoring, evaluation and improvement.

Changes to Policy – Individualized Programs

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- **QA Programs must be individualized to the BHCN delivery model and services provided. Duplication of QA documentation between BHCNs may be cause for rejection without review.**

Changes to Policy – Sanctions

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- Failure to submit QA Program documentation or failure to meet standards of the QA Program and/or Corrective Action Plan (CAP) as required in MSM 403.B.6 within designated timeframes will result in the imposition of sanctions including, but not limited to, partial suspension and/or termination of the BHCN provider contract.

Policy Changes – Accreditation

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- A BHCN that is accredited through the Commission on Accreditation of Rehabilitation Facilities (CARF), Joint Commission, or Council of Accreditation (COA) may substitute a copy of the documented QA program and report required for the certification in lieu of the requirements in 403.B.6. Accreditation must be specific to a BHCN delivery model.

Process – Flow Chart

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- **Review separate flowchart for Submission Process.**
 - Existing BHCN Providers that are enrolled.
 - New BHCN Providers that are enrolling for the first time.

Process – Submission Requirements

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- **BHCN Program documentation should include:**
 - ✦ Medicaid Provider ID
 - ✦ BHCN Name
 - ✦ Mailing Address
 - ✦ Phone number
 - ✦ Fax number
 - ✦ E-mail
 - ✦ Contact person specific to BHCN QA reviews
- (Note that general contact information updates should continue to go through the QIO-like vendor).

Process – Submission Requirements

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- 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.

Process – Timelines and Instructions

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- 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 submitted via e-mail.

Questions?

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