# Quality Management System as it Applies to Arnold V. Sarn Class Members

**Arizona Department of Health Services**
**Division of Behavioral Health Services**

MANAGEMENT SYSTEM AS IT APPLIES TO
ARNOLD V. SARN CLASS MEMBERS
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## ATTACHMENTS


A. Organization of the Quality Management Systems
- ADHS/DBHS
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## FOREWORD

This document is a description of the ADHS/DBHS quality management system as it applies to class members in the Arnold v. Sarn case. It demonstrates the ways in which ADHS/DBHS acts to ensure high quality care for class members while complying with the requirements of the *Exit Stipulation* for the case.

The document begins with a brief introduction and background of the case and describes the relationship of Principles and Performance Outcomes, enunciated by ADHS/DBHS, to the *Exit Stipulation.* There are descriptions of the quality management system of ADHS/DBHS and of ComCare, first globally, then relative to continuous quality improvement efforts, and ultimately specific to the class members and the quality management endeavors engaged in on their behalf. The document describes how, through the activities of the quality management system, ADHS/DBHS is able to monitor and measure their compliance with Appendix C of the *Exit Stipulation* and the enunciated Performance Outcomes and then act on the output of the monitoring and measuring to improve the system for the benefit of the class members and others.

In the context of the quality management system as it applies to the class members, the document denotes which data are used in determining compliance with the *Exit Stipulation* and the process for organizing the data to ensure meaningful interpretation. Furthermore, there are descriptions of where responsibility for managing, monitoring, and overseeing the system lies and how the overall process flows.

An in-depth look at the components and processes of the quality management system is provided in the following sections and attachments which comprise this document.

1. Relevance to Class Members (Sections I, II, V, VIII, IX, X, and Attachment H)
2. Description of Quality Management Systems (Sections III, IV, and Attachments A, B, and C)
3. Tools/Processes and Associated Data Management Activities (Sections VI, VII, VIII, and Attachments D, E, and F)
4. Prospective Examples of Four Categories of Data Reports (Attachments G and I)
    - Related to Data Collection Tools
    - Related to Performance Outcomes
    - Related to Appendix C Criteria
    - Related to Grievances and Appeals

Through the quality management system, ADHS/DBHS demonstrates its commitment to providing to the citizens of Arizona the best behavioral healthcare achievable.

# ARIZONA DEPARTMENT OF HEALTH SERVICES

# DIVISION OF BEHAVIORAL HEALTH SERVICES

## QUALITY MANAGEMENT SYSTEM

## AS IT APPLIES TO

## ARNOLD V. SARN CLASS MEMBERS

MAY, 1997

## I. INTRODUCTION

The Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS), serves as the single state authority to coordinate, plan, administer, regulate, and monitor all facets of the state behavioral health system. ADHS/DBHS continually refines its quality management system to ensure these activities empower people and help them lead meaningful, productive, and responsible lives, improving their overall quality of life, and reducing the costs to society of behavioral health problems.

This document describes the quality management system, as it applies to class members, which accomplishes these ends through the means elaborated on in the following pages.

## II. HISTORICAL BACKDROP

As an outcome of the Arnold v. Sarn case, a stipulation was entered into on May 6, 1991 adopting an Implementation Plan for the development of a comprehensive community mental health system in Maricopa County to prevent unnecessary and inappropriate hospitalization. The Arizona Department of Health Services, Arizona State Hospital, and Maricopa County Board of Supervisors were the defendants in this case.

On February 12, 1996, a Stipulation on Exit Criteria and Disengagement was adopted with the approval of the Court. This *Exit Stipulation* is the exclusive method for assessing the defendants' performance, for defining the defendants' obligations, and for determining satisfaction of all remaining obligations relative to class members. For this case, a class member is defined as a person who is a resident of Maricopa County, indigent, and seriously mentally ill and who would reasonably benefit from appropriate behavioral health treatment due to his or her mental illness.

Section VIII of the *Exit Stipulation* requires that documents describing the quality management system for class members are to be submitted by ADHS/DBHS to the Court Monitor for review and approval. Section VIII also describes components of an appropriate quality management system.

To ensure compliance with the terms of the *Exit Stipulation* and also organize the requirements contained in the *Stipulation*, *Appendix C* of the *Stipulation*, and the Rules for persons with serious mental illness, ADHS/DBHS articulated six guiding principles with associated performance outcomes. ADHS/DBHS has initiated refinements to the existing quality management system in accordance with the letter and the spirit of the six principles and 40 associated performance outcomes. These principles and performance outcomes are listed in Section V of this document.

## III. PURPOSE OF THE QUALITY MANAGEMENT SYSTEMS

*Note: This document is intended to illustrate the application of portions of the ADHS/DBHS quality management system to Arnold v. Sarn class members. To this end, the following pages will describe the ways in which quality of services to class members will be measured, monitored, and continuously improved by ADHS/DBHS, consistent with ADHS/DBHS commitments. The document is not intended to describe the entire ADHS/DBHS quality management system nor how it applies to non-class members.*

### A. ADHS/DBHS

ADHS/DBHS uses the term "quality management" to consolidate a range of activities from Quality Assurance and Performance Improvement to Utilization Review and Risk Management. This integrated approach ensures high quality of care in the context of managed care concepts, diverse funding sources, and myriad complex forces which influence behavioral health care in Arizona. Inherent in the ADHS/DBHS approach to quality management is a firm commitment to the principles of continuous quality improvement as exemplified by mandatory compliance with minimal standards, positive feedback loops, ongoing monitoring and correction, and constant striving for performance which exceeds expectations in delivering high quality services to consumers.

ADHS/DBHS continually improves the quality management system in order to accomplish the mission, goals, and objectives of the division. ADHS/DBHS has designed the system to measure the efficiency and effectiveness of the delivery of care and to provide continuous feedback to stakeholders and internal decision makers. The performance measures incorporated in the quality management system are outcome based and are selected for their usefulness in responding to customers' changing needs and improving service delivery performance. The overall goal of the quality management system is to enhance the quality of ADHS/DBHS administered behavioral health services and increase the accessibility and adequacy of those services.

To accomplish this goal, ADHS/DBHS has adopted the following objectives:

- To assess the extent to which current services meet the needs of consumers and implement changes as needed as a result of this assessment
- To direct all quality assurance efforts toward continuous quality improvement
- To integrate quality management activities at all administrative and service levels
- To ensure clinical, program, and fiscal management are carried out in accordance with established guidelines, regulations, procedures, and standards and to provide for the protection, safety, and rights of consumers

## B. ComCare

The Quality Management/Utilization Management (QM/UM) Plan of ComCare is designed to develop and conduct an effective and systematic quality assessment and improvement process throughout the ComCare network of services. The Plan provides the framework for monitoring and evaluating the outcomes and processes of important aspects of service delivery both at the regional authority and provider level. ComCare designs, implements, evaluates, improves, and reports monitoring and evaluation activities through the processes outlined in the QM/UM Plan. Results of the quality assessment and improvement processes are utilized to formulate action plans to improve care and service and to resolve identified problems. The effectiveness of such actions is periodically evaluated to assure that improvement is sustained over time.

In concurrence with ComCare's mission, administrative and clinical staff promote quality of care, of service, and of service delivery to members. The QM/UM Plan is designed and implemented to assist in achieving the ComCare mission and to achieve the following objectives (as well as others):

1. Develop and conduct a cost-effective and time-efficient improvement process in which all levels of the ComCare service delivery system participate in monitoring the quality of member care, clinical services, and management systems through the use of performance indicators and outcome measures based on data-driven analysis of business and clinical practices.
2. Organize and operationalize comprehensive and coordinated company-wide quality management activities.
3. Assess the extent to which current ComCare services, designated for monitoring and evaluation in FY 96/97, are designed to meet the needs of the member population they are to serve as well as the community at large; identify and implement changes needed as a result of this assessment.
4. Determine adequacy/relevance of current internal procedures and/or standards; identify and implement changes as needed.
5. Detect events and circumstances with unnecessary exposure to risk or harm or liability and decide whether response to these events and circumstances is timely and appropriate.
6. Reveal trends in quality improvement over time and assure maintenance of quality improvement; utilize trends to establish priorities for future monitoring and evaluation activities, inclusive of performance indicators and outcome measures.
7. Assure that resources are used most effectively for the most members.
8. Provide services that are clinically sound, timely, and well documented.
9. Systematically evaluate the effectiveness of the QM/UM Plan to implement operational linkages with Quality Management, Risk Management, Budget and

Finance (claims), Provider Relations, Adult Services, and Child and Adolescent Services.

The overall organization of the quality management systems of both ADHS/DBHS and ComCare are described in Attachment A. The integration of quality management into each of the organizations is reflected in their organizational charts which are included in Attachment B (ADHS/DBHS) and Attachment C (ComCare).

*Note: Only the aspects of the ADHS/DBHS and ComCare quality management systems which are relevant to class members, as described in the Exit Stipulation, are addressed in this document. Thus, portions of the attached data collection instruments are not relevant and will not be discussed in this document.*

## IV. CONTINUOUS QUALITY IMPROVEMENT

### A. Overall Approach to Quality Improvement

Both the ADHS/DBHS and ComCare quality management systems rest on the foundation of general quality management processes: identifying relevant indicators, establishing thresholds, determining an appropriate sample, collecting data, aggregating data, analyzing data, comparing to thresholds, reporting results, effecting corrective actions (as needed), and following up to ensure proposed actions have been implemented and are successful in achieving correction. (These processes, as they apply to class members, are described more fully in Attachment A.) In order to maximize the impact of efforts expended in carrying out these processes, the systems also ensure there is continual tracking and trending of the output in order to identify opportunities to make systemic changes. The approach is illustrated graphically in the figure below:

**FIGURE 1**

**ADHS/DBHS**
**QUALITY IMPROVEMENT**
**CONTINUOUS LOOP**

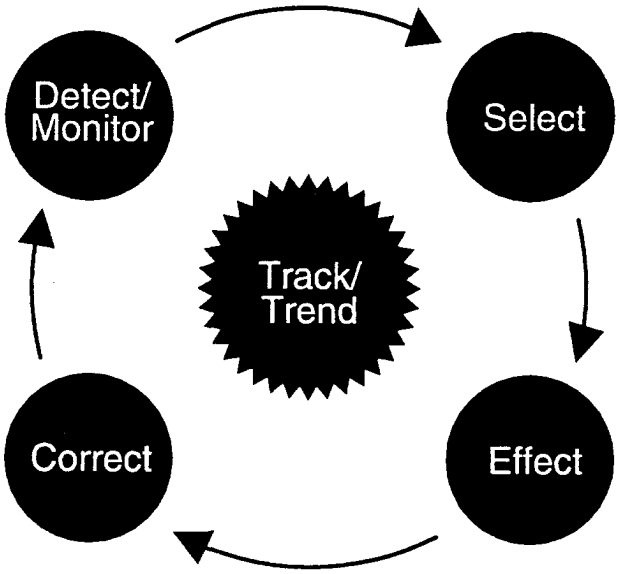
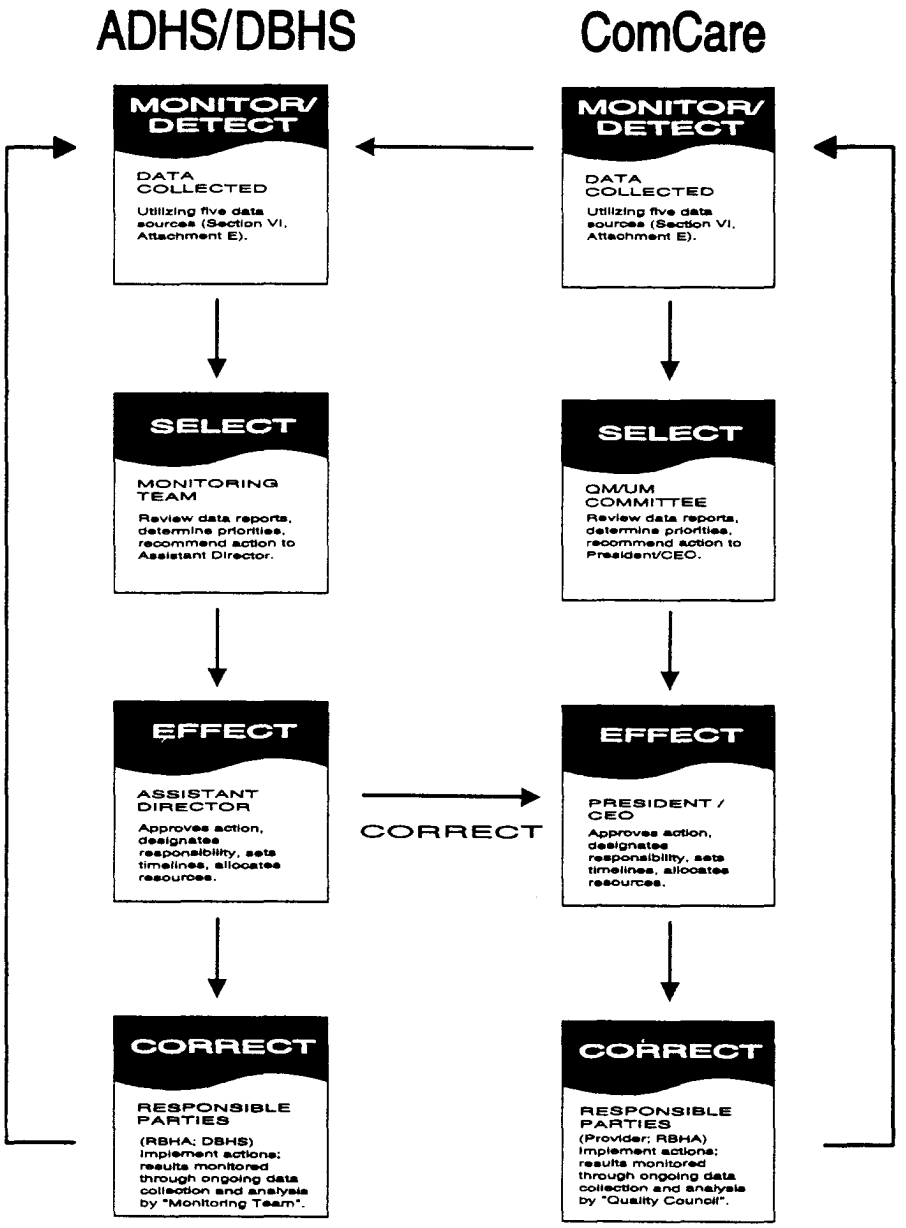


FIGURE 2

# QUALITY IMPROVEMENT PROCESS




Responsibility for promoting and overseeing systemic quality improvement resides with both ADHS/DBHS and ComCare. Using the model outlined in Figure 1 above, Figure 2 to the left indicates more specifically how the process flows, both within and between the two organizations.

## B. Key Points of Responsibility

**At each level of the systems (ADHS/DBHS and ComCare), there are important points of accountability which hold the key to successful accomplishments in the quality improvement effort.**

### 1. ADHS/DBHS

Office of Managed Care/Quality Assurance (OMC/QA)

This Office has the primary responsibility for all aspects of the quality management system. Working in conjunction with other program areas, OMC/QA is responsible for developing a plan that includes: the scope and timetable for monitoring activities; coordinating monitoring functions with other State agencies, such as Licensure; conducting internal coordination meetings for exchanges of information; overseeing the actual monitoring activities, including checking deliverables; and establishing a process for technical assistance and training.

Monitoring Team

The Monitoring Team is the focal point at the state department level for quality management and quality improvement. It is overseen by the Office of Managed Care/Quality Assurance. The team unifies all the state level functions in an integrated monitoring/quality improvement program. Team composition includes representation from: the Office of Administrative Support; the Office of Information Technology Services; the Offices for Persons with the Serious Mental Illness, Children's Services, Substance Abuse/General Mental Health, and Prevention, as well as Planning and Quality Management. In addition, the Office of Grievance and Appeals and the Office of the Medical Director are resources to the team.

Each RBHA has an ADHS/DBHS team designated to monitor the RBHA's quality management functions, processes, and outputs. The monitoring team meets monthly to review data reports which describe RBHA performance on quality indicators; these reports are updated monthly and trended year-to-year. The team is also responsible for regular on-site monitoring of the RBHA, focusing on issues which arise through the data review process. Recommendations for actions are made via a quarterly report to the Assistant Director. Urgent issues are brought to the attention of the Assistant Director immediately. Action recommendations are made on the basis of team review of data from reports and on-site visits. The team is responsible for identifying highest priority problems

and/or opportunities for quality improvement and formulating cogent recommendations to the Assistant Director and ADHS/DBHS management team as to actions, timelines, responsible parties, and potential resource commitments. Criteria utilized in prioritizing include: 1. comparison to identified thresholds (e.g., percent commitments in Appendix C of the *Stipulation*), 2. comparison to baseline data in year-to-year trending, and 3. face validation of information indicating possible danger to the health and safety of clients. A complete description of the Monitoring Plan is in Attachment D.

Assistant Director

The Assistant Director is where the buck stops. It is the responsibility of the Assistant Director, in consultation with the ADHS/DBHS management team, to approve or defer quality improvement actions/initiatives recommended by the monitoring team. The decisions of the Assistant Director and the management team are based on the merits of team recommendations in the context of other current initiatives and resources available. Approved actions/initiatives are communicated to the responsible party(s) by the Assistant Director and referred back to the monitoring team for ongoing follow-up. Actions/initiatives may include, but are not limited to:

- **System redesign** at the state level (e.g., the current redesign of the management information system to support reliable reporting of financial and quality information),
- **Technical Assistance** to the RBHA from internal state or external sources (e.g., consultation on effective design and implementation of crisis services from outside expert),
- **Training** for RBHA staff from state, RBHA, or external sources (e.g., training of case managers in ISP process),
- **Corrective Action Plan** required of RBHA and monitored by team,
- **Financial Sanctions** for failure to meet prescribed standards, and
- **Involvement in Change Process** at state, RBHA, and provider levels (e.g., annual Independent Quality Evaluation).

Structure

ADHS/DBHS has an organizational structure aimed at the functional integration of quality management into all activities of the Division. This structure fosters increased communication across all units within ADHS/DBHS and incorporates quality improvement functions into all areas. This structure illustrates and ensures that the work of all units is directly related to the quality of service delivery to all consumers and, ultimately, to their clinical outcomes. As noted

previously, Attachment B provides an organizational chart for ADHS/DBHS which displays this integration.

## 2. COMCARE

The COMCARE Board of Directors and President/CEO delegate the authority and responsibility for conducting QM/UM activities to the COMCARE Director of Quality Management who is responsible for reporting QM trends and patterns.

Leadership

The management of COMCARE is organized into three groups including the Executive Council, the Management Leadership Team (MLT), and the Extended Management Leadership Team (MLT plus Section Managers). Each of these groups has varying responsibility for reviewing and discussing plans, performance indicators, service delivery, and management data indicating trends and issues. The groups also have responsibility for sharing information with each other about issues arising in each of their individual areas of responsibility which may have an impact on other areas of responsibility.

Quality Council

The governing body and leadership of COMCARE remain accountable for all QM functions even when various and certain functions are delegated to subcontractors. A Quality Council consisting of Board members and community representatives meets quarterly to review key trends and performance measures. The Quality Council ensures that COMCARE receives additional input from external parties related to the performance of the agency.

QM/UM Committee

The QM/UM Committee is organized and structured to provide meaningful information to the decision/policy makers of COMCARE. The QM/UM Committee membership links upward and downward within the organization so that information is both coming from and going to: (1) the standing Management Teams for issues relevant to their part of the organization and (2) the ad hoc cross-functional teams assigned to specific improvement efforts.

In order to implement quality efforts across organizational boundaries, the QM/UM Committee membership includes the following members: the Deputy Medical Director, the CEO/President, the Senior Vice President, Vice President

of Member Services, Vice President of Support Services, the Medical Director, General Counsel, Director of Quality Management, Director of Capacity Management, the Manager of Utilization Review, the Manager of Resource Management, and the Manager of Quality Improvement. The Deputy Medical Director, or designee, serves as the Chairperson of the Committee.

The functions of the QM/UM Committee include:

1. Monitoring and evaluating services utilized in ComCare's system of care;
2. Reviewing, approving, and tracking performance indicators and outcome measures, aggregated data, trends, patterns, and improvement actions and their effectiveness;
3. Setting policy for operations based on data-driven and informed analysis of business and clinical practices;
4. Making, approving, or reviewing recommendations for corrective actions necessary to improve service delivery on the individual, program, and system levels;
5. Assigning to Management Teams specific projects around which to direct CQI efforts;
6. Notifying providers and supervisory and management personnel of exemplary and deficient practices;
7. Evaluating the effectiveness of the ComCare quality management system and recommending quality management plan activities and focus areas for the future;
8. Reviewing and analyzing ADHS/DBHS Quarterly Quality Management Reports;
9. Using feedback loops to improve the quality of care/service and internal processes through analysis of, and corrective actions or improvements related to, patterns/trends emerging from the review of incident/accident reports, restraint and seclusion reports, grievance and appeals reports, results of member satisfaction surveys, and reports of rights violations.

Provider Relations/Monitoring

The Provider Relations Department consists of several Program Administrators one of which is assigned to each provider in ComCare's provider network. These individuals, in conjunction with Quality Improvement Specialists, work with subcontracted providers to assure they have the correct licenses, quality management plans, and grievance/appeals processes to address continuing quality of care issues. Concerns about quality of care which are raised through processes other than member complaints are addressed by the Program Administrators who have responsibility for knowing the programs they work with at each provider agency assigned to them.

QM information is used in re-credentialing, re-contracting, and annual performance appraisals of behavioral health professionals as specified in ComCare policy and procedure and the Provider Quality Review Protocol. ComCare QM/UM activities are coordinated with other performance monitoring activities, including Risk Management and resolution/monitoring of complaints and grievances. Additionally, QM/UM functions are linked to other management functions of ComCare including: network changes, best practice feedback to providers, member education, member services, financial, and business systems.

Management Teams

The extended operational structure of the UM/QM Committee includes Management Teams within each Department/Division and office of ComCare. Each of the ComCare Management Teams has standing members as well as the capacity to draft members for time limited projects from disciplines and areas across the organization. The standing Management Teams and ad hoc cross-functional teams meet as necessary. The work of the teams is accomplished through the projects and improvement efforts each undertakes. The standing Management Teams and the ad hoc cross functional teams serve as vehicles for communication of project and improvement effort accomplishments to the QM/UM Committee. QM/UM staff are available to provide resources needed to support and guide the teams' accomplishments.

Structure

As noted previously, Attachment C provides organizational charts for ComCare which display the integration of quality management and quality improvement efforts throughout the organization.

## V. QUALITY MANAGEMENT PRINCIPLES AND ASSOCIATED PERFORMANCE OUTCOMES

The focus of the ADHS/DBHS quality management system, as it applies to class members, is on the following six principles and 40 associated performance outcomes which were articulated to capture the essence of the ADHS/DBHS commitment to the individuals they serve.

### PRINCIPLE # 1

**People are treated with dignity and respect, and it is acknowledged that each person has rights and individual strengths which are molded by differences in culture, values, perspectives and goals.**

**PERFORMANCE OUTCOMES:**

1. Individuals are treated with dignity and respect.
2. Individuals are made aware of their rights.
3. All service providers protect the rights of individuals.
4. Treatment staff identify and incorporate the individual's strengths, perspectives, and goals in the planning and delivery of services.
5. Service providers report all allegations of abuse and take reasonable steps to prevent abuse through staff training and procedures for staff recruitment, hiring, and supervision.
6. Restraint and seclusion are used only when an individual presents a threat of serious harm to self or others and when all other less restrictive interventions have been ineffective and only with appropriate clinical authorization and monitoring.
7. Individuals are provided sufficient information on their assessments and service plans so they are able to provide informed consent to treatment.
8. Information regarding an individual's treatment is released with the appropriate consent.
9. Individuals have access to their clinical record.

### PRINCIPLE # 2

**Consumers, family members, and treatment staff are valued, responsible partners in the delivery of services.**

**PERFORMANCE OUTCOMES:**

1. Treatment staff ensure that individuals and/or their guardians coming for services are encouraged and assisted in participating in all decision-making related to their treatment assessments, treatment planning, and other treatment services including their medication regimen.
2. Treatment staff respect the individual's/guardian's rights to make decisions and offer explicit opportunities to choose among, and participate, in alternative treatment options and to receive, review, and approve or reject treatment services or plans which are proposed, prescribed, and/or developed with them.
3. When inpatient treatment is necessary, outpatient and inpatient treatment staff work together with the individual and/or guardian, family members, or designated representative in developing the ITDP which has been agreed to by the individual, guardian, case manager, and the treatment team.
4. ADHS and all service providers promote the optimal competence of their staff by providing appropriate orientation and inservice training programs.
5. ADHS and all service providers promote the empowerment of consumers through the provision of information and assistance for their understanding of their mental health issues and treatment services.

**PRINCIPLE #3**

**People are able to achieve the highest level of self sufficiency possible, with assistance in the development and maintenance of a healthy life style.**

**PERFORMANCE OUTCOMES:**

1. Individuals participate in the development, implementation, monitoring, and revision of their treatment plans.
2. The assessment process provides sufficient information for the treatment staff to develop an appropriate treatment plan with the individual and/or other responsible parties.
3. Individuals choose personal goals with respect to community living arrangements, educational/vocational, and social/recreational activities unless they are unwilling or unable.
4. Treatment planning is provided in a timely manner and meets the individual's needs as identified through the assessment and the individual's expressed preferences.
5. Services and supports are provided in accordance with needs documented in the treatment planning process.
6. Treatment plans are periodically reviewed and revised in order to respond adequately to the abilities and changing needs of the individual.
7. Treatment staff promote healthy lifestyles for individuals through education regarding management of their illness and chemical use, abuse/dependence.

## PRINCIPLE #4

**Services are accessible, timely, and in the least restrictive setting necessary to meet the clinical needs of the individual.**

**PERFORMANCE OUTCOMES:**

1. Individuals receive timely, adequate, and comprehensive assessments, and services are initiated within appropriate time frames.
2. Individuals are offered services which are geographically, physically, and culturally accessible.
3. A full continuum of services is available in order that treatment may be provided in the least-restrictive and clinically-appropriate setting.
4. Individuals receive services and supports from a comprehensive network of service providers.

## PRINCIPLE #5

**People are encouraged and supported to challenge the system to continually improve its services.**

**PERFORMANCE OUTCOMES:**

1. Human rights advocates are available to help consumers in asserting and protecting their rights.
2. Treatment staff proactively identify individuals who may need the assistance of human rights advocates or another designated representative in asserting and protecting their rights.
3. The Office of Oversight and Protection for the Seriously Mentally Ill and the Human Rights Committees will oversee the protection of the rights of persons with mental illness, including but not limited to, their rights to protection from abuse.
4. Consumers who have the capacity to make decisions about daily living, money management, and medical and mental health treatment are not restricted in their ability to make these decisions.
5. Consumers who lack the capacity or who need assistance in making personal decisions related to daily living, money management, and/or medical or mental health treatment are provided appropriate assistance through the appointment of a guardian, conservator, representative payee, and/or any other advocate or other representative.
6. Assigned guardians and conservators assist individuals in personal decision-making in a manner which represents the individual's expressed wishes and best interest.

7. Service providers acting as representative payees will assist individuals in personal decision-making in a manner which represents the individual's expressed wishes and best interest and in accordance with legal mandates established in federal and state law, regulation, and administrative rule.
8. Individuals are informed of their rights to challenge the service system, including any decisions or determinations affecting their eligibility, assessments, treatment plans and services, and required fee payments.
9. When individuals challenge the service system or any decision or determination affecting their treatment, the service system responds in a timely and appropriate manner in addressing and resolving the grievance and/or appeal.
10. Reports of abuse or any other allegations of dangerous or inhumane conditions are addressed, investigated and resolved in a timely manner.
11. Consumers and/or guardians who are dissatisfied with the appeal/grievance decision from an agency director may appeal to ADHS and then subsequently to a judicial review.

**PRINCIPLE #6**

**Identification and resolution of problems and concerns in the service delivery system, as well as other proactive efforts toward improving consumer care and services, are important priorities of ADHS and all service providers.**

**PERFORMANCE OUTCOMES:**

1. ADHS will establish and maintain a quality management system which provides objective assessment of the performance of the service delivery system in accordance with the mission of the agency and the laws, regulations, and administrative rules under which it operates.
2. ADHS will ensure that the quality management system involves an array of quality improvement activities and assessments, whereby consumers, family members and/or other representatives, treatment staff, and agency and ADHS administrators all participate and contribute valued perspectives on needed improvements and new priorities for the service delivery system.
3. The quality management system will strive to promote continued improvement of service delivery to individuals and measure and seek to achieve substantial compliance of all service providers with Title 9, Chapter 21, Mental Health Services for Persons with a Serious Mental Illness.
4. Periodically, but at least annually, ADHS, DBHS, and the Regional Behavioral Health Authorities will assess the effectiveness of their quality management systems in promoting positive change in the quality of service delivery to individuals. As warranted, based on these assessments, ADHS, DBHS, and the Regional Behavioral Health Authority will make needed revisions in their quality management systems.

In the next section, the specific sources of information which will be used to demonstrate adherence to these performance outcomes (and, by extension, the requirements of the *Exit Stipulation)* are described.

## VI. DATA SOURCES FOR INDICATORS APPLICABLE TO CLASS MEMBERS

Five primary data sources or processes contain all necessary information for measuring and ensuring compliance with the relevant requirements of the *Exit Stipulation*, including *Appendix C*. The Case Review Instrument is the primary responsibility of ComCare with ADHS/DBHS assuming responsibility for validating a sample of Case Review Instrument-generated results. The Provider Quality Review is the sole responsibility of ComCare, and two of the data sources/processes are the exclusive province of ADHS/DBHS (Client Satisfaction Survey and RBHA Evaluation). The last data source relates to the responsibilities of the Office of Oversight and Protection for the Seriously Mentally Ill.

Copies of each of the tools are included in Attachment E. Descriptions of the data management activities for the tools or processes are contained in Attachment F, and prospective examples of data reports, based on the output of the majority of these tools, are shown in Attachments G and I. Attachment H demonstrates the relationship of data elements from these tools to the Six Principles and Performance Outcomes. The five data sources/processes are as follows:

1. DATA SOURCE

***Case Review Instrument***

DESCRIPTION
A tool of 191 data elements probing the status of an individual class member which is administered by qualified behavioral health staff

Data are generated via a treatment record review; interviews with clients, family members/surrogates, case managers, and providers; and via personal observations. The Case Review Instrument concludes with a summation applying the professional judgment of the reviewer to present a coherent picture of the status of the individual class member.

PRIMARY PURPOSE - ComCare
To comprehensively examine, with a client-centered focus, most elements of services authorized for, and utilized by, individual class members

To determine whether each individual is receiving treatment and support appropriate to his/her needs, multiple components of service delivery (structure, process, and outcome) are assessed from several perspectives to promote accurate identification of opportunities to ensure protection of clients' rights, enhance their quality of life, and improve delivery of treatment services to clients. Because it is prohibitive to assess each client individually, a representative

sample will be drawn from the population of all clients according to the methodology described in Section VIII.

PRIMARY PURPOSE - ADHS/DBHS
To ascertain the reliability of the responses recorded in the COMCARE process of administering the tool and recommend necessary corrections, ADHS/DBHS reaudits 10% of the cases completed by COMCARE (using the original data sources), comparing results of the reaudits to the original audit responses, and immediately addressing issues of significant concern. ADHS/DBHS trends the results of these reaudits and then works with COMCARE to modify the tool and/or instructions and/or conduct additional training as needed in order to continually improve the reliability of the instrument.

For more information on the data management process, please refer to the description located under the Case Review Instrument tab in Attachment F.

2. DATA SOURCE

***Provider Quality Review***[1]

DESCRIPTION
An instrument of approximately 180 data elements administered by qualified behavioral health and financial staff in order to assess provider performance in the provision of services to persons with serious mental illness

PRIMARY PURPOSE
To assess and monitor the delivery of services by the provider network through a review encompassing quality of care/service, member satisfaction, client rights, provider quality management program, utilization of funding, staff training, and compliance with all subcontract provisions and other requirements. The goals of administering the Provider Quality Review are twofold:

A. to assess the extent to which clients receive services of optimal quality and appropriateness, and
B. to identify barriers to achieving this objective and initiate actions to remove those barriers.

More detail on this tool can be found under the Provider Quality Review tab in Attachment F.

[1] Given the status of the Arizona State Hospital as a provider, ADHS/DBHS will review the Arizona State Hospital using the relevant components of the Provider Quality Review.

3. DATA SOURCE

***Client Satisfaction Survey***

DESCRIPTION
A questionnaire comprised of 12 items (4 demographic and 8 opinion) asking for the client's perceptions regarding services received and providing an opportunity for the client to offer additional comments about the program

PRIMARY PURPOSE
To ascertain the level of satisfaction with services provided in order to identify needed modifications to improve service delivery

Please refer to tab Client Satisfaction Survey in Attachment F for more information on this data source.

4. EVALUATION PROCESSES

***RBHA Evaluation Reports***

- Quarterly quality management and financial reports
- Problem resolution tracking system reports
- Grievance, appeal, and investigation reports
- Mortality reports
- Seclusion and/or restraint reports
- Annual operational/financial review
- Annual provider network status report with quarterly updates
- Case file review (see Data Source #1 above)
- Client satisfaction survey (see Data Source #3 above)

DESCRIPTION
Each of these nine discrete data collection/information management components are described separately in Attachment E under the tab for RBHA Evaluation.

PRIMARY PURPOSE
RBHAs are evaluated on an ongoing basis through numerous ADHS/DBHS monitoring channels. Evaluation data are utilized to determine whether RBHA staff fulfill their contractual obligations and deliver services in a manner consistent with ADHS/DBHS principles. These evaluation tools are a continual source of information for identifying opportunities to improve service delivery. The specific purpose for each of the nine sources of information is described under the RBHA Evaluation tab in Attachment F.

5. DATA SOURCE/PROCESS

***Independent Evaluation of the Duties and Activities of the Office of Oversight and Protection for the Seriously Mentally Ill (OOPSMI)***

DESCRIPTION
A full description of the scope, methods, activities, analysis, and evaluation for this process is contained in Attachment E under the tab for OOPSMI.

PRIMARY PURPOSE

On both a regional and state-wide level, to provide independent identification of systemic issues and potential solutions related to rights violations and the use of seclusion and restraint. In addition, the processes will provide information on the effectiveness of the grievance and appeal systems and the effectiveness of OOPSMI services.

ADDITIONAL ACTIVITIES

ADHS/DBHS engages in numerous other quality management data collection, review, monitoring, and follow up activities which are beyond the scope of the requirements of the *Exit Stipulation*. Although this document is focused exclusively on *Exit Stipulation* requirements, it is important to note that such other endeavors are undertaken on a regular basis, such as the annual Quality Evaluation projects. These activities result in systemic improvements to care delivery; and, therefore, they are relevant to class members who will be positively impacted by such systemic improvements.

## VII. SPECIFICATIONS FOR DEVELOPMENT OF QUALITY MANAGEMENT DATA ANALYSIS AND FEEDBACK SYSTEM

General Scope of Work

ADHS/DBHS, working in conjunction with a Contractor, will develop and implement a system for analyzing, interpreting, and using data findings from the ADHS/DBHS quality management system to improve services and service delivery for individuals with serious mental illness in Maricopa County (Arizona). This system will apply to data generated from both the DBHS-controlled central functions and the ADHS/DBHS quality management system.

The quality management activities and reviews include:

- Client Case Reviews
- Provider Quality Reviews
- Client Satisfaction Surveys
- ADHS/DBHS annual comprehensive reviews of ComCare's financial and programmatic operations
- Periodic service and financial reports regarding service delivery (units of services, individuals served, costs, etc.) by ComCare and its subcontracted service provider agencies
- Procedures for handling client grievances and treatment appeals
- Investigations of allegations of abuse and/or rights violations of individuals with serious mental illness
- Reviews/investigations of deaths of individuals with serious mental illness
- Review of the use of restraints and seclusion

Specific Capabilities of the System

The system to be developed will be capable of identifying and disseminating significant data findings as they pertain to individuals served by ComCare and/or its subcontracted provider agencies. These data findings will emanate from the quality management activities contained in this document describing the ADHS/DBHS quality management system as it applies to Arnold v. Sarn class members. It is anticipated that the data findings will most often be generated from the Client Case Reviews as well as the activities of both ADHS/DBHS and ComCare pertaining to grievances, treatment appeals, restraint and seclusion use, and allegations of client abuse.

Additionally, the developed system will be capable of trending data findings generated through the quality management activities outlined in both the text and the RBHA Evaluation sections of this document (see Attachments E and F) which are relevant to:

- Subcontracted provider agencies and, as applicable, to the provider agency's specific program sites/types;
- ComCare executive management, case management sites, and clinical teams; and
- ADHS/DBHS management, operations, and quality management staff members.

The system will also elaborate on the nature and format of the trending reports to be prepared and the frequency with which specific reports will be generated.

The system will reflect a comprehensive understanding of ADHS/DBHS's Quality Management Plan, the types of data findings which may be generated from each of the Division's various quality assurance activities, and the relevance of specific data findings to the Division's articulated listing of service system performance principles and associated 40 performance outcomes. The proposed system will delineate the following:

1. Specific methods, procedures, and safeguards to ensure that quality assurance findings of significant client treatment and care issues are promptly identified, disseminated to the appropriate party, and addressed with timely corrective action by clinical teams, subcontracted providers, or other parties, as applicable. The system will also ensure a reasonable "tracking mechanism" whereby ComCare monitors the timely response to such specific quality assurance findings.

2. Specific methods, procedures, and safeguards to ensure that quality assurance findings of significant treatment and care issues relevant to specific subcontractors are identified, communicated to DBHS, ComCare, and the provider agency and addressed with timely corrective action by the provider agency. The system must also ensure a reasonable "tracking mechanism" whereby ComCare monitors the subcontracted provider's response to identified problems and needed corrective action.

3. Specific methods, procedures, and safeguards to ensure that quality assurance findings of significant treatment and care issues relevant to the service delivery and/or the oversight/quality management role of ComCare, its various offices/sites, or clinical team operational practices are identified, communicated to DBHS and ComCare, and addressed with timely corrective action. The system must also ensure a reasonable "tracking mechanism" whereby DBHS and ComCare monitor ComCare's response to identified problems and needed corrective action.

4. Specific methods, procedures, and safeguards to ensure that quality assurance findings of significant treatment and care issues relevant to ADHS/DBHS operations or centralized quality assurance activities or reports are identified and addressed

with timely corrective action. The system will also ensure a reasonable "tracking mechanism" whereby DBHS and other interested parties have information available to determine DBHS's response to identified problems and needed corrective action.

5. Specific methods and procedures for DBHS, utilizing the data, findings, and analysis of the QM system, to provide for at least an annual comprehensive review of the overall effectiveness of the ADHS/DBHS quality management plan, which includes clearly stated findings related to its effectiveness to measure the service system's performance vis a vis ADHS/DBHS's six performance principles and 40 associated performance outcomes and its effectiveness in ensuring a timely and accountable self-correcting process for addressing identified problems. This review will be inclusive of the effectiveness of the centralized quality assurance functions of ADHS/DBHS: grievances, treatment appeals, restraint and seclusion, abuse reporting and investigations, and death investigations.

## VIII. SAMPLING

*Appendix C* of the *Exit Stipulation* set forth thresholds for many of the indicators which are applicable to class members, and ADHS/DBHS has agreed to conduct annual monitoring of these items to compare the results to the established thresholds for each year. Compliance with some of the criteria in *Appendix C* can be determined through straight mathematical calculations, e.g., criterion 1 requires counting the number of priority clients who have case managers and dividing that number by the total number of priority clients to determine the percent of priority clients who have case managers. This percent is then compared to the established threshold for that year in order to ascertain compliance. ADHS/DBHS will determine by this calculation whether, in the first year, a minimum of 85% of priority clients have case managers.

Other measures do not lend themselves to such straightforward calculation from routinely maintained administrative records. Some of the indicators can be assessed only by direct interviews with class members (criteria 2 through 12), others require audits of service programs and program staff (criteria 14 and 15) and still others deal with ADHS/DBHS monitoring systems (criteria 16 and 17). Criterion 13 involves class members in jail psychiatric units and is not applicable to ADHS/DBHS.

Sampling becomes an issue when the relevant experiences of a set of class members cannot be assessed from computerized administrative records. In these instances, it will be necessary to draw samples of the appropriate population and then gather the necessary information through interviews or audits of existing records.

ADHS/DBHS and ComCare have developed two instruments for gathering such information--the Case Review Instrument, which is used to gather information on individual class members served by ComCare or its providers, and the Provider Quality Review instrument which is used to gather information on providers and programs run by providers. One portion of completing a Provider Quality Review assessment of a program is to complete a Case Review Instrument for two class members who have been served by the program.

We will determine the extent of compliance with criteria 2 through 12 using a carefully drawn random sample of class members. (The procedures for drawing the sample are described below). We will complete Provider Quality Reviews for all:

- twenty-four hour staffed residential treatment programs
- inpatient settings
- day/vocational programs
- supported housing

The Case Review Instruments needed for completing the Provider Quality Reviews will be drawn from the random sample of class members as much as possible. However, additional Case Review Instruments will be completed as needed in order to have at least two Case Review Instruments from class members being served by each of the programs being assessed. These additional Case Review Instruments will tend to come from the high priority class members since these are the people who are most likely to receive the services provided by the programs being assessed.

In addition to providing the information required to assess the extent to which the exit criteria are being met, the same information can be used to examine subgroups of class members, as defined in the *Exit Stipulation*, who are of special concern. These subgroups are class members who have been in, or presently are in, the Arizona State Hospital; who have been in, or presently are in, Supervisory Care Homes; who have used 24 hour residential care; who have been in jail and have a major biological mental illness; and who are frequent users of inpatient hospital or crisis services. To evaluate the services provided to these special subgroups of class members, we will combine the Case Review Instruments collected for the random sample of class members and those collected for the program assessments. An additional subgroup of interest is those class members who receive services only from ComCare. The proportion of ComCare only clients in the priority sample will be the same proportion as in the total population. This group may be analyzed separately once the sample has been drawn.

Dates in the following definitions differ from the dates found in the *Exit Stipulation* in order to ensure that adequate data are available to identify class members in the various subgroups. Therefore, for clients in Supervisory Care Homes, Jail, 24 Hour Residential, and Hospitalized as Inpatients Twice or More in One Year, we have selected the earliest dates for which valid data are available to define these individuals. This date is a year later for 24 Hour Residential and Twice Hospitalized and two years later for Supervisory Care Homes and Jail than the dates cited in the *Exit Stipulation*. This approach will ensure that individuals are appropriately included in the subgroups of interest.

Specific definitions for each subgroup are as follows:

*Arizona State Hospital*
Any ComCare non-forensic/SMI class member, enrolled as of 2/12/96 or after, who, as of 7/1/93, is or has been a resident of the Arizona State Hospital. Original list of class members in the ASH category was verified by comparing ComCare list to ASH list, unduplicating, and correcting the data until a final and accurate list was determined.

The list includes a subset of 118 non-forensic/SMI class members who were residing at ASH for greater than one year as of 1/1/95. These class members are tracked separately for purposes of exit criteria compliance specific to this population. The class

members in this dataset are determined by their admission date occurring at least 365 days prior to 1/1/95.

The data are a daily ASH fax transmittal notifying ComCare of class member admissions and discharges (planned).

This is the highest ranking priority population category to which all other categories default when pulling the population data.

A non-forensic/SMI class member cannot leave this category except by expiring, moving out of the County, or being discharged from the ComCare system of care pursuant to ADHS/DBHS policy and procedure.

*Supervisory Care Home*

Any ComCare class member, enrolled as of 2/12/96 or after, who, as of 7/1/95, is or has been, to the knowledge of ComCare, a resident of a licensed supervisory care home facility appearing on the document entitled, Supervisory Care/Boarding Home List with Case Manager Name, dated February 29, 1996 through March 25, 1996 received by ComCare in September 1996, and/or including any newly licensed supervisory care homes.

The data source is case manager report. ComCare will make every effort in not placing class members in supervisory care homes without the approval of the Adult Services Clinical Director.

This is the second highest ranking priority population category to which all other categories except ASH default when pulling the population data.

A class member cannot leave this category except by expiring, moving out of the County, being discharged from the ComCare system of care, or entering a higher ranked priority category pursuant to ADHS/DBHS policy and procedure.

*Jail*

Any ComCare class member, enrolled as of 2/12/96 or after, who, as of 7/1/95, is or has been to the knowledge of ComCare, an inmate in the Maricopa County Jail, is identified to the ComCare Forensic Team and who has an Axis I major biological disorder.

The following diagnoses are used to define Axis I major biological disorder:

| | |
|---|---|
| Schizophrenia: | 295.30, .10, .20, .90, .60 |
| Schizoaffective Disorder: | 295.70 |
| Major Depressive Disorder Recurrent: | 296.24, .32, .33, .34, .35, .36 |
| Bipolar Disorder: | 296.40 through 296.89 |
| Delusional Disorder: | 297.1 |

The data source is the ComCare Forensic Team report to Adult Services Administration.

This is the third highest ranking priority population category to which all other categories default, except ASH and Supervisory Care Home, when pulling the population data.

A class member cannot leave this category except by expiring, moving out of the County, being discharged from the ComCare system of care, entering a higher ranked priority category, or no longer having an Axis I major biological disorder as defined above.

*24 Hour Residential*

Any ComCare class member, enrolled as of 2/12/96 or after, who, as of 7/1/94, is or has been, to the knowledge of ComCare, a resident of a ComCare contracted licensed Level II twenty-four hour residential provider facility.

The data source is encounter data up until 8/15/96. After 8/15/96 the data source is clinical team report and encounter data.

This is the fourth highest ranking priority population category to which all other categories default, except ASH, Supervisory Care Home, and Jail, when pulling the population data.

A class member cannot leave this category except by expiring, moving out of the County, being discharged from the ComCare system of care, by entering a higher ranking category, or by failing to reside in a contracted licensed Level II twenty-four hour residential provider facility for a period of 24 months following the class member's most recent move-out date related to twenty-four hour residential.

*Inpatient x2/year or Frequent User of Crisis Services*

Inpatient x2/year
Any COMCARE class member, enrolled as of 2/12/96 or after, who, as of 7/1/94, is or has been, admitted to a COMCARE contracted inpatient acute provider facility at least two times within a one year period.

Encounter data are used to determine the population for this category. A rolling 12 month calculation is used to determine if the class member is part of this priority category.

This is the fifth highest ranking priority population category to which all other categories default, except ASH, Supervisory Care Home, Jail, and 24 Hour Residential, when pulling the population data.

A class member cannot leave this category except by expiring, moving out of the County, being discharged from the COMCARE system of care, entering a higher ranking category, or by failing to have at least 2 inpatient acute admissions to a COMCARE contracted provider facility in a subsequent rolling 12 month period following the original date at which the class member entered the category. Due to encounter data lag time, sixty (60) days are subtracted from the date the class member entered the category to establish a start date for encounter data review. However, the review ending date will be twelve (12) months from the date the class member entered the category.

Frequent User of Crisis Services
Any COMCARE class member, enrolled as of 2/12/96, who, as of 7/1/93, is or has been a frequent user of crisis services as defined by:

> Three (3) episodes of crisis service usage in a rolling 90 day period
> One Episode = 2 crisis services in a rolling 14 day period
> Crisis Services = as determined by the contracted crisis and related services by provider, excluding crisis phone services.

Encounter data are used to determine the population for this category.

A class member cannot leave this category except by expiring, moving out of the County, being discharged from the COMCARE system of care, entering a higher ranking category, or by failing to have a frequent use of crisis services (as defined by the definition parameters above) within a six month period subsequent to the date the class member was determined to meet the frequent-crisis-user criteria. Due to encounter data lag time, sixty (60) days are subtracted from the date the class member entered the category to establish a start date for encounter data review. However, the review

ending date will be six (6) months from the date the class member entered the category.

Discussion of these definitions took place at the Triennial meeting on March 7, 1997.

Although the definitions are described as a hierarchical set of categories, class members who qualify to be counted in more than one category at a time will be included in all categories for which they qualify. Thus, hierarchical organization is not a part of the sampling and data analysis methodologies.

Any individuals identified as *non-priority* clients who are determined to be priority clients will be moved to the priority category, using the original definition of dates in the Exit Criteria.

ASSESSMENT OF INDIVIDUAL CLASS MEMBERS - Case Review Instrument

**Sampling Objectives**

The objective will be to ensure a sample of Maricopa County class members (both priority and nonpriority) which has a 95% level of statistical significance and a +/- 10% confidence level. Using an example of a priority population numbering approximately 2300 and a non-priority population numbering approximately 9200, and estimating conservatively, this statistical significance would yield samples sizes of 86 priority class members and 88 non-priority class members.

**Sampling Methodology**

The process used to select the random sample will involve the following steps:

- Identify the number in the population, both priority and non-priority
- Using EpiInfo (a public health statistical software package), determine the number of priority and non-priority class members at the 95% level of statistical significance and a +/- 10% confidence interval

**Sample sizes based on conservative estimates**

An estimate of 50% is the most conservative--i.e., estimating that 50% of cases will meet a given criterion requires the largest sample to achieve any given level of confidence that the data are accurate. Estimating that 85% or 15% of cases will meet the criterion--any proportion more or less than 50%--requires a smaller sample. Since the quality management system for class members entails measurement of many variables, which are likely to have many different proportions of cases meeting criteria, **a conservative 50% estimate has been used. This means that the confidence**

**intervals for any obtained estimates of proportions closer to 0% or to 100% will be smaller (more accurate) than the +/- 10%.**

**Considerations of drawing quarterly samples**

The sample sizes will be for numbers of class members who will be examined each year to assess the success with which these clients are being served. However, the interviewing and auditing will be an ongoing process throughout the year and the population changes constantly as members enter and leave the system. Each quarter ADHS/DBHS will draw a sample for one quarter of the target annual sample. In this way, ADHS/DBHS can assure that members who enter the system during the course of the year have a chance of being included, and ADHS/DBHS can ensure that members who leave the system are excluded from the sample after they have left.

**Sampling Procedure**

For each quarter, ADHS/DBHS will use the following procedure. ADHS/DBHS will select a random sample of non-priority members and replace any members in the sample who have been previously sampled during the year. For the priority sample, ADHS/DBHS will draw a stratified random sample by the five categories of priority class members as defined in Section II, #8 of the *Exit Stipulation:*

1. a resident of the Arizona State Hospital
2. a resident of a supervisory care home
3. a resident of a twenty-four hour residential program
4. an inmate in a jail who has a major biological mental illness; or
5. individuals hospitalized for mental illness twice or more in a year or a frequent recipient of crisis services.

ADHS/DBHS can aggregate data from two of these categories to assess class members perceived to be "very high risk", i.e., class members in the categories for frequent hospitalization/crisis and jail. *Stratification* of the sample is done proportionally and does not corrupt the randomness of the sampling methodology.

Because members can receive multiple types of services, an appreciable number appear in more than one category. As an example, if the priority population numbered approximately 2300 and the non-priority population numbered approximately 9200, the following number of priority clients could be found distributed in the groups as follows:

| | |
|---|---|
| Arizona State Hospital | 845 |
| Supervisory Care | 585 |
| 24 Hour Residential | 347 |
| Jail and major biological mental illness | 550 |
| Frequent Hospitalization/Crisis | 712 |

To draw a sample, the priority clients would be classified according to whether they were Arizona State Hospital, Supervisory Care or Other, and combinations of these 3 categories. Thus, 42% of the clients would be the group of Jail/24 Hour/Crisis/Frequent Hospitalization but not in Arizona State Hospital or Supervisory Care; 11% would be both Arizona State Hospital and Jail/24 Hour/Crisis/Frequent Hospitalization. A stratified sample could be drawn which would maintain the proportional representation of each of these groupings. Thus, there would be the same 42% Jail/24 Hour/Crisis/Frequent Hospitalization clients in the sample as there are in the population, and the same 11% Arizona State Hospital and Jail/24 Hour/Crisis/Frequent Hospitalization in the sample as in the population.

## ASSESSMENT OF PROGRAMS - Provider Quality Review

### Sampling Considerations

A Provider Quality Review will be completed for all twenty-four hour staffed residential treatment programs, all inpatient programs, all day/vocational programs, and all supported housing programs providing services to class members. The Case Review Instruments completed as a part of the Provider Quality Review will be drawn from the Case Review Instruments collected from the random samples of class members as much as possible. The commonly used programs may well have Case Review Instruments for more than two class members. However, whenever needed new Case Review Instruments will be completed to provide a minimum of two for each of the relevant programs. When there are more class members than needed who have been served by a program, the class members for whom Case Review Instruments are to be completed will be selected randomly. Subsequent to the first year of administering the Provider Quality Review, a smaller number of providers will be reviewed by exempting from review in the second year providers who met ADHS/DBHS standards in the first year. These providers would be reviewed only every other year or so as long as they continue to meet standards.

The following table shows the numbers of programs of the four types noted above:

| Type of Program | Number of Programs | Number of Class Members in Population |
|---|---|---|
| Twenty-four Hour Staffed Residential Treatment | 37 | 947 |
| Inpatient | 4 | 163 |
| Day/Vocational | 8 | 440 |
| Supported Housing Programs | NA* | NA* |

* It was not possible to identify the class members in Supported Housing Programs using the dataset provided by COMCARE in December, 1996. This information will be provided prior to selecting the actual sample for the first quarter reviews.

PRELIMINARY SAMPLE

The exact numbers of class members in the random samples of non-priority and priority class members will be fixed at 88 and 86 respectively. The number of additional class members for whom Case Review Instruments will be conducted is difficult to predict because of the randomization in the sampling. A test of the sampling procedures based on the population as of November, 1996 was run, and the obtained sample was:

| | |
|---|---|
| Random Sample of Non-Priority Class Members | 88 |
| Random Sample of Priority Class Members | 86 |
| Additional Class Members from Program Sample* | 31 |
| Total | 205 |

* It was not possible to identify the class members in Supported Housing Programs using the dataset provided by COMCARE in December, 1996. This information will be provided prior to selecting the actual sample for the first quarter reviews, and, therefore, the number of additional class members selected may increase if class members in supported housing programs have not been represented in other categories.

These 205 class members were distributed among the categories as follows (one person may be in more than one category):

| Group | Number |
|---|---|
| Arizona State Hospital | 48 |
| Supervisory Care Home | 27 |
| 24 Hour Residential | 32 |
| Jail and major biological mental illness | 20 |
| Frequent Hospitalization/Crisis | 21 |

At present, we cannot determine which class members in the Arizona State Hospital category were still hospitalized and which had been discharged. This determination will be made when the actual sample is drawn. We do estimate that approximately 100 class members are presently hospitalized in the Arizona State Hospital; this is about 12% of the total number of class members who are designated as being formerly or presently hospitalized in the Arizona State Hospital. Therefore, we estimate approximately 6 of the 48 class members selected for the Arizona State Hospital category are still hospitalized in the Arizona State Hospital. Nonetheless, as requested by the plaintiffs, we will ensure that one half (or a minimum of ten) of the individuals selected for the subgroup of *Arizona State Hospital* clients will still be hospitalized in ASH and one half will have been discharged from ASH. Meeting this request may increase the sample size slightly.

The test sample provided the following numbers of class members in the different types of programs:

- Twenty-four Hour Staffed Residential Treatment Programs 70
- Inpatient Programs 10
- Day/Vocational Programs 27
- Supported Housing NA*

* It was not possible to identify the class members in Supported Housing Programs using the dataset provided by COMCARE in December, 1996. This information will be provided prior to selecting the actual sample for the first quarter reviews.

When the new samples are drawn for the actual assessment, we expect the distributions of class members in the different categories and in the different programs to vary slightly from these numbers. This is because the population being sampled will have changed and because the randomization procedures will select a different set of individuals who may or may not have received exactly the same array of services as the individuals in the preliminary sample.

## IX. RELATIONSHIP OF DATA TO *EXIT STIPULATION*

ADHS/DBHS distilled the requirements of the *Exit Stipulation* in the context of the ADHS/DBHS culture, mission, and philosophy and created the previously described Six Principles and Associated Performance Outcomes. In concert with enunciating the Principles, ADHS/DBHS modified or created the data collection instruments discussed in Section VI to ensure capture of all requisite information to measure compliance.

As a result of this process, ADHS/DBHS was able to map direct relationships between specific data elements collected in the previously described data sources/processes and the requirements of the *Exit Stipulation* as represented by the Principles and Performance Outcomes. This mapping was done in November, 1996 and, therefore, it references data elements from the instruments in place at that time, i.e., Version 11.00 of the Case Review Instrument and the October, 1996 version of the Provider Quality Review.

Attachment H displays the relationships between the data elements from those instruments and the performance outcomes. When the quality management system is approved and fully implemented, the data elements used will be taken from the most recent versions of the instruments, i.e., Version 15.00 of the Case Review Instrument and the April, 1997 version of the Provider Quality Review.

As noted previously in Section VI, prospective examples of data reports are shown in Attachment G. The prospective data report example for the Appendix C criteria of the *Exit Stipulation* used the data elements from the <u>most recent</u> versions of the two tools (Case Review Instrument and Provider Quality Review). (See Attachment G3 and G3a). All other data reports in Attachment G were developed in November, 1996 and, therefore, reference the <u>prior</u> versions of these two tools.

## X. CONCLUSION

This description of the ADHS/DBHS quality management system, as it applies to the Arnold v. Sarn class members, illustrates how ADHS/DBHS will be fulfilling the requirements of the *Exit Stipulation,* relative to the quality management system.

Once this description of the quality management system has been approved by the Court Monitor, ADHS/DBHS will implement, with the assistance of their consultant, all aspects of the described quality management system which are not currently in place. The implementation phase will include, but not be limited to, the following activities:

- Refinement of selection of data elements for the purposes of achieving the intent of the six principles and 40 performance outcomes and ensuring compliance with the Appendix C Criteria of the *Exit Stipulation* and meeting, or exceeding, the specified thresholds each year

- Creation or refinement of report formats and a reporting system to ensure collection of the most relevant information and dissemination to the appropriate individuals or entities in a timely manner

- Development of a tracking system to ensure ongoing monitoring of identified problem areas, follow up on the implementation of corrective actions and their efficacy, and maintenance of monitoring activities to ensure a system of ongoing self correction.

- Deployment of reasonable and sufficient resources to ensure continuous quality improvement through the activities described for the quality management system

Through all of these and related efforts, ADHS/DBHS enables clients to achieve their highest possible level of self-sufficiency while ensuring the availability and accessibility of the full range of services most appropriate to the clinical needs of each person.

# [illegible] OF
# ARIZONA QUALITY MANAGEMENT SYSTEM
# AS IT APPLIES TO ARNOLD V. SARN CLASS MEMBERS

**A. Organization of the Quality Management Systems**
- **ADHS/DBHS**
- **ComCare**

**B. ADHS/DBHS Quality Management System Organizational Chart**

**C. ComCare Organizational Charts**

**D. ADHS/DBHS Monitoring Team Plan**

**E. Five Data Sources/Processes**
1. Case Review Instrument
2. Client Satisfaction Survey
3. Provider Quality Review
4. RBHA Evaluation Processes
   - A) Quarterly quality management and financial reports
   - B) Problem resolution tracking system reports
   - C) Grievance, appeal, and investigation reports
   - D) Mortality reports
   - E) Seclusion and/or restraint reports
   - F) Annual operational/financial review
   - G) Annual provider network status report
5. Office of Oversight and Protection for the Seriously Mentally Ill

**F. Data Management Processes**
1. Case Review Instrument
2. Client Satisfaction Survey
3. Provider Quality Review
4. RBHA Evaluation Tools/Processes

**G. Prospective Examples of Data Reports**

1. Functional Reports
   - A) Case Review Instrument
   - B) Client Satisfaction Survey
   - C) Provider Quality Review
2. Principle/Performance Outcome Reports
   - A) Performance Outcome 1.07 (Data, Graph, Trend)
   - B) Performance Outcome 2.03 (Data, Graph, Trend)
   - C) Performance Outcome 2.04 (Data, Graph, Trend)
   - D) Performance Outcome 3.02 (Data, Graph, Trend)
   - E) Performance Outcome 4.01 (Data, Graph, Trend)
   - F) Performance Outcome 5.05 (Data, Graph, Trend)
   - G) Performance Outcome 6.01 (Data, Graph, Trend)
3. Appendix C Criteria
   - A) Report Example

**H. Relationship of Data Elements to Principles and Performance Outcomes**

1. Principle 1
2. Principle 2
3. Principle 3
4. Principle 4
5. Principle 5
6. Principle 6

**I. Trending Reports**

1. Nature of Treatment Appeals
2. Outcome of Treatment Appeals
3. Nature of Grievances/Request for Investigation (RFI)
4. Outcome of Grievances/Requests for Investigation (RFI)

QUALITY MANAGEMENT SYSTEM AS IT APPLIES TO
ARNOLD V. SARN CLASS MEMBERS
Arizona Department of Health Services
Division of Behavioral Health Services

# ATTACHMENT A

## ORGANIZATION OF THE QUALITY MANAGEMENT SYSTEMS

# ORGANIZATION OF THE QUALITY MANAGEMENT SYSTEMS

## A. ADHS/DBHS

ADHS/DBHS contracts with organizations, known as Regional Behavioral Health Authorities (RBHAs) to administer behavioral health services in the State. These RBHAs, which are private, non-profit organizations, function in a fashion similar to a health maintenance organization (HMO). ComCare is one of five RBHAs in Arizona, and it is responsible for behavioral health services provided in Maricopa County.

The ADHS/DBHS Quality Management System functions at a statewide level. Statewide quality management activities include participation by ADHS/DBHS senior management, clinical, statistical, and program staff, and corresponding ComCare and provider representatives.

Because ADHS/DBHS is committed to system improvement as well as regulation, the quality management system develops structures and processes that support the continuous quality improvement approach. This approach demands system self-evaluation and self-correction and includes monitoring, evaluation of findings, feedback concerning findings, and corrective actions to improve or change systems, processes, and structures. This process is designed to improve the quality of services and care and increase class member satisfaction.

The Assistant Director of ADHS/DBHS delegates responsibility to coordinate the Quality Management program to the Office of Managed Care and Quality Assurance (OMC/QA)

The ADHS/DBHS Medical Director and the Manager of the OMC/QA, or designee, are responsible for overall review of statewide quality management policies including service monitoring/improvement, provider networks, and utilization management. The Medical Director and the Managers of the OMC/QA and the Office for Persons with Serious Mental Illness work in close association to implement the quality management program.

ADHS/DBHS reviews ComCare Quality Management Reports. At the conclusion of its review, ADHS/DBHS may accept the report with no further action required, offer written observations or additional findings, call for improvement/corrective actions, or impose sanctions. The ADHS/DBHS Assistant Director determines the appropriate actions. The decisions and directions from the Assistant Director are provided to the ADHS/DBHS Monitoring Team for ComCare for review and follow up as determined by the management team.

Feedback loops and continuous quality improvement are assured through centralized reporting of all data output to the ADHS/DBHS Monitoring Team for

COMCARE. Team composition includes representatives from several ADHS/DBHS offices. Additional information on the Monitoring Teams is included in Attachment D.

## B. COMCARE

COMCARE's leadership demonstrates commitment to Quality Management by allocation of resources (personnel, time, information systems) and promotion of TQM principles (self-assessment, open communication, and appropriate inclusion of all levels of the organization in decision making processes). The 1996/97 QM/UM Plan sets forth the integration of the QM/UM Council and program structure. Input from the various stakeholders will be considered in order to further enhance the structure and activities of the COMCARE QM/UM Program. Because the QM/UM structure is changing substantially, the changes will be implemented over the course of the next year.

COMCARE has a Quality Management system of coordinated monitoring and evaluation activities aimed at assessing and improving the quality of care, services, and systems both within COMCARE and at the provider (subcontractor) level. Each department at COMCARE and each subcontracted provider within the COMCARE system of care is responsible for improving the quality of care and services within its domain.

The Quality Management Department endeavors to work closely with each COMCARE clinical and non-clinical department to assess the quality of clinical, non-clinical, and administrative services rendered to members, providers, and internal COMCARE department staff. The Provider Relations Department endeavors to work closely with the provider network to assess the quality of clinical, non-clinical, and administrative services rendered to members as well as internal and external customers to the provider.

Data are collected and organized. All information collected by reviewers/data collectors is confidential and is compiled and reported in aggregate form without individual identifying information. Peer Review data collection (which by nature of the process identifies the individual practitioner) is confidential, privileged information available only to, and utilized by, supervisory and management staff to assist in supervision, evaluation, credentialing, and/or decisions to retain employees or contractors.

Thresholds for evaluation are chosen for each monitoring and evaluation activity. Desired levels of performance are stipulated. Actual levels of performance are compared to the threshold and desired level of performance. Performance below the threshold requires further investigation and/or intensive monitoring and an action plan for improvement.

A narrative analysis of the monitoring and evaluation findings and results is composed. Findings are discussed by the department/service/area personnel whose process or outcome has been the focus of the monitoring activity. Discussion of results, conclusions, and an action plan for improvement are recommended by the pertinent area staff. Aggregated summary data (along with monitoring and evaluation conclusions, evaluations, and action plans) is reported monthly to the QM/UM Council inclusive of Executive Council members, via written reports, for review, approval, and further recommended actions and improvements. Actions may be directed to a particular program, the entire staff of a section, or an individual practitioner. Action plans define the action, responsible party, timeline for action, feedback on steps taken, and when re-evaluation will occur.

Evaluation of the effectiveness of action plans and improvements is contained in the Quarterly QM/UM Reports and contributes to the QM/UM Plan Annual Appraisal. The Annual Appraisal addresses all studies and includes a summary of findings, trends, results, recommendations, and opportunities to improve care and services which were identified and implemented; revision in policies and procedures, resource allocations, and staffing patterns; staff training and education conducted; and recommendations for revisions to the next year's QM/UM Plan to facilitate increased effectiveness and quality of care and service throughout the ComCare direct services and provider (subcontractor) service system.

Each Management Team selects performance measures in an effort to improve a function or process located within its domain. Management Teams may recommend, design, implement, analyze, and evaluate performance measures relevant to their scope. Each Management Team and its associated Project Team has standing members as well as the authority to draft members for time limited projects from disciplines and areas across the organization.

Data are collected according to specified frequency, then organized and analyzed. Specific subject information obtained through the data collection process is provided to involved areas/parties to effect individual corrective action as necessary. Measures and desired levels of performance are specified as required. Performance is measured by assessing actual levels of performance against the desired level of performance. Suboptimal performance is addressed through improvement/corrective actions. Aggregate information is compiled and reported to ADHS/DBHS. Reports of findings may include, but are not limited to:

- Total number of subjects that have been screened;
- Total number of subjects with variations from criteria;
- Comparison or trending of results relative to previous samples or to a predetermined benchmark or desired/required level of performance.

As part of the evolving QM plan for 1996/97, ComCare will participate in the outcome measures developed collaboratively with ADHS. In addition, ComCare will establish additional outcome measures in order to further enhance continuous quality improvement efforts.

Regarding the SMI population, ComCare plans to implement a pilot project, followed by full implementation, measuring the following on a regular and systematic basis: quality of life, symptoms, health status, substance use/abuse, and satisfaction. All phases of case management will be represented. Measures will be secured directly from members and, in some instances, from providers of care. Instruments which are valid, reliable, affordable, and brief are preferred. Instruments which have been translated into Spanish will be used, when appropriate. If Spanish translations are not available, ComCare will endeavor to formulate a Spanish translation in conjunction with the author(s) of the instrument(s). The pilot project commenced in November, 1996 with full implementation scheduled to begin March, 1997.

In conjunction with the Adult Services departments, outcomes data will be examined with particular emphasis on high quality of care/outcomes. Interviews will be conducted in order to determine practices likely responsible for these outcomes. Training will be conducted with remaining areas in order to improve quality of care/outcomes. Follow-up measures will be secured.

Baseline data will be secured in order to identify the correlates associated with "high risk" members among the SMI population. Upon identification of correlates, efforts will be made to predict "high risk" members at time of intake.

ComCare plans to integrate satisfaction surveys into the measurement of several additional areas of functioning. Satisfaction with services will become a standard component of regular and systematic assessment of outcomes among the SMI population. In addition to satisfaction, measurement will include quality of life, symptoms, health status, and substance use/abuse.

It is planned to also secure information regarding various phases of case management as well as satisfaction among priority members and non-priority members. General areas of satisfaction with services will be assessed as will satisfaction from the initial contact to the first appointment.

Because satisfaction with services will be integrated into the measurement of outcomes, it is planned to secure information on either a quarterly basis or continuous basis. Satisfaction with both case management and provider services will be evaluated.

An improvement action plan may be recommended or required by the Quality Team, and follow up on both the efficacy of the actions taken and any

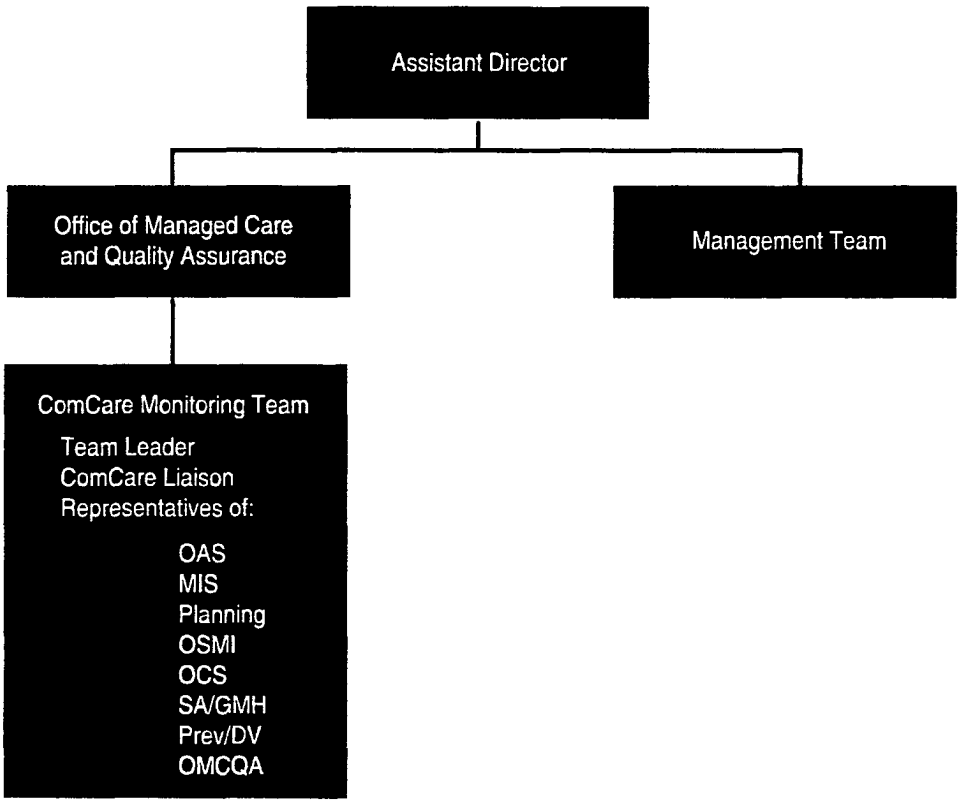
subsequent recommendations for modifications will be ongoing as part of the continuous quality management process.

# ATTACHMENT B

## ADHS/DBHS QUALITY MANAGEMENT SYSTEM ORGANIZATIONAL CHART

QUALITY MANAGEMENT SYSTEM AS IT APPLIES TO
ARNOLD V. SARN CLASS MEMBERS
Arizona Department of Health Services
Division of Behavioral Health Services

ADHS/DBHS
Organizational Chart
Quality Management System

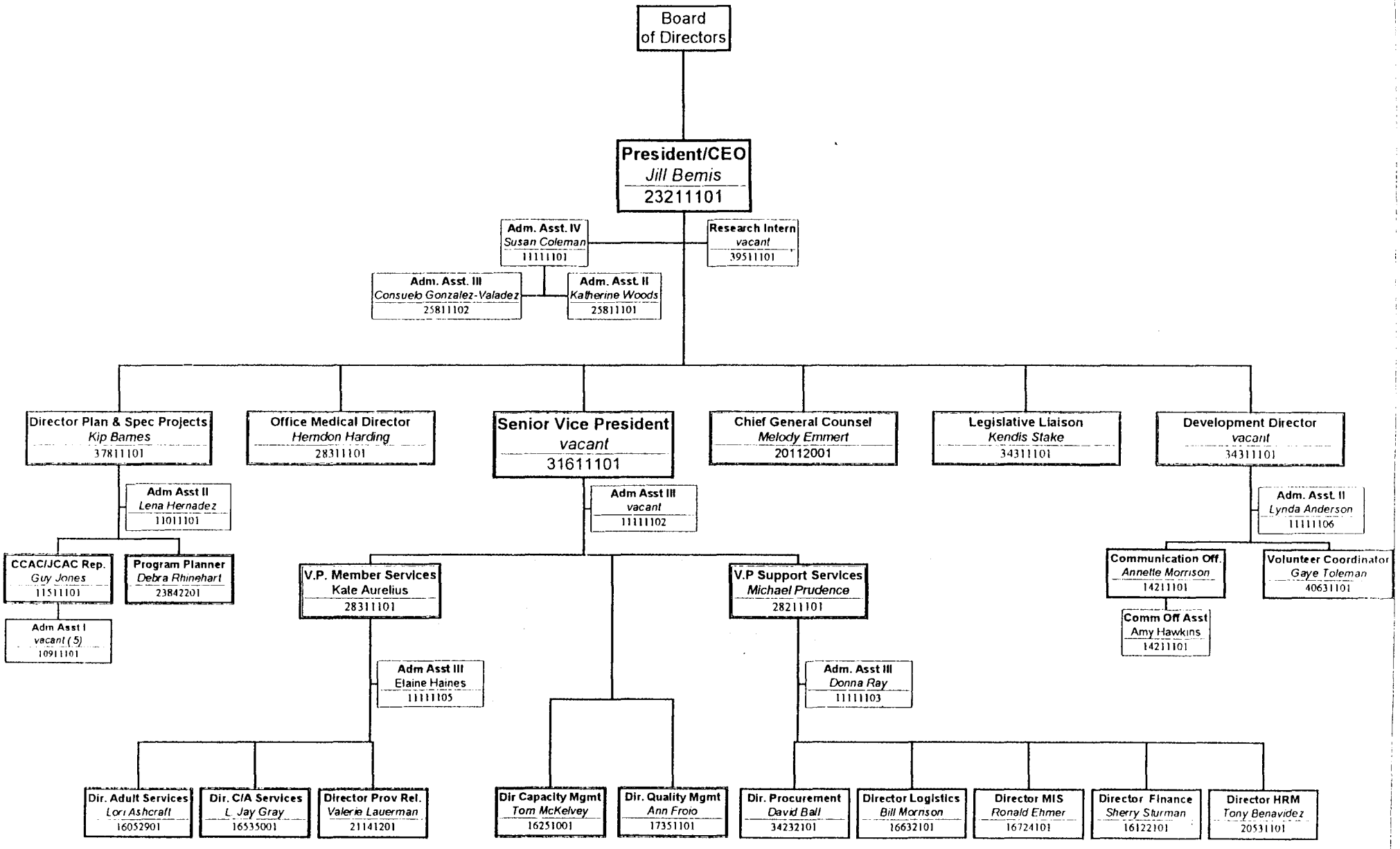


QUALITY MANAGEMENT SYSTEM AS IT APPLIES TO
ARNOLD V. SARN CLASS MEMBERS
Arizona Department of Health Services
Division of Behavioral Health Services

# ATTACHMENT C

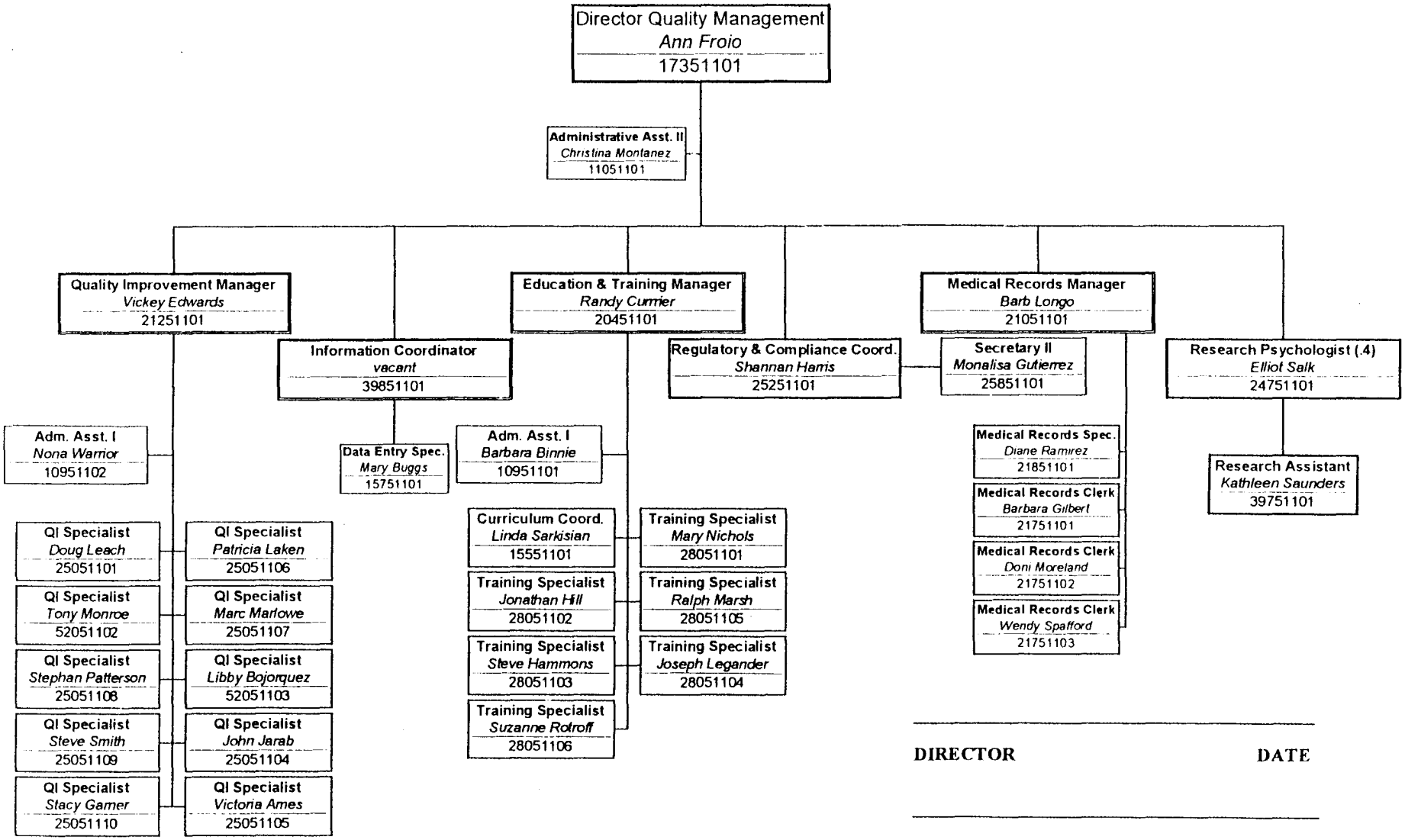
## COMCARE ORGANIZATIONAL CHARTS

COMCARE
EXECUTIVE MANAGEMENT: 111




PRESIDENT/CEO DATE

**COMCARE**
**QUALTIY MANANGEMENT : 511**
**01/06/97**




**DIRECTOR** **DATE**

**PRESIDENT/CEO** **DATE**

QUALITY MANAGEMENT SYSTEM AS IT APPLIES TO
ARNOLD V. SARN CLASS MEMBERS
Arizona Department of Health Services
Division of Behavioral Health Services

# ATTACHMENT D

# ADHS/DBHS MONITORING TEAM PLAN

# MONITORING TEAM PLAN

## Purpose

The purpose of this monitoring plan is to establish a mechanism for ADHS/DBHS to evaluate the RBHA system. By reviewing the operational and financial performance and the quality of care provided by the RBHAs, the Division of Behavioral Health Services will be able to ascertain:

1. how successfully the RBHAs meet the obligations of their contracts with ADHS/DBHS, including the requirements of the Rules for persons with serious mental illness;
2. whether the RBHAs are fulfilling the requirements for the delivery of Title XIX services;
3. what the strengths and weaknesses of each RBHA are, and to identify best practices that may be replicated throughout the system; and,
4. what the needs are of each RBHA for technical assistance and corrective action.

## Scope of Monitoring Activities

There are three areas of focus in monitoring that enable the reviewer to assess performance. These areas are:

1. Structure - what is the organizational structure of the business? What are the major reporting relationships.
2. Process - how does the business function? Does it have policies and procedures? Are they followed? Is there a formal internal communication process?
3. Outcome - is the business meeting its goals? Are services being utilized appropriately?

These areas are all examined through a variety of monitoring activities conducted throughout the year.

## Organizational Structure of the Monitoring Function

The responsibility for the coordination of the monitoring function resides in the Office of Managed Care/Quality Assurance. This Office, in conjunction with other program areas, is responsible for developing the monitoring plan that includes: the scope and timetable for monitoring activities; coordinating the work of the monitoring teams; coordinating monitoring functions with other State agencies, such as Licensure; conducting internal coordination meetings for exchanges of information; overseeing the actual monitoring activities, including checking deliverables; and establishing a process for technical assistance and

training. Written feedback on monitoring activities is provided to the Associate Director on a regular basis.

*Team Model*

There are three monitoring teams, and each team is responsible for two geographic service areas. Team composition includes representation from the Office of Administrative Support, the Office of Information Technology Services, the Offices of the Seriously Mentally Ill, Children's' Services, Substance Abuse/General Mental Health, and Prevention, as well as Planning and Quality Management. In addition, the Office of Grievances and Appeals and the Office of the Medical Director are resources to the team. One person on each team is designated as the team leader, and each team leader has a designated back-up.

The team leaders' duties are:

- ⇒ oversight of administrative and clerical tasks;
- ⇒ facilitation of team meetings; and
- ⇒ ensuring that monitoring activities are planned and implemented and that corrective action is taken.

The person designated as back-up to the team leader is responsible for assisting the team leader in preparing for the annual Operational and Financial Review of the RBHA as well as team meetings, including facilitating monitoring activities in the absence of the team leader and designing and planning the direction of monitoring activities.

Team members are responsible for becoming knowledgeable about the RBHA by: reviewing data reports received/generated on a routine basis; researching information and assuring reasonableness and consistency in information available on the RBHA; participating in on-site reviews; writing review reports; and assisting in the provision of technical assistance. In addition, team members are responsible for bringing information from their respective offices to share with the team, and bringing on-going information from the team back to the manager and staff in the office. Team members are also expected to notify the team leaders when special issues arise at the RBHAs.

## Monitoring Activities

The monitoring of RBHA performance occurs through on-site review activities and internal assessment of data received at ADHS/DBHS on a routine basis from a variety of sources.

*Internal Monitoring Activities Conducted at ADHS/DBHS*

**Data review** occurs on a routine basis. There are approximately 100 deliverables mandated by the ADHS/DBHS contract with each RBHA. Deliverables are reviewed to assure that timely, consistent, and reasonable information is available for the RBHA and to ensure continued financial viability, service delivery, and compliance with reporting requirements. Through the reviews , ADHS/DBHS is also able to trend information (intakes/discharges) and identify problem areas which may need to be addressed. Another source of data is the Independent Quality Evaluation which is performed annually. This evaluation consists of a chart review of a large sample of clinical records, and it has a different focus each year. The results of the annual quality evaluations are shared with the monitoring teams, and areas for improvement are addressed through a variety of monitoring activities.

**An all-team meeting** is held monthly and is facilitated by team leaders on a rotational basis. Minutes are taken by the designated team member. Copies of minutes are given to the team leader for distribution to the team and to the Associate Director.

The current status of the RBHA is assessed through a review of monthly data sets that describe specified financial and quality indicators. Any issues identified in the data reviews are processed at these meetings. In addition, team members provide updates on the status of the various functions that are monitored during the Operational and Financial Review; e.g. accessibility, status of the provider network, quality management, etc. A quarterly report summarizing the findings of these reviews is prepared for the Assistant Director. When the review is completed and all revisions incorporated, the report is forwarded to the appropriate RBHA Director.

In addition to utilizing the mechanism of communication of the quarterly reports, a decision can be made to immediately bring an issue to the attention of the Assistant Director for resolution (e.g., an issue requiring a policy decision). Certain issues can also be resolved through the Monitoring Team (e.g., missing information in a report).

**Monthly meetings of team leaders and team leader back-ups** are also conducted. They are facilitated by staff from the Office of Managed Care/Quality Assurance. The purpose of these meetings is to assure consistency in the monitoring processes and to coordinate information exchange among the Monitoring Teams. Updates are also provided on any issues or policy decisions. The Office of Managed Care/Quality Assurance staff may write a report on behalf of the team leaders/liaisons for the Assistant Director identifying any systems issues, statewide problems, best practices, etc. which may require action, clarification, or dissemination of additional information.

**Routine meetings with RBHA "special interest groups"** also provide an avenue for collection of monitoring information. There are already regular meetings with RBHA Directors, QA Coordinators, RBHA Medical Directors, MIS and Finance staff, Grievance and Appeal Managers, and an ADHS/DBHS/RBHA "Work Group." Additional groups that might be brought together are SMI Coordinators, Grievance Coordinators, Children's Services Coordinators, etc. The value of such meetings, which might occur on a quarterly basis, would be to provide an opportunity for the exchange of information on what's happening in that particular program area as well as promote early problem resolution. Minutes from these meetings are shared with appropriate Monitoring Team members.

*On-site Monitoring Activities*

The **Annual Operational and Financial Review** is a comprehensive monitoring activity conducted by ADHS/DBHS. This review is conducted for all RBHAs in a concentrated period of time, i.e., two consecutive months, usually September and October. During this review, all members of the team spend 2-3 days at a RBHA reviewing documents, meeting with staff members, and observing the operation of the RBHA. An exit report is given, and a final report written and delivered to all appropriate parties by the end of the calendar year. From this review, strengths and areas for improvement of the RBHA are identified and plans for technical assistance or need for corrective action are identified.

**An additional pre-scheduled RBHA visit** occurs annually in March or April. The purpose of this visit is to assess progress toward accomplishment of corrective action and provide technical assistance. The composition of the team may vary depending on need. **All** visits are coordinated with the team leader.

**Ad-hoc site visits** occur as needed. These may be in response to special issues that arise in: programs, quality assurance activities, problem resolutions, and/or individual training needs, etc. Although the team composition may vary, depending on the issue, **all** visits are coordinated with the team leader.

## Team Training

**Training needs of the teams** are addressed by the Office of Managed Care/Quality Assurance and the team leaders. Resources for training activities are both internal and external. Training topics range from broad overview presentations on such issues as managed care, capitation, and case management to more specific items, such as, interpretation of data received at ADHS/DBHS and explanation of financial ratios. Training occurs on an ad hoc basis.

QUALITY MANAGEMENT SYSTEM AS IT APPLIES TO
ARNOLD V. SARN CLASS MEMBERS
Arizona Department of Health Services
Division of Behavioral Health Services

## ATTACHMENT E

## FIVE DATA SOURCES/PROCESSES

1. Case Review Instrument - Version 15.00

2. Client Satisfaction Survey

3. Provider Quality Review - April, 1997

4. RBHA Evaluation Processes
   - Quarterly quality management and financial reports
   - Problem resolution tracking system reports
   - Grievance, appeal, and investigation reports
   - Mortality reports
   - Seclusion and/or restraint reports
   - Annual operational/financial review
   - Annual provider network status report with quarterly updates
   - Case review instrument (see Item #1 above)
   - Client satisfaction survey (see Item #2 above)

5. Independent Evaluation of the Duties and Activities of the Office of Oversight and Protection for the Seriously Mentally Ill (OOPSMI)

# ATTACHMENT E.1
# MAY 1997 CASE REVIEW INSTRUMENT

# QUALITY OF CARE

## Case Review Instrument

### VERSION 15.00

Reviewers Name: _____

Date(s) of Review: _____

**THIS DOCUMENT IS CONFIDENTIAL PER : ARS 36-509**

☐ SMI Priority Class Member Category - Specify all that apply:

☐ Inpatient at ASH

☐ Resident of Supervisory Care Home.

☐ Resident of a 24 hr. residential program.

☐ Inmate with a major biological illness.

☐ Hospitalized twice or more in the previous year OR frequent recipient of crisis services.

☐ SMI does not meet any of the above criteria for priority class:

☐ General Mental Health:

☐ Substance abuse:

☐ Child / Adolescent

☐ DD Child

# *REVIEWER'S GUIDE*

## *for*

## *Case Review*

The guide for reviewers is provided as general information about the review process. It should be read by reviewers prior to training and may be used for reference during the review. The guide is to be used in conjunction with training, supervision, debriefings, and final team analysis. This protocol should not be used by untrained persons. The guide for reviewers is a necessary tool but is not a substitute for professional skills, proper training or supervision of reviewers.

## General Procedure

Each RBHA will complete the Quality of Care Review on a defined member sample. The review will be performed by qualified professionals in the field of behavioral health who are experienced in evaluating or providing services to persons who have behavioral health problems and/or substance abuse. Reviewers will use data collection protocols designed specifically for the purpose of the review. ADHS/BHS professional staff will repeat the review on a portion of the RBHA completed sample.

For each member in the sample the reviewer will conduct a record review that focuses on the documentation in the past year. **In Maricopa County** the reviewer will also conduct an interview with people with serious mental illness, case manager/provider, and, as applicable, provider staff, family member/guardian/designated representative or others within the RBHA service delivery system.

In each section the reviewer will respond to a series of questions. The relationship between the service system and the individual's circumstances is the focus of the overall review.

Reviewers are selected because of their ability to render professional opinions with regard to the quality and adequacy of services provided. The reviewer is responsible for gathering enough information to render an opinion which is based on competent, relevant information. The reviewer will make judgments as a professional qualified to participate and render opinions in the clinical process. If there is reason to doubt, the reviewer should take measures to authenticate the evidence or to report possible limitations of the evidence. The reviewer may ask for assistance or professional input from their immediate/direct supervisor when unable to give a definitive response.

### Due Professional Care

Due professional care is to be used in conducting the review. This standard places upon an reviewer the responsibility for employing high professional standards in performing the review.

This standard does not imply unlimited responsibility for discovery and disclosure of any irregularities in treatment, nor does it imply infallibility on the part of either the reviewer or review organization. This standard does require professional performance of a quality appropriate to the complexity and importance of the task. Due professional care imposes on the reviewer the requirement to be alert to situations or actions that could be indicative of abuse, neglect, insensitive care, unnecessary restriction, or ineffective or harmful treatment.

Exercising due professional care means using good judgment in applying review procedures. The quality of review work is related to: procedures properly applied by competent persons; findings and conclusions based on objective use of relevant facts; and of the judgment exercised by those participating in the review.

## Definitions

The review process uses a variety of terms that require definition for reviewers. These terms are identified and defined below in working terms for use in this protocol.

**Adult Phase 1 Case Management (for ComCare):**

Individuals assigned to this level of case management are most often Members who have a major biological illness and significant functional impairment, who lack any community/Provider/social supports and who are generally unable or unwilling to avail themselves of traditional outpatient services.

**Adult Phase 2 Case Management (for ComCare):**

Individuals assigned to this level are most often Members who have a moderate level of functional impairment in conjunction with their mental illness and will require assistance, support and ongoing monitoring to maximize the member's benefit from services.

**Adult Phase 3 Case Management (for ComCare):**

Individuals assigned to this level of case management are often Members who have minimal functional impairment as a result of their mental illness and are generally able and willing to initiate contact and avail themselves of out-patient services and have demonstrated an ability to recognize and manage psychiatric symptoms and therefore have a very low need for inpatient or crisis services.

**Case Coordination (for those Non-Maricopa County RBHAs):**

Individuals assigned to this level of case management are often Members who have minimal functional impairment as a result of their mental illness and are generally able and willing to initiate contact and avail themselves of out-patient services and have demonstrated an ability to recognize and manage psychiatric symptoms and therefore have a very low need for inpatient or crisis services.

**Conservator:**

Means a person who is appointed by a court to manage the finances and property of a protected person. As such, a conservator is legally empowered to act on behalf of the protected person to sell the property of the protected person, to purchase goods and services and pay the debts for the protected person using the protected person's income and assets. A conservator is required to exercise his/her best judgment to act in the best interests of the protected person. Proof of the conservator relationship is established by "letters of conservatorship" issued by the court. The precise duties and responsibilities of a conservator are set forth in the Arizona Revised Statutes at A.R.S. § 14-5417 *et seq.*

**EISP (Extended Individual Service Plan):**

A version of the ISP especially designed for individuals who, because of their Serious Mental Illness or long-term institutional care, have severe functional deficits in several life domains. The EISP, in addition to meeting the definition of the ISP, specifically requires the development of a Long Term View and a comprehensive Functional Assessment.

**Functional Assessment:(SMI only) (Referred to as F.A.)**

A functional assessment describes the supports needed to achieve the long-term-view in relation to environmental demands. There may be one functional assessment or a series of functional assessments in different areas that are summarized by the treatment team.

**General Mental Health:**

A category of eligibility of behavioral health service for those individuals who have behavioral health issues which meet the criteria for a DSM IV diagnosis, but whose diagnosis and functional impairment do not meet the SMI criteria.

**Guardian:**

Means a person who, in general, has the authority to exercise the same powers, rights, and duties over an incapacitated person as a parent has respecting an unemancipated minor. In general, it is the guardian's responsibility to make provision for the care, comfort and maintenance of the incapacitated person. A guardian is responsible to secure appropriate treatment for the incapacitated person and, in general, can consent to treatment. The guardian can establish the abode of the ward and is obligated to find the most appropriate least restrictive setting consistent with the needs and abilities of the ward and public safety. In addition, a Title 36 guardian is required to consult with mental health professionals and to seek appropriate alternatives to hospitalization with a preference for alternative placements at home or with family. The precise duties and responsibilities of a Title 14 guardian are set forth in the Arizona Revised Statutes at A.R.S. § 14-5312 *et seq*. The additional duties of a Title 36 guardian are set forth at A.R.S. § 36-547.04

**Housing:**

Long-term, permanent residence.

**Individual Service Plan:**

A document that is used for individualized treatment and rehabilitation including the person's goals and services to attain the LTV/identified goals.

**Informed Consent:**

Consent or agreement to treatment based on the person having knowledge of the purpose, benefits, expected outcomes, potential side effects and alternative(s) to the treatment.

**Inpatient Treatment Discharge Plan (ITDP):**

A document that is used as the basis for individual treatment during hospitalization to facilitate the person's discharge from the hospital.

**Interim Service Plan:**

A plan which must be developed within 14 days of intake and which guides service provision until an Individual Service Plan/Treatment Plan is completed. The Interim Service Plan typically provides for immediate needs of the person, which may include short term crisis stabilization, access to health services, respite and support services, housing or health needs. It also identifies behavioral health services which must begin immediately, which may include case management and medication monitoring.

**ISP (Individual Service Plan):**

A detailed outline of the supports and services needed and wanted by the member. The ISP is based on assessments and where possible attends to the choices and preferences of the member. The ISP contains mutually developed goals and objectives and is the document by which services are monitored for quality and quantity. The ISP also defines responsibility for action and time lines.

**Long-term View (LTV):**

A planning statement developed by the individual with support and assistance from his/her clinical team which identifies what the person will be doing for living, work or education, and leisure pursuits which the next one to three years. This statement provides the service providers with a common vision as to the direction of the individual would like his or her life to take.

**Major Biological Illness:**

Schizophrenia, Schizoaffective Disorder, Bipolar Disorder, or Major Depression with psychotic features.

**N[illegible]ority Members:**

All SMI individuals who do not meet the criteria for a Priority Member (as defined below).

**Payee:**

Means a person appointed by a public agency to accept and manage public benefits for persons who are unable or unwilling to handling those funds appropriately. The procedures for appointment of a payee are unique to each payor agency. In essence, the payee is the "conservator" with respect to the benefit payment only.

**Person Who Needs Special Assistance:**

A person who has been deemed by a qualified clinician, case manager, clinical team or regional authority to need special assistance in participating in the ISP or ITDP process, which may include, but is not limited to: a client who requires 24 hour supervision; a client who is, in fact, incapable of making or communicating needs but is without a court-appointed fiduciary; or a client with physical disabilities or language difficulties impacting the client's ability to make or communicate decisions or to prepare or participate in meetings; or otherwise determined to need special assistance to effectively participate in the grievance process.

**Priority Members:**

A SMI individual, currently in the system, who meets one of the following:

- is inpatient at Arizona State Hospital (ASH),
- is a resident of a Supervisory Care Home,
- is a resident of a 24 hour Residential Program,
- is an inmate in jail who has a major biological illness,
- has been hospitalized for mental illness twice or more in a year or frequent recipient of crisis services.

(For Maricopa County, Priority Individuals include persons currently in the system and those since July 1, 1993 that were members of the above listed groups.)

**Progress:**

Includes positive changes, trends, and relevant events reflected in data. Narrative summaries should address the data and trends in a level of detail adequate to make periodic, reasonable decisions about the status and appropriateness of the individual's program.

**Public Fiduciary:**

Means the Office of the Public Fiduciary as created by each county board of supervisors. The Public Fiduciary may be appointed by the court to act as the conservator and/or guardian for persons when there is no other person willing or able to act as the conservator and/or guardian. The precise duties and responsibilities of the Public Fiduciary are set forth in the Arizona Revised Statutes at A.R.S. § 14-5601 *et seq.*

**Retired:**

The person is 62 years or older and chooses to retire or is financially independent without public funds.

**Seriously Mentally Ill:**

A category of eligibility for behavioral health services for those adult individuals who meet the criteria for a specific DSM IV diagnoses and whose emotional or behavioral functioning is so impaired as to interfere with their capacity to remain in the community without supportive treatment. The mental impairment is severe and persistent and may result in a limitation of their functional capacities for primary activities of daily living, interpersonal relationships, homemaking, self-care, employment or recreation.

**Substance Abuse:**

A category of eligibility for behavioral health services for those individuals who have drug or alcohol use which meets the criteria for a DSM IV diagnosis.

# Rules of Thumb

Presented below are general rules to follow in conducting case file activities. Some rules apply to special situations that are possible but unlikely to occur. Other rules apply to the mechanics of the review itself.

1. Any instance of abuse or neglect is to be reported immediately to the appropriate supervisory and public authorities.

2. Any situation observed that poses an immediate threat to the health or safety of a person is to be reported immediately. If possible, ensure that actions necessary to secure the safety of the person have been taken.

3. Any discrepancies found across records, observations, and/or interviews should be documented by noting clearly the sources and information that appears discrepant.

4. All records and case specific information are confidential.

5. Denial of access to pertinent records or activities is to be reported immediately to the RBHA Administration and ADHS/BHS.

6. In Maricopa County, all available records should be reviewed prior to the beginning of the interviews.

7. <u>Key for questions:</u>

   **Shaded = SMI Only**
   **Bold = Exit Criteria**
   **Unshaded = All populations (GMH, S/A, C/A, and SMI)**
   **Double Boxes = DDD/ALTCS Children and Adolescents only**

# QUALITY OF CARE
# CASE REVIEW


| | | |
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| IV. | Service Planning/Treatment Planning | pg 19 |
| V. | Service Delivery and Progress | pg 27 |
| VI. | Coordination of Care with PCP and Family | pg 31 |
| VII. | Inpatient Care and Coordination of Care | pg 33 |
| VIII. | Person Interview | pg 38 |
| IX. | Reviewer's Observations | pg 45 |
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# I. Identifying Information

| | | | | | |
|---|---|---|---|---|---|
| NAME: | | | | | |
| CIS ID NUMBER: | | | | | |
| AHCCCS ID Number: | | | | | |
| Address: | | | | | |
| Telephone number: | | | | | |
| **Case Manager:**<br>**Appendix C 1.** | | | | | |
| Address: | | | | | |
| Telephone: | | | | | |
| Title XIX? Yes No | Program SMI | Child | Mental Health | Substance Abuse | DD Child |

| | |
|---|---|
| Reviewer Name: Title: | |
| Date of Review: | |
| Other Agency Case Managers (Name and Agency): | |
| | |

| | |
|---|---|
| **Priority Individual** (Now or Since July 93) **Yes No**<br>**Has been a(n):** (if yes, check all that apply) | |
| ☐ **Inpatient at ASH** | |
| ☐ **Resident of Supervisory Care Home** | |
| ☐ **Resident of a 24 hr. residential program** | |
| ☐ **Inmate with a major biological illness** | |
| ☐ **Hospitalized twice or more in the previous year OR frequent recipient of crisis services.** | |

# II. Intake

## Review Guide

**In the event Intake or assessment information is absent from the available record; rate item NO and explain.**

1. This question applies only to cases in which the intake occurred after 4/1/94. The question seeks to verify appropriate timelines are followed. To assess timeliness, calculate using calendar days. When multiple intakes are present the reviewer will utilize information from the most recent intake only. If unable to determine, rate item NO.

   Referral Date: The date a request for behavioral health services is made by a prospective client, parent/guardian of a prospective client, or custodial agency. A referral may be made in writing, by telephone, or through face-to -face contact.

   Intake Date: The date a face-to-face meeting occurs between a prospective client and a behavioral health person for the purpose of determining financial, clinical, programmatic eligibility for behavioral health services and to identify the individual needs and priority for services.

2. A. Note whether the referral source ( self, family, agency, etc.) was notified by the RBHA of referral received -- any documentation in record would be adequate, N/A if intake prior to 4/1/94.

   B. Note if the referral source is notified of appointment within 72 hours of referral for evaluation, N/A if intake prior to 4/1/94.

3. A&B. Review the record for evidence on the service/treatment plan and revisions; intake documents, or other sources for information informing the person of the right to file a treatment appeal or grievance (SMI only). Evidence would include the person's/guardian's signature on the documents explaining the rights or documentation that these same rights were explained to the person/guardian and justification for no signature present.

3.B **Applies only to adults with Serious Mental Illness.**

4. Review the record for evidence that the person/legal guardian has provided written consent for treatment.

5. The reviewer will identify if documentation is present identifying history of previous treatment and treatment effectiveness information was elicited from the person/family/guardian/significant other.

   A. Any documentation in record would be adequate.

   B. N/A if no history of previous treatment.

6. The assessment should be performed or reviewed by a mental health professional per AAC R9-20-306. If you cannot determine the qualifications from the record, mark NO and explain in the comments section, N/A if intake prior to 4/1/94 only.

## II. Intake

| | | | COMMENTS |
|---|---|---|---|
| 1. | Is the *intake* assessment timely (within 24 hrs emergency; 7 days routine)?<br>A. Date of referral_____<br>B. Date of Intake_____ | YES NO N/A | |
| 2. | Is there evidence of response back to referral source?<br>A. Referral source_____<br>B. Is there notice to the referral source within 72 hrs of referral? | YES NO N/A<br>YES NO N/A | |
| | C. For ALTCS/DDD children and adolescents, was the response to DDD within 72 hrs of intake? | YES NO N/A | |
| **3.** | **Is there documentation indicating that the person was notified of his/her rights:** | | |
| | **A. to appeal eligibility and treatment decisions? (Appendix C.6.)** | **YES NO** | |
| | B. to file a grievance? | YES NO | |
| 4. | Is there evidence that the person/guardian has given written consent to receive treatment? | YES NO | |
| 5. | Was input from the person/family/guardian/ significant other included in the assessment regarding:<br>A. The history of previous treatment?<br>B. The success of previous treatment? | <br>YES NO<br>YES NO N/A | |
| 6 | Was the intake assessment performed by (or reviewed by) qualified staff?<br>A. Level of qualification_____ | YES NO N/A | |

7. List all assessments utilized in the review and the dates for each. N/A if prior to 4/1/94.

8. After reading the intake evaluation/assessment reports, the reviewer shall determine if the reports address the need for: N/A if intake prior to 4/1/94

8.A. **Provisional services**: A description of any services (including a plan for needed emergency services) that will be provided while assessments are completed and the individual service planning process has begun, and plans for the referral of the person to provisional services or the continuation of provisional services already provided.

**YES = evaluation or assessment report does address whether or not the person needs provisional services.**
**NO = the assessment report does not address the need for provisional services (+NO = not addressed, not needed)**
**N/A = the person has been in the RBHA for greater than 12 months.**

8.B. **Further evaluations or assessments**: An identification of further evaluations which the treatment staff/clinical team deem necessary to determine the services appropriate to the person's needs. (Diagnostic laboratory, psychological testing, EKG etc.)

**YES = the evaluation or assessment report does address whether or not the person needs additional evaluations.**
**NO = the assessment report does not address the need for additional evaluations (+NO = not addressed, not needed)**
**N/A = intake prior to 4/1/94**

8.C. **Follow-up Efforts to Secure, Needed Information**:
Identification of actions taken by the clinical team/treatment staff to acquire unavailable information. (i.e. diagnostic testing or laboratory, psychological testing, EKG etc.) N/A if no additional information needed. N/A if intake prior to 4/1/94

9. Based on information contained in the clinical record, the reviewer will assess whether the assignment to programmatic services (SMI, GMH, SA, Child/Adolescent Intensive Case Management or Child/Adolescent Case Coordination), based on age, diagnosis, functional abilities, as well as other pertinent clinical issues

# II. Intake

| | | | COMMENTS |
|---|---|---|---|
| 7. | Does the intake assessment, comprehensive assessment, or psychiatric evaluation information include: | | List all assessments utilized and the date for each: |
| | A. Reason for request and/or referral for services? | YES NO N/A | |
| | B. Past psychiatric history, including hospitalizations? | YES NO N/A | |
| | C. Medical history? | YES NO N/A | |
| | D. Substance use history? | YES NO N/A | |
| | E. Family history, including history of behavioral health disorders? | YES NO N/A | |
| 8. | Do evaluations or assessment reports address: *(see prompts)* | | |
| | A. Required provisional or emergency services<br>1. If yes, were the required provisional or emergency services provided? | YES NO N/A<br>YES NO | * Comments required if No. |
| | B. Further evaluation or assessments required | YES NO N/A | * Comments required if YES |
| | C. Follow up efforts to secure needed information | YES NO N/A | |
| 9. | Is the person appropriately assigned to programmatic services? (SMI, GMH, SA, Child/Adolescent Intensive Case Management or Child/Adolescent Case Coordination) | YES NO | |

## Review Guide

Use the initial and any/all update assessments for these question.

10. The reviewer will review assessment reports, including psychiatric, psychosocial and comprehensive assessments and determine if the assessment info includes a psychiatric diagnosis, and if:

    A. The diagnoses have been established/reviewed within the past 12 months;

    B. A DSM IV Diagnostic Code and/or written diagnosis is present on Axes 1, 2 and 3; a description of the Psychosocial and Environmental Problems is present on Axis 4; and a number representing the functional assessment is present on Axis 5.

11.A. Comprehensive assessment: (N/A if intake occurred within 30 days for all 7A-7C) If a comprehensive assessment evaluation has not been completed, indicate "No" for item 7.A. and N/A for 7.B. and 7.C. 1 - 11.

11.B. The assessment must include a face-to-face interview.

11.C. The reviewer should not complete each of these ratings until the record review and all interviews are completed. The determination of adequacy must include a consideration of the accuracy of information in each component of the assessment. For each component of the comprehensive assessment, indicate whether the component was present and addressed adequately. If in the reviewers clinical judgment the component is present but inadequate, an explanation is required. The determination of adequacy is based on whether the following aspects were included for each component:

11.C.1. **MENTAL HEALTH STATUS**: Cognitive functioning, including attention, memory, information processing and problem solving; affect, mood, attitudes, self-image, emotional stability, and mood; behavioral symptoms and history; history of and diagnosed mental illness; documentation of the need for medication.

11.C.2. **LEGAL STATUS and/or APPARENT CAPACITY**: The existence of a guardianship or conservatorship for the person and the scope and authority of the guardian or conservator; whether the person appears capable of making informed decisions with regard to medical care or other treatment, financial matters, or confidential information; able to effectively participate in the service planning process; able to exercise other rights and privileges; whether the person needs a guardianship, conservatorship, representative payee, or other protective services or, in the alternative, whether the person is no longer in need of such protective services; whether the person needs or would benefit from special assistance, counsel or advice in making treatment decisions or in enforcing the person's rights; the existence of any type of court-ordered treatment.

11.C.3. **PERSON'S SOCIAL SETTING**: The person's current living situation, neighborhood, community, family, and key support persons (friends).

11.C.4. **PHYSICAL HEALTH STATUS**: The person's health, including a summary of physical examination and other evaluations completed in past year. The documentation should include the person's medical condition, including any chronic medical condition which requires regular monitoring or intervention.

11.C.5. **LEVEL OF DAILY LIVING SKILLS**: The person's level of daily living skills includes (adults); personal care and grooming, nutrition and food preparation, and domestic skills: health maintenance, hazard recognition and avoidance; ability to follow a prescribed treatment program, including medication; time and money management; the utilization of community resources; communication, functional reading, the use of a telephone; ability to independently request assistance; and self-preservation.

11.C.6. **CRIMINAL JUSTICE HISTORY**: Any history or current status of arrests, probation or incarceration including the dates and conclusion of any criminal justice involvement.

# III. Assessment

| | | | | | COMMENTS |
|---|---|---|---|---|---|
| 10. Does the assessment information include a psychiatric diagnosis? | | YES NO | | | |
| A. Is it current? (Within the last 12 months) | | YES NO | | | |
| B. Is it complete? (All 5 axis) | | YES NO | | | |
| 11. Is there a comprehensive assessment or evaluation?<br>A. Date_____<br>B. Was a face-to-face interview conducted during the assessment/evaluation process?<br>C. *Does it include the following components? (See prompts)* | | YES NO N/A<br><br>YES NO N/A | | | * Explain a response of NO for 11. |
| | Present, Adequate | Present, Not Adequate | Not Present | N/A | |
| 1. Mental health status | ① | ② | ③ | ④ | Explanation required if inadequate |
| 2. Legal status and/or apparent capacity to make informed decisions/need for guardian/conservator. | ① | ② | ③ | ④ | Explanation required if inadequate |
| 3. Person's social setting | ① | ② | ③ | ④ | Explanation required if inadequate |
| 4. Physical health status | ① | ② | ③ | ④ | Explanation required if inadequate |
| 5. Level of daily living skills | ① | ② | ③ | ④ | Explanation required if inadequate |
| 6. Criminal justice history | ① | ② | ③ | ④ | Explanation required if inadequate |

11. **EMPLOYMENT**: The person's vocational and employment skills and potential, including any vocational history, a summary of an evaluation of work skills, and the person's preferences and interests in employment.

11.C.8 **EDUCATION**: The person's education and training, including a history or evaluation of the person's education background, current education plan or Individual Education Plan (IEP), if any.

11.C.9. **Language abilities**: The person's language abilities including an identification of the person's ability to read, hear, understand, and speak English or in the person's preferred language.

11.C.10. **Resources**: The person's resources including the identification of public and private resources paid to or for the person or to which the person may be entitled under any local, state or federal law or regulations including: (a) income maintenance programs such as SSI, SSDI, Worker's Compensation, Unemployment Compensation, Veteran's Administration, Food Stamps, and/or General Assistance; (b) if resources are available and subject to the control of a representative payee; the name of the payee and the specific agency or office with responsibility for the representative payee; (c) benefits or income from any trust, including the court, if any, with responsibility for overseeing the operation of the trust, the name of the trustee, and terms of the trust; (d) health care benefits; (e) housing assistance, including eligibility for public housing, rental assistance, and subsidized housing (f) education/vocational services; and (g) social services, including those under Title XIX and those administered by private, local, and state social service agencies.

11.C.11. **Substance use history**: Current status and/or any history of substance use including specific substances used and any treatment history.

12. **(Applies only to adults with Serious Mental Illness)** Evidence that an assessment for Special Assistance has occurred may be located in the Individual Service Plan, staffing notes, psychiatric evaluations, comprehensive assessment, psychosocial reports and/or progress notes. The documentation may include a specific statement about the need for 'special assistance' or may include specific documentation referencing the person's inability to participate in the ISP or grievance processes due to physical or cognitive deficits, or language difficulties that interfere with the person's ability to communicate effectively. Regarding the ISP process, the person may be identified as being unable to communicate choices, desires, preferences or understand service options; regarding the grievance and appeal process, the person may be identified as unable to communicate objection, refusal, disagreement or allegations of abuse or rights violations or cannot understand options proposed to resolve grievance/appeal issues. There may also be the existence of The Office Of Oversight - Protection for Seriously Mentally Ill " Special Assistance Form"

**YES = there is evidence that the team has assessed whether or not the person needs special assistance.**
**NO = there is no evidence that the team has assessed whether or not the person needs special assistance.**

12.A. The reviewer will determine whether the person received special assistance, either through ADHS or the RBHA. Evidence of this may be documented in the progress notes, ISP or staffing notes.

The reviewer will also determine whether the person was offered, but refused to accept, special assistance through ADHS or the RBHA. Evidence of this may be documented in the progress notes, ISP or staffing notes.

**YES = The person received Special Assistance**
**YES = Special Assistance was offered and refused by the person**
**NO = Special Assistance was not offered to the person**

12.B. After reviewing the clinical record and conducting all interviews, the reviewer will determine, utilizing their best clinical judgment, whether the person is in need of special assistance. The reviewers determination is independent of whether the team has assessed or determined the need for special assistance.

# III. Assessment

| | Present, Adequate | Present, Not Adequate | Not Present | N/A | COMMENTS |
|---|---|---|---|---|---|
| 7. Employment | ① | ② | ③ | ④ | Explanation required if inadequate |
| 8. Education | ① | ② | ③ | ④ | Explanation required if inadequate |
| 9. Language abilities/Interpreter services/need for sign language or literary assistance | ① | ② | ③ | ④ | Explanation required if inadequate |
| 10. Resources/Entitlements | ① | ② | ③ | ④ | Explanation required if inadequate |
| 11. Substance use history | ① | ② | ③ | ④ | Explanation required if inadequate |
| 12. Did the clinical/treatment team assess whether the person needed special assistance in the ISP and grievance processes? | | | YES | NO | |
| A. **If special assistance was needed, was it provided by ADHS or the RBHA? (Appendix C.10)** | | | YES | NO | |
| B. Regardless of the team assessment/decision, is there evidence that the individual requires special assistance? | | | YES* | NO | * specify reason |

# IV. Service Planning/Treatment Planning

13. Identify whether the presence of a service/treatment plan is evident by circling yes, no, or N/A. Not applicable response is only acceptable if the person's intake and eligibility was determined less than 30 days prior to case file review.

13.B. **INDIVIDUAL SERVICE PLAN (ISP) FORMAT INSTRUCTIONS AND INFORMATION;**
The development of an individual plan for services is a requirement of applicable regulatory agencies in Arizona. These agencies include AHCCCS, ADHS/BHS and ADHS/Office of Behavioral Health Licensure (OBHL).

The Department has determined that, as with case management services, the individual service plan shall be developed in accordance with each person's level of need. People with significant need for support will continue to receive Individual Service Plans, following the process outlined in A.A.C. R9-21-301 through 315. All other consumers of mental health services may have a service plan that meet all AHCCCS and OBHL requirements. The reviewer will check the format of the plan in the clinical record, then indicate whether that plan is present and adequate, present or not adequate. If the person is required to have a specific format, but it is not present, the reviewer will mark Not present in the applicable section. N/A = the specified format is not applicable to the person.

**SMI ONLY:**

A. An ISP (EISP for Maricopa County) is required for the following priority groups:
- Inpatient at ASH
- Persons who live in Supervisory Care Homes.
- Persons in 24 hr. Residential program.
- Persons who are in Jail who have a major biological mental illness (as defined on page____ ).
- Any person who requests an ISP.
- (In Maricopa County Only) Persons who have been hospitalized for mental illness twice or more in a year or a frequent recipient of crisis services.

B. The components for service plan (sometime call a "condensed" ISP) include: - a Comprehensive Assessment
- Goals, Objectives and Methodologies

14. If the individual has been determined to be a Priority Class member, and there has not been a specific determination that the individual does not require an Extended Individual Service Plan, the treatment plan should contain a functional assessment and a long-term view. N/A if a specific determination has been found or the individual is not a priority class member.

15. This standard applies to ONLY interim service/treatment plans completed on 10/1/93 and after per AHCCCS requirements. Refer to date in 1.B. **N/A if in service prior to 10/1/93.**

16. An answer of N/A means the person is not SMI; N/A also if in service prior to 10/1/93.

17. The individual service plan per R9-21 must be prepared or revised at least every six months. The service plan for children in RTC updated/revised every 30 days; plans for persons in acute care treatment updated/revised every seven days; and outpatient plans updated every 90 days (per R9-20)

# IV. Service Planning/Treatment Planning

| | | | | | COMMENTS |
|---|---|---|---|---|---|
| 13.A. Does the person have a service/treatment plan? Date:_____ | YES NO N/A | | | | |
| | Present, Adequate | Present, Not Adequate | Not Present | N/A | |
| 13.B. The format of the plan is: *(check one)* | | | | | |
| An ISP (has a long term view and functional assessment (EISP for ComCare) | ① | ② | ③ | ④ | |
| An ISP (NO long term view and functional assessment) | ① | ② | ③ | ④ | |
| A Treatment Plan | ① | ② | ③ | ④ | |
| Other specify_____ | ① | ② | ③ | ④ | |
| **14. Priority clients whose clinical needs require EISP's, have an EISP with a functional assessment and long-term view. (Appendix C.3.)** | YES NO N/A | | | | |
| 15. Was an interim service/treatment plan completed within 14 days of intake? | YES NO N/A | | | | |
| **16. Was the individual service plan completed within 90 days of intake? (Appendix C.3.)** | YES NO N/A | | | | |
| **17. Was the plan reviewed within the last six months? (Appendix C.4.)** | YES NO N/A | | | | |

19. For persons with Serious Mental Illness, except in the unusual circumstance where the person is properly assigned to the Phase 3 Case Management/Case Coordination Model, priority clients have clinical teams which include the person, guardian, nurse, physician, case manager, and vocational specialist. For other populations participation in planning should be based on the individual's needs; if participation is not required or needed, mark the item N/A. N/A if plan is interim and team has not met. The reviewer will determine whether the required members of the clinical team actively participated in the service/treatment planning. A signature on the plan in and of itself, may not be sufficient to reflect active participation. Active participation may be indicated by the presence of clear professional input/recommendation in the comprehensive and functional assessment and the goals/objectives/methods, as well as documentation that the specific clinical team members attended the ISP meeting and assisted in establishing goals and making service recommendations; documentation in the team discussion or in progress notes.

19.F. An answer of N/A means that the person is already employed and does not need the support or services offered by Vocational Rehabilitation to maintain that employment; the person has goals related to employment, but the person and the team has assessed that Vocational Rehabilitation is not needed in order for the person to successfully achieve the goal of employment; or employment is not an issue because the person has identified that they do not want or need to be employed.

19.H. If in the reviewer's opinion the participation of a provider has an impact on planning and there is no evidence of their participation, the reviewer will answer "NO"

19.I. Other: If in the reviewer's opinion the participation of a person (i.e. representative payee, family member etc.), has an impact on planning and there is no evidence of their participation; the reviewer will circle "No" and write in the space the relationship to the person. For each person designated, the evidence that the person is a active participant could include; signature on the plan, documentation in team discussion, or progress notes, correspondence with person or other team members.

20. This is a summary question. In order to answer YES, items A through F in #19 must be answered YES, with the exception that F may be NA if employment is not an issue. In addition to items A through F, the clinical team should include other pertinent individuals such as current providers of service, family members actively involved in treatment planning and others as needed on an individual basis. If the person is properly assigned to a case coordination model, N/A may be used. The auditor should not rate this item until the record review and all interviews are completed. This is a summary question based on a review of the record and all interviews.

21.A&B. **After reviewing the person's recent assessment (i.e. comprehensive assessment, a psychiatric evaluation) and the service/treatment plan, determine whether the person's plan is consistent with the findings in the assessments or the subsequent diagnosis.**

21.C. Identify whether the person's plan reflects the providers (i.e. case managers, residential treatment staff, crisis providers etc.) involved and participating in the care of the individual. N/A if no service providers.

# IV. Service Planning/Treatment Planning

| | | | | COMMENTS |
|---|---|---|---|---|
| 18. For ALTCS/DDD children and adolescents, was the DD case manager notified 72 hours prior to ISP staffing. | YES | NO | N/A | |
| **19. Is there evidence of active participation in service/treatment planning by the following:** | **YES** | **NO** | **N/A** | |
| **A. the Person (Appendix C.9.)** | **YES** | **NO** | **N/A** | *** Explain a NO or N/A response FYI: Positive no = person's guardian there, person refused to participate.** |
| **B. Guardian** | **YES** | **NO** | **N/A** | *** Explain a NO or N/A response** |
| **C. the Psychiatrist** | **YES** | **NO** | **N/A** | *** Explain a NO or N/A response** |
| **D. the Nurse** | **YES** | **NO** | **N/A** | *** Explain a NO or N/A response** |
| **E. the RBHA case manager/therapist (circle one)** | **YES** | **NO** | **N/A** | *** Explain a NO or N/A response** |
| **F. the Vocational Specialist** | **YES** | **NO** | **N/A** | *** Explain a NO or N/A response** |
| G. Case managers from other agencies (AOC, DES, DDD, Court, other) | YES | NO | N/A | * Explain any response |
| H. Providers | YES | NO | N/A | * Explain any response |
| I. Others as needed (i.e. family members, designate representatives) | YES | NO | N/A | * Explain any response |
| **20. Unless properly assigned to case coordination, the priority client has an appropriate clinical team as indicated in 19A-19F? (Appendix C.2)** | **YES** | **NO** | **N/A** | *** Explain any response, Note 19 F exception** |
| 21. Does the plan reflect: | | | | |
| A. the assessments | YES | NO | N/A | |
| B. the diagnosis | YES | NO | N/A | N/A only if prior to 30 day timeline |
| C. all service providers who will share in the responsibility of providing services to the individual. | YES | NO | N/A | |

22.A. **(SMI ONLY)**A long-term view (LTV) is a statement that is used for planning and which minimally includes where and with whom the person will live, learn/work, and socialize in the next 1-3 years. Circle the appropriate answer. The reviewer must keep in mind that the long-term view is a statement developed by the person. It is possible that a person may refuse to address all or part of the long-term view components. It is incumbent upon the clinical team to record this refusal. If the person refuses to state a vision for his/her future in any or all of the required components, the clinical team should document this refusal as part of the long-term view. Therefore, a documented statement that the person refused to provide a long-term view for where he/she wants to be living, learning, working and/or socializing, is considered a statement about each area. This is also true for "unrealistic" or "pessimistic" long-term view statements. The clinical team should make effort to assist the person in developing a realistic and optimistic long-term view, but may not be immediately successful and can only record what the person has said. In each of these instances, the reviewer will look for the plan to address what the clinical team will do to assist the person with developing an adequate long-term view. When the service/treatment plan does not require a long-term view, the treatment team is still required to elicit from the person and document the person's preference in the living, learning/working, leisure domains.

22.B. **(SMI ONLY)** Evidence that the preferences/goals were established by the person may be the person's signature, the long term view preferences are hand written by the person, the use of "I" statements, or the team documents the person's "wishes", "desires", etc.

22.C. **(SMI ONLY)** The reviewer will look for documentation which reflects the clinical team's consistent efforts in working with the person so that the person is able/willing to establish personal goals.

23. (Only applies to adults with Serious Mental Illness) may be titled **"Functional Assessment"**. The skills and supports described should be specific to achieving the personal goals or long-term view in relation to environmental demands. Answer N/A if no long term view. Indicate whether the description of skills and supports was present and adequate. If in the reviewer's clinical judgment the description is present but inadequate an explanation is required.

24. **(For SMI)** Individualized goals/objectives can be determined by the existence of a relationship of the written goals to the person's preferences or LTV. **(For non-SMI)** Individualized goals are outcome-stated and related to assessment information.

25. Goals that reflect information or recommendations available from professional evaluations/assessment is evidence of professional input. Documentation by the clinical/treatment team that describes goals for improvement of behavioral health or adaptive functioning supporting the personal preferences/long-term view are also indicators of professional input into goal formulation.

26. Based on information collected from assessments, documentation, and interviews (if applicable) goals that are reasonable and/or achievable can be determined by the presence of:
    - measurable outcome statements
    - reflective of the person's preferences or needs
    - based on available functional assessments
    - takes into account the person's resources (both psychological and material)

27. Methodologies may include services by providers, generic services, actions by people other that the person including family members, paid RBHA staff, and friends. The methods/steps described should lead the person toward achievement of the goal/objective. If in the reviewer's clinical judgment the description of methodologies are present but inadequate an explanation is required.

28. Review the person's goals on the service/treatment plan and the progress and staffing notes; then make a determination if there is documentation reflecting the progress, or lack of progress, on the goals. Answer N/A if no goals.

# IV. Service Planning/Treatment Planning

| | | | | | COMMENTS |
|---|---|---|---|---|---|
| 22.A. Is there documentation of the person's long term view, preferences, or personal goals with respect to: | | | | | |
| 1. Community living arrangements | | YES | NO | N/A | |
| 2. Educational/vocational activities | | YES | NO | N/A | |
| 3. Social/recreational activities | | YES | NO | N/A | |
| 22.B Were these preferences/goals established by the person or with assistance, if necessary? | | YES | NO | N/A | |
| 22.C. Is there evidence that the person was encouraged and supported to establish personal goals if unable and/or unwilling to participate in treatment planning process. | | YES | NO | N/A | N/A if yes to B. |
| 23. Is there a description of the skills and supports needed for the person to establish or achieve his/her long term view or personal goals? | Present, Adequate ① | Present, Not Adequate ② | Not Present ③ | N/A ④ | Explain if present, not adequate ② |
| 24. Are there individualized service/treatment goals or objectives? | | YES | NO | N/A | * Explain NO or N/A |
| 25. Is there evidence of professional input in the development and formulation of these services/treatment goals? | | YES | NO | N/A | * Explain NO or N/A |
| 26. Are the goals reasonable and/or achievable? | | YES | NO | N/A | * Explain NO or N/A |
| 27. Are there specific steps/methods documented that describe how the goal will be achieved? | Present, Adequate ① | Present, Not Adequate ② | Not Present ③ | N/A ④ | Explain if present, not adequate ② |
| 28. Do progress notes or any other documents reflect progress, or lack of progress, toward goals described in the plan? | | YES | NO | N/A | N/A if No Goals. |

29. Based on information in the progress notes and other documentation in the record, the reviewer will assess whether there is evidence to support that the service/treatment plan was revised based on the individual's progress/lack of/or emerging needs. If evidence leads the reviewer to the conclusion that the plan is revised according to agency policy and not as a result of individual progress; then "No" is the appropriate response.

30. The auditor should not rate this item until the record review and all interviews are completed. The reviewer will determine if, within the past year, there was a substantial reduction, modification of residential setting or day/vocational program modification or termination of services. For this purpose, a substantial reduction or termination is defined as any change in service provision which causes a significant change in the person's daily routine and activities, and/or the level/type of supervision and support provided.

30.A. The reviewer will assess whether the service plan was modified with the person's/guardian consent. This would be reflected by a person's/guardian's signature on the treatment plan/ISP/EISP and/or the clinical team meeting/staffing notes. The reviewer will assess whether the service plan modification was done in accordance with AAC Ch.21 R9-21-314. N/A if No to 30.

30.B. The reviewer will assess whether the changes were clinically indicated or appropriate. N/A if No to 30.

# IV. Service Planning/Treatment Planning

| | | COMMENTS |
|---|---|---|
| 29. Is the service/treatment plan revised as necessary based on progress, lack of progress and/or significant behavioral health needs? | YES NO N/A | N/A if No to 30. |
| 30. During the past year, was there a substantial reduction of services, a substantial modification of a residential setting or day/vocational program, or a termination of services? | YES NO | |
| **A. If yes, was the person's ISP modified with their consent or consistent with the ISP rules (Appendix C.5)?** | **YES NO N/A** | |
| **B. If yes, were the changes clinically indicated/appropriate?** | **YES NO N/A** | |

# V. Service Delivery and Progress

31. N/A if the person reviewed has been enrolled in continuous services past year.

32. (Skip this question if in Maricopa County) Is there evidence that the RBHA/service provider is providing the services as described in the service plan? If unable to determine rate item NO.

33. (SMI Only) Review the provider plan and compare it to the ISP in order to make this determination. List the name of each provider

**YES = The provider plan is consistent with the ISP**
**NO = The provider plan is not consistent with the ISP, or the reviewer is not able to determine whether it is consistent with the ISP**
**N/A = There is no provider of service in addition to the RBHA**

34. (Skip this question if in Maricopa County) Examples of basic needs include adequate food, safe housing, satisfactory cooling/heating, free from obvious danger, and that existing physical health care needs are being addressed. The auditor should not rate this item until the record review and all interviews are completed.

35. (Skip this question if in Maricopa County) The auditor should not rate this item until the record review and all interviews are completed. The reviewer will make a determination if the person's behavioral health treatment needs, **including substance abuse needs**, are satisfactorily addressed.

36. After reviewing the person's record including assessments, treatment/service plans, progress notes and medication logs, the reviewer will make a determination of whether the person is prescribed behavioral health medications. The medications may be prescribed through the RBHA, a RBHA contracted provider or a private/non-RBHA provider of service.

37.A. Review the information from the record including the physician/nurse practitioner/nurse/physician's assistant progress notes, evaluations or assessments to ascertain whether the behavioral health medication benefits and risks were explained to the person/guardian.

37.B. A qualified staff is the psychiatrist, nurse practitioner, registered nurse, physician's assistant.

38. Evidence that the person/guardian provided either verbal or written consent to take psychotropic medication can be located in the physician/nurse practitioner progress notes, consent forms, or team meeting notes. An answer of YES indicates that the person/guardian gave informed consent indicated by the person having the cognitive capacity at the time of the consent to make the decision. An answer of NO indicates that the person/guardian either did not provide verbal or written consent, or that despite having documentation of verbal or written consent, the person did not have the cognitive capacity to make the decision. An answer of NO would also be given if the person/guardian provided verbal or written consent for some, but not all, medications. N/A would mean the person is not taking psychotropic medications.

39. N/A if no ECT or surgically related procedures to address mental health conditions were initiated as part of the person's treatment.

# V. Service Delivery and Progress

| | | | COMMENTS |
|---|---|---|---|
| 31. | Is service delivery timely (first service or first case management contact within 30 days of intake)? | YES NO N/A | |
| 32. | Are on-going services delivered per service/treatment plan? **(Skip if Maricopa County)** | YES NO N/A | |
| 33. | Is the provider plan consistent with the ISP? Specify name of provider: | | |
| | Provider #1: _____ | YES NO N/A | |
| | Provider #2: _____ | YES NO N/A | |
| | Provider #3: _____ | YES NO N/A | |
| 34. | Are the person's basic needs addressed? **(Skip if Maricopa County)** | YES NO | * Explain what action taken or referrals made |
| 35. | Are all the behavioral health treatment needs adequately addressed? **(Skip if Maricopa County)** | YES NO | |
| | If no, please list unmet needs: | | |
| 36. | Is the person currently prescribed behavioral health medications? | YES NO | * If NO go to question # 39 (FYI No is positive) |
| 37.A. | Is there documentation that the person received an explanation of the benefits and risks of the medication? | YES NO N/A | |
| 37.B. | Is there evidence that the explanation was provided by qualified staff ? | YES NO N/A | |
| **38.** | **Is there evidence that the person/guardian provided verbal or written consent to take the psychiatric medication? Appendix C.11.** | **YES NO N/A** | |
| **39.** | **Is there documentation of adequate informed consent to ECT or surgically related procedures to address mental health conditions? Appendix C.11.** | **YES NO N/A** | |

40. Indicators for the need for medications should be documented in the Physician/Nurse Practitioner/Physicians Assistant/ Psychiatrist progress notes, evaluations, or assessments.

41. After reviewing the record, the reviewer should note any instances of the person experiencing allergic symptoms or severe side effects to medication and make a determination if follow up and/or treatment was provided by the clinical team.

42. Through review of the person's record, including progress notes, assessments and medication logs, the reviewer will look for evidence that the behavioral health medications have been reviewed by a Nurse Practitioner, Physician, Physicians Assistant or Psychiatrist at least quarterly.

43 "Antipsychotic medications are utilized to treat nearly all forms of psychosis; including schizophrenia, Schizoaffective disorders, affective disorders with psychosis, and psychosis associated with organic mental disorders."

The medications include those that have long-term, potentially irreversible movement disorder:

| Generic Name | Brand Name | Generic Name | Brand Name | Generic Name | Brand Name |
|---|---|---|---|---|---|
| **Amoxapine** | **Asendin** | **Haloperidol** | **Haldol** | **Perphenazine** | **Trilafon** |
| **Chlorpromazine** | **Thorazine** | **Loxapine** | **Loxitane** | **Risperidone** | **Risperdal** |
| **Clozapine** | **Clozaril** | **Mesoridazine** | **Serentil** | **Trifluoperazine** | **Stelazine** |
| **Fluphenazine** | **Prolixin** | **Molindone** | **Moban** | **Thiothixene** | **Navane** |
| **Olanzaplne** | **Zyprexa** | **Perphen - Amitrip** | **Triavil** | **Thioridazine** | **Mellaril** |

Through review of the person's record, including psychiatric or nursing assessments, progress notes and/or any form designed to document movement disorder assessment or testing, the reviewer will determine if testing assessment is completed and the frequency of the assessment by circling the appropriate box. The reviewer will indicate the evidence found to determine their answer by circling/writing in the appropriate response.

44. Consider information obtained from, progress notes, assessments, treatment notes, service/treatment planning determine if the person does not take the medication as prescribed. N/A would be applicable if the person is not on any medications.

45. Review the staffing notes, progress notes, physician and nursing notes, and other information in the medical record to ascertain if there is a documented plan directed at taking medications as prescribed. Either A, B or C are required in order to answer YES.

46. Review service/treatment plan to ascertain the frequency of clinic appointments for the person. After reviewing progress and staffing notes the reviewer will make a determination if follow-up/outreach actions were completed for any missed appointments.

# V. Service Delivery and Progress

| | | | | | | COMMENTS |
|---|---|---|---|---|---|---|
| 40. | Is the need for psychotropic medications clearly indicated? | | YES | NO | N/A | * Explain a NO response |
| 41. | If there are adverse reactions to medications,(including allergies/side effects) is there documentation of follow-up and remedy? | | YES | NO | N/A | |
| 42. | Are medications reviewed by a Nurse Practitioner, Physician, Physician's Assistant, or Psychiatrist at least quarterly? | | YES | NO | N/A | |
| 43. | For individuals taking Antipsychotic medication, is testing/assessment for movement disorders documented? | | YES | NO | N/A | |
| | A. If yes, circle frequency: | Yearly | Twice Yearly | Monthly | Other* | * If YES, explain |
| | B. Evidenced by (circle) | AIMS Assessment | TDK Assessment | Psychiatric Progress Notes | Other* | * If YES, explain |
| | C. For DDD/ALTCS children and adolescents, who are taking Antipsychotic medication, is AIMS testing documented at least two times yearly? | | YES | NO | N/A | |
| 44. | Is there documentation that the person does not take the medicine as prescribed? | | YES | NO | N/A | * If YES, explain |
| 45. | If yes, is there documentation any of the following steps have been taken:<br>A. assist the person to take the medication as prescribed<br>B. change to a medication or dosage more acceptable to the person<br>C. change to a treatment plan more acceptable to the person | | YES | NO | N/A | |
| 46. | Is follow-up or outreach documented following missed medication or treatment appointments? | | YES | NO | N/A | |

# VI. COORDINATION OF CARE WITH PCP/OTHER AGENCIES/FAMILY

47. Evidence that treatment has been coordinated would include correspondence to a PCP/medical physician or other agency describing treatment and/or services being provided; information received from a PCP/medical physician or other agency that is reflected in treatment or services provided; or documentation such as progress notes or signatures on plans that the PCP or other state agency participated in a staffing or ISP meeting. N/A is applicable if there is no primary care/medical physician or other agency involved and if intake was prior to 4/1/94.

Communication with the PCP could be documented in the form of written correspondence or physician, nurse or case manager progress notes.

**For TXIX persons, a consent to contact the PCP is NOT REQUIRED. For NON-TXIX persons, a consent to contact the medical provider IS REQUIRED.**

48.& 49 Evidence of family/guardian involvement would include signatures on plans, names listed as attending staffing or ISP meetings, and/or progress notes that reflect conversations or other input from family members or guardians.

# VI. COORDINATION OF CARE WITH PCP/OTHER AGENCIES/FAMILY

| | | | | COMMENTS |
|---|---|---|---|---|
| 47. A. Is there evidence that behavioral health care has been coordinated with: the primary care physician: | | | | |
| 1. at initiation | YES | NO | N/A | |
| 2. periodically during on-going treatment (write in an estimate of how often i.e. monthly, quarterly, yearly, one time only, sporadically) | YES | NO | N/A | |
| 3. regarding sentinel events (hospitalization, change in class of medication) | YES | NO | N/A | |
| B. Other agency (previous or current service agencies CPS/APS, Medicare funded services, etc.) | YES | NO | N/A | |
| Specify | | | | |
| 1. periodically during on-going treatment (write in an estimate of how often i.e. monthly, quarterly, yearly, one-time only, sporadically) | YES | NO | N/A | |
| 2. regarding sentinel event (hospitalization, change in class of medication) | YES | NO | N/A | |
| 48. Is there evidence that the guardian is informed regarding behavioral health treatment? | YES | NO | N/A | |
| 49. As appropriate and with consent from the person, is there evidence that the family or the guardian is involved and informed regarding behavioral health treatment? | YES | NO | N/A | |

# VII. Inpatient Care and Coordination of Care

50. Complete this section only if the person had an admission within the past 12 months to an inpatient hospital, RTC for person under 21, JCAHO level I, or PHF. If the person has had multiple hospitalizations use information from the most recent admission only. If the person has not been in an inpatient setting within the last 12 months, skip the remainder of this section.

51.A The reviewer will determine whether the clinical record contains documentation describing the inpatient treatment and discharge plan (ITDP). Evidence of the plan may be found on a document entitled Inpatient Treatment and Discharge Plan, or documentation of the plan for inpatient services and services to be provided at discharge may be found on a staffing note or progress notes. Documentation describing the ITDP should be found for any inpatient psychiatric admission, regardless of whether the RBHA is funding the admission.

51.B The reviewer will determine whether the ITDP reflects the individual's preferences and strengths based on the plan's contents.

52. The reviewer will determine through a review of progress notes, clinical team meeting/staffing notes and treatment plan/ISP/EISP/ITDP whether an ITDP was developed by the tenth day of an inpatient stay.

53. After reviewing the plans developed by the community clinical team and the inpatient treatment team, the reviewer will ascertain if the inpatient plan is consistent and/or reflective of the goals identified by the person in the community plan. An answer of N/A would mean that there is not an existing service or treatment plan.

54. Evidence of participation would include signatures on plans, names listed as attending staffings or ISP meetings, and/or progress notes reflecting conversations or other input.

55. Through review of the clinical record, including the progress notes, staffing notes and treatment plan, the reviewer will determine if a discharge staffing was held for any acute hospital stay over 72 hours. (Child/Adolescent ALTCS or DDD only)

56. Notice may be in the form of mailed or faxed correspondence or documentation of phone notice. This item is N/A if no other agency case managers assigned. (Child/Adolescent ALTCS or DDD only)

# VII. Inpatient Care and Coordination of Care

| | | | COMMENTS |
|---|---|---|---|
| 50. | Has the person had an inpatient admission within the last 12 months? (If NO skip the remainder of this section) | YES NO | |
| 51.A. | Is there a written document describing the inpatient treatment and discharge plan? | YES NO N/A | |
| 51.B. | Does it reflect the individual's preferences and strengths | YES NO | |
| **52.** | **Was an inpatient treatment and discharge plan developed by the tenth day of the inpatient stay? (NA in inpatient/stays of seven days or less) Appendix C.12.** | YES NO N/A | |
| **53.** | **Is the inpatient treatment and discharge plan consistent with the community service or treatment plan? Appendix C.12.** | YES NO N/A | |
| 54. | Did the following individuals participate in the development of the inpatient treatment and discharge plan? | | |
| | A. The person | YES NO N/A | |
| | B. Guardian, family member, or designated representative, if applicable | YES NO N/A | |
| | C. Case manager or outpatient team/staff member | YES NO N/A | |
| | D. Other (specify) | YES NO N/A | |
| | E. Other state agency case manager | YES NO N/A | |
| 55. | Is the discharge staffing held for any acute hospital stay over 72 hours? **(Child/Adolescent ALTCS or DD only)** | YES NO N/A | |
| 56. | Is the case manager notified prior to hospital staffing **(Child/Adolescent ALTCS or DD only)** | YES NO N/A | |

57. (SMI only) N/A if inpatient stay less than 7 days or less.

59. In reviewing the inpatient or RTC discharge planning documentation, the reviewer will determine if services were planned for the person prior to being discharged from the inpatient or RTC setting. This item is N/A if the person was not hospitalized or in a RTC during past year.

60. In reviewing the inpatient or RTC discharge planning documentation as well as post discharge documentation (progress notes, treatment plan/ISP/EISP, clinical team meeting/staffing notes) the reviewer will determine if services were initiated/continued after the person was discharged from the hospital or RTC.

61. The reviewer will determine if the case manager had met with the person within 7 days of the person's discharge.

62. The reviewer will determine whether a person was readmitted to an inpatient facility within 30 days of a previous inpatient discharge.

# VII. Inpatient Care and Coordination of Care

| | | | | | COMMENTS |
|---|---|---|---|---|---|
| 57. | Is there evidence the clinical team received a copy of ITDP? | YES | NO | N/A | |
| 58. | Is there evidence that the case manager or a member of the clinical team met with the person while in the hospital? | YES | NO | N/A | |
| 59. | Is there a specific plan to initiate or continue outpatient services prior to discharge from hospital or RTC? | YES | NO | N/A | |
| 60. | Is there evidence that outpatient services were initiated/continued after discharge from hospital or RTC? | YES | NO | N/A | |
| 61. | Is there evidence that the case manager met with the individual within 7 days of discharge? (SMI only) | YES | NO | N/A | |
| 62. | Is there evidence person was readmitted to an inpatient facility within 30 days of discharge? | YES | NO | N/A | |

# Interviews

(SMI, MARICOPA COUNTY ONLY)

REVIEWER NOTE: If interviews are not scheduled for this case, skip to Summary Questions.

The purpose of the interview is to gain insight into the perspective, knowledge, opinions, preferences, and circumstances of the person interviewed. The interview may present the reviewer with the opportunity to observe first hand someone's communication skills, appearance, manner and working style. The questions presented in interview protocols are intended to elicit certain information. Each reviewer is expected to phrase or rephrase the question(s) as necessary to promote communication, addressing the intent of the questions. The reviewer has the discretion to omit questions that apply to specific service settings or ask additional questions as needed. If issues are identified that require further clarification or input the reviewer may request or conduct additional interviews as needed within the RBHA service delivery system.

Even if asked directly, do not tell the person interviewed that anything is or is not "all right," "okay with me," does or does not "comply" with any regulation, law or requirement, or any other indication of approval or disapproval. Even if asked directly, do not provide technical assistance or "recommendations" to resolve or improve issues.

# VIII. Person Interview

| | | | | | COMMENTS |
|---|---|---|---|---|---|
| 63. | Do you have a case manager? | | | YES NO | |
| 64. | What is the name of your case manager? | | | | |
| 65. | Current living arrangement: (check one) | | | | |
| | Independent | 0 | REF (Re-Entry Facility) | 0 | |
| | Supported Living | 0 | Family | 0 | |
| | Semi-Supervised/Supervised Independent | 0 | Inpatient Setting | 0 | |
| | Supervisory Care/Board & Care | 0 | Crisis Stabilization Unit | 0 | |
| | Group Home | 0 | Other | 0 | *Explain answer of other |
| 66. | Are you satisfied with your current living arrangements? If no, what do you feel you need? | | | YES NO | |
| 67. H | How do you feel that you are treated by staff here? | | | | |
| 68. R | When you tell someone here what you need or want, what happens? | | | | |
| 69. H | What happens when you are sick or get hurt? (All service settings) | | | | |

H = Humane Treatment
I = Integration
R = Respect
S = Self Determination

# VIII. Person Interview

| | | | | COMMENTS |
|---|---|---|---|---|
| 70.<br>I | Do you have an opportunity to: (All service settings)<br>A. go to church?<br>B. go to outside recreation?<br>C. go shopping?<br>D. go to education and employment activities? | Times per month<br>1-2 3-4 >4<br>1-2 3-4 >4<br>1-2 3-4 >4<br>1-2 3-4 >4 | <br>YES NO N/A<br>YES NO N/A<br>YES NO N/A<br>YES NO N/A | Must specify frequency for each<br>1 or 2 x mth<br>3 or 4 x mth<br>more than 4. |
| 71.<br>R | A. Does anything bad ever happen to you here?<br>If so, can you tell me about it? | | YES NO | |
| | B. If an investigation was completed, were you satisfied with the outcome? | | YES NO N/A | |
| 72.<br>H | Do you feel safe here?<br>Who do you talk to when you feel scared? | | YES NO | |

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# VIII. Person Interview

| | | | COMMENTS |
|---|---|---|---|
| 73. H | Have you ever been locked in a room? | YES NO N/A | |
| 74. H | Have you ever been held down by staff against your will? | YES NO N/A | |
| 75. R | Do you have privacy when bathing, using the bathroom, and dressing? | YES NO N/A | |
| 76. S | Do you get to choose what you wear? | YES NO N/A | |
| 77. S | Do you have choices about what you eat? | YES NO N/A | |
| 78. S | Do you have any spending money?<br>If so, how do you get it and how often? | YES NO N/A | |
| 79. S | Do you get to keep your own things in your room?<br>A. Are they safe?<br>B. Is it okay if I see your room? **(Reviewer: If yes, ask "Please show me your room.")**<br>(24 Hr Res, ASH, Supp Hsg) | YES NO N/A<br>YES NO N/A<br>YES NO N/A | |
| 80. H | Do you have your own shampoo, toothpaste, deodorant?<br>For females, do you have personal feminine hygiene products when you need them? | YES NO N/A<br>YES NO N/A | |
| 81. I | Do you know the area around here (stores, banks, fun places)? | YES NO N/A | |
| 82. H | Do you feel at home here?<br>If so, what things make you feel at home?<br>If not, what would make you feel at home? | YES NO N/A | |
| 83. R | Can you take a walk or leave when you want to? | YES NO N/A | |
| 84. I | Do you have access to transportation? | YES NO N/A | |

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# VIII. Person Interview

| | | | | | COMMENTS |
|---|---|---|---|---|---|
| 85. | Which type of work/day program are you currently or most recently involved in: | | | | Explain answer of N/A |
| | Competitive Employment | 0 | Supported/Sheltered Work | 0 | |
| | Partial Care/Day Treatment | 0 | Other Day Activity | 0 | |
| | Volunteer | 0 | School | 0 | |
| | Other (specify) | 0 | N/A | 0 | |
| 86. | Do you feel your current daily activities meet your needs?<br>If no, what do you feel you need? | | YES NO N/A | | |
| 87.<br>S | What do you do for fun? | | | | |
| 88.<br>S | Do you have choices about what you do? | | YES NO N/A | | |
| 89.<br>S | What are your plans for the future? | | | | |
| 90.<br>S | What will you be doing next week? | | | | |

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# VIII. Person Interview

| | | | COMMENTS |
|---|---|---|---|
| 91.<br>I | Do you get to see your family or other people in your life?<br><br>A. If yes, how often do you get to see them?<br><br>B. If not, why?<br><br>C. What do you do? | YES NO N/A | |
| 92. | Did you participate in the development of your treatment/service plan?<br>A. Outpatient<br>B. Inpatient | YES NO N/A | |
| 93. | Did you receive a copy of your treatment/service plan?<br>A. Outpatient<br>B. Inpatient | YES NO N/A | |
| 94. | Do you understand your behavioral health needs?<br>If yes, please explain/describe your needs. | YES NO | |
| 95. | Can you ask for services that you feel that you need? | YES NO | |
| 96. | Can you say "no" to services that you do not want or feel that you don't need? | YES NO | |

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# VIII. Person Interview

| | | | COMMENTS |
|---|---|---|---|
| 97. | What do you do when a service you feel you need is denied? Explain | | |
| 98. | Have you been informed and granted access to information contained in your chart/clinical record? | YES NO N/A | |
| 99. | Do you feel you need special assistance to help you understand your treatment and/or discharge plan? | YES NO N/A | |
| 100. | Has special assistance been provided to you? | YES NO N/A | |
| 101. | If you take psychotropic medications, were the reasons for taking the medication clearly explained to you? | YES NO N/A | |
| 102. | Do you take your medications according to the directions? | YES NO N/A | |
| 103. | Do you have problems or side effects from the medication? | YES NO N/A | |
| 104. | If yes, have you been offered a different treatment or medication that would be more acceptable to you? | YES NO N/A | |

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# VIII. Person Interview

| | | | COMMENTS |
|---|---|---|---|
| 105.<br>R | Have you ever refused your medication?<br>If so, what happens when you do? | YES NO N/A | |
| 106. | In the past year, have you experienced any major change in the services you receive, including | | |
| | A. Decrease or termination of services? | YES NO N/A | |
| | B. Discharge from or termination of a residential program? | YES NO N/A | |
| | C. Discharge or termination of a day/vocational program? (circle one) | YES NO N/A | |
| 107. | If yes to any part of 42, | | |
| | A. Did you agree to these changes? | YES NO N/A | |
| | B. Were the reasons for the changes explained to you in advance? | YES NO N/A | |
| 108. | Were you notified of your right | | |
| | A. to appeal treatment decisions? | YES NO N/A | |
| | B. to file a grievance? | YES NO N/A | |
| 109. | Do you feel you have benefited from the services you are receiving?<br>A. Outpatient Services<br>B. Residential Services<br>C. Medications<br>D. Other (Specify) | <br>YES NO N/A<br>YES NO N/A<br>YES NO N/A<br>YES NO N/A | |
| 110. | Are there additional services you feel you need?<br>If yes, please describe: | YES NO | |
| 111. | Additional information/questions. | | |

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## Directions for Reviewer's Observations

Interviews are to be conducted in the person's home whenever possible. The reviewer will make judgments based on conditions observed. When a reviewer notes situations that are believed to be a health or safety concern, notify you supervisor immediately.

# IX. Reviewers Observations

| | | | |
|---|---|---|---|
| 112. | Was the person dressed adequately (e.g., age appropriate, clean, suitable for weather, clothes in good repair)? | YES NO N/A | |
| | If no, describe problem. | | |
| 113. | Was person's hygiene and grooming adequate (e.g., no odor, clean appearance)? | YES NO N/A | |
| | If no, describe problem. | | |
| 114. | Was the living environment safe (e.g. adequate heating/cooling, lack of electricity, water)? | YES NO N/A | |
| | If no, describe problem. | | |

# IX. Reviewers Observations

| | | | |
|---|---|---|---|
| 115. | Was the living environment clean (e.g., clean floors/walls)? | YES NO N/A | |
| | If no, describe problem. | | |
| 116 | Was the living environment suitably furnished (e.g., enough furniture, furniture in good repair)? | YES NO N/A | |
| | If no, describe problem. | | |
| 117. | Was there adequate food/drink? | YES NO N/A | |
| | If no, describe problem. | | |

# IX. Reviewers Observations

| | | | |
|---|---|---|---|
| 118. | Does the person's daytime activity/program provide a minimal level of appropriate activity which will assist the person in remaining in the community? | YES NO N/A | |
| | If no, describe problem. | | |
| 119. | Did you observe any thing which indicates that the person's rights have been or are being violated? (Rights as defined in A.A.C. R9-21-201) | YES NO N/A | |
| | If yes, describe problem. | | |
| 120. | Other -- (e.g. Humane treatment of person by others, supervision, activities available, such as books, TV, games etc.) | | |
| | Describe. | | |

# X. Case Manager Interview.

| | |
|---|---|
| Name of person interviewed: | |
| Title of person interviewed: | |
| 121. Tell me about the person. | |
| 122. From your work with this person, what are his or her strengths? | |
| 123. In your opinion, what are the most important issues and needs to be addressed with this person? | |
| 124. How does the ISP address these issues and needs? | |
| 125. Has this person been able to participate in his/her own service planning? | YES NO N/A |
| 126. Has the team met within the last 6 months to discuss the needs and progress of the individual? | YES NO N/A |
| 127. Describe the service planning process? | |

# X. Case Manager Interview

| | | |
|---|---|---|
| 128. | Who is involved in the service planning process? | |
| 129. | What assessments were utilized in the service planning process? | |
| 130. | What choices related to the provision of services were or are available to the person?<br>What choices were/are available to the person related to the provision of services? | |
| 131. | Has the person received information/education on how to manage their illness? Explain | YES NO |
| 132. | Does the person receiving services have access to their clinical record? | YES NO |
| 133. | What is the procedure for a person to access their clinical record?<br>Explain. | |

# X. Case Manager Interview

| | | | COMMENTS |
|---|---|---|---|
| 134. | In your opinion -- do the following individuals act in the best interest of the person? | | |
| | A. Parent/legal guardian<br>B. Consevator/public fiduciary<br>C. Representative payee<br>D. Designated Representative<br>E. Other | YES NO N/A<br>YES NO N/A<br>YES NO N/A<br>YES NO N/A<br>YES NO N/A | |
| 135. | A. Does this person appear to need special assistance in participating in the treatment/service planning process?<br>B. In understanding or participating in the appeal or a grievance process?<br>C. If yes to either 15.A. or 15.B., was this special assistance provided by ADHS or RBHA? | YES NO N/A<br>YES NO N/A<br>YES NO N/A | |
| 136. | Are there any current immediate medical issues that relate to the person's ability to function? | YES NO | |
| 136.. | A. If yes, are they being addressed? | YES NO N/A | |
| 137. | In your opinion, is this person's current work/day situation appropriate with respect to the person's needs and capabilities? | YES NO DON'T KNOW | |
| 138. | In your opinion, is this person's current living situation appropriate? | YES NO DON'T KNOW | |

# X. Case Manager Interview

| | | | COMMENTS |
|---|---|---|---|
| 139. | Have you been to this person's home? | YES NO | |
| 140. | Does this person have a positive ongoing relationship with another person? | YES NO | |
| 141. | Do you hear in a timely manner about emergency service contacts, hospitalizations or significant non-involvement with services/tx? | YES NO N/A | |
| 142. | Do you believe that the person is getting what he or she needs? | YES NO N/A | Explain a NO response. |
| 143. | Have you had any obstacles/roadblocks in getting services or when trying to assist this person? | YES NO N/A | Explain a YES response. |
| 144. | What have you done to secure services for this person? Explain | | |
| 145. | Do you feel adequately trained to meet the person's needs? | YES NO N/A | Explain a NO response. |
| 146. | Additional information/questions. | | |

# XI. Provider Interview

| | |
|---|---|
| Name of person interviewed: | |
| Title of person interviewed: | |
| 147. How long have you provided services to the person? | |
| 148. What services are you currently providing? | |
| 149. Tell me about the person. | |
| 150. From your work with this person, what are his or her strengths? | |
| 151. In your opinion, what are the most important issues and needs to be addressed with this person? | |
| 152. Are you familiar with this person's ISP? | YES NO |
| 153. Does the ISP address these issues and needs identified in question 151. N/A if no to #152. | YES NO N/A |
| 154. Are you a member of this person's clinical team? | YES NO |
| 154. A. If yes:<br>1. Did you participate in the development of the ISP?<br>2. How often does the clinical team meet to discuss the needs and progress of the individual? | YES NO N/A |

# XI. Provider Interview

| | | |
|---|---|---|
| 155. | Do you/your agency have a separate treatment plan for this person? | YES NO N/A |
| 156. | Is your plan consistent with the ISP?<br><br>Explain: | YES NO N/A |
| 156.A. | Are there any current immediate medical issues that relate to the person's ability to function?<br><br>Explain: | YES NO N/A |
| 156.B. | If yes, are they being addressed?<br><br>Explain: | |
| 157. | In your opinion, are this person's day activities appropriate with respect to the person's needs and capabilities? | YES NO |
| 158. | In your opinion, is this person's current living situation appropriate? | YES NO |
| 159. | Does this person have a positive ongoing relationship with another person? | YES NO |
| 160. | Do you hear in a timely manner about emergency service contacts, hospitalizations or significant non-involvement with services/tx? | YES NO N/A |
| 161. | Do you feel that you are adequately trained to meet the person's needs/provide requested services? | YES NO |
| 162. | Additional information/questions. | |

# XII. Family Member/Guardian/Designated Representative Interview

| Name of person interviewed: |
|---|
| Relationship to class member: |

| | | | | | COMMENTS |
|---|---|---|---|---|---|
| 163. | Tell me about the person | | | | |
| 164. | Does the team include you in treatment decisions? Appendix C.2 | YES | NO | N/A | |
| 165. | Does the team consider your opinion regarding the effectiveness of current or previous treatment? | YES | NO | N/A | |
| 166. | Overall, does the person appear to have benefited from the services provided? | YES | NO | N/A | |
| 167. | (For Title 36 guardians only) Did you receive a copy of the service plan? | YES | NO | N/A | |

# XII. Family Member/Guardian/Designated Representative Interview

| | | | COMMENTS |
|---|---|---|---|
| 168. | (For Title 36 guardians only) Do you have access to the person's clinical record? | YES NO | Explain a NO response. |
| 169. | Additional information/questions. | | |

# Summary Questions for Case File Review Tool

The reviewer should base his/her evaluation on the information previously reviewed and should not identify new or conflicting issues to what has been determined prior to completing this section. The reviewer's opinion and conclusions in the summary section must be derived from information contained in (1) the client and/or provider record including: progress notes; provider reports/documentation; assessments; service/treatment plans; and other documents and (2) information obtained during interviews.

The following areas are not inclusive but should be considered when completing the summary questions. Summary questions should only be completed by the reviewer after all components of the case review process have been completed, including the case manager/provider record review, interviews with the member, case manager/provider and family member/guardian/designated representative when appropriate and a home visit with the member.

## XIII. Process Summary

170. The reviewer should consider the following to determine whether the case manager/case coordinator knew the person:
- Participation in assessments and service treatment planning (including provisional/emergency/interim/ISP/EISP)
- Identification of strengths, preferences and needs
- Components of the comprehensive assessment including identification of additional/further assessments or evaluations needed
- Knowledge of progress/lack of progress or emerging needs
- Revisions or modifications of the service/treatment plan based on the above
- Coordination and communication with involved people/agencies

171. & 172. The reviewer will determine after the clinical record review and interviews whether the person received sufficient information regarding their assessments and service plans which would allow them to give informed consent to treatment. Sufficient information may be defined as the person having knowledge of their identified areas of need, diagnosis(es), recommendations of the clinical team, a description of available services, a description of recommended services, length of service recommended and/or expected outcomes.

173. After review of information contained in the clinical record and conducting all interviews, the reviewer shall determine whether the person has received a comprehensive assessment that provides enough information for the clinical/provider treatment team to develop a treatment/service plan.
**YES = all behavioral health issues and needs identified through the clinical review and interview process were identified, adequately assessed and documented.**
**NO = all behavioral health issues and needs were not identified or adequately assessed and documented.**
**N/A = the person has been in services less than 30 days.**

# XIII. Process Summary

**Based on all information obtained and utilized professional judgment; in the reviewer's opinion:**

| | | | |
|---|---|---|---|
| 170. Does the case manager/case coordinator know the person?<br><br>Explain: | | YES | NO |
| 171. Was the individual/guardian provided with sufficient information on the assessment so they are able to give informed consent to treatment: | | YES | NO |
| 172. Was the individual/guardian provided with sufficient information on the service plan so that they are able to give informed consent to treatment. | | YES | NO |
| 173. Is the assessment information available and sufficient for the clinical team/provider treatment staff to formulate a service/treatment plan? | YES* NO* N/A* | * explain all responses | |

174. Consider the following to determine whether there is adequate communication among involved parties:
- Input from person/family/guardian/significant others included in the assessment and service/treatment planning process
- Plan reflects service providers
- Service/treatment plan modified with the person's consent
- Person received an explanation of risks and benefits of medication
- Case manager informed of crisis services
- Revisions and modifications of plan is based on progress and/or emerging needs
- Provider plan is consistent with ISP/EISP
- Follow up and outreach
- Communication with PCP and other involved agencies

175. The reviewer will determine through interviews and through documentation in progress notes, ISP/treatment plans, assessment information and other clinical record documentation whether the person meaningfully participated in the planning or development of their ISP/treatment plan.

176. A. Consider the following to determine whether services provided are timely:
- Time frames of intake, assessments, service/treatment plans (provisional/emergency/interim, ISP/EISP) and service delivery/completed
- Services consistent with the service/treatment plan
- Medication risks and benefits explained
- Follow up/remedies initiated for adverse reactions and movement disorder assessment, if required
- Outreach and follow up when appointments missed
- Initiation/continued services following discharge from inpatient or residential services

B. Consider the following to determine whether services are germane to the need:
- Assessments and evaluations including history of previous treatment
- Input from person/family/guardian in assessment and service/treatment planning process
- Use of provisional, emergency, interim and service/treatment plans
- Plan reflects assessment, diagnosis and personal preferences
- Steps/methods documented on how goals will be achieved
- Revision of service/treatment plan as necessary based on progress or emerging needs

C. Consider amount of supervision needed, input from person/family/guardian, privacy, individualized setting, safety issues, person's ability to make personal choices and decisions when determining whether services are provided in the least restrictive setting.

177. The reviewer will determine whether the case manager, clinical team or service delivery system responded in a timely manner to changes in treatment needs and/or life circumstances. Changes in treatment needs may include the person consistently missing appointments, multiple crisis episodes, admission/discharge from inpatient or residential services, etc. Life circumstance may include changes in financial situations, residence, employment, marriage/divorce, birth of a child, etc.

178. The reviewer will determine after the clinical record review and interviews whether the RBHA and provider staff are adequately trained to meet the person's needs. This determination may be based on the staff's self-report, knowledge of the person's behavioral health diagnosis(es) and needs, the staff's assessment and service planning skills, knowledge of available resources/services and ability to implement and monitor requested services.

179. The reviewer will determine through the clinical record review and interviews whether a class member in need of Special Assistance was offered or provided reasonable assistance by ADHS or the RBHA. An answer of N/A means the individual was not in need of Special Assistance.

# XIII. Process Summary

| | | | |
|---|---|---|---|
| 174. Was there documentation of adequate communication among involved parties? | | YES | NO |
| 175. Did the class member meaningfully participate in the planning and development of their ISP (if one exists), or their treatment plan (if no ISP is available)? | | YES | NO |
| 176 During the time period examined, the services provided are: | | | |
| A. timely | | YES | NO |
| B. germane to the need | | YES | NO |
| C. provided in the least restrictive manner possible | | YES | NO |
| Explain: | | | |
| 177. Does the case manager, clinical team and/or service system respond to changes in the person's treatment needs and/or life circumstances in a timely manner? | | YES | NO |
| 178. Are RBHA and provider staff adequately trained to meet the person's needs? | | YES | NO |
| 179. Were class members in need of Special Assistance offered or provided reasonable assistance by ADHS or the RBHA in the ISP and grievance processes. | YES | NO | N/A |

# XIV. Outcome Summary

180. Consider the following to determine whether the person is treated with dignity and respect:
    - Indication that the person is treated as a unique and valued individual
    - Individual's rights are honored and protected
    - Provision of special assistance when applicable
    - Participation in the planning process
    - Person's input, preferences, choices and personal goals are included in the planning
    - Changes in the person's circumstances are responded to by the clinical team
    - Cultural diversities are recognized and respected by the clinical team

181. The reviewer should consider the following to determine whether the person/guardian is aware of their right to file a grievance or treatment appeal:
    - Documentation or evidence of notification of rights
    - Assessment and/or provision of special assistance
    - Changes or modification of service/treatment plan
    - Reduction or termination of services

182. Consider the following to determine whether the individual's rights have been honored and observed:
    - The level of person's involvement in decision-making
    - Person's choices are honored whenever possible
    - Person is informed of their right to file a grievance or appeal
    - Person's freedom from discrimination
    - Person engages in religious practice, communicates and associates with others as they choose
    - Person's level of involvement in generic/community based activities

# XIV. Outcome Summary

| 180. The person is treated with dignity and respect by the following: | | | |
|---|---|---|---|
| A. RBHA staff | YES | NO | N/A |
| B. Provider staff | YES | NO | N/A |
| C. Other<br>specify) _____ | YES | NO | N/A |
| D. Overall, is the person treated with dignity and respect?<br>Explain: | | YES | NO |
| 181. The person/guardian are aware of their rights to file a grievance or treatment appeal?<br><br>Explain: | | YES | NO |
| 182. The individual's rights are honored and observed? | | YES | NO |

183. The reviewer may utilize information obtained through the clinical record review and interviews in completing this section. If no change has occurred during the past year, the reviewer should select the N/A response.

# XIV. Outcome Summary

| 183. Have there been any of the following outcomes while in service the past year: | | | | Explain |
|---|---|---|---|---|
| A. Injury/accident requiring medical attention | YES | NO | N/A | |
| B. Physical or sexual abuse | YES | NO | N/A | |
| C. Hospitalized for medical condition | YES | NO | N/A | |
| D. Homelessness | YES | NO | N/A | |
| E. Victim of crime, i.e. assault, theft, etc. | YES | NO | N/A | |
| F. Mortality | YES | NO | N/A | |
| G. Involvement in the criminal justice system (including incarceration) | YES | NO | N/A | |
| H. Lost eligibility for financial entitlements | YES | NO | N/A | |
| I. Psychiatric symptom reduction | YES | NO | N/A | |
| J. Maintained compliance with prescribed behavioral health medications? | YES | NO | N/A | |
| K. Maintained compliance with other behavioral health services? | YES | NO | N/A | |
| L. Employed for part or all of year? | YES | NO | N/A | |
| M. Attended school, training or participated in volunteer activities? | YES | NO | N/A | |
| N. Improved relationships with peers, family, friends, neighbors, etc.? | YES | NO | N/A | |
| O. Improved personal appearance/hygiene? | YES | NO | N/A | |
| P. Participated in community events/activities? | YES | NO | N/A | |
| Q. Better off financially? | YES | NO | N/A | |
| R Economic Self-sufficiency? | YES | NO | N/A | |
| S. Other/specify (i.e. used illegal drugs, frequent abuse of ETCH, become unemployed) | YES | NO | N/A | |

184. A. Consider the following to determine whether services are effective:

- History of past treatment
- Benefits of current and previous services
- Consistent with needs and capabilities
- Participation in services and need for follow up or outreach
- Progress notes

184. B. Consider amount of supervision needed, input from person/family/guardian, privacy, individualized setting, safety issues, person's ability to make personal choices and decisions when determining whether services are provided to maximize the person's independence/community integration.

185. Evidence in record regarding adequacy of food, clothing and shelter should be considered to determine if the person's basic needs have been met.

- Input from person, family and guardian
- Assist in obtaining and coordination regarding medical treatment for major medical conditions

186. A. Is there evidence that the living situation is sufficient to address the person's behavioral health needs such as the type and amount of support needed. This could be helping with medications, assisting/arranging transportation to appointments, encouraging the person, etc.

186. B. Is there evidence that the day/work situation is sufficient to address the person's behavioral health needs such as opportunities for personal growth, financial self sufficiency, development of new skills and enhancement of self esteem.

186. C. Is there evidence that the social/leisure situation is sufficient to address the person's behavioral health needs such as providing activities that are enjoyable, developing/maintaining personal relationships, involvement in community activities, etc.

# XIV. Outcome Summary

| 184. During the time period examined, the services provided: | | |
|---|---|---|
| A. were effective | YES | NO |
| B. maximized individual's independence/community integration | YES | NO |
| Explain: | | |

| 185. The person's basic needs are reasonably met? | YES NO | * Explain any answer |
|---|---|---|

| 186. The person's behavioral health needs are addressed in the following domains: | | | |
|---|---|---|---|
| A. living situation.<br>Explain: | YES | NO | N/A |
| B. day/work situation.<br>Explain: | YES | NO | N/A |
| C. social/leisure situation.<br>Explain: | YES | NO | N/A |

187. The reviewer should consider information obtained through the clinical record review and interviews conducted to determine whether the person has a case manager.

188. The reviewer should consider the following to determine whether the person received the case management services (which includes all members of the clinical case management team i.e. psychiatric and nursing services, etc.).
- Components of the comprehensive assessment including identification of additional/further assessments or evaluations needed
- Determination of need for special assistance
- Provisional/emergency services provided
- Service/treatment plan including goals/preferences of the individual and needed skills/supports
- Revisions or modification of the service/treatment based on progress/lack of progress and/or emerging needs
- Service delivery consistent with service/tx plan
- Follow up and outreach following missed appointments
- Coordination and communication with involved people/agencies
- Advocacy
- Assigned to appropriate programmatic service
- Basic and Behavioral Health needs adequately addressed

189. The auditor should not rate this item until the record review and all interviews are completed. The reviewer, through interviews and a review of the person's record, including review of the assessment reports, progress notes, treatment plan/ISP/EISP reviews, will assess if the person appears to made progress as a result of the services provided. The reviewer would determine this by assessing issues such as progress toward achievement of personal goals, decrease in need for crisis intervention and services, reduction of psychiatric symptoms.

190. Consider the following to determine whether all the behavioral health needs met are consistent with the person's ISP:
- All supports and services identified as needed (through completion of a thorough Comprehensive and Functional Assessment, Long Term View and the goals and objectives established by the clinical team) to address the member's behavioral health needs, will be provided.

191. Consider the following to determine whether class members needs are substantially met with the person's ISP:
- Supports and services identified as needed (through completion of a thorough Comprehensive and Functional Assessment, Long Term View and the goals and objectives established by the clinical team) to address the member's behavioral health needs will be provided to the extent that the member is supported in working toward achievement of their goals in the least restrictive environment.
- If the ISP is not sufficient to meet the person's needs considered whether the services provided support the person in working toward achievement of his/her goals in the least restrictive environment.

# XIV. Outcome Summary

| | | |
|---|---|---|
| 187. Does the person have a case manager? | YES | NO |
| 188. Does the person receive the case management services they need? | YES | NO |
| 189. The person has made progress as a result of the services provided?<br><br>Explain: | YES | NO |
| 190. For priority clients, are all the behavioral health needs met, consistent with their ISP or treatment plan? Appendix C.7. [SKIP IF NOT A PRIORITY CLIENT]<br><br>Explain: | YES | NO |
| 191. For class members, their behavioral health needs are substantially met consistent with their ISP or treatment plan? Appendix C.8. [SKIP IF PERSON IS A PRIORITY CLIENT]<br><br>Explain: | YES | NO |

# XV. Recommendations and Comments

## Directions for Recommendations and Comments

The reviewer will document issues/comments and recommendations related to client specific issues or broader system issues that were identified through the course of the case file review. If the person had not previously been identified as a priority classmember, but through the course of the case file review is determined to meet the criteria for a priority classmember this should be listed in the Issues/Comments Section below. Upon the reviewer's completion, this section of the tool will be provided to the RBHA clinical or administrative staff designated to coordinate or provide follow-up to the issues presented. Once the recommendations and issues have been addressed, the QM coordinator is to receive a response back, including actions recommended/taken and time frames for completion.

**NAME:** _____

**AREA:** _____

**CIS #:**

| ISSUES NOTED/COMMENTS | RECOMMENDATIONS | ACTIONS TAKEN | DATE IMPLEMENTED/ COMPLETED |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

# ATTACHMENT E.2
# CLIENT SATISFACTION SURVEY

**NAME OF AGENCY PROVIDING SERVICES:** _____

Program of Client:

1 Children 2 Adult SMI 3 Substance Abuse 4 General Mental Health

## CLIENT EVALUATION OF SERVICES

Please help the Arizona Department of Health Services/Behavioral Health Services to evaluate the services you have received from your provider. We are interested in your honest opinion and all responses are confidential. Thank you!

Please circle the number of the response which best describes how you feel:

1. When you first came to the program, how long was it until you began receiving services?

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| Immediately | 1-7 days | 1-2 weeks | 2 weeks to 1 month | Over 1 month |

2. I am satisfied that my Individual Service Plan is being followed.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| Always | Usually | Sometimes | Seldom | Never |

3. I am treated with dignity/respect by staff.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| Always | Usually | Sometimes | Seldom | Never |

4. Staff advise me of my rights as a consumer and I can express complaints without fear of retaliation.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| Always | Usually | Sometimes | Seldom | Never |

5. The clinic/office is conveniently located.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| Yes, very | Yes, fairly | Somewhat | No, not very | No, not at all |

6. The clinic/office offers convenient appointment times.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| Yes, very | Yes, fairly | Somewhat | No, not very | No, not at all |

7. Overall, I am satisfied that the services I have received have helped me to deal better with my problems.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| Yes, very | Yes, fairly | Somewhat | No, not very | No, not at all |

8. I would recommend this program to a friend/relative.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| Yes, definitely | Yes, probably | Not sure | No, probably not | No, definitely not |

Demographics — (This portion of the survey is completely optional. The data obtained from this section is used to determine whether or not the program treats members of certain categories differently.)

**Age of client**

| 1 | 2 | 3 |
|---|---|---|
| Under 18 | 18 — 65 | Over 65 |

**Gender of client**

| 1 | 2 |
|---|---|
| Male | Female |

**Ethnicity of client**

| 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|
| Caucasian | Hispanic | Black | Native American | Asian | Other |

**AHCCS status of client**

| 1 | 2 | 3 |
|---|---|---|
| Enrolled | Not enrolled | Not sure |

Do you have any other comments or suggestions about the program?

_____

_____

_____

_____

# ATTACHMENT E.3
# PROVIDER QUALITY REVIEW

# COM CARE

# PROVIDER QUALITY REVIEW PROTOCOL

April, 1997

COMCARE
PROVIDER QUALITY REVIEW PROTOCOL

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# COMCARE
# PROVIDER QUALITY REVIEW PROTOCOL

## INTRODUCTION

The COMCARE Provider Quality Review Protocol describes the components of and methodology for the provider review process as well as how the information collected will be used to profile providers, determine contracting and re-contracting, and improve the quality of care/services in the provider network.

The Director of the Provider Relations Department is responsible for the oversight of the Provider Quality Review Protocol and process. The process includes assessment of provider performance in the following areas:

1. Fiscal and Service Audit
2. Contract Provision Compliance Audit
3. Quality Management Program Audit
    - Quality Management Review
    - Case Review
    - Service Program Review - SMI Providers
    - Training Review
    - Member and Family Member Satisfaction

The Provider Quality Review Protocol includes, but is not limited to, elements required by AHCCCS, ADHS/BHS, the BHS Exit Criteria QM Plan, the SMI Rules or R9-21, and the COMCARE Subcontract.

## GOALS

The goals of the Provider Quality Review process include:

- To determine that the provider has an efficient system by which funds are utilized accurately and effectively to deliver services to COMCARE members through the contracted provider network.
- To determine that the provider complies with the COMCARE Subcontract provisions.
- To determine that the provider has an effective Quality Management Program inclusive of required policies, procedures, and practices.
- To determine that the provider medical records meet minimum standards for documentation, that required clinical and administrative processes are performed, and that service/care rendered is effective, satisfactory and leading to desired measurable outcomes.
- To determine that residential and non-residential provider programs for adults with Serious Mental Illness meet minimum standards in the areas of human rights, member rights, individual service planning, as well as grievance and appeals.
- To assess the level of provider compliance with training requirements and the level of staff competency acquired.
- To assess the level of member satisfaction with provider network services and programs.
- To improve the quality of care/service through: analysis of data collected and displayed via provider profiling; reallocation of resources; program development and implementation responsive to identified needs; and continued follow up to assess effectiveness of corrective actions warranted as necessary and resulting from the review process.

COMCARE uses a team approach to conduct the Provider Quality Review. Team membership includes representatives from operational areas within COMCARE including the: Quality Improvement Section; Fiscal Provider Audit Section; and Program Administrators from the Provider Relations Department. Team membership may include a physician or psychologist as deemed necessary by COMCARE.

The Provider Quality Review Process begins with an **Administrative Review** which is conducted by the COMCARE Review Team prior to visiting the provider agency's location. The provider agency visit is known as the **On-Site Review**. Each discipline conducts their own Administrative Review prior to the agency visit. Prior to the ON-Site Review the Team convenes to discuss and problem solve any last minute issues.

This document will detail the content of the **Administrative Review** and the **On-Site Review** for each of the areas listed above.

Each provider is reviewed annually according to an established schedule. An Exit Interview is conducted at the conclusion of the **On-Site Review** wherein the Team members disclose findings from the Administrative and On-Site Reviews and formulate preliminary recommendations. Within two weeks of the Exit Interview each discipline of the Review Team will draft their respective reports. The Program Administrator merges these reports into the Comprehensive Provider Quality Review Report, a written report of findings, recommendations, and/or request for corrective action. The report is to be submitted to the provider within 30 days of the date of the **On-Site Review**. The Director of Provider Relations signs off on all reports sent to subcontracted providers.

## 1. FISCAL AND SERVICE AUDIT

- **GOAL: To determine that the provider has an efficient system by which funds are utilized accurately and effectively to deliver services to COMCARE members through the contracted provider network.**

Data Collection Instrument: The printed document resulting from the EDS paid claims sample becomes the Claims Review Worksheet for the Provider Fiscal Auditor with the addition of three columns to contain the auditors notes related to supporting service documentation, authorization documentation, and comments related to a specific claim under scrutiny. ***See Attachment A for a sample of the Claims Review Worksheet.***

**A.** The **Administrative Review** includes the following processes conducted by the Fiscal Provider Auditor assigned to the provider agency scheduled for review:

1) Review the provider contract to identify the Fee Schedule and document the total contract maximum; the fund type maximum; the covered services/rates; and identify/document any special provisions.

2) Review the provider's financial statements; rate worksheet; allocation; and information contained in the Provider Relations' file.

3) Review all external audit reports for findings and responses.

4) Determine if claims submitted and paid through EDS agree to the Fee Schedule in the provider subcontract.

5) Prepare a statistical sample for review using attribute sampling of the EDS paid claims with the population being all paid claims to the provider during the period covered by the test date range.

6) Determine the tolerable deviation rate.

7) Determine expected population deviation rate by estimating how often a provider's internal control procedure was not performed when it was prescribed.

8) Determine acceptable risk of over reliance/confidence level.

9) Run report listing the sample of paid claims for the provider with a test period of one retrospective fiscal year. Include any high dollar or unusual claims selected for review in addition to the sample selected for review with the reason for the selection documented.

10) Determine deviation and deficiencies through inspection of the paid claim to see if there are differences noted between the service rate paid and the service rate authorized in the provider contract.

11) Notify the provider's and COMCARE's management of scheduled **On-Site Review** dates.

**B.** The **On-Site Review** is then performed by the Team. During the **On-Site Review**, the following processes are conducted by the assigned Fiscal Provider Auditor:

1) Ensure that all payments made to the provider are supported by proof of service and that service approvals are made by an authorized person who is different than the person initiating request for payment.

2) Determine if claims submitted and paid through EDS are for authorized services provided to the member.

3) Determine if claims paid to the provider agree with the source documents for the services provided to the member.

4) Determine deviation and deficiencies through inspection of the source document to determine adequacy of service documentation and authenticity of claim.

**C.** The Fiscal Provider Auditor verifies the deficiencies with the provider. If the deficiencies found during the review are in excess of the tolerable deviation rate, or there appear(s) to be reason(s) to doubt the integrity of the provider process, additional test work may be performed in order to evaluate the effects of the lack of provider control.

If additional test work is indicated, the Manager of Fiscal Provider Audit will notify COMCARE management and the provider management of any change in the audit scope. The following will occur for those providers identified with significant discrepancies:

- COMCARE will only recoup moneys based upon the specific errors identified during the initial audit of those providers found to have significant discrepancies.
- The provider will be required to respond to COMCARE with an appropriate corrective action plan.

- A follow-up audit will be performed after approximately six months following the implementation of the corrective action plan. The test will be based on activity of that six month period.
- If the follow up audit reveals continued significant discrepancies, ComCare will extrapolate the potential misstatement based upon the sample from the tested six month period.

Requests to the provider to repay dollar amounts of misstatement for the population of claims paid to the provider or to repay the difference on a specific claim is a ComCare management decision.

**Reporting and Feedback Loops:**

**D.** The Fiscal Provider Auditor prepares a written report of the:

1) Review of the provider's internal control procedures including reports, findings, and responses noted during the Administrative Review and related to the provider's compliance with:
   a). the OMB Circular A-133 requirements for a single audit (findings, corrective actions documented, corrective actions verifiable);
   b). external audits (findings, corrective actions documented, corrective actions verifiable); and,
   c). internal reviews (findings, corrective actions documented, corrective actions verifiable).

2) Deficiencies noted for each claim in the sample. Differences noted in rates and other dollar amounts discovered during the review of a particular claim must be reported according to the Single Audit.

**E.** During the Provider Quality Review Exit Interview, the Fiscal Auditors verbally provide an overview of their Administrative and On-Site Review findings and suggests some initial recommendations. A detailed report of findings, specific recommendations and requested corrective actions, if applicable, will be submitted to the provider in the form of a Comprehensive Provider Quality Review Report within 30 days of the Exit Interview. A copy of all correspondence relative to the audit process will be maintained in the provider's file by the Program Administrator.

Providers will have 14 working days to respond with their plan of correction. The plan of correction will be reviewed by the Fiscal Auditors and staffed with the Director of Finance as necessary. A letter acknowledging receipt and acceptance of the plan of correction will be returned to the agency. The letter will also specify a tentative date and time for a follow up visit specifically to review the agency's effectiveness in implementing the plan of correction.

**F.** The Manager of Fiscal Audits reports the findings of regularly scheduled and follow-up audits to the Provider Quality Review Committee. The Committee meets two times a month. This group consists of management representation from Provider Relations, Capacity Management, Fiscal, Adult Services, C/A Services, Quality Management, Quality Improvement, Office of Legal Counsel, Office of the Medical Director, and the V. P. of Member Services.

The group hears high level summaries of audit findings and makes recommendations as needed. These recommendations will be included in the final Comprehensive Provider Quality Review Report. In the event of more critical issues, the V. P. of Member Services

takes the issues to COMCARE's Executive Council for an administrative ruling and/or policy decision.

2. CONTRACT PROVISION COMPLIANCE AUDIT

- GOAL: **To determine that the provider complies with the COMCARE Subcontract provisions.**

Data Collection Instrument: ***The Provider Quality Review Site Visit Checklist - Basic Contract Requirements*** tool is used to collect information associated with the measures contained in this section. ***See Attachment A for a sample of this tool.***

A. The **Administrative Review** portion includes a desk review of the provider file at COMCARE by the assigned Fiscal Program Auditor for the following:

1) Licensing - the provider holds a current OBHL License according to the ADHS Matrix of licensed providers.

2) Licensing - if provider serves adults with Serious Mental Illness, the provider must hold a "restrictive behavior management" level one license in order to seclude or restrain members (R9-21-203).

3) Amendments and Notices (per contract) - the provider notices the COMCARE Director of Provider Relations in writing and 60 days in advance regarding changes in ownership or facility licensure.

B. The **On-Site Review** is then conducted by the Team. The Fiscal Program Auditor reviews provider personnel records, medical records, and administrative records.

4) Provider complies with Title VII of the Civil Rights Act of 1964, as amended as evidenced by personnel records.

5) Provider complies with the Age Discrimination Act in Employment Act of 1975 as evidenced by personnel records.

6) Provider complies the Federal Executive Order 11246.

7) Provider complies with State Executive Order #75-5.

8) Provider complies with ARS § 41-1461 et. seq.

9) Provider complies with Title VI of Civil Rights Act of 1964.

10) Provider complies with Section 504 Rehabilitation Act of 1973.

11) Provider complies with the Federal Fair Housing Act.

12) Provider complies with the Americans with Disabilities Act of 1990 as evidenced by provider programs that have a self-evaluative component for ADA standards; provider policies and procedures directing compliance with ADA standards; and provider posting of ADA notice that informs individuals with a disability of their right to request reasonable accommodations and alternate forms of communication.

13) Absence of Interest - verification through staff interview that no RBHA or State Employee benefits financially from the provider's subcontract agreement.

14) Credentialing - Provider staff must be credentialed in compliance with provider policy and procedure, OBHL requirements, and AHCCCS requirements as evidenced by documentation in the provider personnel records.

15) Fingerprint Requirements are met by all child/adolescent staff, any subcontractor of the provider, and staff identified as "restricted" are supervised when with juveniles.

16) Referrals - history of provider accepting all referrals from COMCARE unless the agency has no additional capacity or remaining contract funds.

17) Accounting for Funds - funds are accounted for separately in accordance with ADHS Uniform Financial Reporting Requirements.

18) Institutional Review Board (IRB) for Research - providers must obtain approval for any research projects involving COMCARE members from the provider's IRB or in the absence of such a board, approval must be obtained from the COMCARE IRB.

19) Billing/Payment - history of provider billing to include: billing at least monthly; billing for a service within 90 days of the date of service or within 120 days if Third Party Liability; and re-submission of denied claims within 90 days of the date of denial.

20) Claims Clean Up - provider documentation of efforts to correct and resubmit denied claims.

21). Membership Determinations - history of provider obtaining verification of COMCARE enrollment status of service recipients prior to delivery of services.

22). Enrollment Package - history of provider submission of completed enrollment packet as required by COMCARE policy and procedure.

23) Providers obtain a signed COMCARE Service Authorization - for all services other than inpatient, residential, partial care, or non-emergency transportation as evidenced by documentation in the provider's medical record.

24) Coordination of Benefits: Co-pay - provider assesses and collects co-payment in compliance with ADHS policy and COMCARE policy as evidenced by documentation in the provider's medical record.

25) Coordination of Benefits: Notice to Members - provider informs member of their financial responsibility for non-covered services as evidenced by documentation in the provider's medical record.

26) Coordination of Benefits: Third Party Liability - provider pursues Third Party Liability in compliance with ADHS and COMCARE policy as evidenced by documentation in the provider's medical record.

**C.** Deficiencies are noted by the assigned Fiscal Program Auditor on the Checklist tool for each contract compliance measure.

**Reporting and Feedback Loops:**

D. During the Provider Quality Review Exit Interview, the Fiscal Auditors verbally provide an overview of their Administrative and On-Site Review findings and suggests some initial recommendations. A detailed report of findings, specific recommendations and requested corrective actions, if applicable, will be submitted to the provider in the form of a Comprehensive Provider Quality Review Report within 30 days of the Exit Interview. A copy of all correspondence relative to the audit process will be maintained in the provider's file by the Program Administrator.

Providers will have 14 working days to respond with their plan of correction. The plan of correction will be reviewed by the Fiscal Auditors and staffed with the Director of Finance as necessary. A letter acknowledging receipt and acceptance of the plan of correction will be returned to the agency. The letter will also specify a tentative date and time for a follow up visit specifically to review the agency's effectiveness in implementing the plan of correction.

E. The Manager of Fiscal Audits reports the findings of regularly scheduled and follow-up audits to the Provider Quality Review Committee. The Committee meets two times a month. This group consists of management representation from Provider Relations, Capacity Management, Fiscal, Adult Services, C/A Services, Quality Management, Quality Improvement, Office of Legal Counsel, Office of the Medical Director, and the V. P. of Member Services.

The group hears high level summaries of audit findings and makes recommendations as needed. These recommendations will be included in the final Comprehensive Provider Quality Review Report. In the event of more critical issues, the V. P. of Member Services takes the issues to COMCARE's Executive Council for an administrative ruling and/or policy decision.

3. PROGRAM AUDIT

The Program Audit is comprised of several parts including a Quality Management Review; Case Review; Service Program Review - SMI Providers; Training Review; and Member Satisfaction. Each part will be described herein with specific steps associated with the **Administrative Review** and the **On-Site Review.**

**Sampling Methodology for Program Audit:**

Three weeks prior to an audit the Manager of Quality Improvement requests a query of the COMCARE Impact database for new intakes completed by the agency in the last 6 months. 30 cases are randomly selected, using a sample selection software developed by the Fiscal Section, to be included in the audit. The sample will specify those cases which are case managed versus service coordinated. Records for cases which are case managed are requested two weeks prior to going to the provider agency. They are reviewed using the ADHS/BHS Case Review Tool. The same tool is used to review provider records.

A. ***Quality Management Review***

- GOAL: **To determine that the provider has an effective Quality Management Program inclusive of required policies, procedures, and practices.**

Data Collection Instruments: Several tools are used in the Quality Management Review portion of the Provider Quality Review including:

***Provider Quality Review - QM Administrative Review Part A - QM Plan***
***Provider Quality Review - QM Administrative Review Part B - Performance Measures***
***Provider Quality Review - QM On-Site QM Program Review***

The **Administrative Review** includes the following processes conducted by the Quality Improvement Specialist assigned to the provider agency scheduled for review:

1) The assigned Quality Improvement Specialist reviews for quality and completeness the provider's Quality Management Plan, Utilization Management Plan, Training Plan, Quarterly Training Reports, and Medical Care Evaluation Studies contained in the provider's file located in the Provider Relations Department. If these documents are not available for review prior to going to the provider agency, the Specialist will ask to review them during the On-Site Review.

   Each of the above items has a review checklist outlining the required measures for adequacy and comprehensiveness. The Specialist makes an objective judgment as to the presence or absence of each measure, scores a "yes" or "no" accordingly, and documents his/her comments as deemed necessary. Items 3.A.2 through 3.D will outline these indicators and their measures.

2). The provider Quality Management Plan is reviewed for the following elements:

   a). Provisions for an active QM Committee;
   b). Written performance improvement activities including performance standards and indicators as well as outcome indicators;
   c). Written Peer Review OR Case Review policy, procedure, and practice of same as evidenced by documentation, minutes, or summaries;
   d). Written Medical Records policy and procedure to include:
      (1). Reflection of all aspects of care provided;
      (2). Client Information System Intake Form;
      (3). Assessment A;
      (4). Assessment B;
      (5). Financial Information Form;
      (6). Comprehensive Assessment/Evaluation;
      (7). Individual Service Plan/Treatment Plan;
      (8). Letter of Authorization/Service Authorization Form;
      (9). ALFA or CAFAS;
      (10). Progress Notes;
      (11). Discharge Summary;
      (12). Monthly Progress Reports to the Case Manager;
      (13). Medication and lab sheet;
      (14). Results of all diagnostic testing and consultations;
      (15). All other information required by ADHS/OBHL;
      (16). Informed consent for treatment/services including the intended outcome, nature, and procedures involved in the treatment; the risks, side effects, if any, as well as the risks of not proceeding with treatment; the alternatives to the treatment, including alternatives offering less risk or other adverse effects; and notification that consent can be withdrawn or withheld at any time without any punitive action taken against the member. R9-21-206.F.; and

(17). Informed consent for medication including: information relating to common risks and side effects of the medication; procedures to be taken to minimize such risks; and, description of any clinical indications that might require suspension or termination of the drug. R9-21-207.A.

e). Written policy and procedures for confidentiality of records in compliance with AAC R9-1-311 to R9-1-315; 42 CFR part 2; ARS § 36-663 and 664 re: HIV; and for SMI programs R9-21-209.

f). Written policy and procedure for members to present grievances regarding the operations of the program that result in denial, suspension, or reduction of services approved by the RBHA in accordance with COMCARE policy and procedure and for SMI programs, R9-21-401 through R9-21-410.

g). Written credentialing , re-credentialing, and privileging policy and procedure for physicians and other behavioral health staff who are licensed by Arizona.

h). Written member rights policy and procedure or statement of member rights. For SMI programs, such policy and procedure will be in accordance with R9-20-201 and R9-21-211 including posting of Exhibit A Notice of Legal Rights for Persons with Serious Mental Illness; and member's written acknowledgment of receipt of Exhibit B Notice Discrimination Prohibited for providers of service to adults with Serious Mental Illness. Providers of services to populations other than Seriously Mentally Ill adults will have a written member rights policy and procedure in accordance with ADHS/OBHL R9-20-201

I). Written Utilization Management Plan and Medical Care Evaluation Studies for acute level one inpatient and JCAHO residential provider agencies.

j). Written policies and procedures in accordance with R9-21-204 Restraint and Seclusion for providers of services to the Seriously Mentally Ill adult population.

3) The assigned Quality Improvement Specialist reviews the most recent Member Accessibility Report for provider performance related to accessibility. The Member Accessibility Report is generated by COMCARE's MIS Department and forwarded to the Manager of Quality Improvement on the 10th of each month. The report profiles intakes and first services by provider. The following performance measures are reviewed:

a). Intakes are performed within 7 calendar days of the date of the referral.

b). Intake to first service time frame does not exceed 30 calendar days from the date of the intake.

c). Delay reasons for intakes performed beyond the 7 calendar day standard are reported to COMCARE as evidenced by the content of the Member Accessibility Report.

d). Failure reasons for intakes not conducted are reported to COMCARE as evidenced by the content of the Member Accessibility Report.

e). Delay reasons for first services performed beyond the 30 calendar day standard are reported to COMCARE as evidenced by the content of the Member Accessibility Report.

4) To comply with ADHS/BHS requirements, the Quality Improvement Section collects, trends and analyzes provider performance on eligibility determinations and the

adequacy and comprehensiveness of assessments and service planning. This information is also used in profiling provider performance.

5) The Office of Legal Counsel is consulted to determine provider compliance with the submission of written incident/accident reports within 5 days as required by COMCARE policy and procedure OLC 110. The OLC forwards a copy of their monthly Seclusion and Restraint Report by the 10th of each month for the previous month. The report will allow the OLC and Quality Improvement to profile providers' performance in this area. As an additional review, three (3) cases included in the sample that have incident/accident reports will be reviewed for timeliness, completeness, and accuracy of documentation. If follow up is required, the timeliness of the provider's response to COMCARE's request and the appropriateness of the follow up will be reviewed.

6) The Office of Legal Counsel is consulted to determine that providers of services to the Seriously Mentally Ill submit written reports of incidents of abuse, neglect, mistreatment, denial or rights or exploitation to COMCARE in accordance with COMCARE policy and procedure OLC 110 and OLC 104 and with R9-21-203. B., C., D., and E. The OLC forwards a copy of their monthly Seclusion and Restraint Report by the 10th of each month for the previous month. The report will allow the OLC and Quality Improvement to profile providers' performance in this area.

7) The Office of Legal Counsel is consulted to determine that providers of services to the Seriously Mentally Ill submit written reports of restraint and seclusion to COMCARE in accordance with COMCARE policy and procedure and with R9-21-204.Q. and R. The OLC forwards a copy of their monthly Seclusion and Restraint Report by the 10th of each month for the previous month. The report will allow the OLC and Quality Improvement to profile providers' performance in this area. As an additional review, three (3) cases included in the sample that have restraint/seclusion reports will be reviewed for timeliness, completeness, and accuracy of documentation. If follow up is required, the timeliness of the provider's response to COMCARE's request and the appropriateness of the follow up will be reviewed.

8) The Office of Legal Counsel is consulted to determine that providers of services to the Seriously Mentally ill submit their grievances and grievance resolutions to COMCARE in accordance with COMCARE policy and procedure OLC 103 and R9-21-401 through R9-21-410.

   Once automated, The OLC forwards a copy of their monthly Grievance, Grievance Appeals and Grievance Resolutions Report by the 10th of each month for the previous month. The report will allow the OLC and Quality Improvement to profile providers' performance in this area. If applicable, an additional review of three (3) cases included in the sample that have a grievance or grievance appeal filed will be reviewed for timeliness, completeness, and accuracy of documentation. If follow up is required, the timeliness of the provider's response to COMCARE's request and the appropriateness of the follow up will be reviewed.

9) As applicable, Quality Improvement Specialist will review three (3) mortality cases associated with the provider for timeliness of reporting the death and timeliness of submitting their written report of the death.

10) Twice yearly ADHS/BHS implements a member satisfaction survey to case managed members and those members receiving outpatient services. The results are profiled by RBHA and by providers within each RBHA. The assigned Quality Improvement Specialist reviews the results of ADHS/BHS surveys and records the provider's most

recent score on the QM Administrative Review Checklist, Part B, Performance Measures

11) The **On-Site Review** portion of the Quality Management Review consists of the assigned Quality Improvement Specialist reviewing the provider's Quality Management Committee documentation including minutes and other associated records to assess that the provider has an active QM process and practice in place. If provider policies and procedures are not on file with COMCARE Provider Relations, the assigned Quality Improvement Specialist obtains copies from the provider and reviews them during the **On-Site Review**.

B. ***Case Review***

- GOAL: **To determine that provider medical records meet minimum standards for documentation, that required clinical and administrative processes are performed, and that service/care rendered is effective, satisfactory and leading to desired measurable outcomes.**

Data Collection Instrument: The ADHS/BHS Case Review instrument is used by the assigned Quality Improvement Specialist when conducting Case Review for all populations. The Case Review instrument is designed to assess provider and COMCARE performance in the areas of Assessment; Service Planning/Treatment Planning; Service Delivery and Progress; Coordination of Care with the Primary Care Physician and Family; and Inpatient Care and Coordination of Care.

For purposes of the Provider Quality Review, the Assessment and Service Planning/Treatment Planning sections of the Case Review instrument will apply only to providers which conduct the initial assessment and the initial Service Plan/Treatment Plan for COMCARE members; e.g., Phase IV General Mental Health, Substance Abuse, and Child/Adolescent members. For all cases reviewed involving an adult with Serious Mental Illness or a child/adolescent in Phase I or Phase II case management, the Assessment and Service Planning/Treatment Planning sections apply to the COMCARE initial assessment and Individual Service Plan. ***See Attachment A for a copy of the Case Review Tool. References to R9-21 are located throughout the document.***

1) The **Administrative Review** portion of the Case Review process involves the following:

   a). A random stratified sample of cases is selected by ADHS/BHS which COMCARE sorts by provider. If the sample is not representative for the provider under review by the Provider Quality Review Team, COMCARE uses a sampling software to draw a sufficient random stratified sample from EDS/CIS data downloaded to the COMCARE IMPACT system in order to conduct the Case Review.

   b). Fifteen days prior to the date of the provider **On-Site Review**, the COMCARE medical record is requested by the Quality Improvement Section through the Medical Records Section.

   c). An assigned Quality Improvement Specialist, who has been trained in the Case Review process and approved by ADHS/BHS, conducts a review of the COMCARE medical record against criteria contained in the Case Review instrument prior to reviewing the provider medical record.

d). The assigned Quality Improvement Specialist rates each performance measure contained in the Case Review instrument with a "yes", "no", or "not applicable" score and follows all instructions which accompany the instrument. Comments are noted in the comments section. The Specialist completes the Case Review instrument to the extent possible when reviewing the COMCARE medical record.

2) The **On-Site Review** portion of the Case Review consists of the assigned Quality Improvement Specialist reviewing the provider's medical record. Additionally, in the case of providers serving adults with Serious Mental Illness, interviews are conducted by the assigned Quality Improvement Specialist with the case manager, the member, involved family member(s) with the written consent of the member, and/or the guardian; and the reviewer's observations are recorded on the Case Review instrument.

a). The Quality Improvement Specialist assigned to conduct the provider medical record review composes a list of the members' unique identification numbers related to the cases randomly selected for review and sends this list to the provider, via Provider Relations, two (2) working days in advance of the date of the **On-Site Review**.

b). For Case Reviews involving adults with Serious Mental Illness, the Quality Improvement support staff arranges case manager, member, and, with consent, family member interview times and locations to coincide with the dates of the **On-Site Review**.

c). The Quality Improvement Specialist visits the provider as part of the Provider Quality Review Team in order to review the provider medical records. The provider medical records selected for review are pulled in advance of the review date by the provider staff and are made available to the assigned Specialist in a private location.

d). The Quality Improvement Specialist conducts the provider medical record review using the Case Review instrument to record provider performance and findings uncovered during the review process.

e). After completing the medical record review portion of Case Review instrument, the Quality Improvement Specialist interviews the member, case manager ,involved family members with the consent of the member, and/or guardian. Responses are recorded on the Case Review instrument. Should critical issues relative to health, safety, rights, respect, or dignity become evident, the Quality Improvement Specialist will immediately report these issues to the Manager of Quality Improvement. The Manager of Quality Improvement will request that the Provider Quality Review Committee convene to review the issues and determine and appropriate course of action to intervene on behalf of the members.

f). After completing the interviews, the assigned Quality Improvement Specialist completes the Evaluator's Observations section of the Case Review instrument. The Quality Improvement Specialist obtains a copy of both the Individual Service Plan/Treatment Plan and the Comprehensive Assessment and attaches the copies to the completed Case Review instrument as required by the ADHS/BHS instructions.

g). Upon completion of the entire Case Review instrument, the Quality Improvement Specialist submits it to the QM Data Entry Specialist for input into the COMCARE Case Review Database. Data is then exported from the database into a statistical software program for statistical manipulation and reporting purposes.

h). During the Provider Quality Review Exit Interview, the Quality Improvement Specialist verbally discloses the Case Review individual and aggregate findings, recommendations, and requested responses and/or corrective actions with the provider.

I). Each QI Specialist is required to submit at least one case per quarter for supervisory review and discussion. Additionally, the interpretation and implementation of the case review tool are reviewed in large and small group discussions on a regular basis. Outcomes from these discussions are used to ensure all QI Specialists are utilizing the tool and interpreting the data in the same manner. Feedback on the use of the tool, barriers encountered, and suggestions for improvement of the tool is submitted to ADHS/BHS for consideration.

C. ***Service Program Review - SMI Providers***

- GOAL: **To determine that residential and non-residential provider programs for adults with Serious Mental Illness meet minimum standards in the areas of human rights, member legal rights, individual service planning, as well as grievance and investigations.**

Service Program Review occurs entirely during the **On-Site Review** via questions included in the ***Case Review*** instrument which are designed to capture the member's perspective, and additional questions included in the ***Provider Quality Review - QM On-Site Service Program Review - SMI Providers instrument (See Attachment A for a sample of the review tools)***.

**1). Human Rights - SMI**

The following questions are contained in the ***Case Review instrument in the Person Interview Section*** on pages 30 through 33 in order to test for provider program inclusion and practice of human rights emphasizing the principles of respect, humane treatment, integration, and self-determination. Please see the matrix below for a complete list of the questions asked to the member during Case Review according to service setting.

**Questions included in the Case Review Instrument**

| QUESTION | RULE | ALL | IP | 24 | SH | DV |
|---|---|---|---|---|---|---|
| **PRINCIPLE OF RESPECT** | | | | | | |
| When you tell someone here what you need or want, what happens? | R9-21-202.A.2. | xx | | | | |
| Does anything bad ever happen to you here? If so, can you tell me about it? | R9-21-202.A.6.; 203.A. | xx | | | | |
| Do you have privacy when bathing, using the bathroom, and dressing? | R9-21-202.A.6. | xx | | | | |
| Can you take a walk or leave when you want to? | R9-21-202.A.1. | | | xx | xx | xx |
| Have you ever refused your medication? If so, what happens when you do? | R9-21-202.A.4.; R9-21-207 | | xx | xx | xx | xx |
| **PRINCIPLE OF HUMANE TREATMENT** | | | | | | |
| How do you feel you are treated by staff here? | R9-21-202 A.1.; 203.A. | xx | | | | |
| What happens when you get sick or hurt? | R9-21-202.7.c. | xx | | | | |
| Do you feel safe here? | R9-21-202.A.6. | xx | | | | |
| Who do you talk to when you feel scared? | R9-21-202.A.6. | xx | | | | |
| Have you ever been held down against you will? | R9-21-204 | xx | | | | |
| Do you have your own shampoo, toothpaste, deodorant? | R9-21-202.A.6. | | xx | xx | xx | |
| For females, do you have personal feminine hygiene products when you need them? | R9-21-202.A.6. | | xx | xx | xx | |
| Do you feel at home here? If so, what things make you feel at home? | R9-21-2-2.A.1. | | xx | xx | xx | |
| **PRINCIPLE OF INTEGRATION** | | | | | | |
| Do you have an opportunity to:<br>go to church?<br>go to outside recreation?<br>go shopping?<br>go to educational. and employment activities? | R9-21-202.A.1. and 7.e. R9-21-201.A.5. | xx | | | | |

All - All Service Settings
24 = 24 hour residential
IP = Acute Inpatient
SH = Supported Housing
ASH = Arizona State Hospital
DV = Day/Vocational

| QUESTION | RULE | ALL | IP | 24 | SH | DV |
|---|---|---|---|---|---|---|
| PRINCIPLE OF INTEGRATION | | | | | | |
| Do you know the area around here - stores, banks, fun places? | R9-21-202.A.1. | | xx ASH | xx | xx | xx |
| Do you have access to transportation? | | | | xx | xx | xx |
| Do you get to see your family or other people in your life? If yes, how often do you get to see them? What do you do? If not, why? | R9-21-202.A.7.d.; R9-21-201. A.8.& 9. | | ASH | xx | xx | |
| PRINCIPLE OF SELF-DETERMINATION | | | | | | |
| Do you have choices about what you eat? | R9-21-202.A.7. | | xx | xx | xx | |
| Do you get to wear what you choose? | R9-21-202.A.7b | | ASH | xx | xx | |
| Do you have any spending money? If so, how do you get it and how often? | R9-21-208.A. & B. | | ASH | xx | xx | |
| Do you get to keep your own things in your room? Are they safe? Is it okay if I see your room? If yes, ask "Please show me now.? | R9-21-202.A.f and g. | | ASH | xx | xx | |
| What do you do for fun? | R9-21-202.A.11 | xx | | | | |
| Do you have choices about what you do? | R9-21-202.A.13 | xx | | | | |
| What are your plans for the future? | R9-21-202.A.15 | xx | | | | |
| What will you be doing next week? | R9-21-202.A.15 | | ASH | | xx | |

All - All Service Settings
24 = 24 hour residential
IP = Acute Inpatient
SH = Supported Housing
ASH = Arizona State Hospital
DV = Day/Vocational

**2). Member Rights - SMI**

In order to test for program inclusion and practice of member legal rights, R9-21-211 Exhibit A., several questions were formulated as part of the ***Case Review instrument*** which are located in various sections and pages. Please see the matrix below for a reference guide of the questions to be asked to the member or case manager, or answered through documentation review during the Case Review process.

**Questions Included in the Case Review Instrument**

| The right to appropriate mental health services based on your individual needs | R9-21-211 Exhibit A |
|---|---|
| Questions 1 - 12 in the Case Review instrument - Assessment section | pgs 10 - 16 |
| Questions 16, 17, 18, and 24 in the Case Review instrument - Service Planning Coordination of Care section | pgs 17 - 19 |
| Questions 26, 27, 39, and 40 in the Case Review Instrument - Service Progress and Delivery section | pgs 21 - 24 |

**Questions Included in the Case Review Instrument**

| | |
|---|---|
| **The right to participate in all phases of your mental health treatment, including individual service plan (ISP) meetings** | **R9-21-211 Exhibit A** |
| Questions 3, 5, 10, 11, and 12 in the Case Review Instrument - Assessment section | pgs 10 - 16 |
| Questions 15, 16, 20, 21, 22, 23, 24 in the Case Review Instrument - Service Planning Coordination of Care section | pgs 17 - 19 |
| Questions 29, 37., 38.,40., 41 in the Case Review Instrument - Person Interview section | pgs 32-33 |
| **The right to a discharge plan upon discharge from a hospital** | **R9-21-211 Exhibit A** |
| Questions 47, 48, 49, 50, and 51 in the Case Review Instrument - Inpatient Care and Coordination of Care section | pgs 28 - 29 |
| **The right to consent to or refuse treatment (except in an emergency or by court order)** | **R9-21-211 Exhibit A** |
| Questions 29, 29.b., 30, and 31 in the Case Review Instrument - Service Delivery and Progress section | pg. 21 |
| **The right to treatment in the least restrictive setting** | **R9-21-211 Exhibit A** |
| Question 10 in the Case Review Instrument - Assessment section | pg. 15 |
| Question 61 in the Case Review Instrument - Evaluator's Observation section | pg. 38 |
| **The right not to be physically, sexually, or verbally abused** | **R9-21-211 Exhibit A** |
| Questions 6., 8., and 9. in the Case Review Instrument - Person Interview section | pg. 30 |
| **The right to privacy (mail, visits, telephone conversations)** | **R9-21-211 Exhibit A** |
| Question 12., 16., 28., in the Case Review Instrument - Person Interview section | pgs 30 - 32 |
| **The right to file an appeal or grievance when you disagree with the services you receive or your rights are violated.** | **R9-21-211 Exhibit A** |
| Question 39 in the Case Review Instrument - Person Interview section | pg. 33 |
| Question 10 in the Case Review Instrument - Assessment section | pg. 15 |
| **The right to choose a designated representative(s) to assist you in ISP meetings and in filing grievances.** | **R9-21-211 Exhibit A** |
| Question 11. and 12. in the Case Review Instrument - Assessment section | pg. 15 |
| Question 30. and 31. in the Case Review Instrument - Person Interview section | pg. 32 |
| **The right to a case manager to work with you in obtaining the services you need.** | **R9-21-211 Exhibit A** |
| Question 1. in the Case Review Instrument - Person Interview section | pg. 30 |
| Questions 1 through 16 in the Case Review Instrument - Case Manager Interview section | pgs 33-34 |
| **The right to a written ISP that sets forth the services you will receive** | **R9-21-211 Exhibit A** |
| Question 13 in the Case Review Instrument - Service/Treatment Planning Coordination of Care section | pg. 17 |
| **The right to associate with others** | **R9-21-211 Exhibit A** |
| Questions 7. and 28. in the Case Review Instrument - Person Interview section | pgs 30 & 32 |

**Questions Included in the QM On-Site Service Program Review - SMI Providers Instrument**

In addition to the questions contained in the Case Review instrument, several questions to be answered by the reviewer based on his/her review of documentation or interview of provider staff are contained in the ***Provider Quality Review - QM On-Site Service Program Review - SMI Providers*** instrument The questions further test provider performance in, and compliance with, the rights of persons with Serious Mental Illness.

**1). Grievances and Investigation Procedures - SMI**

The following questions appear in the ***Provider Quality Review - QM On-Site Service Program Review - SMI Providers*** instrument. The questions further test provider performance in, and compliance with, rights of persons with Serious Mental Illness related to Grievances and Investigation Procedures.

a). Does the provider adhere to their policies and procedures for grievances and investigations which are in compliance with R9-21-401 through 410?

b). Does the provider ensure that all required reporting takes place within the specified time frames?

c). Is there documentation in the provider medical record to verify that the member has been informed of their right to file a grievance or request an investigation?

d). Is the grievance rule posted and forms for filing posted in a prominent place in the provider agency?

e). Does the agency forward copies of the request for special assistance to the Office of Human Rights?

f). Does the provider notify COMCARE when:
(1). A member brings criminal charges against an employee
(2). A provider employee brings criminal charges against a member
(3). A provider employee or member is indicted or convicted because of an action required to be investigated by the SMI Rules
(4). A member dies
(5). A member is allegedly physically or sexually abused

**2). Residential Service Providers - SMI**

In addition to the measures detailed in Service Program Review - SMI C.1). through 4).above, the following questions appear in the ***Provider Quality Review - QM On-Site Service Program Review - SMI Providers*** instrument to test provider performance in, and compliance with, requirements for residential service providers.

a). Is a nutritionally sound diet of wholesome and tasteful food available at appropriate times and in as normal a manner as possible? R9-21-202.7.a.

b). Is there an adequate allowance of neat, clean, appropriate, and seasonable clothing that is individually chosen and owned? R9-21-202.7.b.

c). Is assistance given in securing prompt and adequate medical care, including family planning services, through community medical facilities? R9-21-202.7.c.

d). Are there opportunities for social contact in the living environment? R9-21-202.7.d.

e). Are there opportunities for daily activities, recreation and physical exercise? R9-21-202.7.e.

f). Is there opportunity to keep and use personal possessions? R9-21-202.7.f.

g). Does the member have access to individual storage space for personal possessions? R9-21-202.7.g.

h). Has the member been informed of charges for services in advance of being charged? R9-21-202-8.

I). Does the living environment afford protection from harm? R9-21-202.6.

k). Does the living environment afford appropriate privacy? R9-21-202.6.

l). Does the living environment afford freedom from verbal or physical abuse? R9-21-202.6.

Upon completion of the Service Program Review, the Quality Improvement Specialist submits the review instruments to the QM Data Entry Specialist for input into the COMCARE Database. Data is then exported from the database into a statistical software program for statistical manipulation and reporting purposes.

During the Provider Quality Review Exit Interview, the Quality Improvement Specialist verbally discloses the Service Program Review aggregate findings, recommendations, and requested responses and/or corrective actions with the provider.

**D. *Training Review - SMI and Child/Adolescent***

- GOAL: **To assess the level of provider compliance with training requirements and the level of competency acquired.**

Data Collection Instruments: The ***Provider Quality Review - QM On-Site Training Review Part A - SMI or the Provider Quality Review - QM On-Site Training Review Part B - Children and Adolescents*** data collection instruments are used by the assigned Quality Improvement Specialist. At the conclusion of each training session, each training participant completes a post-test with measures for knowledge attained related to required training elements. ***See Attachment B for samples of the Post-Tests for each curriculum module.***

1) **Administrative Review** occurs when the assigned Quality Improvement Specialist reviews the provider's Quarterly Training Reports and the provider's Training Plan located in the Provider Relations Department agency file.

2) The assigned Quality Improvement Specialist reviews the provider's Training Plan for compliance with required elements and required COMCARE curriculum including:

| Required Element | Population |
|---|---|
| a). The Arizona Level of Functioning Assessment (ALFA)<br>Adult SMI functional assessment and level of service planning tool | SMI only |
| b). Confidentiality, Mental Health and the Law<br>civil, legal, support, and treatment rights<br>member privacy and confidentiality | All |
| c). Psychopharmacoloy<br>identification of adverse reactions to psychoactive medications | All |
| d). Serious Mental Illness<br>identification of member illnesses and injury | SMI only |
| e). Continuum of Care in a Managed Care Environment | All |
| f). Individual Service Planning<br>development and implementation of ISPs | All |
| g). Strengths Model of Service Delivery<br>agency mission and philosophy of community support<br>principles of staff/member interaction designed to facilitate health and growth | All |
| h). Grievance and Appeals<br>procedures and rules | All |
| I). Clinical Documentation<br>role, responsibility and authority of case manager and clinical team | All |
| j). Clinical Aspects of Case Management and the Clinical Team<br>agency mission and philosophy of community support<br>principles of staff/member interaction designed to facilitate health and growth<br>identification, response to and reporting of member abuse, neglect, and exploitation | All |
| k). Consumer Perspective of Mental Health Services<br>perspectives and values of consumers of mental health services | All |
| l). Co-Payment | All |
| m). Exit Criteria<br>Appendix C and Exit Provisions | SMI only |
| n). CPR/First Aid<br>preliminary medical emergency care and reporting requirements | All |
| o). Provider Policies and Procedure | All |
| p). Provider Mission<br>agency mission and philosophy of community support | All |
| q). Physical Intervention Techniques/Non-Violent Crisis Intervention | All |
| r). HIV/AIDS | All |

| | |
|---|---|
| s). Safety and Security in the Workplace<br>preliminary medical emergency care and reporting requirements | All |
| t). Child and Adolescent Functional Assessment Scale (CAFAS) | C/A only |
| u). Working with Families | C/A only |
| v). Working with Schools | C/A only |
| w). Understanding Childhood Psychiatric Illness | C/A only |

3). The assigned Quality Improvement Specialist reviews the provider's Quarterly Training Report to determine the percentage of provider staff who have completed training in each required training element/ curriculum; the total percentage of provider staff who have completed required training elements/curriculum; the percentage of provider staff who passed the post-test for each required training element/curriculum; and, the total percentage of provider staff who passed the post-test.

4). Deficiencies associated with each required training element are noted by the assigned Quality Improvement Specialist on the ***Provider Quality Review - QM On-Site Training Review Part A - SMI*** or the ***Provider Quality Review - QM On-Site Training Review Part B - Children and Adolescents***

5). The assigned Quality Improvement Specialist prepares a written report of the findings, recommendations, and requested corrective actions based on the **Administrative Review**.

6). The **On-Site Review** is then conducted by the Team, with the assigned Quality Improvement Specialist reviewing the provider's personnel training records to determine that documentation exists to support the provider's Quarterly Training Report to COMCARE.

7). The assigned Quality Improvement Specialist interviews provider staff to assess staff competency related to training content and application of knowledge and skills acquired.

**Reporting and Feedback Loops:**

During the Provider Quality Review Exit Interview, the Quality Improvement Specialist verbally provides an overview of the Administrative and On-Site Review findings and suggests some initial recommendations. A detailed report of findings, specific recommendations and requested corrective actions, if applicable, will be submitted to the provider in the form of a Comprehensive Provider Quality Review Report within 30 days of the Exit Interview. A copy of all correspondence relative to the audit process will be maintained in the provider's file by the Program Administrator.

Providers will have 14 working days to respond with their plan of correction. The plan of correction will be reviewed by the Quality Improvement Specialist and staffed with the Manager of Quality Improvement. A letter acknowledging receipt and acceptance of the plan of correction will be returned to the agency. The letter will also specify a tentative date and time for a follow up visit specifically to review the agency's effectiveness in implementing the plan of correction.

The Manager of Quality Improvement reports the findings of regularly scheduled and follow-up audits to the Provider Quality Review Committee. The Committee meets two times a month. This group consists of management representation from Provider Relations, Capacity Management, Fiscal, Adult Services, C/A Services, Quality Management, Quality Improvement, Office of Legal Counsel, Office of the Medical Director, and the V. P. of Member Services.

The group hears high level summaries of audit findings and makes recommendations as needed. These recommendations will be included in the final Comprehensive Provider Quality Review Report. In the event of more critical issues, the V. P. of Member Services takes the issues to COMCARE's Executive Council for an administrative ruling and/or policy decision.

**E. *Provider Interview***

In addition to the case review and program service review, select staff working for agencies who provide services to SMI members will also undergo a brief interview. Quality Improvement Specialists will conduct a brief interview of unit coordinators and/or line staff. Questions will be used to make judgments about agency practice in the areas of integration, self determination, respect, and humane treatment. The questions will be similar to those members are asked during the case review interviews for the four aforementioned principles. A three point Likert scale is used to score the responses given by the interviewee. The scale will be used to rate and compare providers on the Provider Profile data collection tool. **See Attachment A Provider Interviews & Provider Profile.**

**F. *Supervisory Overview***

Each Specialist is required to verbally review the entire Provider Audit Protocol including the use of the Case Review Instrument with the Manager of Quality Improvement. The Manager assesses the Specialist's knowledge and understanding of the process, Guiding Principles, and Principles of Care. Additionally, each Specialist will at a minimum, review one case review per quarter to ascertain appropriate use of the tool, clinical judgment, and consistency between reviewers (case judging). Some Specialists may be required to review cases on a more frequent basis. New Specialists are paired up with veteran staff to complete an identical case review. The scores are then compared for consistency.

The use and scoring of the Case Review Instrument is discussed as needed in Quality Improvement Section staff meetings. Issues are problem solved as they arise and feedback, as needed, is forwarded to ADHS/BHS for further refinement of the CFR tool and database.

Within one (1) week of each provider audit, the Manager of Quality Improvement holds a debriefing meeting with the QI Review Team. The purpose is two-fold: first to discuss the audit process and findings and to solicit input about data to be included in the final Comprehensive Provider Quality Review Report; and second, the meeting also serves as a means of preparation for the Lead Specialist who will attend the Provider Quality Review Committee and present an overview of findings.

**G. *Member and Family Member Satisfaction***

- GOAL: **To assess the level of member satisfaction with provider network services and programs.**

Data Collection Instrument: Various tests have been considered in order to evaluate outcomes and satisfaction with provider services. The selection process has emphasized tools which are brief, valid, reliable, and affordable. In all cases, the instruments have been used to assess outcomes or satisfaction. In most instances, the instruments are available in Spanish. Efforts will be made, in cooperation with the author(s), to translate into Spanish those tests for which a Spanish translation is not yet available.

For the C/A population the Devereux Scales of Mental Disorders has been selected provided a complimentary and adequate tool can be located to assess adaptive functioning. If such a tool cannot be located, then the Achenbach Child Behavior Checklist will be used. In addition, the Child and Adolescent Practitioner Version of the Service Satisfaction Scale by T.M. Greenfield will be used to assess member and family member satisfaction with provider network services.

Administration of test instruments is scheduled to commence in February 1997 while full implementation is scheduled to commence in April 1997. ***See Attachment C (Satisfaction Measurement C/A Members) for the research proposal under review by COMCARE's Research Review Committee.***

It is planned to conduct a survey annually with approximately 25% of the SMI population. The tests which have been selected for the Adult and SMI member and family member satisfaction are: the Brief Symptom Inventory (BSI); the Derogatis Psychiatric Rating Scale (DPRS); the SF-12 Health Survey; the Quality of Life Interview-Brief Version (QOLI); the Addiction Severity Index (ASI); and, the Service Satisfaction Scale-Provider Version (SSS-P). Administration of test instruments is scheduled to commence in November 1996 while full implementation is scheduled for January of 1997. ***See Attachment C (Satisfaction Measurement Adult Members) for a copy of the research proposal and survey instrument currently under review by the COMCARE Research Review Committee.***

Results from the C/A and Adult surveys will be provider specific and will allow for profiling of the provider network's performance. Results will be used to improve the system of services and care within the provider network.

## 4. PROVIDER PROFILING AND SYSTEM IMPROVEMENT

The overwhelming amount of information collected about each provider must be organized into a format that the providers, COMCARE management, and ADHS/BHS can easily interpret. For this reason, a provider profile has been created to display critical data related to each provider and to clusters of providers which serve the same population. Based upon trends resulting from the audits, standards and expected best practices will organized into provider profiles and consistent methods of intervention when specific types of deficits are uncovered.

Profiles are analyzed to:

a). detect patterns and trends of performance in the network;
b). reveal the range of strong to weak provider performance;
c). indicate possible need for reallocation of resources;
d). indicate possible need for program development and implementation;
e). improve the quality of care and service delivery through detecting the need for, and implementing specific education/training efforts to shift practices; and
f). assist in the negotiation of provider contracts.

COMCARE will use data collected during provider audits for the 1995-96 fiscal year to assess baseline provider performance across all providers and service types. Best Practices within the provider network will be shared with providers in a report card format and orally at quarterly provider meetings. Provider programs demonstrating excellence and which may serve as a model program to be replicated will be identified and cultivated. Providers will be given specific findings revealed through the Provider Quality Review process via a written report sent to the provider within 30 days of the On Site Visit.

Dependent upon findings of an individual provider quality audit and or their overall rating, one of four outcomes may occur:

- The agency will remain a provider of services within the COMCARE provider network;
- The agency will remain a provider with minor plans of correction;
- Referrals to the agency will be suspended until all aspects of a corrective action plan have been successfully implemented, and/or
- The agency will no longer be a part of the COMCARE provider network.

Providers who have demonstrated substantial compliance with Fiscal and Service, Contract Compliance and Program Audit performance standards will remain a provider within the COMCARE provider network. Auditors from each discipline have made only minor recommendations for improvement or corrective action.

If there is partial compliance with performance standards and Auditors from each discipline have made several recommendations for improvement or corrective action, technical assistance will be mandatory to assist in the implementation of improvement actions. Depending on the severity of the findings, referrals may be withheld until the corrective actions have successfully been implemented and corrected.

An agency receiving multiple recommendations and/or corrective actions due to unacceptable performance in three areas: financial, programmatic and operational may have referrals withheld until they are corrected. Technical assistance will be mandatory.

Programmatic issues to be considered include medical records, quality of care, member satisfaction, and performance in QM/UM activities. Operational issues include poor performance related to compliance with established policies and procedures; personnel performance, training, and credentialing; and licensure compliance. Technical assistance to implement improvement actions will be offered. Providers will have 90 days to implement plans of correction. A follow up review will be scheduled after the 90 days to ascertain compliance with auditor recommendations and corrective action plans.

Immediate removal and the transfer of members will result should there be evidence of clear and present danger, criminal activity, major non-compliance affecting member care, financial misconduct and/or evidence of suspected fraud. The Provider Quality Review Committee will make a recommendation to the Executive Council to remove the agency from the COMCARE provider network.

The Provider Quality Review Committee examines provider profiles and makes recommendations to the Executive Council. The Executive Council has final authority for making policy, contracting, and financial decisions which ultimately shape and shift the COMCARE network of behavioral health providers.

***See Attachment D for the Provider Profile which contains the data elements COMCARE considers critical in considering the provider's status within the network.***

| PROVIDER AUDIT | | | | |
|---|---|---|---|---|
| PRE-AUDIT PROGRAM | | | | |
| PROVIDER NAME | | PROJECT # | | |
| PREPARED BY | | DATE | | |
| REVIEWED BY | | DATE | | |
| FILENAME | C: \AUDTPROG\PREAUDIT | LAST UPDATE | | 4/17/96 |

## PRE-AUDIT PROGRAM

| | DONE BY | PAGE NO. |
|---|---|---|
| 1. Review the following and note any issues that require resolution in the current year: | | |
| Previous audit workpapers | _____ | _____ |
| Prior audit reports | _____ | _____ |
| Provider file in Provider Relations (includes correspondence) | _____ | _____ |
| 2. Review authoritative accounting or auditing pronouncements which may pertain to the audit. | _____ | _____ |
| 3. Review significant government rules and regulations which may pertain to the audit. | _____ | _____ |
| 4. Review external audit reports: | | |
| Obtain from Provider Relations a copy of the Provider's most recent Audited Financial Statement or Single Audit Review, including any management letter and reports specifically addressing internal controls review and compliance with OMB A-133. | _____ | _____ |
| Complete the Internal Control Evaluation . | _____ | _____ |
| Obtain a copy of ComCare's analysis of provider's financial ratios from Financial Data Analyst (ComCare Finance department.) Review for any unusual trends or indications of lack of proper controls. | _____ | _____ |
| 5. Discuss with Provider Relations: | | |
| Potential problems which relate to the Provider. | _____ | _____ |
| Recommendations concerning the scope of our audit or audit approach. | _____ | _____ |
| 6. Review Provider Contract: | | |
| Obtain copies of the Provider Contract and all Amendments relative to the fiscal year being audited. | _____ | _____ |
| Identify the Fee Schedule from the Provider Contract and document: | | |
| Total contract maximum | _____ | _____ |
| Fund type maximum | _____ | _____ |
| Covered services and rates | _____ | _____ |
| 7. From the "Behavioral Health Services Maximum Reimbursement Rates Subvention and Title XIX" of ADHS/BHS manual copy the pages with service codes included in this Provider's contract. | _____ | _____ |

**PRE-AUDIT PROGRAM (continued)**

| | DONE BY | PAGE NO. |
|---|---|---|
| 8. Run report listing the paid claims for the Provider. | | |
| Request the Financial System Analyst (ComCare Finance department) to download the "Encounter Data Base" of paid claims for the fiscal year being audited . FILE NAME:_____. | _____ | N/A |
| Document the test period covered by the audit. | _____ | _____ |
| Import the downloaded data base to ACL Audit software and format. FILE NAME:_____. | _____ | N/A |
| Run a report through ACL which classifies the population by service code and accumulates totals by the fields: Net Pd; Net Val; & Units. | _____ | _____ |
| Run a report through ACL which classifies the population by fund type and accumulates totals by the fields: Net Pd; Net Val; & Units. | _____ | _____ |
| 9. Prepare the sample of claims to be tested. | | |
| Unless prior experience with the provider or discussions with ComCare Provider Relations dictate use of substantive sampling, the initial sample will be an attribute sample. A sample of 96 records will be selected on a random basis from the total population using the ACL software. This will yield a 95% confidence level with 10% tolerable error and 4% expected error. | | |
| Completely document the statistical sampling method used. | _____ | _____ |
| Run a report through ACL which classifies the sample by service code and accumulates totals by the fields: Net Pd; Net Val; & Units. | _____ | _____ |
| Run a report through ACL which classifies the sample by fund type and accumulates totals by the fields: Net Pd; Net Val; & Units. | _____ | _____ |
| Compare the above two reports to those run for the total population in order to assure that the sample is an accurate reflection of the population. If sample does not appear representative, select another random sample and repeat comparison. | _____ | _____ |
| Print sample from ACL for workpaper documentation. | _____ | _____ |
| Export sample to Excel and format for field audit workpapers. Print. | _____ | _____ |
| 10. Comparison of Total Contract Amount Paid. | | |
| Obtain Provider's YTD "Summary of Services" report. Compare amounts paid to the amounts per contract and the amounts per (a) Accounts Payable file for "Net Value" dollars and (b) total of "Net Paid" column for EDS paid claims. | _____ | _____ |
| Research any significant discrepencies and document findings. | _____ | _____ |

**PRE-AUDIT PROGRAM (continued)**

| | DONE BY | PAGE NO. |
|---|---|---|
| 11. Comparison of Services Billed to Contract | | |
| Using the summary of the total population by service code, calculate the average per unit rates paid for each service. Compare to contract rates for reasonableness and investigate any significant variances. | _____ | _____ |
| Compare the service codes being billed to service codes specified in the contract. Investigate any non-contract services that have been billed. | _____ | _____ |
| 12. Review the sample for any variations from the expected combinations of TOS (Type of Service), Fund Type, Net Paid and Net Value. (A TOS 1 should have a fund type of 4, 5, 15 or 16 and dollar value in the Net Paid column. A TOS 2 should have a fund type of 1, 2, 3 or 10 and dollar value in the Net Value column.) | _____ | _____ |
| Document any records noted with significant variations. Research through EDS and document findings. (See separate memo detailing procedures for EDS Intake Screen review.) | _____ | _____ |
| Inform the Program Administrator of any unusual circumstances noted during this process. | _____ | _____ |
| 13. Fax and mail to the Provider a list of the records required for review by Member Name, Member ID number and Month of service. This list should be faxed 3 working days before the audit is scheduled to begin, (ie. the Thursday before an audit scheduled for Tuesday.) | _____ | _____ |

| PROVIDER AUDIT | | | |
|---|---|---|---|
| INTERNAL CONTROL AUDIT PROGRAM | | | |
| PROVIDER NAME | | PROJECT # | |
| PREPARED BY | | DATE | |
| REVIEWED BY | | DATE | |
| FILENAME | C: \AUDTPROG\INTCNTRL | LAST UPDATE | 4/17/96 |

**INTERNAL CONTROL EVALUATION**

## AUDIT OBJECTIVES:

1. Determine overall compliance with OMB Circular A-133.

2. Ensure external audits were properly performed and adequately documented.

3. Determine if internal reviews are appropriate and properly documented.

| AUDIT PROCEDURES | DONE BY | PAGE NO. |
|---|---|---|
| 1. Document if the Provider was reviewed under a single audit. If so, make a copy for our files, including the Management Letter. | _____ | _____ |
| Were there any findings noted in the report?<br>Document any major significant findings which would indicate an ineffective internal control system.<br>Does it appear if the findings were properly addressed? Were there any repeat findings? Are the corrective actions verifiable? | | |
| Conclude on the Provider's overall compliance with OMB Circular A-133. | _____ | _____ |
| 2. Document if the Provider has had an annual audit performed by a Certified Public Accountant. If so, make a copy for our files, including the Management Letter. | _____ | _____ |
| Were there any findings noted in the report?<br>Document any major significant findings which would indicate an ineffective internal control system.<br>Does it appear if the findings were properly addressed? Were there any repeat findings? Are the corrective actions verifiable? | | |
| Conclude on the extent that the Provider's external audits were properly performed and adequately documented. | _____ | _____ |
| 3 If the Provider has not had an annual audit which included a review of internal controls and compliance with OMB-133, document if the Provider has an Internal Audit function. | _____ | _____ |
| If so, has the internal controls of the Provider been evaluated within the last year?<br>Were there any findings noted in the evaluation?<br>Document any major significant findings which would indicate an ineffective internal control system.<br>Does it appear if the findings were properly addressed? Are the corrective actions verifiable? | | |
| Conclude on the adequacy of the Provider's internal reviews. | _____ | _____ |
| 4 Obtain a copy of Provider's Organization Chart and place in workpapers. | _____ | _____ |
| 5 Conclude on the overall adequacy of internal controls. | _____ | _____ |

| PROVIDER AUDIT | | | |
|---|---|---|---|
| GENERAL | | | |
| PROVIDER NAME | | PROJECT # | |
| PREPARED BY | | DATE | |
| REVIEWED BY | | DATE | |
| FILENAME | C: \AUDTPROG\GENERAL | LAST UPDATE | 4/17/96 |

**OBJECTIVES:**

To provide a guide to the content and format of audit workpapers.

| AUDIT PROCEDURES | DONE BY | PAGE NO. |
|---|---|---|
| 1. Document the audit purpose, scope, approach ,etc. in an Audit Approach Memo. | _____ | _____ |
| 2. Document standard tickmarks used in the audit workpapers. | _____ | _____ |
| 3. Document standard abbreviations or acronyms used in the audit workpapers. | _____ | _____ |
| 4. In-charge auditor review points and responses clearing points. | _____ | _____ |

| PROVIDER AUDIT | | | |
|---|---|---|---|
| CONTRACT COMPLIANCE AUDIT | | | |
| PROVIDER NAME | | PROJECT # | |
| PREPARED BY | | DATE | |
| REVIEWED BY | | DATE | |
| FILENAME | C: \AUDTPROG\COMPLIAN | LAST UPDATE | 4/17/96 |

**OBJECTIVES:**

To assure that provider's policies and procedures adhere to contract requirements.

To assure that documentation is maintained in member files according to contract requirements.

| AUDIT PROCEDURES | DONE BY | PAGE NO. |
|---|---|---|
| 1. Using the review tool developed for the purpose, review Member File Documentation Requirements. | _____ | _____ |
| 2. Using the review tool developed for the purpose, review Basic Contract Requirements. | _____ | _____ |
| 3. Using the review tool developed for the purpose, review Non-Discrimination Requirements. | _____ | _____ |

| PROVIDER AUDIT | | | |
|---|---|---|---|
| AUDIT REPORTS | | | |
| PROVIDER NAME | | PROJECT # | |
| PREPARED BY | | DATE | |
| REVIEWED BY | | DATE | |
| FILENAME | C: \AUDTPROG\AUDTREPT | LAST UPDATE | 4/17/96 |

**OBJECTIVES:**

1 To include all correspondence, memos and reports related to the audit.

2 To present recommendations for future audits.

| AUDIT PROCEDURES | DONE BY | PAGE NO. |
|---|---|---|
| 1. Include correspondence regarding the scheduling, results, etc. of the audit. (Both internal and external correspondence.) | _____ | _____ |
| 2. Include a memo documenting the Entrance Conference held with Provider at inception of field audit. | | |
| 3. Include a memo documenting the Exit Conference held with provider after the end of field work to discuss the Preliminary Audit Report. | _____ | _____ |
| 4. Include a copy of the Preliminary Audit Report. | _____ | _____ |
| 5. Include a copy of the Draft Audit Report. | _____ | _____ |
| 6. Include a copy of the Final Audit Report. | _____ | _____ |
| 7. Prepare a summary of recommendations for future audits. (Areas of focus, different procedures that would streamline audit, information that could be obtained from Provider prior to field audit, etc.) | _____ | _____ |

| PROVIDER AUDIT | | | |
|---|---|---|---|
| CLAIMS AUDIT PROGRAM | | | |
| PROVIDER NAME | | PROJECT # | |
| PREPARED BY | | DATE | |
| REVIEWED BY | | DATE | |
| FILENAME | C: \AUDTPROG\CLAIMAUD | LAST UPDATE | 4/17/96 |

**AUDIT OBJECTIVES:**

1. Determine that payments made to the Provider are for authorized services.

2. Ensure that all payments made to the Provider are supported by proof of service and that service approvals are made by an authorized person.

3. Determine that the Provider is meeting contractual requirements.

| AUDIT PROCEDURES | DONE BY | PAGE NO. |
|---|---|---|
| 1. Entrance Conference<br>Early during the first day of field audit, discuss with Provider management:<br>-- Provider contacts during field audit<br>-- The proposed scope of the engagement<br>-- The objective of the audit<br>-- Recent important developments<br>-- Provider questions or concerns<br>-- Any other applicable matters | | |
| Document conference in a memo. | _____ | _____ |
| 2. Obtain an understanding of the Provider's flow and retention of service documentation. | | |
| a. Discuss with Provider staff the claims processing system including<br>-- who prepares claims/billing forms?<br>-- what are the source documents for billed claims ?<br>(ie. is clinical documentation the source for claims, or is there an interim step?)<br>-- what is follow-up for denied claims? | | |
| b. Document findings in a memo, including flowcharts or examples of forms if necessary for clarity. | _____ | _____ |
| 3. For the sample selected, review each file for proper claim documentation. | | |
| a. Is there adequate documentation in file to support proof of service?<br>(ie. progress note, bed log, etc.) | _____ | _____ |
| b. Is there a properly authorized approval for service?<br>(ie. signature of therapist, etc.) | _____ | _____ |
| c. Document any differences noted in rates and other dollar amounts for each claim reviewed. (Dollar differences must be reported according to the Single Audit) | _____ | _____ |
| d. Verify the deficiencies noted with the provider.<br>(Be sure the file pulled for review encompasses the date of the claim.) | _____ | _____ |
| 4. Change of Scope: | | |

a. If the deficiencies found during the review are in excess of the determined tolerable deviation rate additional testing may be performed.

b. If there appears to be reasons to doubt the integrity of the process, additional testing may be performed.

c. Document fully the reasons for any additional testing and the sampling technique used. _____ _____

**CLAIMS AUDIT PROGRAM, continued**

5. Exit Conference

On the last day of field audit, or shortly thereafter, conduct an exit conference with Provider Management to discuss:

- -- preliminary audit findings
- -- time line for Provider response to findings and submission of additional documentation
- -- projected date of final report
- -- any questions from Provider

Document the discussion in a memo. _____ _____

INDEX TO AUDIT WORKPAPERS LAST UPDATE: 4/17/96

| AUDIT SECTION | AUDIT PROGRAM DESCRIPTION | WORKPAPER REFERENCE |
|---|---|---|
| A | GENERAL | |
| | * Index To Audit Workpapers | _____ |
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| | * In-Charge Auditor Review Points | _____ |
| B | PRE-AUDIT | |
| | * Copy and Review of Contract and Relevant Amendments | _____ |
| | * Copy of Relevant ADHS/BHS Service Codes and Rates | _____ |
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| | * Analysis of Financial Ratios By ComCare Finance Dept. | _____ |
| | * Memo Re Discussion With Provider Relations | _____ |
| | * Memo Re Review of Correspondence File | _____ |
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| | * Summary of Paid Claims Data Base Sorted by Svc. Code | _____ |
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| | * Selection of Sample Population for Attribute Test | _____ |
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| | * Recap and Reconciliation of Accounts Payable File | _____ |
| C | INTERNAL CONTROL EVALUATION | |
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| E | CONTRACT COMPLIANCE AUDIT | |
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| F | AUDIT REPORTS | |
| | * Correspondence Re Audit | _____ |
| | * Entrance Conference Memo | _____ |
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| | * Final Audit Report | _____ |
| | * Recommendations for Future Audits | |

| PROVIDER AUDIT | | | |
|---|---|---|---|
| GENERAL | | | |
| PROVIDER NAME | | PROJECT # | |
| PREPARED BY | | DATE | |
| REVIEWED BY | | DATE | |
| FILENAME | C: \AUDTPROG\GENERAL | LAST UPDATE | 4/17/96 |

**OBJECTIVES:**

To provide a guide to the content and format of audit workpapers.

| AUDIT PROCEDURES | DONE BY | PAGE NO. |
|---|---|---|
| 1. Document the audit purpose, scope, approach ,etc. in an Audit Approach Memo. | _____ | _____ |
| 2. Document standard tickmarks used in the audit workpapers. | _____ | _____ |
| 3. Document standard abbreviations or acronyms used in the audit workpapers. | _____ | _____ |
| 4. In-charge auditor review points and responses clearing points. | _____ | _____ |

# ComCare PROVIDER QUALITY REVIEW
## SITE VISIT CHECKLIST - BASIC CONTRACT REQUIREMENTS

Provider _____ Reviewer _____ Review Date _____

| PERFORMANCE MEASURE | YES | NO | N/A | COMMENTS | CODE | CODE |
|---|---|---|---|---|---|---|
| **ADMINISTRATIVE REVIEW** | | | | | | |
| 1. ***Licensing***<br>Provider holds a current OBHL license according to the ADHS Matrix of licensed providers. | | | | | | |
| 2. ***Licensing***<br>Providers notifies COMCARE Director of Provider Relations in writing and 60 days in advance regarding changes in ownership or facility licensure. | | | | | | |
| 3. ***Licensing***<br>If provider services adults with Serious Mental Illness, provider must hold a "restrictive behavior management" level one license in order to seclude or restrain members (R9-21-203) | | | | | | |
| 4. ***Referrals***<br>History of provider accepting all referrals from COMCARE unless the agency has no additional capacity or remaining contract funds. | | | | | | |
| 5. ***Membership Determination***<br>History of provider obtaining verification of COMCARE enrollment status of service recipients prior to delivery of services | | | | | | |
| 6. ***Enrollment Package***<br>History of provider submission of completed enrollment packet as required by COMCARE policy and procedure. | | | | | | |
| **ON-SITE REVIEW** | | | | | | |
| 7. ***Service Authorization/LOA***<br>History of provider obtaining EDS Letter of Authorization for inpatient services, residential services, partial care services, and non-emergency services prior to service provision except in emergency conditions | | | | | | |

# ComCare PROVIDER QUALITY REVIEW
## SITE VISIT CHECKLIST - BASIC CONTRACT REQUIREMENTS

Provider _____ Reviewer _____ Review Date _____

| PERFORMANCE MEASURE | YES | NO | N/A | COMMENTS | CODE | CODE |
|---|---|---|---|---|---|---|
| **ON-SITE REVIEW** | | | | | | |
| 8. ***Billing/Payment***<br>History of provider billing to include:<br>☐ Billing at least monthly<br>☐ Billing for a service within 90 days of the date of service or 120 days if Third Party Liability<br>☐ Resubmission of denied claims within 90 days of the date of denial | | | | | | |
| 9. ***Claims Clean Up***<br>Provider documentation of efforts to correct and resubmit denied claims is found. | | | | | | |
| 10. ***Accounting for Funds***<br>Funds are accounted for separately in accordance with ADHS Uniform Financial Reporting Requirements. | | | | | | |
| 11. ***Credentialing***<br>Provider staff must be credentialed in compliance with provider policy and procedure, OBHL requirements, and AHCCCS requirements as evidenced by documentation in the provider personnel records. | | | | | | |
| 12. ***Absence of Interest***<br>No RBHA or State Employee benefits financially from provider's subcontract agreement as verified through staff interview. | | | | | | |
| 13. ***Fingerprint requirements***<br>☐ Met by all Child/Adolescent staff<br>☐ Any subcontractor of the provider<br>☐ Staff identified as "restricted" are supervised when with juveniles | | | | | | |
| 14. ***Service Authorization***<br>Provider obtain a signed SAF for all services other than inpatient, residential, partial care, or non-emergency transportation as evidenced by documentation in the provider's medical record. | | | | | | |

# COMCARE PROVIDER QUALITY REVIEW
# SITE VISIT CHECKLIST - BASIC CONTRACT REQUIREMENTS

Provider _____ Reviewer _____ Review Date _____

| PERFORMANCE MEASURE | YES | NO | N/A | COMMENTS | CODE | CODE |
|---|---|---|---|---|---|---|
| ON-SITE REVIEW | | | | | | |
| 15. ***Coordination of Benefits: Co-Pay***<br>Provider assess and collects Copayment in compliance with ADHS/BHS policy and COMCARE policy as evidenced by documentation in the provider's medical record. | | | | | 5.8 | |
| 16. ***Coordination of Benefits: Third Party Liability***<br>Provider pursues Third Party Liability in compliance with ADHS/BHS policy and COMCARE policy as evidenced by documentation in the provider's medical record. | | | | | | |
| 17. ***Coordination of Benefits: Notice to Members***<br>Provider informs member of their financial responsibility for non-covered services as evidenced by documentation in the provider medical record. | | | | | 5.8 | |
| 18. ***Institutional Review Board (IRB) for Research***<br>Provider must obtain approval for any research projects involving COMCARE members from the providers IRB or in the absence of such a board, approval must be obtained from the COMCARE IRB. | | | | | 1.1 | 1.3 |
| 19. ***Management of Member Funds***<br>Does the provider have policies and procedures that, at a minimum, comply with the following? R9-21-208<br>❒ Receipts are issued to the member for all transactions<br>❒ If funds exceed $250.00 and the member's stay is estimated to be more than 30 days, a separate bank account is maintained for the member<br>❒ The provider is bonded to cover the members' funds<br>❒ The provider keeps a record of all transactions and informs the member of all expenditures.<br>Member funds are not spent for services or supplies which are the provider's responsibility.<br>Member is informed of any co-pay service charges deducted from his/her account. | | | | | | |

# ComCare PROVIDER QUALITY REVIEW
# SITE VISIT CHECKLIST - BASIC CONTRACT REQUIREMENTS

Provider _____ Reviewer _____ Review Date _____

| PERFORMANCE MEASURE | YES | NO | N/A | COMMENTS | CODE | CODE |
|---|---|---|---|---|---|---|
| ***Non-Discrimination*** | | | | | | |
| 20. Compliance with Title VII of Civil Rights Act of 1964, as amended. | | | | | 1.2 | 5.1 |
| 21. Compliance with Age Discrimination Act in Employment Act of 1975. | | | | | | |
| 22. Compliance with Federal Executive Order 11246 | | | | | | |
| 23. Compliance with State Executive Order #75-5 | | | | | | |
| 24. Compliance with ARS 41-1461 et. seq. | | | | | | |
| 25. Compliance with Title VI of Civil Rights Act of 1964 | | | | | | |
| 26. Compliance with Section 504 Rehabilitation Act of1973 | | | | | | |
| 27. Compliance with Federal Fair Housing Act | | | | | | |
| 28. Compliance with Americans with Disabilities Act of 1990 as evidenced by:<br>❒ programs have a self evaluative component for ADA standards<br>❒ policies and procedures directing compliance with ADA standards<br>❒ posting of ADA notice that informs individuals with a disability of their right to request reasonable accommodations and alternate forms of communication | | | | | 1.1 | 3.2 |

## COMCARE
## PROVIDER QUALITY REVIEW
## SITE VISIT CHECKLIST - BASIC CONTRACT REQUIREMENTS
## GUIDE

1. Audit obtains copies of current Provider facility license(s), or evidence that provider has applied for a renewed license.

2. Auditor requests correspondence files and reviews them to determine that provider is noticing ComCare 60 days prior to a closure of an existing site or opening of a new site.

3. If Provider must seclude or restrain members with Serious Mental Illness, Provider must hold a "restrictive behavioral management" level one license. Audit reviews the license to ascertain the Provider holds this type of license.

4. The auditor reviews the provider policy manual to determine that the provider agrees to accept all referrals from ComCare (Case Management and Information and Referral) unless the agency has no additional capacity or remaining contract funds. Audit reviews the Provider referral report from the Information and Referral Department to determine that the Provider is accepting all ComCare referrals.

5. The auditor reviews the members' records to locate the Eligibility and Enrollment Unit (EEU) verification form. (If Intake occurred prior to 4/1/96, this is not applicable.

6. The auditor reviews the members' records to locate the appropriate forms comprising this packet. *A review of ComCare records may also be appropriate.*

7. The auditor reviews the members' records to locate a Service Authorization signed by ComCare case management staff authorizing services.

8. The auditor interviews financial staff to determine how often the member billing is done. Individual members' billing records are requested and reviewed to determine that billing is done at least monthly, within 90 days of date of service or 120 days if TPL is involved, and that resubmitted claims are submitted within 90 days of date of denial.

9. The auditor interviews responsible staff to determine that attempts are made to resubmit denied claims and reviews individual members' billing records to ascertain compliance. EOB's may be requested to determine date(s) of denial and date(s) of resubmitted claims.

10. The auditor requests the accounting policies and procedures. Financial records are reviewed, and procedures are discussed with staff to determine that funds are being accounted for properly.

11. Audit authenticates that the Provider has adequately documented their credentialing policy and procedures. In addition, Audit reviews personnel files of the Medical Director and Clinical Director for adequate documentation of medical licensing and behavioral health certification.

12. Audit interviews staff to ascertain that no employee personally benefits from the contract.

13. Audit reviews Personnel files to determine that staff providing services to children have been fingerprinted. From the Children's member records selected by the Quality Management Team, the auditor selects the names of three staff delivering services to the children. The auditor reviews these personnel files for evidence that fingerprinting has been done. The auditor also determines if any person in the member's record to ascertain that there was another staff member present during that treatment session.

The auditor reviews the provider policy manual for a statement requiring that any subcontractor of the provider be fingerprinted. If the auditor determines that the provider has subcontract(s) with other providers for provision of services to juveniles, the auditor reviews subcontract(s) to determine that the fingerprint provision has been included.

14. The auditor reviews the members' progress notes against their SAF to determine that their service plan is being followed.

15. The auditor reviews the Financial Information Form (FIF) in each member's record to determine if a copay is indicated. If so, the individual member's billing record is reviewed to determine if provider is attempting to collect the copay. Also reviewed is the provider's own financial form, which should be in each member's record. Both the FIF and the provider's financial form must be signed by the member or guardian.

16. The auditor reviews the Financial Information Form (FIF) in each member's record to determine if third party liability is indicated. If so, the member's billing record is reviewed to determine if provider is attempting to collect from the third party source. Also reviewed is the provider's financial form, which should be in each member's record. Both the FIF and the provider's form must be signed by the member or guardian.

17. The auditor reviews the FIF and provider's own financial form in each member's record. If member's or guardian's signature is on these forms, the member has been properly noticed. Each member is to be given a copy of their FIF.

18. Provider policy manual is reviewed by the auditor for statement acknowledging that any research projects involving ComCare members must be approved by the Provider's Institutional Review Board, or in the absence of such a board at the provider, approval will be obtained from the RBHA Institutional Review Board for Research.

19. Audit reviews Provider policies and procedures to determine that, at a minimum, Provider is in compliance with the requirements for handling member funds as stated in R9-21-208, Property and Possessions.

20. - 28. Audit obtains the Provider's policies and procedures and reviews for adequate documentation of an action plan and Provider statement of compliance with all applicable state and federal regulatory requirements as noted in the checklist. The review asloincludes the verficiation of prominently displayed signage, if applicable.

# ComCare PROVIDER QUALITY REVIEW
## QM ADMINISTRATIVE REVIEW Part A - QM Plan

Provider _____ Reviewer _____ Review Date _____

| QM CODE | PERFORMANCE MEASURE | YES | NO | N/A | COMMENTS | CODE | CODE |
|---|---|---|---|---|---|---|---|
| | 1. An active Quality Management Committee | | | | | 6.1 | 6.3 |
| | 2. Written performance improvement activities including performance standards and indicators as well as outcome measures | | | | | 6.1 | |
| | 3. Written Peer Review OR Case Review policy, procedure and active practice of same as evidenced by documentation, minutes, or summaries | | | | | 6.1 | |
| | 4. Written Medical Records policy and procedure to include: | | | | | 6.1 | |
| | a. Reflection of all aspects of care provided | | | | | 6.1 | |
| | b. Client Information System Intake Form | | | | | 6.1 | |
| | c. Assessment A | | | | | 6.1 | |
| | d. Assessment B | | | | | 6.1 | |
| | e. Financial Information Form | | | | | 6.1 | |
| | f. Comprehensive Assessment/Evaluation | | | | | 6.1 | |
| | g. Individual Service Plan/Treatment Plan | | | | | 6.1 | |
| | h. Letter of Authorization/Service Authorization Form | | | | | 6.1 | |
| | i. ALFA or CAFAS | | | | | 6.1 | |
| | j. Progress Notes | | | | | 6.1 | |
| | k. Discharge Summary | | | | | 6.1 | |
| | l. Medication and lab sheet | | | | | 6.1 | |
| | m. Results of all diagnostic testing and consultations | | | | | 6.1 | |
| | n. written policy/procedure for treatment plan reviews in accordance with SMI rules | | | | | 6.1 | |
| | o. All other information required by the ADHS/OBHL | | | | | 6.1 | |

# COMCARE PROVIDER QUALITY REVIEW
## QM ADMINISTRATIVE REVIEW Part A - QM Plan

Provider _____ Reviewer _____ Review Date _____

| QM CODE | PERFORMANCE MEASURE | YES | NO | N/A | COMMENTS | CODE | CODE |
|---|---|---|---|---|---|---|---|
| | p. Informed consent for treatment/services including:<br>❒ intended outcome<br>❒ nature and procedures involved in treatment<br>❒ risks of treatment<br>❒ side effects, if any<br>❒ risks of not proceeding with treatment<br>❒ alternatives to treatment<br>❒ alternatives offering less risk or adverse effects<br>❒ notification that consent can be withdrawn or withheld at any time without any punitive action against the member | | | | | 1.7 | |
| | q. Informed consent for medication including:<br>❒ common risks and side effects<br>❒ procedures to be taken to minimize risks<br>❒ description of any clinical indications that might require suspension or termination of the drug | | | | | 1.7 | |
| | 5. Written confidentiality policy and procedure related to disclosure of confidential medical information and records in compliance with: AC R9-1-311 to R9-1-315; 42 CFR part 2; ARS 36-663 and 664 re: HIV; and for SMI programs R9-21-209. | | | | | 1.8 | |
| | 6. Written client grievance policy and procedure for members to present grievances regarding operations of the program that result in denial, suspension, or reduction of services approved by COMCARE. | | | | | 5.8 | |
| | 7. Written credentialing, re-credentialing, and privileging policy and procedure for physicians and other behavioral health staff who are licensed by Arizona | | | | | | |
| | 8. Written member rights policy and procedure or statement of member rights in accordance with R9-20-201 and for SMI programs also R9-21-211. | | | | | 1.2 | |

## ComCare PROVIDER QUALITY REVIEW
## QM ADMINISTRATIVE REVIEW Part A - QM Plan

Provider _____ Reviewer _____ Review Date _____

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | 9. Exhibit A Notice of Legal Rights for Persons with Serious Mental Illness is posted at SMI Provider agency. | | | | | | |
| | 10. Written Utilization Management Plan and Medical Care Evaluation Studies for level one acute inpatient and JCAHO residential programs. | | | | | | |
| | 11. Written policies and procedures in accordance with R9-21-204 Restraint and Seclusion for SMI providers. | | | | | | |

## ComCare PROVIDER QUALITY REVIEW
## QM ADMINISTRATIVE REVIEW Part A - QM Plan
## Guide

1. Review agencies QM Plan for QMC structure, membership, and scope.
2. Review QM plan for performance indicators and outcome measures; review meeting minutes and reports that discuss activities and performance towards established thresholds or outcomes.
3. Review policy and procedure and documentation, minutes and summaries for Case Review and Peer Review activities.
4. Review Medical Records policy and procedure for compliance towards including items 4a - 4p.
5. Confidentiality policy is written in accordance with CFR and licensure standards.
6. Policy and procedure is present relative to denial for treatment, suspension of services, or reduction of services.
7. A policy and procedure is present regarding credentialing and privileging.
8. A member rights policy is present and written in accordance with R9-20-201 and R921-211.
9. Notice of Legal Right for persons with a serious mental illness is posted.
10. JCAHO residential and acute inpatient facilities have a Utilization Management Plan and Medical Care Evaluation studies; look for references to the MCE in meeting minutes and report summaries at the agency; look for summary reports on the MCE in the provider file in the Provider Relations Section.
11. Provider has a written policy and procedure for restraints and seclusions in accordance with R9-21-204.

# ComCare PROVIDER QUALITY REVIEW
## QM ADMINISTRATIVE REVIEW Part B - PERFORMANCE MEASURES

Provider _____ Reviewer _____ Review Date _____

| PERFORMANCE MEASURE | YES | NO | N/A | COMMENTS | CODE | CODE |
|---|---|---|---|---|---|---|
| 1. Intakes are performed within 7 calendar days of the date of referral. | | | | | 4.1 | |
| 2. Intake to first service time frame does not exceed 30 calendar days from the date of the intake. | | | | | 4.14 | |
| 3. Delay reasons for intakes performed beyond the 7 calendar day standard are reported to COMCARE as evidenced by the content of the Member Accessibility Report. | | | | | 4.1 | |
| 4. Failure reasons for intakes not conducted are reported to COMCARE as evidenced by the content of the Member Accessibility Report. | | | | | 4.1 | |
| 5. Delay reasons for first services provided beyond the 30 calendar day standard are reported to COMCARE as evidenced by the content of the Member Accessibility Report. | | | | | 4.1 | |
| 6. Incident/accident reports submitted within 24 hours. | | | | | 1.5 | 5.10 |
| 7. Written reports of abuse, neglect, mistreatment, denial of rights, or exploitation are submitted within 24 hours. (SMI Only) | | | | | 1.5 | 5.10 |
| 8. Written reports for each restraint or seclusion are submitted by the 10th of each month for the previous month. (SMI Only) | | | | | 1.6 | 5.10 |
| 9. Incident and restraint/seclusion reports are accurate and complete | | | | | 5.10 | |
| 10. Restraint/seclusions are used only when an individual presents as a serious physical danger to self or others and only when other reasonable less restrictive alternatives have been tried and/or determined inappropriate | | | | | 1.6 | |
| 11. Restraint/seclusion is only used when authorized by a physician and with orders which do not extend beyond three hours | | | | | 1.6 | |
| 12. Response/action to requests for follow up on incident and restraint/seclusion reports is appropriate and timely | | | | | 1.5 | 5.10 |
| 13. Copies of grievances and grievance resolutions are submitted to COMCARE. (SMI Only) | | | | | 5.9 | |
| 14. Action taken on grievance resolutions is appropriate and timely | | | | | 5.9 | 5.11 |
| 15. Mortality reports are phoned in within 24 hours and written report is received within 5 days | | | | | | |
| 16. Provider participates in ADHS/BHS and ComCare member satisfaction surveys annually. Note score:_____% | | | | | 6.2 | 6.4 |

# COMCARE
# PROVIDER QUALITY REVIEW
## QM ADMINISTRATIVE REVIEW Part B - Performance Measures
### GUIDE

1. Specialists will review the COMCARE triage form for the referral date; the intake date will be derived from Assessment A & B forms. The referral date is the first contact to either a provider or COMCARE seeking services. The intake date is the date the comprehensive assessment/psychosocial assessment is completed. The difference between the dates will be the time lapsed between referral and intake.
2. The intake date is the date the comprehensive/psychosocial assessment is completed as recorded on the Assessment A/B forms. First service is any billable service other than a screening or evaluation. The first service date can be obtained from the member progress notes, nursing notes, or psychiatric progress notes. The difference between the two dates is the lapsed time between intake and first service.
3. Acceptable delay codes for intakes not completed within 7 days are: no show, clt rescheduled, delayed by other agency or court, and other. Delay codes can be found on the Member Accessibility Summary/Detail Report and from progress notes in the member's medical record.
4. Rationale for intakes not being completed can be found on the Detailed Member Accessibility Report. Use best clinical judgment as to whether the rationale is acceptable.
5. Acceptable delay codes for first service not occurring within 30 days are: no show, clt rescheduled, delayed by other agency or court, and other. Delay codes can be found on the Member Accessibility Summary/Detail Report and from progress notes in the member's medical record.
6. Data obtained from the monthly Incident/Accident Report collected and trended by provider. Report is obtained from OLC Office of Legal Counsel. Report is submitted to Quality Improvement on the 10th of each month for the previous month. OLC will determine timeliness of Incident/Accident reporting and include this data in the Incident/Accident Report.
7. Obtained from monthly report submitted by OLC on the 10th of the month for the previous month. Timeliness of reporting will be trended by provider.
8. Obtained from monthly Seclusion and Restraint Report submitted by OLC (Attachment 2).
9. Obtained from the Seclusion and Restraint Report under the Summary of Situations section.
10. Obtained from the Seclusion and Restraint Report under the Summary of Situations section.
11. Review documentation on restraints/seclusions form or log for each individual case; look for documentation indicating physician sign off, time frame for implementation, start time and ending time.
12. Review OLC Restraint/Seclusion Report for instances where follow up was requested during the Administrative Review; when On-Site at the agency look for documentation in the provider log for restraints/seclusions if not available in OLC; note date of incident, date request for follow up submitted from OLC, and date response was received from provider.
13. Ask agency representative where they document grievance and appeals information, process used to follow up on these situations, who they report information to, and how they report it, i.e. written report, phone call, etc.
14. Review documentation relative to the circumstances leading to the grievance; use best clinical judgment re appropriateness of resolution.
15. Review OLC Mortality Reports and log during the Administrative Review; look for # of mortalities reported, date phone called received, and date written report received; during the On-Site review at the agency compare finding from COMCARE Mortality report to providers Mortality Report/log; note if there are discrepancies between the COMCARE log, provider log, and progress notes in the member medical record.
16. During Administrative Review look at most recent BHS & COMCARE satisfaction survey results for agency participation and scores.

# ComCare PROVIDER QUALITY REVIEW
# ON-SITE REVIEW - QM PROGRAM REVIEW

Provider _____ Reviewer _____ Review Date _____

| PERFORMANCE MEASURE | YES | NO | N/A | COMMENTS | CODE | CODE |
|---|---|---|---|---|---|---|
| 1. Provider operates an active Quality Management Program as evidenced by:<br>☐ written Quality Management Committee Minutes | | | | | 6.1 | |
| ☐ written performance indicators | | | | | 6.2 | |
| ☐ written outcome measures | | | | | 6.2 | |
| ☐ results of performance indicators, satisfaction surveys and outcome measures have been used to improve care, service, and programs | | | | | 6.2 | |
| ☐ provider management team awareness of the QM activities of the agency | | | | | 6.2 | |
| ☐ QM activities are integrated into every layer in the organization | | | | | 6.2 | |
| ☐ responsiveness to concerns/problems cited by:<br>Office of Legal Counsel reviews related to recurring issues noted in member grievances, treatment appeals, abuse/neglect reports, restraints & seclusion usage, trends in mortality reporting, and untoward incident reviews<br>ComCare provider reviews<br>Member/family satisfaction surveys | | | | | 6.2 | |

# COMCARE
# PROVIDER QUALITY REVIEW
# ON-SITE REVIEW - QM PROGRAM REVIEW
# GUIDE

1. Review QM plan submitted by agency. At agency look for minutes that reflect structure, membership, and activities, as outlined in the plan. May come in the form of formal Quality Management Committee minutes or may be included in the body of regularly scheduled management and staffing minutes.

   Performance indicators and outcome measures are outlined in the QM Plan. Review documentation of indicator scope, methodology, population reviewed, aspects of care, data collection, and desired outcomes/threshold as documented in formal reports of progress. Also review what happens with the results of the findings; does the feedback get back to the affected areas.

   Review agency management meeting minutes to determine if feedback regarding quality initiatives and activities are reflected.

   Review departmental, section, unit meeting minutes to determine if quality initiatives and activities are reflected.

   Review agency notebook, maintained in the Provider Relations Section, prior to On-Site-Visit. Look for indicators of improvement activities to address identified issues

Ideally, you should be able to trace a paper trail of activities from the QM Plan through QM Committee minutes, Management minutes, Unit staffing minutes, and formal reporting of Performance and Outcome measures internally and to ComCare.

# COMCARE PROVIDER QUALITY REVIEW
# QM ON-SITE SERVICE PROGRAM REVIEW - SMI

Provider _____ Reviewer _____ Review Date _____

| PERFORMANCE MEASURE | YES | NO | N/A | COMMENTS | CODE | CODE |
|---|---|---|---|---|---|---|
| ***Grievances and Investigations*** | | | | | | |
| 1. Does the provider adhere to their policies and procedures for grievances and investigations which are in compliance with R9-21-401 through R9-21-410?<br>☐ people are treated with dignity and respect<br>☐ members, their family/significant others, and treatment staff all have input into treatment decisions and services<br>☐ members are able to achieve the highest level of self - sufficiency with assistance in the development and maintenance of their service/treatment plan.<br>☐ services are accessible, timely and in the least restrictive setting necessary to meet the clinical needs of the member<br>☐ members are not discouraged from challenging the system to continually improve its services (I/A, GA, Office of Human Rights, etc.) | | | | | 5.8 | 5.9 |
| 2. Does the provider ensure that all required reporting takes place within the specified timeframes? | | | | | 5.8 | |
| 3. Is there documentation in the provider medical record to verify that a member has been informed of their right to file a grievance or request an investigation? | | | | | 5.8 | |
| 4. Is the grievance rule posted and forms for filing posted in a prominent place in the provider agency? | | | | | 5.8 | |
| 5. Does the agency forward copies of the request for special assistance to the Office of Human Rights? | | | | | 5.3 | 5.5 |
| 6. Does the provider notify COMCARE when: | | | | | | |
| ☐ A member brings criminal charges against an employee | | | | | 5.9 | |
| ☐ A provider employee brings criminal charges against a member | | | | | 5.9 | |
| ☐ A provider employee or member is indicted or convicted because of an action required to be investigated by the SMI Rules | | | | | 5.9 | |
| ☐ A member dies | | | | | 5.3 | |
| ☐ A member is allegedly physically or sexually abused | | | | | 5.10 | |

## ComCare PROVIDER QUALITY REVIEW
## QM ON-SITE SERVICE PROGRAM REVIEW - SMI

Provider _____ Reviewer _____ Review Date _____

| PERFORMANCE MEASURE | YES | NO | N/A | COMMENTS | CODE | CODE |
|---|---|---|---|---|---|---|
| 7. Information about treatment is released to sources other than ComCare or its affiliates only with a signed release. | | | | | 1.8 | |
| 8. Unless contraindicated, members have access to their clinical records. | | | | | 1.9 | |
| 9. Staff respect member/guardians rights to make decisions about alternate treatment options and to receive, review, and approve or reject treatment services or plans which are proposed, prescribed, and/or developed with them. | | | | | 2.2 | |
| 10. Members participate in the development, implementation, monitoring, and revision of their treatment plans. | | | | | 3.1 | |
| 11. Members have a choice/input in personal goals related to community living, education/vocation, social and recreational activities unless they are unwilling or unable to do so. | | | | | 3.3 | |
| 12. Treatment staff promote healthy lifestyles for members through education relative to the management of their illness and substance use, dependence/abuse. | | | | | 3.7 | |
| 13. Members are offered services which are integrated into the community and are geographically, physically, and culturally accessible. | | | | | 4.2 | |
| 14. Services are provided in the least restrictive and most clinically appropriate setting. | | | | | 4.3 | |
| 15. Treatment staff proactively identify members who may need the special assistance in asserting and protecting their rights. | | | | | 5.2 | |
| 16. Members who have the ability to make decisions about daily living and fund management are not restricted in their ability to make these decisions. | | | | | 5.4 | |
| 17. Members who lack the capacity or who need special assistance in making personal decisions are provided appropriate assistance. | | | | | 5.5 | |

# ComCare PROVIDER QUALITY REVIEW
# QM ON-SITE SERVICE PROGRAM REVIEW - SMI

Provider _____ Reviewer _____ Review Date _____

| | | | | | | |
|---|---|---|---|---|---|---|
| 18. Providers acting as a payee assists members in decision making which represents the members expressed interests and in accordance with legal mandates established in federal and state law, regulations and administrative rules. | | | | | 5.7 | |
| ***Residential Service Providers - SMI*** | | | | | | |
| 19. Is a nutritionally sound diet of wholesome and tasteful food available at appropriate times and in as normal a manner as possible? R9-21-202.7.a. | | | | | | |
| 20. Is there an adequate allowance of neat, clean, appropriate and seasonable clothing that is individually chosen and owned? R9-21-202.7.b. | | | | | | |
| 21. Is assistance given in securing prompt and adequate medical care, including family planning services, through community medical facilities? R9-21-202.7.c. | | | | | | |
| 22. Are there opportunities for social contact in the living environment? R9-21-202-7.d. | | | | | 1.1 | |
| 23. Are there opportunities for daily activities, recreation, and physical exercise? R9-21-202.7.e. | | | | | 1.1 | |
| 24. Is there opportunity to keep and use personal possessions? R9-21-202.7.f. | | | | | 1.1 | |
| 25. Does the member have access to individual storage space for personal possessions? R9-21-202.7.g. | | | | | 1.1 | |
| 26. Has the member been informed of charges for services in advance of being charged? R9-21-202-8. | | | | | | |
| 27. Does the living environment afford protection from harm? R9-21-202.6. | | | | | 1.3 | |
| 28. Does the living environment afford appropriate privacy? R9-21-202.6. | | | | | 1.1 | |

# ComCare PROVIDER QUALITY REVIEW
# QM ON-SITE SERVICE PROGRAM REVIEW - SMI

Provider _____ Reviewer _____ Review Date _____

| ***Residential Service Providers - SMI*** | | | | | | |
|---|---|---|---|---|---|---|
| 29. Does the living environment afford freedom from verbal or physical abuse? R9-21-202.6. | | | | | 1.1 | 1.3 |
| 30. ***Management of Member Funds***<br>Does the provider have policies and procedures that, at a minimum, comply with the following? R9-21-208<br>☐ Receipts are issued to the member for all transactions<br>☐ If funds exceed $250.00 and the member's stay is estimated to be more than 30 days, a separate bank account is maintained for the member<br>☐ The provider is bonded to cover the members' funds<br>☐ The provider keeps a record of all transactions and informs the member of all expenditures.<br>☐ Member funds are not spent for services or supplies which are the provider's responsibility.<br>☐ Member is informed of any co-pay service charges deducted from his/her account. | | | | | | |
| ***Outcome Summary Questions*** | | | | | | |
| **31. The provider and its programs substantially provide services which are consistent with principle 2, respect, of AACR 9-21-103** | | | | | | |
| **32. The provider and its programs substantially provide services which are consistent with principle 5, humane treatment, of AACR 9-21-103** | | | | | | |
| **33. 24 hour staffed residential treatment programs funded by ADHS, to the extent relevant or practical, substantially provide services which are consistent with principle 10, integration, of AACR 9-21-103.** | | | | | | |
| **34. 24 hour staffed residential treatment programs funded by ADHS, to the extent relevant or practical, substantially provide services which are consistent with principle 3, self-determination, of AACR 9-21-103.** | | | | | | |
| **35. Inpatient treatment settings funded by ADHS to the extent relevant or practical, substantially provide services which are consistent with principle 10, integration, of AACR 9-21-103.** | | | | | | |

# ComCare PROVIDER QUALITY REVIEW
# QM ON-SITE SERVICE PROGRAM REVIEW - SMI

Provider _____ Reviewer _____ Review Date _____

| *Outcome Summary Questions* | | | | | | |
|---|---|---|---|---|---|---|
| 36. Inpatient treatment settings funded by ADHS, to the extent relevant or practical, substantially provide services which are consistent with principle 3, self-determination, of AACR 9-21-103. | | | | | | |
| 37. Day treatment programs funded by ADHS, to the extent relevant or practical, substantially provide services which are consistent with principle 10, integration, of AACR 9-21-103. | | | | | | |
| 38. Day treatment programs funded by ADHS, to the extent relevant or practical, substantially provide services which are consistent with principle 3, self-determination, of AACR 9-21-103. | | | | | | |
| 39. Vocational programs funded by ADHS, to the extent relevant or practical, substantially provide services which are consistent with principle 10, integration, of AACR 9-21-103. | | | | | | |
| 40. Vocational programs funded by ADHS, to the extent relevant or practical, substantially provide services which are consistent with principle 3, self-determination, of AACR 9-21-103. | | | | | | |

# COMCARE
# PROVIDER QUALITY REVIEW
# QM ON-SITE SERVICE PROGRAM REVIEW - SMI
# GUIDE

1. Review G/A policy and procedure; compare actions to be taken as prescribed by the policy with actual events and steps taken for any grievances that may have been filed; also compare the steps outlined in licensure reg.

2. Review incident/accidents for ComCare members; compare log if available to dates of incident; compare dates documented within incident report to the date report was written; compare findings with compliance reported by Incident/accident Report received monthly from OLC.

3. Look for the presence of the Notice of Grievance and Appeals Procedure Form.

4. Ask agency to show you where they post the grievance rules and where forms are placed for member access.

5. Requests for Special Assistance

6. Look at I/A reports, mortality reports; compare to monthly I/A Report from OLC.

## #19 - 30 are to be reviewed within the residential milieu via observations, member, and staff interviews.

19. ask to see menus for the week/month(however prepared); observe dining room and kitchen area; interview member re quality of food and times meals are served.

20. Ask member if you can see his/her room; observe what member and others are wearing; ask member if he/she gets to pick and buy own clothes.

21. Look for policy/procedure for follow-up on member medical care needs; ask members who they tell when they are sick; what happens when they tell someone; who is their medical doctor, dentists, how do they get to the doctor, etc.

22. Look for clean comfortable atmosphere; sofas, chairs, love seats, game tables, magazines, books, adequate lighting; look for patio furniture outside in covered or shaded areas; observe whether clients are mingling/interacting and the quality of that interaction; observe staff interactions with clients; are visitors allowed, and if so where do they visit.

23. Ask for program/rec. schedule for at least a two week period and preferably for one month; are activities varied; who plans activities; are members involved in planning their day; do they have the option of participating or not participating; are there off grounds outings i.e.

movies, mall, museum, zoo, park; interview at least one staff re recreation activities; interview member re recreation activities; observe activities occurring in the milieu at time of your visit.

24. Ask member to show you his/her room; are there personal pictures on walls, dresser, etc.; do they have their own personal comforter or quilt; is there evidence of other personal items in the room/residence; ask member if he/she is allowed to have their own personal items.

25. Ask member if you can see his/her room; ask to look in closet; observe if a dresser is available; ask them if they have any place else to put their things that is just for them.

26. Ask the member if s/he has been informed of charges for services.

27. Observe milieu for client to staff ratio; observe for visible safety hazards, i.e.. broken furniture, broken windows, exposed wiring; ask members if they feel safe and protected from staff and other clients.

28. Ask member if he/she has privacy; observe living environment for doors to rooms, bathrooms.

29. Observe milieu for staff to client interactions and client to client interactions; if applicable, do staff intervene as needed.

30. Audit reviews Provider policies and procedures to determine that, at a minimum, Provider is in compliance with the requirements for handling member funds as stated in R9-21-208, Property and Possessions.

## # 31 - 40 ARE OUTCOME SUMMARY QUESTIONS - SEE INSTRUCTIONS BELOW

31. This is a summary question related to the principle of RESPECT for all providers A yes rating must be achieved in all items listed below in order to answer the summary question as "yes".

| | |
|---|---|
| **PROQMP #8** | Provider has a written member rights policy and procedure or statement of member rights in accordance with R9-20-201 and for SMI programs also R9-21-211. |
| **PROAR1 #14** | Provider response/action to member grievances/appeals is appropriate and timely. |
| **SMIPROV #7** | Information about treatment is released to sources other than COMCARE or its affiliates only with a signed release. |
| **SMIPROV #16** | Does the living environment afford appropriate privacy? R9-21-202.6. |

32. This is a summary question related to the principle of HUMANE TREATMENT for all providers. A yes rating must be achieved in all items listed below in order to answer the summary question as "yes".

**PROAR1 #10** Restraint/seclusions are used only when an individuals present as a serious physical danger to self or others and only when other reasonable less restrictive alternatives have been tried and/or determined inappropriate

**PROAR1 #11** Restraint/seclusion is only used when authorized by a physician and with orders which do not extend beyond three hours.

**SMIPROV #17** Does the living environment afford freedom from verbal or physical abuse? R9-21-202.6.

33. This is a summary question related to the principle of INTEGRATION for 24 hour staffed residential programs. A yes rating must be achieved in all items listed below in order to answer the summary question as "yes".

**SMIPROV #10** Members participate in the development, implementation, monitoring, and revision of their treatment plans.

**a) member signature**
**b) member, guardian and case manager interviews**
**c) case manager progress notes**

**SMIPROV #11** Members have a choice/input in personal goals related to community living, education/vocation, social and recreational activities unless they are unwilling or unable to do so.

**a) face sheet of ISP**
**b) CFR person interview #8**
**c) SMI Program Review #12**
**d) Provider Interviews #s 8, 9, 12**

34. This is a summary question related to the principle of SELF DETERMINATION for 24 hour staffed residential programs. A yes rating must be achieved in all items listed below in order to answer the summary question as "yes".

SMIPROV #10 Members participate in the development, implementation, monitoring, and revision of their treatment plans.
**Consider the member signature, member, guardian and case manager interviews, and case manager progress notes when making your determination.**

**SMIPROV #11** Members have a choice/input in personal goals related to community living, education/vocation, social and recreational activities unless they are unwilling or unable to do so.
**Consider the face sheet of ISP, CFR person interview #8, SMI Program Review #12, and Provider Interviews #s 8, 9, 12 when making your determination.**

35. This is a summary question related to the principle of INTEGRATION in Inpatient settings. A yes rating must be achieved in all items listed below in order to answer the summary question as "yes".

**SMIPROV #13** Members are offered services which are integrated into the community and are geographically, physically, and culturally accessible.

**SMIPROV #23** There are opportunities for daily activities, recreation, and physical exercise. R9-21-202.7.e.
**Consider the member/guardian interviews, program observations, and program activity schedules when making your determination.**

36. This is a summary question related to the principle of SELF DETERMINATION in Inpatient settings. A yes rating must be achieved in all items listed below in order to answer the summary question as "yes".

**SMIPROV #10** Members participate in the development, implementation, monitoring, and revision of their treatment plans. (All programs)
**Consider the member signature, member, guardian and case manager interviews, and case manager progress notes when making your determination.**

**SMIPROV #11** Members have a choice/input in personal goals related to community living, education/vocation, social and recreational activities unless they are unwilling or unable to do so.
**Consider the face sheet of ISP, CFR person interview #8, SMI Program Review #12, and Provider Interviews #s 8, 9, 12 when making your determination.**

37. This is a summary question related to the principle of INTEGRATION for day programs. A yes rating must be achieved in all items listed below in order to answer the summary question as "yes".

**SMIPROV #13** Members are offered services which are integrated into the community and are geographically, physically, and culturally accessible.

**SMIPROV #23** Are there opportunities for daily activities, recreation, and physical exercise? R9-21-202.7.e.

a) **member/guardian interviews**
b) **program observation**
c) **program activity schedules**

38. This is a summary question related to the principle of SELF DETERMINATION for day programs. A yes rating must be achieved in all items listed below in order to answer the summary question as "yes".

**SMIPROV #10** Members participate in the development, implementation, monitoring, and revision of their treatment plans. (All programs)
**Consider the member signature, member, guardian and case manager interviews, and case manager progress notes when making your determination.**

**SMIPROV #11** Members have a choice/input in personal goals related to community living, education/vocation, social and recreational activities unless they are unwilling or unable to do so.
**Consider the face sheet of ISP, CFR person interview #8, SMI Program Review #12, and Provider Interviews #s 8, 9, 12 when making your determination.**

39. This is a summary question related to the principle of INTEGRATION for vocational programs. A yes rating must be achieved in all items listed below in order to answer the summary question as "yes".

**SMIPROV #13** Members are offered services which are integrated into the community and are geographically, physically, and culturally accessible.

**SMIPROV #23** Are there opportunities for daily activities, recreation, and physical exercise? R9-21-202.7.e.

**a) member/guardian interviews**
**b) program observation**
**c) program activity schedules**

40. This is a summary question related to the principlke of SELF DETERMINATION for vocational programs. A yes rating must be achieved in all items listed below in order to answer the summary question as "yes".

**SMIPROV #10** Members participate in the development, implementation, monitoring, and revision of their treatment plans. (All programs)
**Consider the member signature, member, guardian and case manager interviews, and case manager progress notes when making your determination.**

**SMIPROV #11** Members have a choice/input in personal goals related to community living, education/vocation, social and recreational activities unless they are unwilling or unable to do so.
**Consider the face sheet of ISP, CFR person interview #8, SMI Program Review #12, and Provider Interviews #s 8, 9, 12 when making your determination.**

# ComCare PROVIDER QUALITY REVIEW
# ON SITE TRAINING REVIEW PART A - SMI

| PERFORMANCE MEASURE | % Trained | % Post-Test | COMMENTS | CODE | CODE |
|---|---|---|---|---|---|
| 1. Provider staff receive adequate orientation and training in the Arizona Level of Functioning Assessment (ALFA) | | | | 2.4 | |
| 2. Provider staff receive adequate orientation and training in the Confidentiality/Mental Health and the Law<br>❒ legal, support, and treatment rights<br>❒ member privacy and confidentiality | | | | 2.4 | |
| 3. Provider staff receive adequate orientation and training in Psychopharmacology<br>❒ identification of adverse reactions to psychoactive medications | | | | 2.4 | |
| 4. Provider staff receive adequate orientation and training in Understanding Persons with Serious Mental Illness<br>❒ identification of member illnesses and injury | | | | 2.4 | |
| 5. Provider staff receive adequate orientation and training in the Continuum of Care in Managed Care<br>❒ principles of normalization and least restrictive environment | | | | 2.4 | |
| 6. Provider staff receive adequate orientation and training in Individual Service Plan (ISP)<br>❒ development and implementation of the ISP<br>❒ principles of normalization and least restrictive environment | | | | 2.4 | |
| 7. Provider staff receive adequate orientation and training in the Strengths Model of Service Delivery<br>❒ agency mission and philosophy of community support<br>❒ principles of staff/member interaction designed to facilitate health and growth<br>❒ principles of normalization and least restrictive environment | | | | 2.4 | |
| 8. Provider staff receive adequate orientation and training in Grievance and Appeals<br>❒ procedures and rules | | | | 2.4 | |
| 9. Provider staff receive adequate orientation and training in Clinical Documentation<br>❒ role, responsibility, and authority of case manager and clinical team | | | | 2.4 | |

# ComCare PROVIDER QUALITY REVIEW
# ON SITE TRAINING REVIEW PART A - SMI

| PERFORMANCE MEASURE | % Trained | % Post-Test | COMMENTS | CODE | CODE |
|---|---|---|---|---|---|
| 10. Provider staff receive adequate orientation and training in Clinical Aspects of Case Management and Clinical Team<br>☐ agency mission and philosophy of community support<br>☐ principles of staff/member interaction designed to facilitate health and growth<br>☐ identification, response to and reporting of member abuse, neglect, and exploitation | | | | 2.4 | |
| 11. Provider staff receive adequate orientation and training in Consumer Perspective of Mental Health Services<br>☐ perspectives and values of consumers of mental health services | | | | 2.4 | |
| 12. Provider staff receive adequate orientation and training in Co-Pay | | | | 2.4 | |
| 13. Provider staff receive adequate orientation and training in Exit Criteria<br>☐ Appendix C and Exit Provisions | | | | 2.4 | |
| 14. Provider staff receive adequate orientation and training in CPR/First Aid<br>☐ preliminary medical emergency care and reporting requirements | | | | 2.4 | |
| 15. Provider staff receive adequate orientation and training in Facilities Policies/Mission<br>☐ agency mission and philosophy of community support | | | | 2.4 | |
| 16. Provider staff receive adequate orientation and training in Physical Intervention Techniques/Non Violent Crisis Intervention | | | | 2.4 | |
| 17. Provider staff receive adequate orientation and training in HIV/AIDS | | | | 2.4 | |
| 18. Provider staff receive adequate orientation and training in Safety and Security in the Workplace<br>☐ preliminary medical emergency care and reporting requirements | | | | 2.4 | 1.5 |
| 19. Total percentage of provider staff who have completed required training elements/curriculum | | | Record percentage here | | |
| 20. Total percentage of provider staff who passed the post-test | | | Record percentage here | | |

## ComCare PROVIDER QUALITY REVIEW
## ON SITE TRAINING REVIEW PART A - SMI
## Guide

1 - 18. Ascertain number of staff serving SMI members; review training logs to determine which staff have completed each of the required trainings.

19. Divide # of staff completing required trainings by the # of staff employed to work in SMI direct care.

20. Divide the # of staff who have passed the post test by the # of staff who have completed the required trainings.

## ComCare PROVIDER QUALITY REVIEW
## ON SITE TRAINING REVIEW PART C - COMCARE Staff

| PERFORMANCE MEASURE | % Trained | % Post-Test | COMMENTS | CODE | CODE |
|---|---|---|---|---|---|
| 1. ComCare staff receive adequate orientation and training in the Arizona Level of Functioning Assessment (ALFA) | | | | 2.4 | |
| 2. ComCare staff receive adequate orientation and training in the Confidentiality/Mental Health and the Law<br>❒ legal, support, and treatment rights<br>❒ member privacy and confidentiality | | | | 2.4 | |
| 3. ComCare staff receive adequate orientation and training in Psychopharmacology<br>❒ identification of adverse reactions to psychoactive medications | | | | 2.4 | |
| 4. ComCare staff receive adequate orientation and training in Understanding Persons with Serious Mental Illness<br>❒ identification of member illnesses and injury | | | | 2.4 | |
| 5. ComCare staff receive adequate orientation and training in the Continuum of Care in Managed Care<br>❒ principles of normalization and least restrictive environment | | | | 2.4 | |
| 6. ComCare staff receive adequate orientation and training in Individual Service Plan (ISP)<br>❒ development and implementation of the ISP<br>❒ principles of normalization and least restrictive environment | | | | 2.4 | |
| 7. ComCare staff receive adequate orientation and training in the Strengths Model of Service Delivery<br>❒ agency mission and philosophy of community support<br>❒ principles of staff/member interaction designed to facilitate health and growth<br>❒ principles of normalization and least restrictive environment | | | | 2.4 | |
| 8. ComCare staff receive adequate orientation and training in Grievance and Appeals<br>❒ procedures and rules | | | | 2.4 | |
| 9. ComCare staff receive adequate orientation and training in Clinical Documentation<br>❒ role, responsibility, and authority of case manager and clinical team | | | | 2.4 | |

## COMCARE COMCARE QUALITY REVIEW
## ON SITE TRAINING REVIEW PART C - COMCARE

| PERFORMANCE MEASURE | % Trained | % Post-Test | COMMENTS | CODE | CODE |
|---|---|---|---|---|---|
| 10. ComCare staff receive adequate orientation and training in Clinical Aspects of Case Management and Clinical Team<br>❒ agency mission and philosophy of community support<br>❒ principles of staff/member interaction designed to facilitate health and growth<br>❒ identification, response to and reporting of member abuse, neglect, and exploitation | | | | 2.4 | |
| 11. ComCare staff receive adequate orientation and training in Consumer Perspective of Mental Health Services<br>❒ perspectives and values of consumers of mental health services | | | | 2.4 | |
| 12. ComCare staff receive adequate orientation and training in Co-Pay | | | | 2.4 | |
| 13. ComCare staff receive adequate orientation and training in Exit Criteria<br>❒ Appendix C and Exit Provisions | | | | 2.4 | |
| 14. ComCare staff receive adequate orientation and training in CPR/First Aid<br>❒ preliminary medical emergency care and reporting requirements | | | | 2.4 | |
| 15. ComCare staff receive adequate orientation and training in Facilities Policies/Mission<br>❒ agency mission and philosophy of community support | | | | 2.4 | |
| 16. ComCare staff receive adequate orientation and training in Physical Intervention Techniques/Non Violent Crisis Intervention | | | | 2.4 | |
| 17. ComCare staff receive adequate orientation and training in HIV/AIDS | | | | 2.4 | |
| 18. ComCare staff receive adequate orientation and training in Safety and Security in the Workplace<br>❒ preliminary medical emergency care and reporting requirements | | | | 2.4 | 1.5 |

## COMCARE PROVIDER QUALITY REVIEW
## ON SITE TRAINING REVIEW PART C - COMCARE Staff

| | | | | |
|---|---|---|---|---|
| 19. Total percentage of ComCare staff who have completed required training elements/curriculum | | Record percentage here | | |
| 20. Total percentage of ComCare staff who passed the post- Test | | Record percentage here | | |

# COMCARE COMCARE QUALITY REVIEW
# ON SITE TRAINING REVIEW PART C - RBHA Staff
# Guide

Each quarter, ComCare Human Resources will furnish to the Quality Management Department/Education and Training Section a data flat file containing names and staff IDs for all clinical staff employed for at least six months. The file will be run/matched against the Training Verification Database (an Access database) and a report will be created which shows the percentages of compliance and non-compliance with the requirement. Further, detailed reports listing individual clinical staff per site/area who do not meet the requirement will be run and used for improvement and compliance purposes.

** Clinical staff = staff with direct contact with members, e.g. case managers, team leaders, area team managers, nurses, physicians, etc.

# ComCare PROVIDER QUALITY REVIEW
## ON SITE TRAINING REVIEW PART D: CHILDREN AND ADOLESCENTS

Provider _____ Reviewer _____ Review Date _____

| PERFORMANCE MEASURE | % Trained | % Post-Test | COMMENTS | CODE | CODE |
|---|---|---|---|---|---|
| 1. Provider staff receive adequate orientation and training in the Child and Adolescent Functional Assessment Scale (CAFAS) | | | | 2.4 | |
| 2. Provider staff receive adequate orientation and training in the Confidentiality/Mental Health and the Law | | | | 2.4 | |
| 3. Provider staff receive adequate orientation and training in Psychopharmacology | | | | 2.4 | |
| 4. Provider staff receive adequate orientation and training in Working with Schools | | | | 2.4 | |
| 5. Provider staff receive adequate orientation and training in Understanding Childhood Psychiatric Illness | | | | 2.4 | |
| 6. Provider staff receive adequate orientation and training in the Strengths Model of Service Delivery | | | | 2.4 | |
| 7. Provider staff receive adequate orientation and training in Grievance and Appeals | | | | 2.4 | |
| 8. Provider staff receive adequate orientation and training in Clinical Documentation | | | | 2.4 | |
| 9. Provider staff receive adequate orientation and training in Clinical Aspects of Case Management and Clinical Team | | | | 2.4 | |
| 10. Provider staff receive adequate orientation and training in Working with Families | | | | 2.4 | |
| 11. Provider staff receive adequate orientation and training in Co-Pay | | | | 2.4 | |
| 12. Provider staff receive adequate orientation and training in CPR/First Aid | | | | 2.4 | |
| 13. Provider staff receive adequate orientation and training in Facilities Policies/Mission | | | | 2.4 | |
| 14. Provider staff receive adequate orientation and training in Physical Intervention Techniques/Non Violent Crisis Intervention | | | | 2.4 | |
| 15. Provider staff receive adequate orientation and training in HIV/AIDS | | | | 2.4 | |
| 16. Provider staff receive adequate orientation and training in Safety and Security in the Workplace | | | | 2.4 | 1.5 |
| 17. Total percentage of provider staff who have completed required training elements/curriculum | | | | | Rcrd %here |
| 18. Total percentage of provider staff who passed the post-test | | | | | Rcrd %here |

# COMCARE PROVIDER QUALITY REVIEW
# ON SITE TRAINING REVIEW PART B - CHILDREN AND ADOLESCENTS
# GUIDE

1 - 16. Ascertain number of staff serving SMI members; review training logs to determine which staff have completed each of the required trainings.

17. Divide # of staff completing required trainings by the # of staff employed to work in SMI direct care.

18. Divide the # of staff who have passed the post test by the # of staff who have completed the required trainings.

## ComCare PROVIDER QUALITY REVIEW
## PROVIDER INTERVIEWS (Unit Coordinator and/or Line Staff)

Provider _____ Interviewer _____

Name of person interviewed: Date: _____

Title of person interviewed:

**Program Type: (Check one)**

- ☐ Residential
- ☐ Supported Living
- ☐ Semi-Supervised/Supervised Independent
- ☐ Inpatient
- ☐ Ref (Re-Entry Facility)
- ☐ Supervisory Care/Board & Care
- ☐ Group Home
- ☐ Outpatient

**CIRCLE THE RATING THAT YOU FEEL MOST ACCURATELY REFLECTS THE RESPONSE/EXPLANATION PROVIDED. EXPLAIN ALL PARTIAL AND INADEQUATE RATINGS.**

1. Tell me what a new client can expect on their first day in the program? What kind of orientation to the program do they receive?

**1 = Adequate** **2 = Partial** **3 = Inadequate**

2. How does the program run on a day to day basis?

**1 = Adequate** **2 = Partial** **3 = Inadequate**



*H = Humane Treatment
*I = Integration
*R = Respect
*S = Self Determination

*24 Hr Res = 24 Hour Residential
*ASH = Arizona State Hospital
*Supp Hsg = Supported Housing
*Day/Voc = Day/Vocational

3. Who does a client go to if they feel they are being mistreated/abused by a staff member?
By another client?
How are these situations handled when they occur? (H)

**1 = Adequate** **2 = Partial** **3 = Inadequate**

4. What happens when a client is sick or gets hurt? (H)

**1 = Adequate** **2 = Partial** **3 = Inadequate**

5. Do clients have an opportunity to: (I)
A. go to church?
B. go to outside recreation?
C. go shopping?
D. go to education and employment activities?

**1 = Adequate** **2 = Partial** **3 = Inadequate**

6. What happens when a client becomes physically out of control? (H)

**1 = Adequate** **2 = Partial** **3 = Inadequate**



*H = Humane Treatment
*I = Integration
*R = Respect
*S = Self Determination

*24 Hr Res = 24 Hour Residential
*ASH = Arizona State Hospital
*Supp Hsg = Supported Housing
*Day/Voc = Day/Vocational

7. How does your program ensure clients have privacy when bathing, using the bathroom, and dressing? (R)

**1 = Adequate** **2 = Partial** **3 = Inadequate**

8. Do clients get to choose what they wear? (S)

**1 = Adequate** **2 = Partial** **3 = Inadequate**

9. Do clients have input into planning their meals; snacks? (S)

**1 = Adequate** **2 = Partial** **3 = Inadequate**

10. Do clients get spending money? (S)
If so, how do they get it and how often?

**1 = Adequate** **2 = Partial** **3 = Inadequate**

11. What is done to help the client feel at home here? (H)

**1 = Adequate** **2 = Partial** **3 = Inadequate**



*H = Humane Treatment
*I = Integration
*R = Respect
*S = Self Determination

*24 Hr Res = 24 Hour Residential
*ASH = Arizona State Hospital
*Supp Hsg = Supported Housing
*Day/Voc = Day/Vocational

12. Can a client take a walk or leave whenever they want to? If yes what is the procedure for checking in and out? How do staff monitor client whereabouts? (R)

**1 = Adequate** **2 = Partial** **3 = Inadequate**

13. What type of recreational and educational activities does your program make available for the clients? Are they scheduled daily, weekly? Do the clients have input into their activities planning? (S), (I)

**1 = Adequate** **2 = Partial** **3 = Inadequate**

14. Do clients get to visit with family or significant others in their life? If yes, how often is visitation allowed? (I)

**1 = Adequate** **2 = Partial** **3 = Inadequate**

15. What happens when a client refuses their medication? (R)

**1 = Adequate** **2 = Partial** **3 = Inadequate**



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16. When and how are changes in services communicated to clients? Ie, termination of services, discharge or termination from program, change in medications, etc. (R)

**1 = Adequate** **2 = Partial** **3 = Inadequate**

17. What process is in place if the client does not agree with the proposed change? Appendix C.5.

**1 = Adequate** **2 = Partial** **3 = Inadequate**

18. How and when is a client informed of their rights to:
appeal treatment decisions? (S)
file a grievance? (S)

**1 = Adequate** **2 = Partial** **3 = Inadequate**

19. In your opinion, what is the most important service your program provides to the clients you serve?

**1 = Adequate** **2 = Partial** **3 = Inadequate**



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20. Do clients participate in the development of their treatment/service plan? Appendix C.9. (S)

**1 = Adequate** **2 = Partial** **3 = Inadequate**

21. Who else participated in the development of the treatment/service plan? Appendix C.2. List:

**1 = Adequate** **2 = Partial** **3 = Inadequate**

22. If the person has a guardian, significant other or interested family, were they invited to participate?

**1 = Adequate** **2 = Partial** **3 = Inadequate**

23. Do you offer special assistance to help clients understand their treatment and/or discharge plan? Appendix C.10. (R), (H)

**1 = Adequate** **2 = Partial** **3 = Inadequate**



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24. Do you offer special assistance in understanding or participating in the appeal or a grievance process? Appendix C. 10. (R), (H)

**1 = Adequate** **2 = Partial** **3 = Inadequate**

25. What QM activities are in place at this time?
How do you give input into organizational QM initiatives?

**1 = Adequate** **2 = Partial** **3 = Inadequate**



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Name_____Date_____
Position_____Score_____
Agency_____

# ALFA-Arizona Level of Functioning Assessment

*Matching Items*

a. Self-Care/Basic Needs
b. DSM-IV
c. ALFA
d. Axis I
e. V Codes
f. Service Level Checklist
g. A=Moderate to Intensive
h. General Population
I. Five-point continuum
J. Level E

Directions:
*Place the letter of the correct item on the line next to the matching statements.*

_____1. This checklist establishes that an individual is determined by the state of Arizona as "seriously mentally ill" and as a result, eligible for specific services by the RBHA's.

_____2. Assesses the functional abilities of the individual with serious mental illness across six functional domains and as a result of this assessment, assigns the individual to the appropriate service level.

_____3. These diagnostic codes are <u>excluded</u> from service eligibility by ADHS/BHS.

_____4. Major Clinical Disorders that are used in scoring an ALFA.

_____5. A multiaxial sytem of categorizing mental disorders that allows for the reporting of a variety of different types of information about the individual and is the classification system used as a basis for the ALFA.

_____6. An ALFA score of IIC would indicate this service level.

## ALFA-Arizona Level of Functioning Assessment

*Matching Items*

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c. ALFA
d. Axis I
e. V Codes
f. Service Level Checklist
g. A=Moderate to Intensive
h. General Population
I. Five-point continuum
J. Level E

Directions:
*Place the letter of the correct item on the line next to the matching statements.*

_____7. A person's role performance is evaluated against this norm.

_____8. One of the six functional domains evaluated on the ALFA.

_____9. The ALFA measures the functioning level of the individual across six functional domains long this continuum.

_____10. On the ALFA instrument, this rating would be least severely functionally disabled.

Name_____Date_____
Position_____Score_____
Agency_____

# Understanding Childhood Psychiatric Illness

*Matching Items*

a. Adaptive functioning
b. Oppositional Defiant Disorder
c. Attention-Deficit/Hyperactivity Disorder
d. severity
e. Encopresis
f. Childhood Autism
g. involvement
h. Conduct Disorder
I. Tourette's Disorder
J. Obsessive-Compulsive Disorder

Directions:
*Place the letter of the correct item on the line next to the matching statements.*

_____1. How effectively individuals cope with common life demands and how well they meet the standards of personal independence expected of someone in their particular age group, sociocultural background, and community setting. May be influenced by various factors such as education, mental disorders, medical disorders, personality characteristics.

_____2. This disorder (299.00) is characterized by marked impairment in social interaction, and communication and a very restricted repertoire of activity and interests; however, the manifestations may vary greatly depending upon the developmental level and chronological age of the child.

_____3. A disorder characterized by a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequent and severe than is typically observed in individual at a comparable level of development.

_____4. A disorder characterized by a repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated. Often difficult to ascertain the sincerity of the responses of remorse.

_____5. A disorder characterized by losing temper, arguing with adults, actively defying or refusing to comply with the requests or rules, blaming others, but not a pattern of violating the rights of others.

# Understanding Childhood Psychiatric Illness

*Matching Items*

a. Adaptive functioning
b. Oppositional Defiant Disorder
c. Attention-Deficit/Hyperactivity Disorder
d. severity
e. Encopresis
f. Childhood Autism
g. involvement
h. Conduct Disorder
I. Tourette's Disorder
J. Obsessive-Compulsive Disorder

_____ 6. A key factor in the rehabilitation process for children and families.

_____ 7. A key factor in the diagnosis of any childhood psychiatric illness.

_____ 8. The onset of this disorder is before 18 years of age and the disorder is not due to any physiological impairment or substance abuse and is characterized by multiple motor tics and one or more vocal tics.

_____ 9. Onset must be at least at the age of 4 years or after and must occur at least once a month for the last 3 months.

_____10. A disorder with recurrent obsessions or compulsions severe enough to be time consuming (more than 1 hour a day) and the child does not need to have insight into the significant impairment.

Name_____Date_____
Position_____Score_____
Agency_____

## Joint Stipulation on Exit Criteria and Disengagement
## Arnold vs Sarn

*Matching Items*

a. Special Needs Treatment Plan
b. Arizona State Hospital
c. Maricopa County
d. Quality Management System
e. Adequacy of Services
f. "Priority Client"
g. Defendant
h. Arizona Department of Health Services
i. Forensic Patients
j. Community Living Arrangements

Directions:
*Place the letter of the correct item on the line next to the matching statements.*

_____1. The Arizona Department of Health Services (ADHS), the Arizona StateHospital (ASH) and the Maricopa County Board of Supervisors.

_____2. Classmembers currently in the system as of the date of the Stipulation or anytime thereafter who are eligible for an extended ISP and since July 1, 1993 are or have been a resident of ASH, a supervisory care home, 24 hour residential program, or jail; or have been hospitalized for mental illness twice or more in a year or a frequent recipient of crisis services.

_____3. A treatment plan prepared by the County for classmembers in the Maricopa County Jail psychiatric inpatient units consistent with the National Commission on Correctional Health Care accreditation standards.

_____4. An array of flexible housing options with thesupports necessary to provide a classmember with the most normal and least restrictive setting, consistentwith the individual's needs and preferences.

_____5. Individuals who are committed to ASH by a court pursuant to Title 13 of the Arizona Revised Statutes or Rule 11 of the Arizona Rules of Criminal Procedure.

_____6. This defendant will, as a result of the creation of community living arrangements and appropriate supports, will maintain the population for non-forensic classmembers at no more than fifty-five.

## Joint Stipulation on Exit Criteria and Disengagement
## Arnold vs Sarn

*Matching Items*

a. Special Needs Treatment Plan
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d. Quality Management System
e. Adequacy of Services
f. "Priority Client"
g. Defendant
h. Arizona Department of Health Services
i. Forensic Patients
j. Community Living Arrangements

Directions:
*Place the letter of the correct item on the line next to the matching statements.*

_____7. This defendant will seek legislative changes to allow ASH funds to flow between the community and ASH in order to create a financial incentive to use alternative community services.

_____8. This defendant will utilize its best efforts to develop one or more programs designed to review the appropriateness and necessity for Jail admission of classmembers and to facilitate the diversion of classmembers from inappropriate incarceration. In addition, this defendant will consult with all relevant municipalities, law enforcement agencies and judicial authorities in formulating any such program.

_____9. An ongoing system agreed to by the defendants whereby the process will address the adequacy of services offered by a provider in six regulatory categories governing: (1) human rights, (2) client rights, (3) Individual Service Planning, (4) the client grievance procedure, (5) residential program standards, and (6) nonresidential program standards.

_____10. The degree to which a classmember has an ISP, is receiving services consistent with the ISP, receiving services in a LEAST RESTRICTIVE setting, and finally in a MOST NORMAL setting appropriate for their individual needs.

Name_____ Date_____
Position/Site_____ Score_____
Agency_____

## Individual Service Planning

### *Matching Items*

a. Long Term View
b. Functional Assessment
c. Goals
d. Strengths
e. Listening
f. Open-ended questions
g. Outcomes
h. Title 9, Chapter 21
i. Individual Service Planning
j. Person-centered Planning

Instructions:
*Place the letter of the correct item on the line next to the matching statement.*

_____1. This approach empowers the individual to establish control over his or her own life choices by having services designed and based upon the unique strengths, choices and desires of the individual.

_____2. Nationally, persons have recognized that the current mental health service system would be more effective by recognizing that people with mental health challenges have the right and responsibility to find their own paths. Arizona's version of this process is evolving as we gather more information and gain a greater awareness of how to assist individuals with a mental illness.

_____3. This part of the process provides the direction for the person receiving services. It is this part that requires questioning so that the professional is better able to "see" the picture that the person receiving services truly sees.

_____4. This part of the process is the insight portion of the plan whereby the member assisted by the clinical team, identifies their strengths, needs, preferences, and resources available to them to realize their dream.

_____5. This key component of gathering information from the member allows the professional an opportunity to "see" the world according to the member's reality thereby empowering the member to communicate more openly and fully.

Name_____Date_____
Position/Site_____Score_____
Agency_____

## Individual Service Planning

*Matching Items*

a. Long Term View
b. Functional Assessment
c. Goals
d. Strengths
e. Listening
f. Open-ended questions
g. Outcomes
h. Title 9, Chapter 21
i. Individual Service Planning
j. Person-centered Planning

Instructions:
*Place the letter of the correct item on the line next to the matching statement.*

_____6. Arizona Administrative Code provides for the rules which must be followed in developing an Individual Service Plan as well as rights of persons with a serious mental illness receiving services.

_____7. Outcome behaviors, skills or situations that the individual receiving services expects to learn or acquire and written in measurable terms so that success and/or progress can be determined by the person.

_____8. An alternative plan developed by the person and the clinical team when services identified on the ISP are not available.

_____9. Those persons, places, activities or objects in the person's community which provide support and assistance (i.e., family member, friends, support groups, church, clergy, etc).

_____10. Often confused with the methodology or the service provided to the person to achieve this end result or effect.

Name_____Date_____
Position_____Score_____
Agency_____

## Paid Prescriptions (Co-Pay)

Directions:
*Circle the letter of the answer that best answers each of the following questions. Each question will have only ONE BEST ANSWER.*

1. Who is eligible for a ComCare Pharmacy Card?

A. Non-Title XIX children and adolescent members
B. Members with Title XIX enrollment
C. Members with SMI benefits
D. all of the above

2. Please indicate which Pharmacies compose the ComCare Pharmacy Network.

A. Walgreens and Drug Emporium
B. Fry's and United Pharmacy
C. Walgreens and United Pharmacy
D. Drug Emporium and United Pharmacy

3. Please identify the three criteria which must be met for a prescription to be filled.

A. Member eligible and in CAS system
Prescriber registered with Office of Medical Director
Medication on formulary, or prior authorization

B. Member Title XIX
Card is physically present
Member ID number correct

C. SMI consumer
No prior co-pay waivers
Co-pay history cleared

4. All members eligible for ComCare pharmacy benefits have a $2.00 co-pay for medications.
a. True
b. False

5. How does the clinical team communicate Co-pay waivers to pharmacist?

A. Verbal authorization to Pharmacy and Support Staff enters written waiver request from Case Manager.
B. Memo faxed from clinical team member.
C. Verbal Authorization to Clinical Team.
D. Morse Code

Name_____Date_____

Position_____Score_____
Agency_____

## Paid Prescriptions (Co-Pay)

Directions:
*Circle the letter of the answer that best answers each of the following questions. Each question will have only ONE BEST ANSWER.*

6. If a member's EDS Number is SC 1225652, the ComCare Pharmacy Card ID# will be which of the following?
A. SC 122565G
B. SC 122565H
C. SC 122565M
D. SC 122565N

7. The procedure for providing medications for a ComCare member going on vacation requires:
A. Physician receives medical authorization from the Office of the Medical Director using form PHM 100F3.
B. Physician must phone Clinical Specialist
C. Physician must have approval from Case Manager and Team Leader
D. Physician can go ahead and get authorization later.

8. How may a member receive medications?
A. Pharmacy
B. Delivery to Clinic
C. Residential Delivery
D. all of the above

9. Who would be contacted after hours when staff are not available and a member needs medication?
A. Crisis Line
B. Urgent Care
C. Chief Executive Officer
D. Department of Pharmacy

10. Laboratory services must have prior approval from the Office of Medical Director

A. at least 7 days
B. at least 72 hours
C. at least 48 hours
D. prior approval for lab not necessary

Names_____Date_____
Position_____Score_____
Agency_____

## Consumer Voice

*Matching Items:*

a. Support Friend
b. Arnold vs Sarn
c. Exit Stipulation
d. Office of Oversight and Protection for the SMI
e. Isolation and Stigma
f. The Consumer Office
g. ARS 41-1461
h. Individual Service Planning (ISP)
I. Title XIX
j. Consumer Advisory Board

Directions:

*Place the letter of the correct item on the line next to the matching statements.*

_____1. A case that began in 1981 with a lawsuit in Maricopa County Superior Court alleging that the state and county had not met a statutory obligation to provide a broad and all-encompassing system of care for the seriously mentally ill.

_____2. Requires the state and county to develop additional community residential and support services, reduce the use of supervisory care homes and Arizona State Hospital and implement a crisis system and comprehensive quality management system.

_____3. Consumers think what makes a good case manager is

_____4. This office is looking for consumers to become part of this positive step toward social reintegration back into the community.

_____5. Arizona's Employment Discrimination Statute

_____6. Case Managers need to recognize the biggest obstacle for a person with Serious Mental Illness to overcome.

Names_____Date_____
Position_____Score_____
Agency_____

## Consumer Voice

*Matching Items:*

a. Support Friend
b. Arnold vs Sarn
c. Exit Stipulation
d. Office of Oversight and Protection for the SMI
e. Isolation and Stigma
f. The Consumer Office
g. ARS 41-1461
h. Individual Service Planning (ISP)
I. Title XIX
j. Consumer Advisory Board

Directions:

*Place the letter of the correct item on the line next to the matching statements.*

_____7. On October 1, 1995, behavioral health coverage was expanded to include a comprehensive package of services.

_____8. This group confers with and advises state officials on any major topic of concern to consumers.

_____9. This office is established as stipulated in Arizona Administrative Code to provide a resource to persons with serious mental illness when advocacy is needed.

_____10. The more a person receiving services is involved in this process, the more successful the relationship with the case manager and the success of the rehabilitation/recovery process.

Name_____Date_____
Position_____Score_____
Agency_____

# Clinical Documentation

## *Matching Items*

a. Presenting Problems
b. Medical History
c. Progress Notes
d. Abbreviations
e. Revoke
f. Clinical Medical Record
g. 6 months
h. AAC Title 9, Chapter 20
I. 60 days
j. Arizona Department of Health Services

Directions: Circle the letter of the answer that best answers each of the following questions. Each question will have only ONE BEST ANSWER.

_____1. A record maintained by an agency providing behavioral health services; the content and structure of which are dictated by state or federal licensing and/or funding bodies (such as the Arizona Department of Health Services, Health Care Financing Administration) or by a professional accrediting body (such as Joint Commission of Accredited Hospital Organizations [JCAHO].

_____2. This part of the medical record contains entries that assist in validating the person being served in the rehabilitation process by documenting each contact and what specifically occurred as well as how it relates to service/treatment plan. These entries are for the author as well as for any new staff.

_____3. In a managed care environment, this part of the Intake/Assessment needs to focus on the identified individual's behaviors.

_____4. This part of the Assessment Report needs to include every aspect of the person's general health including any and all medications, general well-being, dental status, as well as any over-the-counter medications as well as any health food supplements.

_____5. A person receiving services may take this action at any time, except to the extent that action based on the authorization has already been taken.

_____6. The maximum length of time a person may grant permission for release of clinical information.

_____7. The maximum length of time a person may grant permission for release of drug and alcohol abuse information.

Name_____ Date_____
Position_____ Score_____
Agency_____

# Clinical Documentation

*Matching Items*

a. Presenting Problems
b. Medical History
c. Progress Notes
d. Abbreviations
e. Revoke
f. Clinical Medical Record
g. 6 months
h. AAC Title 9, Chapter 20
I. 60 days
j. Arizona Department of Health Services

Directions: Circle the letter of the answer that best answers each of the following questions. Each question will have only ONE BEST ANSWER.

_____8. This Arizona Administrative Code provides for the guidelines for clinical medical records for those agencies providing services licensed by the Arizona Department of Health Services.

_____9. Always get a list of those approved from your agency before using in the Clinical Record.

_____10. Has the right to review any ComCare member medical record at ComCare or any agency contracted with ComCare.

Name_____ Date_____
Position_____ Score_____
Agency_____

# Continuum of Care in a Managed Care Environment
# Post Test

**Directions: Circle the letter of the answer that best answers each of the following questions. Each question will have only ONE BEST ANSWER.**

1. A continuum of care is/are:

a. a type of therapeutic intervention available only to those discharged from in-patient services
b. services designed for members to feel part of a group
c. the matrix services
d. a full range of services on a continuum from most restrictive to least restrictive

2. Generic services are to be utilized as a preferred mode of psychosocial rehabilitation. Generic services are:

a. a particular service for all people with mental illness and behavior problems.
b. services designed specifically for people with mental illness as long as they are a member
c. those services available to the general population in the community for a nominal fee or at no cost
d. those services developed for the specific class of members to use such as drop-in centers, clublhouses and other consumer-designed programs.

3. "Least restrictive" environment means:

a. a place where services are designed to meet the needs of people with serious mental illness and designed to be more tolerant of their differences
b. services designed for the member
c. an environment where there are more controls and therefore less chance for the person to fail
d. an environment which affords the greatest amount of freedom of choice by the individual

4. Capitation is:

a. a funding mechanism whereby the amount is based upon the number of people (population) to be covered for services
b. the maximum amount to be paid for a service
c. the first service provided by a member
d. is no longer used in Managed Care

5. Fee-for-service is:

a. a funding mechanism whereby providers are paid on the basis of the servicse they perform
b. historically led to "keeping people ill"
c. led to unbundling of fees
d. all of the above

Name_____ Date_____
Position_____ Score_____
Agency_____

# Mental Health and the Law
# Post Test

**Directions: Circle the letter of the answer that best answers each of the following questions. Each answer will have only ONE BEST ANSWER.**

1. **The ComCare Office of Legal Counsel has three major functions. They are:**

a. **Risk Management, Grievance/Appeals, Legal Representation for the Company**
b. **Utilization Review, Risk Management, Quality Management**
c. **Legal Representation, Legislative Representation, Board Representation**
d. **Judicial Review, Case Management Control, Administrative Review**

2. **Any unusual circumstances must be reported to the Office of Legal Counsel. An/some examples of "unusual" circumstances which require incident reports are:**

a. **suicide attempt**
b. **theft of a person's money**
c. **sexual abuse**
d. **physical abuse**
e. **all of the above**

3. **A grievance is one customer service function whereby**

a. **a member notifies the provider that the member's rights have been violated**
b. **by statute a process that is in place for member's to use**
c. **is established by Arizona Administrative Code Title 9, Chapter 21**
d. **all of the above**

4. **According to the Staff in the ComCare Office of Legal Counsel, the majority of cases involving the ComCare Grievance and Appeal Department are due to:**

a. **unclear guidelines regarding the role of the person receiving services**
b. **Arnold Vs Sarn requirements**
c. **communication -- people feeling they are not being heard**
d. **incidents of neglect/abuse**

Name_____ Date_____
Position_____ Score_____
Agency_____

# Mental Health and the Law
# Post Test

5. According to Arizona Revised Statute, Title 36, the court can order treatment for a person who refuses treatment and is which of the following?

a. Imminent danger to self/others
b. Gravely Disabled
c. Persistently and/or Acutely Disabled
d. all of the above

6. According to Arizona Revised Statute, Title 36, a person's right to refuse treatment is determined by their legal status.

   a. true
   b. false

7. Informed Consent is a legal term concerning which of the following

a. a voluntary decision following a presentation of all pertinent facts
b. the person has been informed of and comprehends treatment issues
c. consent is not the result of coercion or undue influence
d. withholding of consent will not prejudice future provision of care
e. all of the above

8. According to Arizona Revised Statute, Title 36, provisions covering Confidential Information cannot be given to a family member under any condition

   a. true
   b. false

9. Which of the following are <u>not</u> related to Privileged Communication as defined in Arizona Statute?

a. certain types of relationships deal with information that must be protected
b. communications are such that the person needs to release certain information to gain the expertise from the relationship
c. the nature of the relationship is such that there needs to exist total honesty
d. there must be written agreement between clinician and member committing to confidentiality

Name_____Date_____
Position_____Score_____
Agency_____

# Mental Health and the Law
# Post Test

page three

10. Duty to Warn Immunity as provided in ARS 36-517.02 Limitation of liability, exception: discharge of duty; immunity for disclosure states that a mental health provider may breach confidentiality to prevent harm to a person caused by a patient if which of the condition(s) are met:

a. explicit threat
b. clearly identified victim
c. apparent intent
d. clear ability to carry out threat
e. all of the above

Name_____ Date_____
Position_____ Score_____
Agency_____

# Continuum of Care in a Managed Care Environment
# Post Test

**Directions: Circle the letter of the answer that best answers each of the following questions. Each question will have only ONE BEST ANSWER.**

6. Utilization Review is:

a. a process by which an organization assesses use of various types of treatment
b. identifies important trends to predict costs and shape budget decisions
c. identifies those that could be served in a less restrictive environment
d. all of the above

7. Managed Care grew out of the Health Maintenance Organization Movement of the 60's and 70's.

   a. true
   b. false

8. Major managed care functions are:

a. eligibility, gatekeeping, fiscal retention, quality management, vacancy savings
b. eligibility, gatekeeping, fiscal management, quality assurance, utilization review
c. eligibility, consumer compliance, legislative review, judicial review
d. utilization review, customer review, capital review

9. A managed care organization is responsible for the fiscal management of the health care expenses for its members. This is best accomplished by providing care in the least costly service that meets the need/request of the member.

   a. true
   b. false

10. As the demand for services and the cost of those services increased the most recent response has been for the tradition nonprofit world of health care to merge with the private for profit corporations.

   a. true
   b. false

Name_____Date_____
Position/Site_____Score_____
Agency_____

# Grievance and Appeal
# Post Test

Directions:
Circle the letter that best answers each of the following questions. Each question will have only ONE BEST ANSWER.

1. Arnold Vs Sarn is:

   A. The court case which said the governor must mandate funds for mental health.
   B. The pending legislation which denies mental health services to those persons who are not recognized citizens of the United States.
   C. The class action lawsuit which found that the State of Arizona had failed to provide services to a group of seriously mentally ill adults.
   D. The court case in which a child sued the State of Arizona for mental health services.

2. The Grievance/Appeal process is established in Arizona through:

   A. Arizona Revised Statute, Title 36, Public Health and Safety Statute
   B. Arizona Administrative Code, Title 9, Chapter 20, Agency Rules
   C. Arizona Administrative Code, Title 9, Chapter 21, SMI Rules
   D. Arizona Revised Statute, Title 4, Chapter 5, Corporate Rules

3. Which is NOT a client right?

   A. The right to Protection from Abuse, Neglect, Exploitation and Mistreatment
   B. The right to Housing when homeless
   C. The right to all civil and legal rights
   D. The right to refuse treatment

4. A grievance:

   A. May only be filed by an adult
   B. Is a l.egal process for SMI adults who feel their rights have been violated.
   C. Is the next step when problem solving between the parties involved has failed to provide a resolution.
   D. All of the above.

Name_____Date_____
Position/Site_____Score_____
Agency_____

# Grievance and Appeal
# Post Test

Directions:
Circle the letter that best answers each of the following questions. Each question will have only ONE BEST ANSWER.

5. An appeal is:

   A. Process for formal resolution of treatment decisions.
   B. Requires a member to have legal representation.
   C. A referral to the Federal Court System
   D. An internal ComCare procedure to deny a client services when the case manager no longer feels they qualify.

6. Good Customer Service stresses:

   A. Good communication skills on the part of the staff
   B. Resolution at the least formal level
   C. Empathy for the member
   D. Members as customers have a right to a complaint process
   E. all of the above

7. The first step in the grievance and appeals process is:

   A. Immediately refer the client directly to a Member Advocate.
   B. Work through Maricopa County Bar Association to obtain a lawyer.
   C. To problem solve at the time of the dispute with the parties immediately involved (e.g., Case Manager).
   D. Refer the client immediately to another psychiatrist for a second opinion.

8. When a client wishes to contact a Member Advocate, you should refer them to:

   A. The Office of Legal Counsel at ComCare
   B. The Maricopa County Bar Association
   C. Customer Service Representatives at ComCare
   D. Intake and Referral

Name_____Date_____
Position/Site_____Score_____
Agency_____

## Grievance and Appeal
## Post Test

Directions:
Circle the letter that best answers each of the following questions. Each question will have only ONE BEST ANSWER.

9. How long does a client or his/her legal representative have to file a grievance or request for an investigation?

   A. Within 48 hours of the incident or violation
   B. Within 10 working days of the incident or violation
   C. Within 30 days of the incident or violation
   D. Winthin one year of the incident or violation

10. True or False: When a Grievance or Request for Investigation has been filed, the most appropriate investigator is the person who is most directly involved with the person receiving services, because of the first hand knowledge of the situation.

   A. True  B. False

Name_____Date_____
Position_____Score_____
Agency_____

# Strengths Model of Service Delivery
## Post Test

**Directions: Circle the letter of the answer that best answers each of the following questions. Each question will have only ONE BEST ANSWER.**

**1. The purpose of Case Management according to the Strengths Model is which of the following:**

a. to ensure members are compliant with the rulse
b. to monitor member's medication
c. to assist member's to live "normally interdependent"
d. to monitor as to what extent members follow staff 's desires

**2. The philosophy of the Individual Service Planning Process supports the Strengths Model of Service Delivery.**

a. true
b. false

**3. Essential in the Strength's Model is having the correct diagnosis**

a. true
b. false

**4. The first principle of the Strengths Model of Case Management is that throughout the entire helping process the focus be upon the member's strengths, interests, abilities, competencies--not upon their deficits, weaknesses or problems. This means:**

a. looking at the whole person and not just their illness or diagnosis
b. empowering through assisting and not doing what people can do themselves
c. allowing, encouraging members to make choices.
d. all of the above

Name_____Date_____
Position_____Score_____
Agency_____

## Strengths Model of Service Delivery
### Post Test

5. "Viewing the Community as an Oasis of potential resources for members rather than as an obstacle" refers to Maricopa County being in the desert.

a. true
b. false Trainer Guide p. 16

6. According to the Strengths Model, "counseling(collaborative communication)" means which of the following?

a. agreed upon number of sessions for a specific issue
b. long-term psychotherapy focusing on underlying issues
c. promoting goal attainment and resource acquisition
Trainer Guide p.21
d. psychotherapy for as long as the therapist thinks beneficial

7. Essential to the philosophy of the Strengths Model is the involvement of the person receiving services as the "Director" of the process.

a. true Trainer Guide p. 17
b. false

8. The focus of the Strengths Model is on intrapsychic conflict rather than Daily Living Activities.

a. true
b. false Trainer Guide p. 11

9. According to the Strengths Model, the member/professional relationship is based on which of the following?

a. the professional knows what is best
b. the case manager's ideas guide the process
c. <u>becomes</u> one of collaboration, mutuality and partnership
Trainer Guide p. 12
d. takes a while for the member to learn the professional is right

**Name**_____ **Date**_____
**Position**_____ **Score**_____
**Agency**_____

## Strengths Model of Service Delivery
### Post Test

page three

10. According to the Strengths Model, the focus of the helping process is upon the member's strengths, interests, abilities, competencies; not upon their deficits, weaknesses or problems.

a. true
b. false

Trainer Guide p. 13

Name_____ Date_____
Position_____ Score_____
Agency_____

# Understanding Persons with Serious Mental Illness

*Matching Items*

a. Serious Mental Illness
b. Thought Disorder
c. Expressed Emotional Intensity [EEI]
d. Primary Mental Disorders
e. Mania Episode
f. Schizoaffective Disorder
g. Community Based Services
h. stigma
I. Delusions
j. Borderline Personality Disorder

**Instructions**

*Place the letter of the correct item on the line next to the matching statement.*

_____1. A very controversial diagnosis whereby people have a mix of symptoms; they appear to have mood symptoms but also seem to have a thought disorder. Typically the mood symptoms are relatively brief.

_____2. A period of time in which the person has an elevated, expansive mood, decreased need for sleep, pressured speech, flight of ideas, distractibility, increased involvement in goal directed activity, agitation or excessive involvement in pleasurable activities which have a high potential for painful consequences that the person may not recognize.

_____3. Studies have shown that when the person with a major mental illness is in a family with a low index they tend to maintain a higher functioning level for longer periods of time with fewer in-patient and crisis visits.

_____4. One of the most persistent and pervasive social effects of mental illness—more so than with any other identifiable disability group, including individuals with mental retardation, visual impairments, or physical disabilities—made even worse by the media.

_____5. A classification of mental illness characterized by disturbance in thinking and perceiving reality exhibited through symptoms such as delusions, hallucinations and conceptual disorganization.

Name_____Date_____
Position_____Score_____
Agency_____

# Understanding Persons with Serious Mental Illness

*Matching Items*

**a. Serious Mental Illness**
**b. Thought Disorder**
**c. Expressed Emotional Intensity [EEI]**
**d. Primary Mental Disorders**
**e. Mania Episode**
**f. Schizoaffective Disorder**
**g. Community Based Services**
**h. stigma**
**I. Delusions**
**j. Borderline Personality Disorder**

**Instructions**
***Place the letter of the correct item on the line next to the matching statement.***

_____6. Recent advancements in psychosocial rehabilitation have shown that providing treatment in congregated and segregated settings of hospitals and institutions to be less effective than this type of intervention where people are supported in their natural settings.

_____7. Mental disorders that are not due to a general medical problem and are not substance induced.

_____8. A legal term, category, rather than a clinical one referring to a specific medical or mental condition that is universally accepted, this term is defined by each state as a means of determining eligibility for various services or funding programs.

_____9. An attempt by the person to make a rational, realistic explanation of an irrational sensation. Supportive recognition and confirmation is most helpful.

_____10. People with this disorder may have a co-existing mental illness such as depression or schizophrenia. Additionally, in times of severe stress (real or perceived) they may develop brief psychotic symptoms such as hearing voices or delusion.

Name_____Date_____
Position_____Score_____
Agency_____

## Clinical Aspects of Case Management and Clinical Team

*Matching Items*

a. Case Management
b. ComCare Mission
c. Case Management Process
d. Customer Service
e. Natural Supports
f. Generic Services
g. Communication/Relationship
h. Individualization
I. Network
j. Consumer Centered Care

Instructions:

*Place the letter of the correct item on the line next to the matching statements.*

_____1. Those community services available to anyone at little or no cost. These services are most normalizing in that they are nondiscriminatory and therefore promote psychosocial recovery.

_____2. This objective is to treat everyone with dignity and respect as well as that each of us needs a safe and secure place to live, some meaningful daily activity and a way to have fun.

_____3. Four basic components: Assessment, Service Planning, Monitoring and Evaluation.

_____4. People recognize that the mental illness makes it difficult for the person receiving services to have success in this area. The key to the process between Member and the Case Manager is honesty.

_____5. The recognition that everything, every service plan is tailored to meet the objectives of that specific member.

_____6. Those people, places, things that are in the member's surroundings that can be nurtured to provide support and assistance during and after recovery.

Name_____Date_____
Position_____Score_____
Agency_____

## Clinical Aspects of Case Management and Clinical Team

*Matching Items*

a. Case Management
b. ComCare Mission
c. Case Management Process
d. Customer Service
e. Natural Supports
f. Generic Services
g. Communication/Relationship
h. Individualization
I. Network
j. Consumer Centered Care

Instructions:

*Place the letter of the correct item on the line next to the matching statements.*

_____7. The point of view from which an organization involves individuals served, and their families, in the decision-making processes in matters pertaining to their health and rehabilitation process.

_____8. To respond in a timely, helpful, respectful and honest manner, presenting options with the goal of achieving results, as well as customer understanding and satisfaction.

_____9. An extended group of services identified within the community that have been identified by the case manager to function as part of the rehabilitation/recovery process.

_____10. A service with the goal of providing a cost-effective, quality of care with the goals of reducing the use of inpatient services and the need for crisis services while increasing the quality of life and role functioning.

Name_____ Date_____
Position_____ Score_____
Agency/Site_____

# Psychophamacology

*Matching Items*

**a. anti-depressants**
**b. Pseudoparkinsonism**
**c. MAO (monoamine oxidase) inhibitors**
**d. Endocrine**
**e. Akathisia**
**f. Anti-cholinergic effects**
**g. Tardive Dyskinesia**
**h. Lithium**
**I. Extrapyramidal Syndrome (EPS)**
**j. Dystonia**

**Instructions:**
***Place the letter of the correct item on the line next to the matching statement.***

_____1. This is an Extrapyramidal Syndrome disorder that is frequently evidenced in individuals who have been taking antipsychotic medications for an extended period of time. This disorder is characterized by abnormal, involuntary, rather rapid movements of predominately the head area of the tongue, lips, jaw, face, and sometimes the extremities.

_____2. This side effect refers to the side effects that affect the body's retention of fluids. The most commonly reported include: dry mouth, blurred vision, constipation, and urinary retention.

_____3. This particular side effect affects movement. Antipsychotic medications act by affecting the levels of dopamine in the tract of the brain with this same name and is responsible for the control and coordination of body movement. When the dopamine level of the brain is disturbed, it often results in the individual experiencing difficulty in control and coordinating their body movements.

_____4. Symptoms of sleep disturbance, change in appetite, loss of energy, decreased libido, dysphoric mood, excessive guilt, social withdrawal, decreased concentration, hostility, and suicidal ideation are best treated with these.

_____5. Stiffness/slowness, stooped posture, slow, monotonous speech, shuffling gait, immobility and "Pill-rolling" (tremor). About 40% of Extrapyramidal Syndrome (EPS) complaints.

Name_____ Date_____
Position_____ Score_____
Agency/Site_____

## Psychophamacology

*Matching Items*

a. **anti-depressants**
b. **Pseudoparkinsonism**
c. **MAO (monoamine oxidase) inhibitors**
d. **Endocrine**
e. **Akathisia**
f. **Anti-cholinergic effects**
g. **Tardive Dyskinesia**
h. **Lithium**
I. **Extrapyramidal Syndrome (EPS)**
j. **Dystonia**

**Instructions:**
***Place the letter of the correct item on the line next to the matching statement.***

_____6. This system is responsible for the production of hormones, such as testosterone, estrogen, etc. Antipsychotic medications can affect the production of these hormones, resulting in a variety of physical symptoms. Individuals may experience weight gain or decreased sexual drive. Women may experience disruptions in their menstrual cycles.

_____7. Usually prescribed only for individuals who have been unresponsive to other types of antidepressant medications by inhibiting the release of an enzyme that breaks down the neurotransmitters dopamine, norepinephrine and serotonin. Most common types are Nardil and Parnate.

_____8. Prolonged muscle contractions with exaggerated posturing of the head, neck, jaw or tongue.

_____9. Metallic taste in mouth, upset stomach, loose stools are common side-effects of this mood stabilizer.

_____10. Inability to sit still. This side effect accounts for 50% of all Extrapyrmidal Syndrome (EPS) complaints.

# SATISFACTION MEASUREMENT OF COMCARE C/A MEMBERS--1996-1997 (DRAFT)

## INTRODUCTION

ComCare manages the behavioral health care for approximately 12,009 C/A members through its case management system including Phases 1, 2 and 4. These members receive psychiatric services either at the case management sites or the provider agencies, and behavioral health counseling through ComCare's comprehensive network of providers. In order to provide continual quality improvement, it is necessary to develop and implement procedures to measure clinical outcomes and satisfaction with services on an ongoing basis. While ComCare has historically engaged in extensive efforts to monitor quality of care through, for instance, case record review and provider monitoring, it is now embarking on efforts to monitor quality of care employing additional methodologies. These methodologies include the systematic surveying of members and providers of care using testing instruments which are systematically administered under controlled circumstances. The validity and reliability of these instruments have been established and are designed to assess specific areas of interest to ComCare and its partners.

Through the Quality Management Department, and with the cooperation of the Provider Relations and C/A Departments, ComCare will implement the following methods in order to measure satisfaction among its C/A members and their families receiving outpatient services through the ComCare provider network.

Administration of the pilot project is scheduled to commence in February 1997 while full implementation is scheduled to commence in April 1997.

## PROCEDURES

STEP ONE: Various tests have been considered in order to evaluate outcomes and satisfaction with provider services. The selection process has emphasized tools which are brief, valid, reliable, and affordable. In all cases, the instruments have been used to assess outcomes or satisfaction. In most instances, the instruments are available in Spanish. Efforts will be made, in cooperation with the author(s), to translate into Spanish those tests for which a Spanish translation is not yet available.

The Devereux Scales of Mental Disorders has been selected provided a complimentary and adequate tool can be located to assess adaptive functioning. If such a tool cannot be located, then the Achenbach Child Behavior Checklist will be used. In addition, the Child and Adolescent Practioner Version of the Service Satisfaction Scale by T.M. Greenfield will be used.

These tests are comprised of the following scales:

A. Achenbach Child Behavior Checklist (15-20 minutes): three competency scales; eight problem scales; three composite scales (i.e., internalizing, externalizing, and total).

B. Devereux Scales of Mental Disorders (110 items; 15 minutes): six problem scales; three composite scales (externalizing, internalizing, and critical pathology); and one total scale.

C. Service Satisfaction Scale-Provider (10 minutes): Practitioner Manner and Style; Perceived Outcome; Office Procedures; Accessibility.

D. Yet To Be Determined: A measure of adaptive functioning to be used in conjunction with the Devereux Scales for Mental Disorders.

Collectively, these tests measure adaptive functioning, symptoms, and satisfaction with services delivered by the ComCare provider network. Information will be secured directly from parents/guardians of C/A members.

STEP TWO: An informed consent will be drafted which will outline the procedures involved and member rights.

STEP THREE: Participants in this evaluation program will be selected in cooperation with the C/A Department and MIS. The number of members and selection process have yet to be determined.

STEP FOUR: Test instruments, along with scoring templates or computer software, will be purchased and, in the case of computer software, will be loaded into hardware.

STEP FIVE: A consultant will be identified and offered a contract in order to provide technical assistance with methodological and statistical issues as needed.

STEP SIX: Method of administration will be developed in conjunction with the Provider Relations and C/A departments. Those responsible for data collection will receive training in the following:

A. Overall plan will be introduced in detail.
B. Basics of test administration
    1. Importance of standard administration
    2. Introduction to validity and reliability
    3. Importance of alternating the order of tests
    4. Introduction to the tests
        a. Hand out each test
        b. Explanation of the importance of each test
        c. Explain what each test measures
    5. Train data collectors in the administration of each test
        a. Provide specific detailed instructions for each test
        b. Data collectors will form dyads and each individual will administer the battery of tests to each other while being observed by the research psychologist
C. Review questions and problems which arose during training with all interviewers

STEP SEVEN: Interviewers will administer the test battery either in a room appropriate for this purpose or by telephone. Informed consents will be secured in writing in the event of a face-to-face interview, or verbally in the event of a telephone interview. Packets will be returned to the research psychologist or designee.

STEP EIGHT: Demographic data will be secured regarding the members who complete the surveys. This data will include, but will not necessarily be limited to, the following: chronological age of the member; gender; intake date; case management team; dollars authorized during the past year; and, region of residence.

STEP NINE: Demographic data and tests results will be entered into a data base which will not include information which could identify members. Test forms will not include members' names. Instead, each form will be numbered and the numbers will be logged onto a separate form with the names of members. This log will be maintained in a locked file cabinet separate from the locked file cabinet containing the test forms. Demographic data will be maintained in yet another locked file cabinet should it contain member identifying information.

STEP TEN: The data will be analyzed using the Statistical Package for the Social Sciences (SPSS).

STEP ELEVEN: A report will be generated describing the results.

STEP TWELVE: Upon approval of the final report, a quality improvement plan will be developed and implemented as appropriate. Outcomes and satisfaction will again be measured in order to assess the impact of the quality improvement procedures.

# SATISFACTION MEASUREMENT OF COMCARE ADULT MEMBERS--1996-1997 (DRAFT)

## INTRODUCTION

ComCare manages the behavioral health care for approximately 11,293 adult SMI members through its intensive case management system. Many of these members also receive psychiatric services at the case management sites and behavioral health counseling through ComCare's comprehensive network of providers. In order to provide continual quality improvement, it is necessary to develop and implement procedures to measure clinical outcomes and satisfaction with provider services on an ongoing basis. While ComCare has historically engaged in extensive efforts to monitor quality of care through, for instance, case record review and provider monitoring, it is now embarking on efforts to monitor quality of care employing additional methodologies. These methodologies include the systematic surveying of members and providers of care using testing instruments which are systematically administered under controlled circumstances. The validity and reliability of these instruments have been established and are designed to assess specific areas of interest to ComCare and its partners.

Through the Quality Management Department, and with the cooperation of Adult Services and the Provider Relations Department, ComCare will implement the following methods in order to measure outcomes and satisfaction among its SMI members receiving services through the ComCare provider network.

Administration of test instruments is scheduled to commence in November 1996 while full implementation is scheduled for January of 1997.

## PROCEDURES

STEP ONE: Various tests have been considered in order to evaluate satisfaction with provider services. The selection process has emphasized tools which are brief, valid, reliable, and affordable. In all cases, the instruments have been used to assess outcomes or satisfaction. In most instances, the instruments are available in Spanish. Efforts will be made, in cooperation with the author(s), to translate into Spanish those tests for which a Spanish translation is not yet available.

The tests which have been selected are: the Brief Symptom Inventory (BSI); the Derogatis Psychiatric Rating Scale (DPRS); the SF-12 Health Survey; the Quality of Life Interview-Brief Version (QOLI); the Addiction Severity Index (ASI); and, the Service Satisfaction Scale-Provider Version (SSS-P).

These tests are comprised of the following scales:

A. Brief Symptom Inventory (53 items; 8-10 minutes): Somatization; Obsessive-Compulsive; Interpersonal Sensitivity; Depression; Anxiety; Hostility; Phobic Anxiety; Paranoid Ideation; Psychoticism; Global Severity Index (current overall level of distress); Positive Symptom Distress Index (intensity of distress); and, Positive Symptom Total (number of symptoms reported).

B. Derogates Psychiatric Rating Scale (2-5 minutes): Same as the Brief Symptom Inventory nine primary scales; Global Pathology Scale; eight additional scales not included on the Brief Symptom Inventory.

C. SF-12 Health Survey (12 items; less than 5-10 minutes): Physical Functioning; Role Limitations due to Physical Health; Bodily Pain; General Health; Vitality (energy/fatigue); Social Functioning; Role Limitations due to Emotional Problems; Mental Health (psychological distress and psychological well being); Physical Health (summary scale); and, Mental Health (summary scale).

D. Quality of Life Interview--Brief Version (15 minutes): Living Situation; Daily Activities and Functioning; Family Relations; Social Relations; Finances; Work and School; Legal and Safety Issues; and, Health.

E. Addiction Severity Index (60-75 minutes for initial interview; 15-20 minutes for follow-up interview): Medical Status; Employment and Support; Drug Use; Alcohol Use; Legal Status; Family/Social Status; and, Psychiatric Status.

F. Service Satisfaction Scale-Provider (10 minutes): Practitioner Manner and Style; Perceived Outcome; Office Procedures; Accessibility.

Collectively, these tests measure quality of life, symptoms, health status, substance use/abuse, and satisfaction with services delivered by providers of clinical care. Information will be secured directly from members as well as psychiatrists and case managers/therapists.

STEP TWO: An informed consent will be drafted which will outline the procedures involved and member rights.

STEP THREE: Participants in this evaluation program will be selected by mutual agreement between ADHS/BHS and the court monitor's office. The number and selection process has yet to be determined.

STEP FOUR: Test instruments, along with scoring templates or computer software, will be purchased and, in the case of computer software, will be loaded into hardware.

STEP FIVE: A consultant will be identified and offered a contract in order to provide technical assistance with methodological and statistical issues as needed. Faculty from Arizona State University will be approached initially.

STEP SIX: Quality Improvement (QI) staff from ComCare's Quality Management Department will be responsible for the administration of the tests to case managers/therapists, psychiatrists, and members. Each QI Specialist will receive training in the administration of the tests as follows:

A. Overall plan will be introduced in detail
B. Basics of test administration
    1. Importance of standard administration
    2. Introduction to validity and reliability
    3. Importance of alternating the order of tests
    4. Introduction to the tests
        a. Hand out each test
        b. Explanation of the importance of each test
        c. Explain what each test measures
    5. Train QI specialists in the administration of each test
        a. Provide specific detailed instructions for each test
        b. QI specialists will form dyads and each specialist will administer the battery of tests to each other while being observed by the research psychologist
C. Review questions and problems which arose during training with all QI Specialists

STEP SEVEN: Relying on the sample provided by BHS and the court monitor's office, the QI Specialists will administer the test battery in a room appropriate for this purpose. There will be at least two QI Specialists assigned to each case management site in order to enhance measurement of inter-rater reliability. Informed consents will be secured. Packets will be sealed and returned to the research psychologist or designee. The member will be rescheduled for follow-up as soon as possible if unable to complete the battery in one testing session.

STEP EIGHT: Demographic data will be secured from Adult Services regarding the members who complete the surveys. This data will include, but will not necessarily be limited to, the following: chronological age; gender; priority status; intake date; diagnoses including the presence of a chemical dependency diagnosis; case management team; dollars authorized during the past year; and, region of residence.

STEP NINE: Demographic data and tests results will be entered into a data base which will not include information which could identify members. Test forms will not include members' names. Instead, each form will be numbered and the numbers will be logged onto a separate form with the names of members. This log will be maintained in a locked file cabinet separate from the locked file cabinet containing the test forms. Demographic data will be maintained in yet another locked file cabinet should it contain member identifying information.

STEP TEN: The data will be analyzed using the Statistical Package for the Social Sciences (SPSS).

STEP ELEVEN: A report will be generated describing the results.

STEP TWELVE: Upon approval of the final report, a quality improvement plan will be developed and implemented as appropriate. Satisfaction will again be measured in order to assess the impact of the quality improvement procedures.

Respectfully Submitted,

Elliot D. Salk, Ph.D.
Research Psychologist

Ann Froio
Director, Quality Management

# COMCARE
# PROVIDER PROFILE

PROVIDER:_____ DATE OF PROFILE:_____

PROVIDER CONTACT PERSON:_____ DATE RANGE OF DATA:_____

PROGRAM/POPULATION:_____

## ACCESS

| MEASURE | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Referral to Intake - 7 day standard | | | | | | | | | | | | |
| 2. Intake to 1st Svc - 30 day standard | | | | | | | | | | | | |
| 3. Delay reasons reported for Referral to Intakes beyond 7 day standard | | | | | | | | | | | | |
| 4. Failure reasons for intakes not completed reported | | | | | | | | | | | | |
| 5. Delay reasons reported for 1st Services provided > 30 days from intake date | | | | | | | | | | | | |

## QUALITY

| MEASURE | JUL - SEP | OCT - DEC | JAN - MAR |
|---|---|---|---|
| 1. Active QM Committee and program | | | |
| 2. Informed consent for services practice, policy, procedure in place | | | |
| 3. Informed consent for medication practice, policy, procedure in place | | | |
| 4. Member grievance practice, policy, and procedure in place | | | |
| 5. Member rights policy and procedure in place | | | |

# COMCARE
# PROVIDER PROFILE

PROVIDER:_____ DATE OF PROFILE:_____

PROVIDER CONTACT PERSON:_____ DATE RANGE OF DATA:_____

PROGRAM/POPULATION:_____

## QUALITY

| MEASURE | JUL - SEP | OCT - DEC | JAN - MAR |
|---|---|---|---|
| 6. Seclusion and restraint practice, policy and procedure in place | | | |
| 7. Medical Records policy and procedure in place | | | |
| 8. % of staff trained | | | |
| 9. % of staff passing post-tests | | | |
| 10. Average Length of Stay (specify service) | | | |
| 11. Average # of outpatient visits | | | |
| 12. % of SMI provider records containing COMCARE ISP | | | |
| 13. # of grievances founded | | | |
| 14. # of grievances unfounded | | | |
| 15. % of staff appropriately credentialed | | | |

# COMCARE
# PROVIDER PROFILE

PROVIDER:_____ DATE OF PROFILE:_____

PROVIDER CONTACT PERSON:_____ DATE RANGE OF DATA:_____

PROGRAM/POPULATION:_____

## COST

| MEASURE | JUL - SEP | OCT - DEC | JAN - MAR | APR - JUN |
|---|---|---|---|---|
| 1. Error rate identified in fiscal provider audit | | | | |
| 2. Administrative: Total Expenditures Ratio | | | | |
| 3. Expense:Revenue by program | | | | |
| 4. Fund balance, or net assets, or equity | | | | |

## SATISFACTION

| MEASURE | JUL - SEPT | OCT - DEC | JAN - MAR | APR - JUN |
|---|---|---|---|---|
| 1. Global Satisfaction: BHS survey | | | | |
| 2. Global Satisfaction: COMCARE survey | | | | |
| 3. Satisfaction with time interval to first appointment | | | | |
| 4. Satisfaction with clinical care staff | | | | |
| 5. Satisfaction with service outcome | | | | |

# COMCARE
# PROVIDER PROFILE

PROVIDER:_____ DATE OF PROFILE:_____

PROVIDER CONTACT PERSON:_____ DATE RANGE OF DATA:_____

PROGRAM/POPULATION:_____

## PRINCIPLES OF CARE

| MEASURE | Meets Standard | Does Not Meet Standard |
|---|---|---|
| 1. Humane Treatment | | |
| 2. Integration | | |
| 3. Respect | | |
| 4. Self Determination | | |

## Humane Treatment: Provider Audit

**PROAR1 #10** Restraint/seclusions are used only when an individual presents as a serious physical danger to self or others and only when other reasonable less restrictive alternatives have been tried and/or determined inappropriate

**PROAR1 #11** Restraint/seclusion is only used when authorized by a physician and with orders which do not extend beyond three hours.

**SMIPROV #29** The living environment is free from verbal and/or physical abuse. R9-21-202.6.

## Humane Treatment: Case File Review

CFR #185 The person's basic needs are reasonably met.

**Use evidence in the record regarding adequacy of food, clothing and shelter**
**Input from person, family, guardian**
**Assist in obtaining and coordination regarding medical treatment for major medical conditions**

***All three provider audit questions must be scored "yes***
***The two Case File Review questions must also be scored "yes".***

***To make a final determination as to whether the member receives humane treatment, roll all five (three provider audit and two CFR) questions together; all must be "yes" to achieve compliance with this principle. The provider will be scored as "Meets Standards" on the provider profile when all criterion are met. If a "no" answer is present among the five criterion the provider will be scored as "Does Not Meet Standards" and the criteria or criterion will be reflected in a requirement for corrective action per the PQR protocol.***

## Integration: Provider Audit

**SMIPROV #13** Members are offered services which are integrated into the community and are geographically, physically, and culturally accessible.

**SMIPROV #23** There are opportunities for daily activities, recreation, and physical exercise. R9-21-202.7.e.

**Consider the member/guardian interviews, program observations, and program activity schedules when making your determination.**

## Integration: Provider Audit

| | |
|---|---|
| CFR #176-C | During the time period examined, the services provided are provided in the least restrictive manner possible. |

**Consider the amount of supervision needed, input from person/family/guardian, privacy, individualized setting, safety issues, and the person's ability to make personal choices and decisions.**

| | |
|---|---|
| CFR #70 | Members have an opportunity to go to church, outside recreation, shopping, or seek education and employment activities. |

**Consider member/guardian interviews and program activity schedules to make your determination.**

***Both provider audit questions must be scored "yes***
***Both Case File Review questions must also be scored "yes".***

***To make a final determination as to whether the member is integrated into the community, roll all four (two provider audit and two CFR) questions together; all must be "yes" to achieve compliance with this principle. . The provider will be scored as "Meets Standards" on the provider profile when all criterion are met. If a "no" answer is present among the four criterion the provider will be scored as "Does Not Meet Standards" and the criteria or criterion will be reflected in a requirement for corrective action per the PQR protocol.***

## Respect: Provider Audit

| | |
|---|---|
| PROQMP #8 | Provider has a written member rights policy and procedure or statement of member rights in accordance with R9-20-201 and for SMI programs also R9-21-211. |
| PROAR1 #14 | Action take on grievance resolutions is appropriate and timely. |
| SMIPROV #7 | Information about treatment is released to sources other than COMCARE or its affiliates only with a signed release. |
| SMIPROV #28 | The living environment affords appropriate privacy. R9-21-202.6. |

## Respect: Case File Review

CFR #180-D Overall, the person is treated with dignity and respect. Consider the following to determine compliance:

- **Indication that the person is treated as a unique and valued individual (person, case manager, family/guardian, & provider interviews; program observations)**
- **Individual's rights are honored and protected (#3A-B, 108A-B)**
- **Provision of special assistance when applicable (#179)**
- **Participation in the planning process (#175)**
- **Person's input, preferences, choices and personal goals are included in the planning (#174)**
- **Changes in the person's circumstances are responded to by the clinical team (#177)**
- **Cultural diversities are recognized and respected by the clinical team**

***All four provider audit questions must be scored "yes***
***The Case File Review summary question and all of the above referenced questions that lead to the scoring of the summary question must also be scored "yes".***

***To make a final determination as to whether the member is treated with dignity and respect, roll all five (four provider audit and the CFR summary) questions together; all must be "yes" to achieve compliance with this principle. . The provider will be scored as "Meets Standards" on the provider profile when all criterion are met. If a "no" answer is present among the five criterion the provider will be scored as "Does Not Meet Standards" and the criteria or criterion will be reflected in a requirement for corrective action per the PQR protocol.***

## Self-Determination: Provider Audit

SMIPROV #10 Members participate in the development, implementation, monitoring, and revision of their treatment plans. (All programs)

**Consider the member signature, member, guardian and case manager interviews, and case manager progress notes when making your determination.**

SMIPROV #11 Members have a choice/input in personal goals related to community living, education/vocation, social and recreational activities unless they are unwilling or unable to do so.

**Consider the face sheet of ISP, CFR person interview #8, SMI Program Review #12, and Provider Interviews #s 8, 9, 12 when making your determination.**

## Self-Determination: Case File Review

| | |
|---|---|
| CFR #22-A | Documentation is present re: the person's long term view, preferences, or personal goals with respect to community living arrangements, social/recreational activities and educational/vocational activities. |
| CFR #38 | Evidence exits that the person/guardian provided verbal or written consent to take psychiatric medications. |

**Evidence can be located in the psychiatric/nurse practitioner progress notes, consent forms, or team meeting notes.**

| | |
|---|---|
| CFR #175 | Did the class member participate in the planning and development of their ISP, if one exists, or their treatment plan, if no ISP is available? |

**The reviewer will determine through interviews and through documentation in progress notes, ISP/treatment plans, assessment information and other clinical record documentation whether the person participated in the planning or development of their ISP/treatment plan.**

***Both provider audit questions must be scored "yes***
***All three Case File Review questions must also be scored "yes".***

***To make a final determination as to whether the member has input into his/her destiny, roll all five (two provider audit and three CFR) questions together; all must be "yes" to achieve compliance with this principle. The provider will be scored as "Meets Standards" on the provider profile when all criterion are met. If a "no" answer is present among the five criterion the provider will be scored as "Does Not Meet Standards" and the criteria or criterion will be reflected in a requirement for corrective action per the PQR protocol.***

# ComCare PROVIDER TRAINING PLAN

## I. INTRODUCTION

ComCare values the importance of a well trained service delivery team. The guiding forces of the Behavioral Health System are demonstrating an increased level of attention to the ongoing training and education of this work force. In an effort to increase the cohesion and consistency of information provided, ComCare has developed and is implementing the Provider Training Plan (PTP). Compliance with the PTP is mandated through Standard #9 of the FY 9/6/97 ComCare Quality Management (QM) Plan. The monitoring of compliance with this plan will be conducted as indicated by the Provider Monitoring Plan, and Performance Indicators.

The ComCare Provider Training Plan is developed in cooperation between the Education & Training and Provider Relations Sections. This plan will establish:

1. Training standards/criteria for Provider agencies:
   There are 2 sets of criteria, those for Adult SMI Providers, and Child/Adolescent Providers. Those Providers of other services are not affected by the current PTP.
2. A ComCare technical assistance plan:
   ComCare Education & Training Section will provide 13 Adult SMI Curriculum Packages, and 12 Child/Adolescent Curriculum Packages. This begins with the delivery of 4 Curriculum Packages and Training of the Trainer (TOT) Seminars by 4/96.
3. Provider reporting mechanism and acceptable time frames for implementation of this plan:
   . Provider training is expected to begin after the delivery of Curriculum Packages and TOT Seminars
4. Criteria for Providers' Internal Training Plan:
   Providers must submit the "Provider Internal Training Plan" to their Program Specialist by 3/1/97.
5. Standards for maintenance of training documentation, and on site review process.
   Specific documentation standards are delineated below.

**Only Provider agency staff delivering face to face clinical services to ComCare members are subject to the requirements of the PTP**. This includes all staff employed (including contracted and full time employees) by the Provider Agency who are involved in provision of clinical service to ComCare members. All qualifying employees are to receive the same program of instruction. There are not specific req uirements for different positions. The successful actualization of the PTP will be included as part of Provider agencies maintaining their credentialing in the ComCare Provider network.

At this time, only those agencies delivering Adult SMI services, or Child/Adolescent services are mandated to implement the PTP. For those providing services under the fund types Mental Health, Alcohol, & Drug, an additional set of criteria will be established, and curriculum will be developed and delivered by 4/97, with an expectation of implementation by 7/97. Agencies delivering Prevention services will not be included in this plan, at this time. ComCare's recent publishing of the Prevention Plan is currently being implemented by prevention providers. Additionally, the Prevention Professional Standards (1/96 implementation) delineate current training standards for Prevention Professionals.

All agencies in the ComCare Provider network are licensed by the Office of Behavioral Health Licensing. As is noted on the matrix in APPENDIX A *Provider Training Mandates* a majority of the training modules have multiple mandate sources. For consistency and accuracy of the data, ComCare will monitor all mandated training requirements delineated in the matrix.

**Time frames**

Training requirements remain largely consistent across agencies, however there will be differing content areas for those providing Child/Adolescent services and those providing Adult SMI services. All Provider agencies providing services under these fund types will be required to submit a Provider Internal Training Plan (PITP) to communicate their strategies for implementation of the PTP. The PTP will go into effect in April of 1996, with PITP's due to ComCare's Provider Relation Section no later than March 1, 1997 Criteria and reporting mechanisms will be communicated in detail later in this document. Curriculum packages for mandated training modules will be delivered to Provider agencies at a rate of 4 per quarter, beginning in April of 1996. At that time the first four curriculum packages, which will have been reviewed by ComCare staff as well as a Provider Focus Group, will be delivered.

## II. PTP CRITERIA

Agencies providing **Adult SMI Services** will receive the following curriculum packages: *See APPENDIX A for mandating source.*

- CPR/First Aid
- Facility Policies/Mission
- Safety and Security in the workplace
- Arizona Level of Functioning Assessment (ALFA)
- Confidentiality/Mental Health and the Law
- Physical Intervention Techniques/Non-Violent Crisis Intervention
- Psychopharmocology
- Understanding Persons with Serious Mental Illness
- Continuum of Care in Managed Care
- Individual Service Plan (ISP) **(Includes Special Assistance Process)
- Strengths Model of Service Delivery
- Grievance & Appeals
- Clinical Documentation
- HIV/AIDS
- Clinical Aspects of Case Management and Clinical Team **(Includes Special Assistance Process)
- Consumer Perspective of Mental Health Services
- Co-Pay
- Exit Criteria

## ComCare Courses and Exit Criteria Training Requirements Cross Walk

| ComCare Course | Exit Criteria Requirement/Language |
|---|---|
| CPR/First Aid | 1. Preliminary medical emergency care and reporting requirements. |
| Facility Policies/Mission | 1. Agency mission and philosophy of community support |
| Safety and Security in the workplace | 1. Preliminary medical emergency care and reporting requirements |
| Confidentiality/Mental Health and the Law | 1. Legal and human rights<br>2. Member privacy and confidentiality |
| Non-Violent Crisis Intervention | 1. Physical intervention techniques |
| Psychopharmocology | 1. Identification of adverse reactions to psychoactive medications |
| Understanding Persons with Serious Mental Illness | 1. Identification of member illnesses and injury |
| Individual Service Plan (ISP) | 1. Development/implementation of ISP's |
| Strengths Model of Service Delivery | 1. Agency mission and philosopy of community support<br>2. Principles of staff/member interaction designed to facilitate health and growth |
| Grievance & Appeals | 1. Grievance Procedures |
| Clinical Documentation | 1. Role, responsibility and authority of case manager and clinical team |
| Clinical Aspects of Case Management and Clinical Team | 1. Agency mission and philosopy of community support<br>2. Principles of staff/member interaction designed to facilitate health and growth<br>3. Principles of normalization and least restrictive environment<br>4. ID, response to, and reporting of member abuse, neglect and exploitation<br>5. Principles of staff/member interaction designed to facilitate health and growth |
| Consumer Perspective of Mental Health Services | Perspectives and values of consumers of mental health services |

Agencies providing **Child/Adolescent Services** will receive the following curriculum packages: *See APPENDIX A for mandating source*

- CPR/First Aid
- Facility Policies/Mission
- Safety and Security in the Workplace
- Confidentiality/Mental Health and the Law
- Arizona Level of Functioning Assessment (ALFA)
- Physical Intervention Techniques/Non-Violent Crisis Intervention
- Psychopharmocology
- Continuum of Care in Managed Care
- Working with Schools (Replaces Hodges v Bishop)
- Understanding Childhood Psychiatric Illness
- Strengths Model of Service Delivery
- Grievance & Appeals
- Clinical Documentation
- HIV/AIDS
- Clinical Aspects of Case Management and Clinical Team
- Working with Families
- Co-Pay

## III. ComCare Technical Assistance

In order to assist agencies in the Provider Network, ComCare will provide technical assistance in the following manners.

1. The ComCare Education & Training Section will provide curriculum packages for specified mandated courses. Those courses for **Providers for Adult SMI Services** are:

    - Arizona Level of Functioning Assessment (ALFA)
    - Confidentiality/Mental Health and the Law
    - Psychopharmocology
    - Understanding Persons with Serious Mental Illness
    - Continuum of Care in Managed Care
    - Individual Service Plan (ISP)
    - Strengths Model of Service Delivery
    - Grievance & Appeals
    - Clinical Documentation
    - Clinical Aspects of Case Management and Clinical Team
    - Consumer Perspective of Mental Health Services
    - Co-Pay
    - Exit Criteria

ComCare will require, but not provide curriculum packages for the following:

- CPR/First Aid
- Facilities Policies/Mission
- Physical Intervention Techniques/Non Violent Crisis Intervention
- HIV/AIDS
- Safety and Security in the Workplace

ComCare will not provide these curriculums as these classes are offered to ComCare staff by other agencies, and are not packages designed or delivered by members of the Education & Training staff. ComCare will provide referrals to agencies in the community who provide these training programs.

All aforementioned classes are required to be taken only once by each employee. This excludes CPR/First Aid, which has specific time limits designated by the organization delivering the training. Only attendance at training using ComCare Curriculum Packages, or Approved Alternative Training Packages will satisfy this plans' training requirements. Attendance at State, National, or other Local training sessions will not be allowed to substitute for these classes.

Those Provider agencies delivering services for **Child/Adolescent** members will be able to receive the following curriculum packages:

- Arizona Level of Functioning Assessment (ALFA)
- Confidentiality/Mental Health and the Law
- Psychopharmocology
- Continuum of Care in Managed Care
- Working with Schools (Replaces Hodges v Bishop)
- Understanding Childhood Psychiatric Illness
- Strengths Model of Service Delivery
- Grievance & Appeals
- Clinical Documentation
- Clinical Aspects of Case Management and Clinical Team
- Working with Families
- Co-Pay

ComCare will require, but not provide curriculum packages for the following:

- CPR/First Aid
- Facilities Policies/Mission
- Physical Intervention Techniques/Non Violent Crisis Intervention
- HIV/AIDS
- Safety and Security in the Workplace

ComCare will not provide these curriculums as these classes are offered to ComCare staff by other agencies, and are not packages designed or delivered by members of the Education & Training staff. ComCare will provide referrals to agencies in the community who provide these training programs.

All aforementioned classes are required to be taken only once by each employee. This excludes CPR/First Aid, which has specific time limits designated by the organization delivering the training. Only attendance at training using ComCare Curriculum Packages, or Approved Alternative Training Packages will satisfy this plans' training requirements. Attendance at State, National, or other Local training sessions will not be allowed to substitute for these classes.

As of this date these curriculum packages are not fully prepared for distribution to Providers. Providers will have the opportunity to send representatives to a Training of the Trainers (TOT) seminars to be conducted in coordination with the release of a curriculum package. Curriculum Packages are expected to be completed at a rate of 4 per quarter, beginning in April 1996. They will be delivered to the Provider agencies as soon as they have received all final approval, and have been produced.

TOT Seminars will be offered Annually by ComCare Education & Training Staff. These sessions will be used to update existing curriculum packages, as well as to certify newly selected Provider Trainers.
Provider Agencies can send no more than 3 staff members to attend any TOT Seminar.

The Education & Training Section will not be providing videotapes of the TOT Seminars. The interactive nature of the TOTs will reduce the efficacy of videotape as a reasonable substitute for active participation. However, any agencies wishing to videotape the events are welcome to do so.

Provider Trainers will be encouraged to utilize their own experiences, as well as to tailor the materials to the particular services they deliver. The ComCare Curriculum Packages are developed to provide a structure, necessary facts and information, as well as examples intended to clarify concepts, for instruction. Instructions in the TOT sessions will direct Provider Trainers to elaborate upon the provided materials so as to increase the relevance to their agencies.

If a Provider Agency believes that they are currently using a curriculum package that better meets their needs, and is consistent with the stated learning objectives of the ComCare Curriculum, they may submit those materials to be considered for substitution. If the materials reflect a content which is fundamentally similar, and participants can consistently pass the ComCare Post-Test, it will be allowed to substitute for the ComCare Curriculum Package. Alternative training materials will be approved on a probationary basis if they meet the first criteria. One quarter after their implementation Provider Agencies must submit a report indicating the percentage of participants passing the ComCare Post Test. Alternative training materials will be fully approved for those packages with over 80% of participants passing. Please see Section D of the Provider Internal Training Plan Reporting Format, (Appendix D) for the Alternative Curriculum Approval Form.

**Certification of Provider Trainers**

Provider success in the implementation of this plan requires careful selection of the trainers to attend the TOT seminars. It is suggested that you select an individual who is experienced, and has established their credibility within your organization. Secondly their pre-seminar review of the Curriculum Packages is imperative. It is ComCare's expectation that those individuals chosen to attend the TOT seminars will have read all curriculum packages prior to their attendance. Their ability to comprehend both the content and training strategies will be directly influenced by their pre-seminar preparation. It is anticipated at this date that seminars will combine at least two, and the most 3 curricula packages in each 4 hour block of time.

All participants successfully completing the TOT Seminars will receive ComCare Provider Training Certification. It is recommended that all Provider Agencies send representatives to the TOT Seminars. The value in participation in these seminars is multiple. First they will be provided with a thorough review of the curriculum packages by the Education & Training staff authoring the curriculum. Secondly, participants will receive valuable advice regarding adult learning principles and effective training strategies and tactics. Thirdly, Provider Trainers will have an opportunity to have all their questions answered regarding both the particular curricula and the Provider Training Plan. Fourthly, the TOT Seminars will provide an excellent opportunity to establish relationships between Provider Trainers and ComCare's Education & Training Staff. Finally, the TOT seminars will specifically facilitate the process of Provider Networking to pool the collective training resources of Provider Agencies.

However, attendance at the TOT seminars are not required for a Provider Trainer to receive Certification. Provider Trainers not attending the TOT seminars and requesting Certification must submit the following:

- Name, Title, and Degree,
- Training Experience in Behavioral Health
- Reason why they feel it is not necessary for their attendance at the TOT Seminars
- Curriculum Modules for which they are requesting Certification
- Experience in content areas of Curriculum Modules
- Approval from their supervisor to train the Curriculum Modules without attending the TOT Seminars
- A video/audio tape of one of their training sessions.

Certified Provider Trainers will receive a certificate for each of the Curriculum Modules. Certificates will be distributed at the conclusion of a TOT Seminar to all participants. Certificates for those not attending the TOT Seminars will be distributed as individual reviews are completed. These will be Provisional Certificates and full Certification will occur at the completion of the first quarter of implementation. One quarter after their implementation Provider Trainers with Provisional Certificates must submit a report indicating the percentage of participants passing the ComCare Post Test. Full Certification will be approved for those Provider Trainers with over 80% of participants passing .

## IV. Reporting Mechanisms

ComCare will provide all Providers with Master Copies of Sign-In Sheets (*see APPENDIX C*) for all monitored classes. These are to be used by network agencies to document their staffs' participation. The provided Sign-In Sheet must be used in all PTP training activities. Providers will then translate percentages and numbers of their staff who have received training in each specific class. Reports will document the percentage of existing staff who have received training for each of the mandated training sessions. Providers will submit the reports to ComCare in a quarterly report. *See APPENDIX B for the Provider Quarterly Reporting Form.*

Provider Quarterly Reports are due at the conclusion of a quarter. Quarters will end December, March, June, and September, and the reports are to be submitted no later than the 15th of the following month. Reports are to be sent to the Provider agency's' appointed Provider Relations Specialist (*Need correct title)*. Those reports will be consolidated on the ComCare Provider Training Quarterly Compliance Summary form.

Thresholds for compliance, which are consistent with those indicated in the Exit Stipulation, are as follows:

- year one, compliance = 35% of staff trained January 1, 1998
- year two, compliance = 60% of staff trained January 1, 1999
- year three, compliance = 80% of staff trained January 1, 2000

Percentages are to be compiled by dividing the number of Agency staff who deliver face to face clinical services to ComCare Members, by the number of same Agency staff who have completed the training for a particular training package. Percentages must be completed for each of the 16 required courses.

At the conclusion of the first year of implementation Providers will be evaluated for their compliance with these criteria. Provider agencies not in compliance will have to submit a Corrective Action Plan (CAP) and delineate how they will come into compliance in the subsequent quarter. Those agencies who are unable to meet criteria within the first quarter following the compliance date will be required to send their staff to ComCare sponsored classes at a cost of $10 per course hour, per person. Additional sessions of the Training of the Trainer Workshops will also be provided annually.

## V. Provider Internal Training Plan (PITP)

To communicate the strategies members of the Provider Network intend to meet the criteria of the Provider Training Plan each must develop an internal plan for implementation. These plans can be developed for only one specific agency, or a number of agencies can cooperatively develop plans to be used by participating agencies. The PITP must be submitted to your Provider Relations Specialist no later than 5/1/96.

Please see the Provider Internal Training Plans format in APPENDIX D for specifics.

## Documentation Of Training And On Site Monitoring

ComCare will conduct periodic on-site monitoring reviews of Provider documentation of training. Responsibilities for this will be determined by the Provider Monitoring Task Force. It is expected that all Providers maintain a file of the documentation of their staffs' training activities. This documentation will be maintained in one central location. The COMCARE Sign-In Sheets and Competency tests will satisfy all documenting criteria. Documentation must contain at least the following information:

- Staff name participating in the training module
- Class Title
- Hours of the Class
- Instructor
- Date of Completion
- Copy of post-test

On site reviews will occur in conjunction with the review standards articulated in the Provider Monitoring Plan.

# APPENDIX A

# PROVIDER TRAINING MANDATES

ADULT SERVICES PROVIDER TRAINING MANDATES

| | ADULT PROVIDERS | | |
|---|---|---|---|
| COURSE TITLE | PRIMARY MANDATE SOURCE | SECONDARY MANDATE | TIRCIARY MANDATE |
| CPR/FIRST AID | BHLR R9-20-310 | AHCCCS #602 | EXIT CRITERIA |
| FACILITY POLICIES/MISSION | BHLR R9-20-308 | EXIT CRITERIA | |
| SAFETY & SECURITY IN THE WORKPLACE | BHLR R9-20-308 | BHLR R9-20-409 | EXIT CRITERIA |
| ARIZONA LEVEL OF FUNCTIONING ASST. (ALFA) | COMCARE | ADHS??? | |
| CONFIDENTIALITY/MENTAL HEALTH LAW | BHLR R920-308 | EXIT CRITERIA | |
| NON-VIOLENT CRISIS INTERVENTION | BHLR R9-30-306 | AHCCCS #602 | EXIT CRITERIA |
| PSYCHOPHARMOCOLOGY | BHLR R9-20-306 | AHCCCS #602 | |
| UNDERSTANDING PERSONS WITH SMI | BHLR R9-20-306 | AHCCCS #602 | EXIT CRITERIA |
| CONTINUUM OF CARE IN MANAGED CARE | BHLR R9-20-306 | COMCARE??? | |
| INDIVIDUAL SERVICE PLANNING (ISP) | EXIT CRITERIA | COMCARE | |
| STRENGTHS MODEL OF SERVICE DELIVERY | COMCARE | | |
| GRIEVANCE AND APPEALS | EXIT CRITERIA | COMCARE | |
| CLINICAL DOCMENTATION | BHLR R9-20-306 | COMCARE??? | |
| HIV/AIDS | BHLR-R9-20-308 | COMCARE??? | |
| CLINICAL ASPECTS OF CASE MGT. & CLINICAL TEAM | AHCCCS #602 | EXIT CRITERIA | |
| CONSUMER VOICE | EXIT CRITERIA | COMCARE | |
| CO-PAY | COMCARE | | |

CHILD/ADOLESCENT PROVIDER TRAINING MANDATES

| | C/A PROVIDERS | | |
|---|---|---|---|
| **COURSE TITLE** | **PRIMARY MANDATE SOURCE** | **SECONDARY MANDATE** | **TIRCIARY MANDATE** |
| CPR/FIRST AID | BHLR R9-20-310 | AHCCCS #602 | |
| FACILITY POLICIES/MISSION | BHLR R9-20-308 | | |
| SAFETY & SECURITY IN THE WORKPLACE | BHLR R9-20-308 | BHLR R9-20-409 | EXIT CRITERA/COMCARE |
| ARIZONA LEVEL OF FUNCTIONING ASSESSMENT | COMCARE | | |
| CONFIDENTIALITY/MENTAL HEALTH LAW | BHLR R920-308 | EXIT CRITERIA | COMCARE |
| NON-VIOLENT CRISIS INTERVENTION | BHLR R9-30-306 | AHCCCS #602 | EXIT CRITERIA/COMCARE |
| PSYCHOPHARMOCOLOGY | BHLR R9-20-306 | AHCCCS #602 | |
| WORKING WITH SCHOOLS (REPLACES H v B) | COMCARE | | |
| CONTINUUM OF CARE IN MANAGED CARE | BHLR R9-20-306 | | |
| UNDERSTANDING CHILDHOOD PSYCH. ILLNESS | AHCCCS # 602 | BHLR R9-20-306 | EXIT CRITERIA/COMCARE |
| STRENGTHS MODEL OF SERVICE DELIVERY | COMCARE | | |
| GRIEVANCE AND APPEALS | EXIT CRITERIA | COMCARE | |
| CLINICAL DOCMENTATION | BHLR R9-20-306 | | |
| HIV/AIDS | BHLR-R9-20-308 | | |
| LINICAL ASPECTS OF CASE MGT. & CLINICAL TEA | AHCCCS #602 | EXIT CRITERIA | |
| WORKING WITH FAMILIES | COMCARE | | |
| CO-PAY | COMCARE | | |

# APPENDIX B

# PROVIDER QUARTERLY REPORTING FORM

# ComCare Adult SMI Providers Quarterly Reporting Form

| Course Title | Total # of Staff | % Trained last Quarter | Total % Trained |
|---|---|---|---|
| Facility Policies/Mission | | | |
| Safety and Security in the workplace | | | |
| Arizona Levels of Functioning Assessment (ALFA) | | | |
| Confidentiality/Mental Health and the Law | | | |
| Physical Intervention Techniques/Non-Violent Crisis Intervention | | | |
| Psychopharmocology | | | |
| Understanding Persons with Serious Mental Illness | | | |
| Continuum of Care in Managed Care | | | |
| Individual Service Plan (ISP) | | | |
| Strengths Model of Service Delivery | | | |
| Grievance & Appeals, | | | |
| Clinical Documentation | | | |
| HIV/AIDS | | | |
| Clinical Aspects of Case Management and Clinical Team | | | |
| Consumer Perspective of Mental Health Services | | | |
| Co-Pay | | | |

# ComCare Child/Adolescent Providers Quarterly Reporting Form

| Course Title | Total # of Staff | % Trained last Quarter | Total % Trained |
|---|---|---|---|
| Facility Policies/Mission | | | |
| Safety and Security in the workplace | | | |
| Arizona Level of Functioning Assessment | | | |
| Confidentiality/Mental Health and the Law | | | |
| Physical Intervention Techniques/Non-Violent Crisis Intervention | | | |
| Psychopharmocology | | | |
| Understanding Childhood Psychiatric Illness | | | |
| Continuum of Care in Managed Care | | | |
| Working with Schools | | | |
| Strengths Model of Service Delivery | | | |
| Grievance & Appeals, | | | |
| Clinical Documentation | | | |
| HIV/AIDS | | | |
| Clinical Aspects of Case Management and Clinical Team | | | |
| Working with Families | | | |
| Co-Pay | | | |

ptp101c/a

# APPENDIX C

# PROVIDER SIGN - IN SHEETS

# CHILD/ADOLESCENT PROVIDER SIGN IN SHEETS

[illegible]

NAME: ALFA - AZ LEVEL OF FUNCTIONING ASSESSMENT) DATE: TIME:

PRESENTER: LOCATION:

AGENCY NAME: NUMBER OF HOURS:

| NO. | EMPLOYEE NAME | SIGNATURE | POSITION/DEPT/SITE | PHONE# |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
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| 13 | | | | |
| 14 | | | | |
| 15 | | | | |
| 16 | | | | |
| 17 | | | | |
| 18 | | | | |
| 19 | | | | |
| 20 | | | | |

**NAME: ALFA - AZ LEVEL OF FUNCTIONING ASSESSMENT)** DATE: TIME:

PRESENTER: LOCATION:

AGENCY NAME: NUMBER OF HOURS:

| NO. | EMPLOYEE NAME | SIGNATURE | POSITION/DEPT/SITE | PHONE# |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
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| 12 | | | | |
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| 14 | | | | |
| 15 | | | | |
| 16 | | | | |
| 17 | | | | |
| 18 | | | | |
| 19 | | | | |
| 20 | | | | |

[illegible] PROVIDER AGENCY

[illegible]

| NAME: CONFIDENTIALITY/MENTAL HEALTH & THE LAW | | DATE: | TIME: |
|---|---|---|---|
| PRESENTER: | | LOCATION: | |
| AGENCY NAME: | | NUMBER OF HOURS: | |

| NO. | EMPLOYEE NAME | SIGNATURE | POSITION/DEPT/SITE | PHONE# |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
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| 14 | | | | |
| 15 | | | | |
| 16 | | | | |
| 17 | | | | |
| 18 | | | | |
| 19 | | | | |
| 20 | | | | |

# [illegible] AGENCIES
## [illegible] Roster

| NAME: CONFIDENTIALITY/MENTAL HEALTH & THE LAW | | | DATE: | TIME: |
|---|---|---|---|---|
| PRESENTER: | | | LOCATION: | |
| AGENCY NAME: | | | NUMBER OF HOURS: | |
| NO. | EMPLOYEE NAME | SIGNATURE | POSITION/DEPT/SITE | PHONE# |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
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| 10 | | | | |
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[illegible]

| NAME: PSYCHOPHARMOCOLOGY | | | DATE: | TIME: |
|---|---|---|---|---|
| PRESENTER: | | | LOCATION: | |
| AGENCY NAME: | | | NUMBER OF HOURS: | |
| NO. | EMPLOYEE NAME | SIGNATURE | POSITION/DEPT/SITE | PHONE# |
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# [illegible] PROVIDER AGENCIES
## [illegible] Roster

| | |
|---|---|
| NAME: PSYCHOPHARMOCOLOGY | DATE: TIME: |
| PRESENTER: | LOCATION: |
| AGENCY NAME: | NUMBER OF HOURS: |

| NO. | EMPLOYEE NAME | SIGNATURE | POSITION/DEPT/SITE | PHONE# |
|---|---|---|---|---|
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# [illegible] PROVIDER AGENCY
## [illegible] Roster

| NAME: CONTINUUM OF CARE IN MANANGED CARE | | | DATE: | TIME: |
|---|---|---|---|---|
| PRESENTER: | | | LOCATION: | |
| AGENCY NAME: | | | NUMBER OF HOURS: | |
| NO. | EMPLOYEE NAME | SIGNATURE | POSITION/DEPT/SITE | PHONE# |
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# [illegible] PROVIDER AGENCIES
## [illegible] Attendance Roster

| NAME: CONTINUUM OF CARE IN MANANGED CARE | | | DATE: | TIME: |
|---|---|---|---|---|
| PRESENTER: | | | LOCATION: | |
| AGENCY NAME: | | | NUMBER OF HOURS: | |
| NO. | EMPLOYEE NAME | SIGNATURE | POSITION/DEPT/SITE | PHONE# |
| 21 | | | | |
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[illegible]

| NAME: Working with Schools | | | DATE: | TIME: |
|---|---|---|---|---|
| PRESENTER: | | | LOCATION: | |
| AGENCY NAME; | | | NUMBER OF HOURS: | |
| NO. | EMPLOYEE NAME** | SIGNATURE | POSITION/DEPT/SITE | PHONE# |
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# [illegible] EMPLOYEE AGENCIES

## [illegible] ROSTER

| NAME: Working with Schools | | | DATE: | TIME: |
|---|---|---|---|---|
| PRESENTER: | | | LOCATION: | |
| AGENCY NAME: | | | NUMBER OF HOURS: | |
| NO. | EMPLOYEE NAME** | SIGNATURE | POSITION/DEPT/SITE | PHONE# |
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# [illegible] PROVIDER AGENCY
## Attendance Roster

| NAME: Understanding Childhood Psychiatric Illness | DATE: TIME: |
|---|---|
| PRESENTER: | LOCATION: |
| AGENCY NAME; | NUMBER OF HOURS: |

| NO. | EMPLOYEE NAME** | SIGNATURE | POSITION/DEPT/SITE | PHONE# |
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# [illegible] PROVIDER AGENCIES
## Attendance Roster

| NAME: Understanding Childhood Psychiatric Illness | | DATE: | TIME: |
|---|---|---|---|
| PRESENTER: | | LOCATION: | |
| AGENCY NAME: | | NUMBER OF HOURS: | |

| NO. | EMPLOYEE NAME** | SIGNATURE | POSITION/DEPT/SITE | PHONE# |
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## [illegible] PROVIDER AGENCIES
## [illegible] Roster

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|---|---|---|---|
| NAME: STRENGTHS MODEL OF SERVICE DELIVERY | | DATE: | TIME: |
| PRESENTER: | | LOCATION: | |
| AGENCY NAME: | | NUMBER OF HOURS: | |

| NO. | EMPLOYEE NAME | SIGNATURE | POSITION/DEPT/SITE | PHONE# |
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# [illegible] PROVIDER AGENCIES

[illegible]

| NAME: STRENGTHS MODEL OF SERVICE DELIVERY | DATE: TIME: |
|---|---|
| PRESENTER: | LOCATION: |
| AGENCY NAME: | NUMBER OF HOURS: |

| NO. | EMPLOYEE NAME | SIGNATURE | POSITION/DEPT/SITE | PHONE# |
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# COMMUNITY PROVIDER AGENCIES
## Attendance Roster

| | | | |
|---|---|---|---|
| NAME: GRIEVANCE AND APPEALS | | DATE: | TIME: |
| PRESENTER: | | LOCATION: | |
| AGENCY NAME: | | NUMBER OF HOURS: | |

| NO. | EMPLOYEE NAME | SIGNATURE | POSITION/DEPT/SITE | PHONE# |
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# PROVIDER AGENCIES
## Attendance Roster

| NAME: GRIEVANCE AND APPEALS | | | DATE: | TIME: |
|---|---|---|---|---|
| PRESENTER: | | | LOCATION: | |
| AGENCY NAME: | | | NUMBER OF HOURS: | |
| NO. | EMPLOYEE NAME | SIGNATURE | POSITION/DEPT/SITE | PHONE# |
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# COMPARE PROVIDER AGENCIES
## Attendance Roster

| NAME: CLINICAL DOCUMENTATION | | | DATE: | TIME: |
|---|---|---|---|---|
| PRESENTER: | | | LOCATION: | |
| AGENCY NAME: | | | NUMBER OF HOURS: | |
| NO. | EMPLOYEE NAME | SIGNATURE | POSITION/DEPT/SITE | PHONE# |
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# CO[illegible] PROVIDER AGENCIES
## Attendance Roster

| NAME: CLINICAL DOCUMENTATION | | | DATE: | TIME: |
|---|---|---|---|---|
| PRESENTER: | | | LOCATION: | |
| AGENCY NAME: | | | NUMBER OF HOURS: | |
| NO. | EMPLOYEE NAME | SIGNATURE | POSITION/DEPT/SITE | PHONE# |
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# CONTRACTED PROVIDER AGENCIES
## Attendance Roster

| NAME: CLINICAL ASPECTS OF CM AND CLINICAL TEAM | DATE: | TIME: |
|---|---|---|
| PRESENTER: | LOCATION: | |
| AGENCY NAME: | NUMBER OF HOURS: | |

| NO. | EMPLOYEE NAME | SIGNATURE | POSITION/DEPT/SITE | PHONE# |
|---|---|---|---|---|
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# CONTRACTED PROVIDER AGENCIES
## Attendance Roster

| NAME: CLINICAL ASPECTS OF CM AND CLINICAL TEAM | | | DATE: | TIME: |
|---|---|---|---|---|
| PRESENTER: | | | LOCATION: | |
| AGENCY NAME: | | | NUMBER OF HOURS: | |
| NO. | EMPLOYEE NAME | SIGNATURE | POSITION/DEPT/SITE | PHONE# |
| 1 | | | | |
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# COMMUNITY PROVIDER AGENCIES
## Attendance Roster

| | |
|---|---|
| NAME: WORKING WITH FAMILIES | DATE: TIME: |
| PRESENTER: | LOCATION: |
| AGENCY NAME; | NUMBER OF HOURS: |

| NO. | EMPLOYEE NAME** | SIGNATURE | POSITION/DEPT/SITE | PHONE# |
|---|---|---|---|---|
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# CONTRACT PROVIDER AGENCIES
## Attendance Roster

| NAME: WORKING WITH FAMILIES | | | DATE: | TIME: |
|---|---|---|---|---|
| PRESENTER: | | | LOCATION: | |
| AGENCY NAME: | | | NUMBER OF HOURS: | |
| NO. | EMPLOYEE NAME** | SIGNATURE | POSITION/DEPT/SITE | PHONE# |
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# COMCARE PROVIDER AGENCIES

## Employee Roster

| NAME: CO-PAY | DATE: | TIME: |
|---|---|---|
| PRESENTER: | LOCATION: | |
| AGENCY NAME: | NUMBER OF HOURS: | |

| NO. | EMPLOYEE NAME | SIGNATURE | POSITION/DEPT/SITE | PHONE# |
|---|---|---|---|---|
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# CONCURRENT PROVIDER AGENCIES
## Attendance Roster

| | | | | |
|---|---|---|---|---|
| NAME: CO-PAY | | | DATE: | TIME: |
| PRESENTER: | | | LOCATION: | |
| AGENCY NAME: | | | NUMBER OF HOURS: | |
| NO. | EMPLOYEE NAME | SIGNATURE | POSITION/DEPT/SITE | PHONE# |
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# CONTRACTED PROVIDER AGENCIES
## Attendance Roster

| NAME: | | | DATE: | TIME: |
|---|---|---|---|---|
| PRESENTER: | | | LOCATION: | |
| AGENCY NAME; | | | NUMBER OF HOURS: | |
| NO. | EMPLOYEE NAME** | SIGNATURE | POSITION/DEPT/SITE | PHONE# |
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# COMMUNITY PROVIDER AGENCIES
## Attendance Roster

| | | | |
|---|---|---|---|
| NAME: | | DATE: | TIME: |
| PRESENTER: | | LOCATION: | |
| AGENCY NAME; | | NUMBER OF HOURS: | |

| NO. | EMPLOYEE NAME** | SIGNATURE | POSITION/DEPT/SITE | PHONE# |
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# ADULT SERVICES PROVIDER SIGN IN SHEETS

# COMCARE PROVIDER AGENCIES
## Attendance Roster

| NAME: ALFA - AZ LEVEL OF FUNCTIONING ASSESSMENT) | DATE: | TIME: |
|---|---|---|
| PRESENTER: | LOCATION: | |
| AGENCY NAME: | NUMBER OF HOURS: | |

| NO. | EMPLOYEE NAME | SIGNATURE | POSITION/DEPT/SITE | PHONE# |
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[illegible]

[illegible]

| NAME: ALFA - AZ LEVEL OF FUNCTIONING ASSESSMENT) | | | DATE: | TIME: |
|---|---|---|---|---|
| PRESENTER: | | | LOCATION: | |
| AGENCY NAME: | | | NUMBER OF HOURS: | |
| NO. | EMPLOYEE NAME | SIGNATURE | POSITION/DEPT/SITE | PHONE# |
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[illegible]

| NAME: CONFIDENTIALITY/MENTAL HEALTH & THE LAW | | | DATE: | TIME: |
|---|---|---|---|---|
| PRESENTER: | | | LOCATION: | |
| AGENCY NAME: | | | NUMBER OF HOURS: | |
| NO. | EMPLOYEE NAME | SIGNATURE | POSITION/DEPT/SITE | PHONE# |
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# [illegible]

## Attendance Roster

| NAME: CONFIDENTIALITY/MENTAL HEALTH & THE LAW | | | DATE: | TIME: |
|---|---|---|---|---|
| PRESENTER: | | | LOCATION: | |
| AGENCY NAME: | | | NUMBER OF HOURS: | |
| NO. | EMPLOYEE NAME | SIGNATURE | POSITION/DEPT/SITE | PHONE# |
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# COMCARE PROVIDER SERVICES
## Attendance Roster

| NAME: PSYCHOPHARMOCOLOGY | | | DATE: | TIME: |
|---|---|---|---|---|
| PRESENTER: | | | LOCATION: | |
| AGENCY NAME: | | | NUMBER OF HOURS: | |
| NO. | EMPLOYEE NAME | SIGNATURE | POSITION/DEPT/SITE | PHONE# |
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[illegible]

[illegible]

| NAME: PSYCHOPHARMOCOLOGY | | | DATE: | TIME: |
|---|---|---|---|---|
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# COMCARE PRO[illegible]IES

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# APPENDIX D

# PROVIDER INTERNAL TRAINING PLAN REPORT FORMAT

# ComCare PROVIDER INTERNAL TRAINING PLAN REPORTING FORMAT

**Agency Name:** _____ **Date:** _____

**Please provide the name & position of person with primary responsibility for the implementation of the Provider Internal Training Plan** _____

**A. Method of Instruction: For those courses listed below, it is expected that the Provider Agency utilize the curriculum package provided by ComCare. All curriculum packages will be delivered with a Training of the Trainer workshop. These sessions will offer an explination and discussion of content material as well as a focus upon delivery stratagies and tactics.**

| ComCare Curriculum Package | Estimated Delivery Date | TOT Seminars Delivery Date |
|---|---|---|
| Arizona Levels of Functioning Assessment (ALFA) | _____ | |
| Confidentiality/Mental Health and the Law | _____ | |
| Psychopharmocology | _____ | |
| Understanding Persons with Serious Mental Illness | _____ | |
| Continuum of Care in Managed Care | _____ | |
| Individual Service Plan (ISP) | _____ | |
| Strengths Model of Service Delivery | _____ | |
| Grievance & Appeals, | _____ | |
| Clinical Documentation | _____ | |
| Clinical Aspects of Case Management and Clinical Team | _____ | |
| Consumer Perspective of Mental Health Services | _____ | |
| Co-Pay | _____ | |

B. **Please indicate the manner in which your employees will receive training on the following required modules. If you have selected an training option from the Referral List simply indate which of these programs will be used by your organization. If your selection is not from our referral list please provide the name, address, phone number, and an outline of their training package.**

**CPR/First Aid** _____

_____

_____

**Safety & Security in the Workplace** _____

_____

_____

**Facilities Policies/Mission** _____

_____

_____

**Physical Intervention Techniques/NonViolent Crisis Intervention** _____

_____

_____

**HIV/AIDS** _____

_____

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**C. Please provide the following demographic information regarding your agency:**

1. Please indicate the ComCare Member populations for whom you provide services. Check all that apply.

Adult Seriously Mentally Ill _____ Adult General Mental Health _____ Alchol ____ Drug _____

Child/Adolescent_____ Service Coordination _____ Prevention Services _____

3. Please indicate how many of your staff are influenced by this training plan.

Adult SMI Services _____ Child/Adolescent _____

Prevention Services _____

. Please indicate all current training opportunities offered to your staff. Include attendance at Conferences/Seminars, Inservices, and Agency sponsored training events.

5. Please provide an estimate of the 1 year turn over percentage rate your agency experiences in the service delivery area provided to ComCare Members. _____

# ATTACHMENT E.4
# RBHA EVALUATION PROCESSES

RBHA Evaluation Processes

- Quarterly quality management and financial reports (including utilization reports by COMCARE)
- Problem resolution tracking system reports
- Grievance, appeal, and investigation reports
- Mortality reports
- Seclusion and/or restraint reports
- Annual operational/financial review
- Annual provider network status report with quarterly updates
- Case review instrument (see first tab in Attachment E)
- Client satisfaction survey (see second tab in Attachment E)

# ATTACHMENT E.4A
# QUARTERLY QUALITY MANAGEMENT AND FINANCIAL REPORTS

# RBHA EVALUATION

Quarterly Quality Management Reports

## Indicators Utilized for Quarterly Quality Management Reports:

- Determination of Need for special services for people with serious mental illness (SMI)

- Determination of Need for Intensive Case Management Services (Children)

- Accessibility
  - Waiting Time: Referral to Intake (Number/% within standard - 7 days)
  - Waiting Time: Intake to First Service (Number/% within standard - 30 days)
    - Threshold = 95%

- Assessment and Service Planning
  - Number of Records Reviewed
  - Number/% of Assessments determined Adequate/Comprehensive
  - Number/% of Service Plans determined Adequate/Comprehensive
  - Number/% of Service Plans consistent with Assessment Information

- Coordination with Health Plans (meet at least one during the quarter)

- Response Back to PCP Referrals (Number/% verified)

- Report on RBHA monitoring of providers (as available)

- Report on Client Satisfaction ( as available, twice per year)

- Report on Problem Resolution Tracking

- Patient Days per 1000 (intensive levels of care)

- Average Length of Stay (intensive levels of care)

- Readmissions within 30 days (to intensive levels of care)

In addition, a monthly report is issued on Clozapine usage including the following outcome indicators:

- Functional Level (ALFA)
- Global Improvement (CGI)
- Efficacy (CGI)

# ATTACHMENT E.4B
# PROBLEM RESOLUTION TRACKING SYSTEM REPORTS

# RBHA EVALUATION

Problem Resolution Tracking System

## Title

- Problem Resolution Tracking System

## Purpose

- provide follow up to requests submitted for resolution of problems related to delivery of behavioral health services through the RBHAs in an expedient manner and to ensure a system is in place to address issues as they rise in the future

## Process

- record receipt of request for problem resolution not related to grievance and appeals process
- data enter information
- assign identification number, follow up date, and name of investigator
- classify timeframe for resolution as to urgency (emergency--within 24 hours, immediate--within two working days, routine--within ten days)
- summarize current status of outstanding requests on a monthly basis and forward to respective manager for feedback
- apprise individual requesting resolution of status within 72 hours of receipt of request
- provide formal response with resolution and recommendations to AHCCCS Coordinator on a quarterly basis
- track and trend problem reporting in quarterly quality management reports

## Frequency

- Ongoing

## Data Sources

- Request for Problem Resolution from AHCCCS

## Data Elements

- Date
- Days
- Status
- Source Last Name
- First Name
- M.I.
- Source Organization
- Source Phone
- Extension
- Client Specific Problem
- Source Type
- Client Last Name
- First Name

- M.I.
- Client AKA
- Client Title XIX Eligible
- Client RBHA Enrolled
- Client Phone
- Extension
- Client AHCCCS ID
- Client CIS ID
- Client DOB
- Parent Last Name
- First Name
- Parent Relationship
- Phone
- Extension
- Case Manager Last Name
- First Name
- Phone
- Extension
- RBHA
- Additional Agencies
- Agency Name
- Contact Last Name
- First Name
- Contact Title
- Contact Phone
- Extension
- Involve Title XIX Funds
- Problem Type
- Treatment Setting
- Program/Category
- Comments

# ATTACHMENT E.4C
# GRIEVANCE, APPEAL, AND INVESTIGATION REPORTS

# RBHA EVALUATION

Grievances, Appeals, and Requests for Investigations

## Title

- Grievances, Appeals, and Requests for Investigations

## Purpose

- to investigate and resolve
  - allegations of rights violation (SMI)
  - allegations of dangerous, illegal, or inhumane conditions (SMI)
  - situations where an investigation would be in the public interest (SMI)
  - disputes related to services (all)
  - all allegations of physical/sexual abuse

## Frequency

- ongoing (as determined by review of cases)

## Data Sources

- appeal filed by client or applicant concerning decisions regarding eligibility for, or delivery of, mental health services;
- a complaint form generated by client, guardian, or designated representative which includes grievance or request for investigation issue(s);
- written documentation of an incident involving physical and/or sexual abuse or mortality

## Data Elements

<u>RBHA Data Elements for Grievances/Investigations</u>

- Docket No.*
- RBHA
- RBHA Indicator
- RBHA/Provider/Both
- Provider
- Program
- Site Code
- TXIX*
- Problem Type*
- Problem: Eligibility
- Problem: Fees
- Problem: Assess
- Problem: Provider Avail
- Problem: Services
- Problem: Implementation
- Problem: Residence Place
- Problem: Quality
- Problem: Other
- Adverse Decision Date*

* data entered in public log

## RBHA EVALUATION

Grievances, Appeals, and Requests for Investigations

- Date Filed*
- Client Name
- Special Assistance
- Person Filing
- Relationship
- Investigator
- Acknowledge date*
- Appointment - Investigator*
- Extension Requested
- Extension Approved/Denied
- Date Extended
- Extension #2 Requested
- Extension #2 Authorized/Denied
- #2 Date Extended
- Investigator's Final Report*
- Pending
- RBHA Decision*
- Issue #1 - S/U/R/D/W*
- Issue #2 - S/U/R/D/W*
- Issue #3 - S/U/R/D/W*
- Issue #4 - S/U/R/D/W*
- Issue #5 - S/U/R/D/W*
- Issue #6 - S/U/R/D/W*
- Issue #7 - S/U/R/D/W*
- Issue #8 - S/U/R/D/W*
- Issue #9 - S/U/R/D/W*
- Issue #10 - S/U/R/D/W*
- Action Taken/Description*
- Due Date: Corrective Action*
- Date Action Implemented*
- Closure date (if resolved)
- Date appeal filed w/DBHS
- RBHA/information requested
- RBHA/information response
- RBHA response received
- Remand to RBHA
- RBHA response due
- Request to extend
- Reason to extend (valid/invalid)
- Request approved/denied
- 2nd request to extend
- 2nd request approved/denied
- Invest./RBHA revised decision
- Appeal to revised decision

* data entered in public log

- DBHS decision date
- Issue #1 - U/N/R/D/W* (upheld, not upheld, resolved, withdrawn)
- Issue #2 - U/N/R/D/W*
- Issue #3 - U/N/R/D/W*
- Issue #4 - U/N/R/D/W*
- Issue #5 - U/N/R/D/W*
- Issue #6 - U/N/R/D/W*
- Issue #7 - U/N/R/D/W*
- Issue #8 - U/N/R/D/W*
- Issue #9 - U/N/R/D/W*
- Issue #10 - U/N/R/D/W*
- Action taken/description*
- Date action Implemented
- Date due: Corrective Action*
- Date action implemented*
- Closure date (if applicable)
- Date Grievance appealed to hearing*
- Hearing date
- Pre-hearing resolution
- Hearing decision (date)
- Hearing decision (outcome)
- Due date RBHA correct. action
- DBHS planned correction (memo)
- Due date DBHS action required
- Grievant's request for reconsideration
- Director's decision (outcome)
- Director's decision (date)
- Closure date*
- Appeal to AHCCCS*
- Judicial Review
- Appeal to AHCCCS if Title XIX

<u>DBHS Data Elements for Grievances/Investigations for physical/sexual abuse and mortality (other conditions requiring investigation by DBHS)</u>

- Docket No.*
- RBHA*
- Indicator
- Site Code
- TXIX*
- RBHA/Provider/Both
- Provider
- Program
- Problem Type*

* data entered in public log

- Problem: Death
- Problem: Physical Abuse
- Problem: Sexual Abuse
- Problem: Other
- Adverse Action Date*
- Date Filed*
- Client Name
- Special Assistance
- Person Filing
- Relationship
- Acknowledge Date*
- Appointment - Investigator*
- Investigator Name
- Reappointment - Investigator*
- Reappointed Investigator
- Investigation Extension
- Investigator's Report. Due
- Investigator's Initial Report Submit
- Investigator's Report Returned Date
- Investigator's Final Report*
- DBHS Decision Date*
- Issue #1 - U/S/R/D/W*
- Issue #2 - U/S/R/D/W*
- Issue #3 - U/S/R/D/W*
- Issue #4 - U/S/R/D/W*
- Issue #5 - U/S/R/D/W*
- Issue #6 - U/S/R/D/W*
- Issue #7 - U/S/R/D/W*
- Issue #8 - U/S/R/D/W*
- Issue #9 - U/S/R/D/W*
- Issue #10 - U/S/R/D/W*
- Action Taken/Description*
- Due Date: Corrective Action*
- Date Action Implemented*
- Action Taken/Description*
- Date Appealed to Hearing*
- Date Sent to Admin.C.*
- Hearing Date
- Pre-Hearing. Resolution Date
- Hearing Decision Date
- Fair Hearing Decision
- Judicial Review Requested
- Date Due - RBHA
- Plan of Correction - DBHS

* data entered in public log

- Date Due - DBHS
- Closure Date*
- DBHS Decision Days
- Closure Days
- Investigation Days
- RBHA Decision*
- Date Appeal filed to DBHS*

**Processes for Grievances/Investigations**

RBHA Grievances and Investigations (other than physical/sexual abuse and mortalities)

- client files complaint with RBHA
- RBHA assigns ADHS/DBHS docket number
- RBHA reviews complaint
- complaint summarily disposed, initially disposed, or assigned to investigator
- acknowledgment sent to complainant
- if assigned, investigator interviews both the person filing the complaint and the person named in the complaint and all relevant parties
- investigator reviews documentation
- investigator submits written report with recommendations to RBHA Director
- RBHA Director reviews report and issues decision
- RBHA notifies all parties of decision
- complainant files notice of appeal with RBHA and ADHS/DBHS
- RBHA forwards file to DBHS for review
- ADHS/DBHS reviews reports, requests revisions (as needed), remands to RBHA, or issues decision
- DBHS issues decision with appeal rights to complainant
- if remanded, RBHA provides revised decision with appeal rights to client who may appeal to DBHS
- if complainant appeals, ADHS/DBHS forwards to Office of Administrative Counsel
- ADHS Administrative Counsel arranges hearing through OAH
- if not resolved, client may file request for reconsideration
- Director issues decision regarding request for reconsideration

DBHS Grievances and Investigations (arising from allegations of physical/sexual abuse)

- incident reported to RBHA
- RBHA provides written notification to DBHS
- DBHS screens and assigns for investigation as appropriate or determines appropriate disposition
- DBHS assigns investigator

* data entered in public log

- investigator submits written report with recommendations to DBHS/Office of Grievances and Appeals
- DBHS reviews report and issues decision, including requirements for corrective action
- RBHA submits completed corrective action to DBHS
- grievant files notice of appeal with ADHS/DBHS (grievances only)
- ADHS/DBHS forwards notice of appeal to Office of Administrative Counsel
- ADHS Administrative Counsel arranges hearing through Office of Administrative Hearing (OAH)
- OAH issues recommendation to Director
- Director issues decision
- if not resolved, client may file request for reconsideration
- Director issues decision regarding request for reconsideration

## Data Elements for Appeals

RBHA Data Elements for Appeals

- Docket No.*
- RBHA
- RBHA Indicator
- RBHA/Provider/Both
- Provider
- Program
- Site Code
- TXIX*
- Problem Type*
- Problem: Eligibility
- Problem: Fees
- Problem: Assess
- Problem: Provider Avail
- Problem: Services
- Problem: Implementation
- Problem: Residence Place
- Problem: Quality
- Problem: Other
- Adverse Decision Date*
- Date Filed*
- Client Name
- Special Assistance
- Person Filing
- Relationship
- Dismissed
- RBHA informal conference

* data entered in public log

- Resolved - RBHA
- Unresolved - RBHA
- Resolved pending F/U action
- Appeal filed to DBHS
- Waived to Hearing - SMI

DBHS Data Elements for Appeals (Treatment-Related Issues)

- Date Appeal Filed to DBHS*
- DBHS Acknowledgment
- DBHS Informal Conference*
- Rescheduled Informal Conference
- Resolved - DBHS*
- Appealed to hearing (if unresolved)
- Hearing date
- Hearing decision
- Request for reconsideration
- Director's decision regarding resolution
- Appeal to AHCCCS, if unresolved
- Closure Date*

## Processes for Appeals

Appeals

- client files appeal with RBHA
- RBHA assigns ADHS/DBHS docket number
- RBHA acknowledges receipt of appeal and refers to clinical team for resolution
- if not resolved, RBHA schedules informal conference
- RBHA mediates issue and resolves in informal conference, if possible
- RBHA notifies ADHS/DBHS if not resolved and DBHS schedules second informal conference (if not waived by applicant)
- DBHS holds second informal conference
- if not resolved (or if applicant waived DBHS informal conference), fair hearing is scheduled with Office of Administrative Hearing (OAH) through ADHS counsel
- OAH Director holds fair hearing and renders final decision
- if not resolved, appealant may request reconsideration and/or ADHS Director may render final decision
- appeal to AHCCCS if Title XIX

* data entered in public log

Outcome Codes for Grievances

S = Substantiated
U = Unsubstantiated
D = Dismissed
W = Withdrawn

Outcome Codes for Appeals

U = Upheld by DBHS
N = RBHA decision not upheld
R = Resolved
D = Dismissed
W = Withdrawn

* data entered in public log

# ATTACHMENT E.4D
# MORTALITY REPORTS

# RBHA EVALUATION
## Mortality Reports

**Title**
- Mortality Reports

**Purpose**
- review deaths of persons with serious mental illness in order to ensure that the RBHAs fulfill their responsibilities under Title 9, Chapter 21 and that the RBHAs have a system in place to maintain the quality of care for all clients

**Frequency**
- ongoing
- reviewed within 24 hours of receipt

**Data Sources**
- Incident/Accident/Death (I/A/D) Report Form

**Data Elements**
- Docket#
- Date-of-Report
- Date of Death
- Client Name
- Non-SMI
- Age
- Client-ID
- Flag (Y/N)
- Flag Reason
- Flag date
- Location-of-Death
- RBHA
- Investigate Further
- Case Manager
- Non-Psychiatric Phy
- Date-Adm-Program
- Dx-Axis-1
- Dx-Axis-2
- Dx-Axis-3
- Suicide
- Suicide-Desc
- Cause-of-Death
- Desc-of-events-prior
- Describe Details
- Psychiatrist
- Date-Last-Visit-Psy
- Date-Last-Contact-CM
- Medications-at-Death
- Last-Visit-Non-Psy

- Medical History
- Name-of-Witnesses
- Action-Taken
- Name-Preparer-Report

**Process**

- RBHA sends initial report of death to DBHS
- record receipt of report
- assign a docket number
- create report file and enter information into mortality database
- review of I/A/D form by OMC/QA UR nurse
- follow up on receipt of RBHA Mortality Report Form until received
- enter information from Mortality Report Form into mortality database
- review of completed file by OMC/QA UR nurse for completeness, clarity, documentation of coordination with medical providers in relation to significant medical conditions, service provision and events preceding death in relation to statutes/rules/policies/standards of care in the community, documentation of identification of training or technical assistance issues, identification of examples of best practice activities, quality improvement actions
- request additional information, if needed, and follow up until received
- complete review of case and forward to ADHS/DBHS Medical Director for final resolution, if needed
- discuss case with Medical Director and determine whether to close case or request an investigation
- follow process for investigations, if needed, as described in Request for Investigation
- hold a quarterly meeting with RBHA staff to discuss:
    1. problems in reviewing client deaths
    2. quality improvement activities
    3. trends/technical assistance/educational needs
- distribute minutes of meetings

# ATTACHMENT E.4E
# SECLUSION AND/OR RESTRAINT REPORTS

# RBHA EVALUATION
Seclusion and/or Restraint

**Title**
- Seclusion and/or Restraint

**Purpose**
- review of all incidents of seclusion and/or restraint to assure that the RBHAs fulfill their responsibilities under Title 9, Chapter 21 and that the RBHAs have a system in place to maintain the quality of care for all clients

**Frequency**
- Monthly

**Data Sources**
- RBHA monthly report of incidents of seclusion and/or restraint

**Content**
- Level I Facility monitoring forms
- Number of incidents of s/r at each Level I Facility
- RBHA monitoring activities and summary of any quality improvement, training, and/or technical assistance

**Process**
- record receipt of reports
- forward reports to DBHS OMC/QA UR nurse for review
- review reports for completeness, clarity, timeliness, data consistency, documentation of compliance with statutes/rules/regulations/policies, documentation of identification of training or technical assistance issues, identification of examples of best practice activities, quality improvement actions
- request additional information as needed
- follow up on requests for additional information
- conduct review with special attention on specific areas:
  - ⇒ interventions utilized prior to the use of seclusion/restraint
  - ⇒ physician involvement if incident exceeds time lines
  - ⇒ Special Treatment Plan Development per requirements
  - ⇒ criteria for release from seclusion/restraint
  - ⇒ facility staff check patient for safety, basic needs (water and toilet), vital signs, and/or more specific monitoring of medical conditions
- complete review and file report in locked area
- hold a quarterly meeting with RBHA staff to discuss:
  - trends, technical assistance, and/or educational needs
  - quality improvement activities
  - problem encountered in reviewing information

- distribute minutes of meeting to:
  - ⇒ ADHS/DBHS Management Team
  - ⇒ Bureau of Persons with Serious Mental Illness
  - ⇒ Meeting attendees
- for specific RBHA issues, the OMC/QA UR nurse meets with RBHA reviewers and appropriate RBHA staff to work for improvement of processes, using such questions as:
  - ⇒ what criteria could show the person is treated with dignity and respect during S/R and that it could not have been prevented?
  - ⇒ what statistical data should we be collecting?
  - ⇒ what can we do to reduce incidences of seclusion/restraint?
  - ⇒ what other indicators should we be reviewing?
  - ⇒ how can we make the feed back loop better?

# ATTACHMENT E.4F
# ANNUAL OPERATIONAL/FINANCIAL REVIEW

# RBHA EVALUATION

Operational/Financial Review

The Operational/Financial Review is a comprehensive monitoring activity, conducted by ADHS/DBHS and their consultants for review of Regional Behavioral Health Authority (RBHA) operations. This review encompasses off-site and on-site activities which assess strengths as well as areas for improvement in RBHA functions and identifies corrective action and/or technical assistance needs. Corrective actions are monitored/completed and technical assistance provided following the review.

The ADHS/DBHS Operational/Financial Review for 1996 was made up of four components:

1. Monitoring Team review of the **Evaluation Guide for Operational Financial Review of Regional Behavioral Health Authorities (RBHA)** and response to all areas for which adequate information was known/available within ADHS/DBHS.

   This review was completed off-site prior to the visit to the RBHA by individual team members (for their area of expertise) and/or within Monitoring Team meetings for areas requiring the combined expertise of team members.

   An on-site visit to the RBHA, with scheduled interviews (individually and/or in small groups) between selected RBHA staff and ADHS/DBHS and consultant staff, covered the following topics:

   - Executive Management
   - Provider Network
   - Member Services
     - Grievance and Appeals
     - Prior Authorization/Utilization Management
   - Quality Management
   - Clinical Management
     - Access and Eligibility
     - Screening and Intake
     - Emergency Services
   - Medical Director
   - Financial and Information Management
   - Client Information Systems
   - Prevention Services

2. Discussion/review with the RBHA staff of current information on processes which changed since the prior year. ADHS/DBHS staff also

were seeking information which they found absent/lacking in their off-site review of the **Evaluation Guide.**

3. A review of the functional components of the RBHA system

A goal of the review is to understand, as clearly as possible, how the components of the RBHA system interrelate and influence each other (e.g., clinical, financial, data). In 1996, a "theme" was selected (Treatment Planning) which provided a focus for discussion of how the systems work together to achieve accountability and the best possible outcome for clients. Treatment Planning is a complex process, with many demands placed on systems due to the severity of clients clinical condition, resource availability, staff training and skills, provider strengths, geographic considerations, and myriad other influences. The review, beginning with a presentation by RBHA staff, considered clinical and administrative aspects of the process, including how Treatment Planning is influenced by, and/or influences:

- the development and monitoring of the provider network;
- data collection and MIS capabilities;
- financial processes, including overall risk management, payment methodologies, or financial position of the RBHA;
- QM studies or recommendations for improvement in the Treatment Planning process;
- coexisting mental health and addictive disorders; and
- the compliance of clients.

The areas noted above were not intended to be all inclusive, but to provide guidelines for the potential scope of the discussion. The theme, "Treatment Planning" represented a microcosm, a focus for understanding the functioning of RBHA systems.

4. Review of/determination of progress of corrective actions from the Operational/Financial Review of the prior year

# ATTACHMENT E.4G
# ANNUAL PROVIDER NETWORK STATUS REPORT WITH QUARTERLY UPDATES

# RBHA EVALUATION
Provider Network Status Report

## Title
- Provider Network Status Report

## Purpose
- Describe the delivery system at a point in time in order to determine scope and limitations of behavioral health services provided by RBHAs and subcontracted provider agencies for Title XIX eligible and enrolled individuals and their families

## Frequency
- Annual report with quarterly updates to AHCCCS

## Data Sources
- ADHS contract files
- DBHS management information system
- data submitted to ADHS/DBHS by RBHAs

## Process
- RBHAs submit to the ADHS/DBHS Office of Planning an Annual Service Plan each February which reviews current needs and planning activities for filling gaps through contracting with providers in July
- ADHS/DBHS Office of Planning analyzes the needs assessment and gaps in services
- In July, the Office of Planning requests contract files, reviews the RBHA plan, determines whether or not needs are now being met, and assembles a report on the RBHA network for reporting to AHCCCS in October
- On a quarterly basis, the Office of Planning contacts each RBHA, secures information on contracts in process (date due, services to be provided, contracts to be reduced or terminated, etc.), determines plan to continue medically necessary services, and ascertains whether other plans are being developed to fill gaps in service needs
- RBHA notifies ADHS/DBHS immediately of the termination of any provider contract

## Content
<u>Service Categories</u>
- behavior management
- educational and outreach services
- HIV early intervention
- home-based therapy/counseling
- inpatient service
- intervention without client present
- medication monitoring (R.N.)
- office-based therapy/counseling

- partial care
- prevention/early intervention
- psychiatric diagnostic procedures
- psychosocial rehabilitation
- respite services
- screening and evaluation
- substance abuse services
- transportation

Detail

- provider name
- county
- city
- zip
- end date of contract

# ATTACHMENT E.5
# INDEPENDENT EVALUATION OF THE DUTIES AND ACTIVITIES OF THE OFFICE OF OVERSIGHT AND PROTECTIONS FOR THE SERIOUSLY MENTALLY ILL

# INDEPENDENT EVALUATION OF THE DUTIES AND ACTIVITIES OF THE OFFICE OF OVERSIGHT AND PROTECTION FOR THE SERIOUSLY MENTALLY ILL

## I. Scope of Evaluation

The scope of the evaluation covers an objective and comprehensive assessment of the performance of the following entities:

1. The ADHS Office of Oversight and Protection for the Seriously Mentally Ill (hereafter referred to as OOPSMI),
2. Agencies contracting with ADHS to perform any of the OOPSMI functions as outlined in Title 9, Chapter 21, including human rights advocates,
3. Statewide and Regional Human Rights Committees.

Additionally, the scope includes an assessment of whether or not other responsible parties, e.g. Regional Behavioral Health Authorities (hereafter referred to as RBHA's) are performing those responsibilities required regarding advocacy services and referral of clients in need of special assistance.

The evaluation will be conducted by the ADHS Office of Auditing.

The evaluation is scheduled to be conducted during the Spring of 1998 and annually thereafter until material compliance is attained. Reviews then would be biannual.

## II. Methods and Activities

In order to assess compliance with the requirements of Title 9, Chapter 21, we will incorporate a number of different procedures and tests, which will include the following:

1. A review of necessary policies and procedures that should be in place for the following entities:

    a. OOPSMI,
    b. Contractors providing advocacy services for ADHS,
    c. Statewide and Regional Human Rights Committees,
    d. RBHA's.

2. A review of actual operating practices of the entities referred to in 1 above.

3. Collection of information necessary to evaluate effectiveness of the functioning of the following entities:
   a. OOPSMI,
   b. Contractors providing advocacy services,
   c. Statewide and Regional Human Rights Committees.

4. A review of membership, meeting dates, attendance logs, and minutes of each Regional Human Rights Committee.

5. A review of membership, meeting dates, attendance logs, and minutes of the Statewide Human Rights Committee.

6. A review of the availability of human rights advocates in Maricopa County. Availability should comply with the standards in Title 9, Chapter 21. Additionally, the ratio of clients to human rights advocates should be no larger than two thousand five hundred to one, and at least one human rights advocate should be available to the Arizona State Hospital.

7. A review of the training, supervision, and performance evaluations procedures and practices for human rights advocates in Maricopa County.

8. Interviews with the following persons:

   a. human rights advocates in Maricopa County,
   b. recipients(selected randomly) of services from either OOPSMI or contracted human rights advocates,
   c. individuals who have requested and were determined not to be eligible to receive advocacy services.
   d. other persons(selected randomly) associated with the SMI population, involved in their treatment, or advocating on their behalf. These persons could include the following:

      1) family members,
      2) ComCare case managers, clinical team members, and client advocates,
      3) employees of the ADHS/Division of Behavioral Health Services,
      4) members of Statewide and Regional Human Rights Committees,
      5) employees of the Office of the Court Monitor,
      6) representatives of other organizations whom clients approach for assistance when not satisfied with

OOPSMI/human rights advocates, i.e., AAMI, consumer groups, Center for Disability Law, etc.

9. A review of documents and reports submitted to the Regional Human Rights Committees and the Statewide Human Rights Committee regarding the following issues:

   a. allegations of illegal, dangerous, or inhumane treatment of clients,
   b. monthly reports concerning the use of restraint and seclusion,
   c. monthly reports regarding allegations of abuse, neglect, exploitation and mistreatment of clients,
   d. monthly reports concerning accidents and injuries involving clients.

10. A review of the procedures and practices of the Regional Human Rights Committees and the ComCare clinical teams in identifying persons in need of special assistance, including, but not limited to, their maintenance of current lists of such persons.

11. A review of the quarterly reports of each Regional Human Rights Committee and the Statewide Human Rights Committee. This review will especially focus on follow-up given to issues previously raised.

III. Analysis of Information Gathered:

We will report on the results of the above procedures. In addition, we will perform adequate testing to report on each of the following assertions:

1. OOPSMI, human rights advocates, and Statewide and Regional Human Rights Committees have appropriate policies and procedures in place. Those polices and procedures comply with Title 9, Chapter 21, and are being implemented by the applicable parties.

2. Human rights advocates serve clients in accordance with Title 9, Chapter 21.

3. The Office of Human Rights and/or the human rights advocates have clear policies for the triage and prioritization of cases and activities of the staff.

4. OOPSMI and its staff have adequate support and legal assistance when needed.

5. Human rights advocacy activities have effective procedures and practices to accomplish the following activities:

   a. Inform clients about the role of the Regional Human Rights Committees,
   b. Inform clients regarding their access to the Regional Human Rights Committees and human rights advocates,
   c. Ensure that service providers, including ComCare, the Arizona State Hospital, and other inpatient and outpatient programs facilitate client access to human rights advocates and that they cooperate fully with human rights advocates as they attempt to serve clients.

6. Human rights advocates assist special-needs clients with the following services:

   a. Developing individualized service plans,
   b. Filing treatment appeals when clients believe that they are being denied services which they require,
   c. Filing grievances when clients believe their rights have been violated,
   d. Intervening directly to request an investigation whenever evidence exists or allegations are reported that a client may have been abused, neglected, mistreated or exploited.

7. Required information is routinely reported to the Regional and Statewide Human Rights Committees.

8. Regional and Statewide Human Rights Committees provide oversight and review of the following allegations/ reports:

   a. Allegations of illegal, dangerous, or inhumane treatment of clients,
   b. Monthly reports concerning allegations of abuse, neglect, exploitation and mistreatment of clients,
   c. Monthly reports concerning the use of restraint and seclusion,
   d. Monthly reports concerning accidents and injuries involving clients.

9. Regional and Statewide Human Rights Committees provide such oversight and review as is necessary to assess the following issues:

   a. Accountability of the reports made to the committee,
   b. Occurrence of appropriate investigations/reviews of any untoward incidents and of incidents which appear to violate client rights,

c. Issuance of appropriate recommendations to the Statewide Human Rights Committee, OOPSMI, and/or Division of Behavioral Health Services.

10. Regional and Statewide Human Rights Committees issue and submit quarterly reports on the first day of the months of January, April, July, and October of every year to the ADHS Director and the Assistant Director of the Division of Behavioral Health Services.

11. Regional and Statewide Human Rights Committees are properly constituted according to Title 9, Chapter 21.

12. Regional and Statewide Human Rights Committees request the services of consultants or staff persons when needed to advise the committees on specific issues. Fees for said consultants are paid by ADHS or ComCare subject to availability of funds allocated for this purpose.

13. ADHS ensures that ComCare case managers and clinical teams identify clients who are in need of special assistance.

14. ADHS and/or the RBHA ensure that clients who are in need of special assistance are identified.

15. ADHS allows the human rights advocates to operate independently without interference from ADHS in the representation of clients.

[Audit work and audit reports will be done in compliance with Government Auditing Standards as they apply to performance audits.]

## IV. Evaluation Report

Our report will document the results of tests referred to in Section II and will report on the objectives referred to in Section III. It will be sent in draft form to the following entities:

OOPSMI
Statewide Human Rights Committee
Regional Human Rights Committees
ADHS Director
Assistant Director, Division of Behavioral Health Services
Contractor for human rights advocates
Regional Behavioral Health Authorities

These entities will be allowed 30 days to review/comment on the draft report. Comments received by our office will be considered during preparation of the final report. Corrective action plans will be requested of parties found to have instances of material non compliance.

## ATTACHMENT F

## DATA MANAGEMENT PROCESSES

This section is a "freeze-frame" look at the overall approach that will be taken to analyze, display, and act on the data collected through the use of the data sources/processes described in Section VI, shown in Attachment E, and illustrated in the prospective examples of data reports in Attachment G.

The data management processes for the following four data collection tools/processes are described in this attachment: for the following:

1. Case Review Instrument
2. Client Satisfaction Survey
3. Provider Quality Review
4. RBHA Evaluation Tools/Processes

ADHS/DBHS will be assisted by a contractor in designing and implementing a database which will support the production of reports similar to those included in Attachment G. Additionally, the contractor will assist ADHS/DBHS in establishing specifications to guide, operationalize, and implement the management and dissemination of the data available for retrieval from the database.

# ATTACHMENT F.1
# CASE REVIEW INSTRUMENT

## VI. DATA SOURCES FOR INDICATORS APPLICABLE TO CLASS MEMBERS

Five primary data sources or processes contain all necessary information for measuring and ensuring compliance with the relevant requirements of the *Exit Stipulation*, including *Appendix C*. The Case Review Instrument is the primary responsibility of ComCare with ADHS/DBHS assuming responsibility for validating a sample of Case Review Instrument-generated results. The Provider Quality Review is the sole responsibility of ComCare, and two of the data sources/processes are the exclusive province of ADHS/DBHS (Client Satisfaction Survey and RBHA Evaluation). The last data source relates to the responsibilities of the Office of Oversight and Protection for the Seriously Mentally Ill.

Copies of each of the tools are included in Attachment E. Descriptions of the data management activities for the tools or processes are contained in Attachment F, and prospective examples of data reports, based on the output of the majority of these tools, are shown in Attachments G and I. Attachment H demonstrates the relationship of data elements from these tools to the Six Principles and Performance Outcomes. The five data sources/processes are as follows:

1. DATA SOURCE

***Case Review Instrument***

DESCRIPTION
A tool of 191 data elements probing the status of an individual class member which is administered by qualified behavioral health staff

Data are generated via a treatment record review; interviews with clients, family members/surrogates, case managers, and providers; and via personal observations. The Case Review Instrument concludes with a summation applying the professional judgment of the reviewer to present a coherent picture of the status of the individual class member.

PRIMARY PURPOSE - ComCare
To comprehensively examine, with a client-centered focus, most elements of services authorized for, and utilized by, individual class members

To determine whether each individual is receiving treatment and support appropriate to his/her needs, multiple components of service delivery (structure, process, and outcome) are assessed from several perspectives to promote accurate identification of opportunities to ensure protection of clients' rights, enhance their quality of life, and improve delivery of treatment services to clients. Because it is prohibitive to assess each client individually, a representative

sample will be drawn from the population of all clients according to the methodology described in Section VIII.

PRIMARY PURPOSE - ADHS/DBHS
To ascertain the reliability of the responses recorded in the COMCARE process of administering the tool and recommend necessary corrections, ADHS/DBHS reaudits 10% of the cases completed by COMCARE (using the original data sources), comparing results of the reaudits to the original audit responses, and immediately addressing issues of significant concern. ADHS/DBHS trends the results of these reaudits and then works with COMCARE to modify the tool and/or instructions and/or conduct additional training as needed in order to continually improve the reliability of the instrument.

For more information on the data management process, please refer to the description located under the Case Review Instrument tab in Attachment F.

2. DATA SOURCE

***Provider Quality Review***[1]

DESCRIPTION
An instrument of approximately 180 data elements administered by qualified behavioral health and financial staff in order to assess provider performance in the provision of services to persons with serious mental illness

PRIMARY PURPOSE
To assess and monitor the delivery of services by the provider network through a review encompassing quality of care/service, member satisfaction, client rights, provider quality management program, utilization of funding, staff training, and compliance with all subcontract provisions and other requirements. The goals of administering the Provider Quality Review are twofold:

A. to assess the extent to which clients receive services of optimal quality and appropriateness, and
B. to identify barriers to achieving this objective and initiate actions to remove those barriers.

More detail on this tool can be found under the Provider Quality Review tab in Attachment F.

[1] Given the status of the Arizona State Hospital as a provider, ADHS/DBHS will review the Arizona State Hospital using the relevant components of the Provider Quality Review.

# ATTACHMENT F.2
# CLIENT SATISFACTION SURVEY

# DATA MANAGEMENT PROCESSES

## Client Satisfaction Surveys

Client Satisfaction Surveys have been developed by both ADHS/DBHS and COMCARE. The ADHS/DBHS survey is short and straightforward. It has questions such as: "How long was it after you entered your program that you started receiving services?" COMCARE developed a pair of longer surveys, one dealing with client's interaction with his/her case manager, the other dealing with the client's perceptions of how services were provided. The two approaches to assessing Client Satisfaction complement each other nicely. However, they will be given to different samples of clients. One is a part of the ADHS/DBHS Quality Management System, the other part of the COMCARE Quality Management system.

### *ADHS/DBHS*

In June, 1995, ADHS/DBHS launched the first statewide client satisfaction survey. This initiative was prompted by the results of the first client satisfaction survey conducted in the PGBHA area as a part of the Client Satisfaction Incentive Program which was funded by the legislature. After pilot-testing the first survey, it was determined that a statewide client satisfaction survey would be completed by ADHS/DBHS twice each year.

The client satisfaction survey is a one-page instrument consisting of 12 questions: 4 of the questions provide demographic information on the client; 8 questions are related to satisfaction with the services. There is space provided for more detailed written comments as well. The name of the agency providing services is entered on the form before it is distributed to clients. The surveys are designed to be folded, sealed, and returned, with the return address and postage pre-printed.

Surveys are mailed to all contracted provider agencies (not to individual providers of services, such as psychologists in private practice), and, in Maricopa County, to each of the case management sites. The providers are instructed to give a blank survey to all clients who come into the agency/site for services during a specified week. The clients are requested to complete the form and drop it in the mail.

When the surveys are returned to ADHS/DBHS, the data is entered into the computer and analyzed. Results are produced for each RBHA and aggregated into statewide data by Title XIX, non-Title XIX, and the population as a whole. Data are also analyzed by ethnicity to determine levels of satisfaction within a particular ethnic population. Results for each provider are given to the provider and to the RBHA; each provider receives an aggregate result of satisfaction for the RBHA, but the individual results for each provider are shared only with the individual provider and with the RBHA. ADHS/DBHS also provides the RBHA with a copy of the data on diskette in order for the RBHA to do further analysis if they wish.

## Client Satisfaction Surveys (continued)

The ADHS/DBHS management team is provided with copies of results for each RBHA, as well as the statewide data. In addition, they are provided with a written summary of the comments for each agency, so that they may make note of any particular problems that are raised. Copies of the analysis for the Title XIX clients are also provided to AHCCCS.

# ATTACHMENT F.3
# PROVIDER QUALITY REVIEW

# DATA MANAGEMENT PROCESSES

## Provider Quality Review

The Provider Quality Review has been designed by ADHS/DBHS and ComCare as a part of the quality management system. It is designed to be an annual assessment of providers of services for adults with Serious Mental Illness, and it is completed by a team of trained reviewers.

The instrument combines data from record review, interviews, documentation review, and reviewer observations. Most questions on the instrument are answered "Yes" "No" or "NA". For the items relating to On-Site training, the data consist of percent of staff trained and percent of staff passing a post-test, while the items on the Provider Interview are mostly open-ended. The Provider Quality Review (October, 1996 version) contains 146 short answer items and a 34 item interview schedule consisting mainly of open-ended questions for interviews with provider staff. The information gathered in the interviews becomes the basis for making some of the ratings in other portions of the Provider Quality Review.

Detailed instructions to the reviewer/interviewer are incorporated into the form itself to ensure consistency in the administration of the instrument. Adjustments were made in December, 1996 upon completion and assessment of the piloting of the instrument. Adjustments will continue to be made on an ongoing basis as experience with the tool is gained.

| Section* | # of Items |
|---|---|
| On-Site Review - QM Program Review | 7 |
| On-Site Training Review Part A - SMI | 24 |
| QM Admin. Review Part A - QM Plan | 35 |
| QM Admin. Review Part B - Performance Measures | 16 |
| QM On-Site Service Program Review (SMI) | 25 |
| Site Visit - Basic Contract Requirements | 39 |

* There will be an addendum to the December, 1996 Provider Quality Review for the four program types defined in Item #15 of Appendix C of the *Exit Stipulation*.

The Provider Quality Review will be completed every year for providers of inpatient, day/vocational/ 24 hour staffed residential, and supported housing programs for adults with Serious Mental Illness. Providers of outpatient services for adults with Serious Mental Illness will be reviewed every year; however, the comprehensive, onsite review will take place on alternating years with a Desk Review. The Desk Review consists of review of documentation and data deliverables available to the RBHA by virtue of the

**Provider Quality Review (continued)**

providers' compliance with their contracts. The results will be reported for each provider separately and for the group as a whole. The individual providers will receive the report on their own program. The RBHA and ADHS/DBHS will get the individual reports and the summary reports. The individual provider report is essentially a copy of the completed Provider Quality Review with the ratings and comments on the ratings. The summary reports will again be organized around the sections of the instrument since these sections are each devoted to an important aspect of program operations. The interviews will not be processed and analyzed separately; however, they will be available if questions arise about the bases of ratings. In general, it is anticipated that the other components of the Provider Quality Review will provide sufficient detailed information.

For the summary reports, the data tabulated will be the number of providers receiving a "Yes" rating, the number receiving a "No" rating, and the number receiving an "NA." An example of a report on the On-Site Service Program Review for SMI Clients is shown in Attachment G. The other summary reports will have the same format.

**********

**TO BE DONE**

**Criteria for Evaluation/Thresholds: thresholds are to be established following review of the initial data collection**

**********

# ATTACHMENT F.4
# RBHA EVALUATION PROCESSES

# DATA MANAGEMENT PROCESSES

## RBHA Evaluation

ADHS/DBHS conducts a variety of monitoring activities to ensure thorough evaluation of the RBHA, examining areas ranging from overall quality management to provider contracting to operational/financial performance. As noted in the body of this document, nine specific monitoring functions have been selected to illustrate the scope and depth of the ADHS/DBHS evaluation of the RBHAs for the purposes of demonstrating compliance with the *Exit Stipulation.*

### *Quarterly Quality Management and Financial Reports*

ADHS/DBHS, through the Office of Managed Care/Quality Assurance (OMC/QA) reviews the RBHA Quality Management Reports each quarter. At the conclusion of its review, the OMC/QA may accept the report with no further action required, or it may offer written observations, additional findings, and/or call for improvement actions by ComCare or ADHS/DBHS management. The ADHS/DBHS management team reviews the information and recommends the appropriate action, if any. The ADHS/DBHS Assistant Director provides decisions and direction to the ADHS/DBHS Monitoring Team for ComCare as well as to the ADHS/DBHS Office for Persons with Serious Mental Illness for review and follow up as determined to be necessary.

### *Problem Resolution Tracking System Reports*

Also through the Office of Managed Care/Quality Assurance, ADHS/DBHS provides follow up to requests for problem resolution related to delivery of behavioral health services. OMC/QA collects information about the issue/circumstance of concern and sets a timeframe for resolution depending on the urgency/seriousness of the problem identified. An investigator is assigned to collect additional information, if needed, and to either resolve the issue or refer it to the appropriate manager for resolution. The investigator is also responsible for keeping the individual, who submitted the problem for resolution, apprised of the status of the investigation and of the formal response, when determined. On a monthly basis, the investigator summarizes the current status of all outstanding requests and forwards the summaries to the respective managers for feedback. On a quarterly basis, OMC/QA provides a formal response with resolutions and recommendations to the AHCCCS Coordinator. Lastly, OMC/QA tracks and trends problem reporting in quarterly quality management reports.

### *Grievance, Appeal, and Investigation Reports*

The Grievance and Appeal data collection system is designed to collect information to determine: (1) whether timelines are followed in accordance with the Administrative Rules, and to (2) identify the types of problems encountered by applicants/consumers related to service delivery.

## RBHA Evaluation (continued)

ADHS/DBHS requires the RBHAs and ASH to maintain logs of essential information for all grievances and appeals and to report all grievances and appeals to ADHS/DBHS using the ADHS/DBHS Form for Filing Grievances. The RBHAs and ASH are directed to follow the procedures specified in the Grievance Investigations Records and Tracking System and to maintain records in the following manner:

- All documentation received and mailed related to the grievance and investigation process is date stamped on the day received.
- The RBHAs and ASH obtain from ADHS/DBHS a docket number for each grievance/request for investigation that is filed. All correspondence related to each grievance or request for investigation must include the docket number.
- The RBHA and ASH maintain a log of all grievances filed. Separate logs are kept for clients and providers and include statistical information used for filing quarterly reports.
- The RBHAs and ASH maintain a file of all summary dispositions. The File includes the original grievance or investigation request letter, the ADHS/DBHS form, and a copy of the written summary disposition.
- The RBHAs and ASH maintain a grievance investigation case record for each request that has not received summary disposition. The record includes:

  - ⇒ A docket number assigned by ADHS/DBHS
  - ⇒ The original grievance/investigation request letter and the ADHS/DBHS Request for Investigation/Grievance Appeal Form
  - ⇒ Copies of all information generated through the investigation
  - ⇒ The investigator's report which includes a description of the grievance issue, documentation of the investigative process, names of all persons interviewed, written documentation of the interviews, the investigator's findings, conclusions, and recommendations
  - ⇒ A copy of the acknowledgment letter, final decision letter, and any information/documentation generated by an appeal of the grievance decision.

Reports are generated for the RBHAs and provided to ADHS/DBHS OMC/QA on a quarterly basis. The specifics of the ADHS/DBHS OMC/QA processes are described in Attachment E, RBHA Evaluation, Grievances/Appeals/Investigations. Examples of trending reports are shown in Attachment I.

### *Mortality Reports and Seclusion and/or Restraint Reports*

The purpose of reviewing seclusion, restraint, mortality, and incidents for persons with a serious mental illness is to ensure that human rights, client rights, and the principles of respect, self-determination, and humane treatment are preserved for class members.

## RBHA Evaluation (continued)

ADHS/DBHS investigates allegations of physical and sexual abuse as required by the SMI Rules. Accidents and injuries are investigated through the ADHS/Office of Behavioral Health Licensure (OBHL). Information regarding the OBHL investigations will be addressed during the monthly coordination meeting between ADHS/DBHS and OBHL.

Mortality reports are received by the ADHS/DBHS Office of Grievances and Appeals and assigned a docket number; then information is entered into the public log. Once completed, the reports are forwarded to the ADHS/DBHS OMC/QA. The OMC/QA reviews the reports and may ask for additional information from the RBHA if there is not sufficient data for a comprehensive review. Deaths shall be investigated as required.

The OMC/QA receives and reviews the RBHA summary and individual seclusion/restraint reports which are submitted monthly. ADHS/DBHS tracks and trends mortality, seclusion/restraint, and investigations of physical and sexual abuse information and may provide technical assistance, request corrective action, and require or recommend education and training as appropriate.

### *Annual Operational/Financial Review*

Each year, ADHS/DBHS conducts an operational and financial review of each of the RBHAs. The review begins with collecting specific information from the RBHAs and forwarding the materials to the Monitoring Team for review off-site. The next step in the process is an on-site review of the RBHAs which consist of interviews of selected RBHA staff covering the topics described in Attachment E, RBHA Evaluation/Operational Financial Review. In addition to specified topics, the Monitoring Team will explore issues discovered in the process of reviewing materials prior to the on-site visit and will follow up on changes made in RBHA processes since the prior year's review.

### *Annual Provider Network Status Report (with quarterly updates)*

ADHS/DBHS reviews and approves RBHA subcontracts, as well as credentialing/privileging policies and procedures. New/revised contracts are reviewed upon submission, and service information is entered into the ADHS/DBHS contract data base. The contract data base rejects contract status for any service code not permitted under the subcontractor license. ADHS/DBHS receives license status information related to RBHAs, subcontractors, and ASH directly from the Office of Behavioral Health Licensure (OBHL). ADHS/DBHS and OBHL monthly and jointly review and monitor licensing complaints and licensing review deficiencies in order to detect trends.

## RBHA Evaluation (continued)

*Case Review Instrument*

The Case Review Instrument has been described earlier in the first subsection of this Attachment F.

*Client Satisfaction Survey*

The ADHS/DBHS Client Satisfaction Survey has been described earlier in the second subsection of this Attachment F.

## ATTACHMENT G

## PROSPECTIVE EXAMPLES OF DATA REPORTS

Three different types of reports were created to give examples of the ways in which data can be collected, displayed, and compared to thresholds. With the exception of the data report related to Appendix C criteria, the data elements referenced in the report examples in this attachment were taken from the data collection tools in existence at the time of the original development of data reports, i.e., Version 11.00 of the Case Review Instrument and the October, 1996 version of the Provider Quality Review. As noted previously, only the Appendix C data report is based on the most recent editions of the Case Review Instrument (Version 15.00) and the Provider Quality Review (April, 1997).

Part of the implementation phase of the quality management system will be the design of a data system capable of supporting reports such as those shown in this attachment. The proposed data system will operationalize the functions of the QM system and ensure appropriate management and dissemination of information. One of the issues to be addressed will be how to deal with multiple scores when determining achievement of outcomes or meeting thresholds. The validity of using the median score as the definitive determination will be assessed.

The three types of prospective examples of data reports, with artificial data in the format of the tools used to collect the data, which are found in this attachment are:

1. **Functional Summary Reports**
   a) Case Review Instrument
   b) Client Satisfaction Survey
   c) Provider Quality Review

2. **Principle/Performance Outcome Reports**
   a) Performance Outcome 1.07
      i) Data
      ii) Graph
      iii) Trend
   b) through g) Performance Outcomes 2.03, 2.04, 3.02, 4.01, 5.05, 6.01
      i) Data
      ii) Graph
      iii) Trend

3. **Appendix C Report**

# ATTACHMENT G.1
# FUNCTIONAL REPORTS

ATTACHMENT G 1
FUNCTIONAL REPORTS

# PROSPECTIVE EXAMPLES OF DATA REPORTS

All data are artificial and keyed to the data collection tools in existence in November, 1996

## *Functional Summary Reports*

These sample reports list all items in each individual data collection tool and, for each item, the numbers of applicable clients for whom the item was rated "Yes" and "No" and "NA." Additionally, there could be a summary measure: percent of applicable items answered "Yes" for the section. Generally, this summary would be reported for the entire sample. However, if the reports were on providers and/or their programs, the sample would be drawn from only the clients receiving that individual provider/program's services.

# PROSPECTIVE EXAMPLE OF DATA REPORT

All data are artificial and keyed to the data collection tool in existence in November, 1996

## CASE REVIEW INSTRUMENT - ASSESSMENT SECTION ITEMS

| # | QUESTIONS | Yes | No | NA |
|---|---|---|---|---|
| 01 | Is the intake assessment timely? | 150 | 25 | 3 |
| 02 | Is there evidence of response back to referral source? | 140 | 36 | 2 |
| 02B | Is there notice to the referral source within 72 hours of referral? | 125 | 15 | 38 |
| 02C | For ALTCS/DDD children and adolescents, was the response to DDD within 72 hours of intake? | 30 | 10 | 138 |
| 03A | Was input from the person/family/guardian/significant other included in the assessment regarding: The history of previous treatment? | 120 | 7 | 51 |
| 03B | Was input from the person/family/guardian/significant other included in the assessment regarding: The success of previous treatment? | 110 | 17 | 51 |
| 04 | Was the intake assessment performed by (or reviewed by) qualified staff? | 169 | 5 | 4 |
| 05A | Does the intake assessment, comprehensive assessment, or psychiatric evaluation information include: Reason for request and/or referral for services? | 160 | 14 | 4 |
| 05B | Does the intake assessment, comprehensive assessment, or psychiatric evaluation information include: Past psychiatric history, including hospitalizations? | 150 | 20 | 8 |
| 05C | Does the intake assessment, comprehensive assessment, or psychiatric evaluation information include: Medical history? | 150 | 15 | 13 |
| 05D | Does the intake assessment, comprehensive assessment, or psychiatric evaluation information include: Substance use history? | 150 | 20 | 8 |
| 05E | Does the intake assessment, comprehensive assessment, or psychiatric evaluation information include: Family history, including history of behavioral health disorders? | 160 | 10 | 8 |
| 06 | Does the assessment information include a psychiatric diagnosis? | 170 | 2 | 6 |
| 06A | Is it current? (Within the last 12 months) | 150 | 20 | 8 |
| 06B | Is it complete? (All 5 axis) | 130 | 40 | 8 |
| 07A | Is there a comprehensive assessment or evaluation? | 150 | 20 | 8 |
| 07B | Was a face-to-face interview conducted during the assessment/evaluation process? | 120 | 10 | 48 |
| 07C1 | Does comprehensive assessment include mental health status? | 150 | 20 | 8 |

# PROSPECTIVE EXAMPLE OF DATA REPORT

All data are artificial and keyed to the data collection tool in existence in November, 1996

## CASE REVIEW INSTRUMENT - ASSESSMENT SECTION ITEMS

| # | QUESTIONS | Yes | No | NA |
|---|---|---|---|---|
| 07C10 | Does comprehensive assessment include resources/entitlements? | 140 | 10 | 28 |
| 07C11 | Does comprehensive assessment include substance use history? | 120 | 30 | 28 |
| 07C2 | Does comprehensive assessment include legal status and/or apparent capacity to make informed decisions/need for guardian/conservator? | 125 | 25 | 28 |
| 07C3 | Does comprehensive assessment include person's social setting? | 115 | 35 | 28 |
| 07C4 | Does comprehensive assessment include physical health status? | 145 | 5 | 28 |
| 07C5 | Does comprehensive assessment include level of daily living skills? | 135 | 15 | 28 |
| 07C6 | Does comprehensive assessment include criminal justice history? | 60 | 90 | 28 |
| 07C7 | Does comprehensive assessment include employment? | 70 | 80 | 28 |
| 07C8 | Does comprehensive assessment include education? | 110 | 40 | 28 |
| 07C9 | Does comprehensive assessment include language abilities/Interpreter services/need for sign language or literary assistance? | 90 | 60 | 28 |
| 08A | Do evaluations or assessment reports address: Any required provisional or emergency services? | 120 | 10 | 48 |
| 08B | Do evaluations or assessment reports address: Further evaluation or assessments required? | 20 | 30 | 128 |
| 08C | Do evaluations or assessment reports address: Follow up efforts to secure needed information? | 40 | 20 | 118 |
| 09 | Is the assessment information available and sufficient for the clinical team/provider treatment staff to formulate a service/treatment plan? | 165 | 13 | 0 |
| 10A | Is there documentation that the person was notified of his/her rights: to appeal eligibility and treatment decisions? | 150 | 10 | 18 |
| 10B | Is there documentation that the person was notified of his/her rights to file a grievance? | 150 | 10 | 18 |
| 10C | Is there evidence that the person/guardian has given written consent to receive treatment? | 169 | 5 | 4 |
| 11A | Has the team assessed that the person is in need of special assistance in participating in treatment planning? | 35 | 145 | 8 |
| 11B | Has the team assessed that the person is in need of special assistance in participating in the grievance process? | 35 | 144 | 9 |

# PROSPECTIVE EXAMPLE OF DATA REPORT

All data are artificial and keyed to the data collection tool in existence in November, 1996

## CASE REVIEW INSTRUMENT - ASSESSMENT SECTION ITEMS

| # | QUESTIONS | Yes | No | NA |
|---|---|---|---|---|
| 12 | If "yes" to either part of 11, is there evidence that special assistance was offered or provided by ADHS or the RBHA? | 35 | 0 | 143 |
| 12B | If "no" to either part of 11, does the reviewer believe that the individual needs special assistance? | 10 | 135 | 33 |

# PROSPECTIVE EXAMPLE OF DATA REPORT

All data are artificial and keyed to the data collection tool in existence in November, 1996

## ADHS/DBHS Client Satisfaction Survey Items

| # | Questions | | Number of Responses |
|---|---|---|---|
| BHS01 | When you first came to the program, how long was it until you began receiving services? | | |
| | | Immediately | 300 |
| | | 1-7 days | 139 |
| | | 1-2 weeks | 50 |
| | | 2 weeks to 1 month | 10 |
| | | over 1 month | 1 |
| BHS02 | I am satisfied that my Individual Service Plan (ISP) is being followed. | | |
| | | Always | 400 |
| | | Never | 75 |
| | | Usually | 15 |
| | | Sometimes | 10 |
| | | Seldom | 0 |
| BHS03 | I am treated with dignity/respect by staff. | | |
| | | Always | 375 |
| | | Never | 87 |
| | | Usually | 23 |
| | | Sometimes | 14 |
| | | Seldom | 1 |
| BHS04 | Staff advise me of my rights as a consumer and I can express complaints without fear of retaliation. | | |
| | | Always | 350 |
| | | Never | 100 |
| | | Usually | 35 |
| | | Sometimes | 10 |
| | | Seldom | 5 |

# PROSPECTIVE EXAMPLE OF DATA REPORT

All data are artificial and keyed to the data collection tool in existence in November, 1996

## ADHS/DBHS Client Satisfaction Survey Items

| # | Questions | | Number of Responses |
|---|---|---|---|
| BHS05 | The clinic/office is conveniently located. | | |
| | | Yes, very | 275 |
| | | Yes, fairly | 125 |
| | | Somewhat No | 75 |
| | | Not very No | 20 |
| | | Not at all | 5 |
| BHS06 | The clinic/office offers convenient appointment times. | | |
| | | Yes, very | 300 |
| | | Yes, fairly | 100 |
| | | Somewhat No | 50 |
| | | Not very No | 30 |
| | | Not at all | 20 |
| BHS07 | Overall, I am satisfied that the services I have received have helped me to deal better with my problems. | | |
| | | Yes, very | 420 |
| | | Yes, fairly | 40 |
| | | Somewhat No | 30 |
| | | Not very No | 10 |
| | | Not at all | 0 |
| BHS08 | I would recommend this program to a friend/relative. | | |
| | | Yes, definitely | 400 |
| | | Yes, probably | 65 |
| | | Not sure No | 20 |
| | | Probably not No | 10 |
| | | Definitely not | 5 |

# PROSPECTIVE EXAMPLE OF DATA REPORT

All data are artificial and keyed to the data collection tool in existence in November, 1996

## PQR QM On-Site Service Program Review (SMI)

| Item # | Item | Yes | No | NA |
|---|---|---|---|---|
| SMI01A | Does the provider adhere to their policies and procedures for grievances and investigations which are in compliance with R9-21-401 through R9-21-410 - people are treated with dignity and respect? | 32 | 2 | 2 |
| SMI01B | Does the provider adhere to their policies and procedures for grievances and investigations which are in compliance with R9-21-401 through R9-21-410 - members, their family/ significant others, and treatment staff all have input into treatment decisions & services? | 33 | 3 | 0 |
| SMI01C | Does the provider adhere to their policies and procedures for grievances and investigations which are in compliance with R9-21-401 through R9-21-410 - members are able to achieve the highest level of self-sufficiency supported by service/ treatment plan? | 30 | 4 | 2 |
| SMI01D | Does the provider adhere to their policies and procedures for grievances and investigations which are in compliance with R9-21-401 through R9-21-410 - services are accessible, timely, & in the least restrictive setting necessary to meet the clinical needs? | 31 | 3 | 2 |
| SMI01E | Does the provider adhere to their policies and procedures for grievances and investigations which are in compliance with R9-21-401 through R9-21-410 - members are not discouraged from challenging the system to continually improve its services (e.g. I/A)? | 35 | 0 | 1 |
| SMI02 | Does the provider ensure that all required reporting takes place within the specified time frames? | 36 | 0 | 0 |
| SMI03 | Is there documentation in the provider medical record to verify that a member has been informed of their right to file a grievance or request an investigation? | 33 | 0 | 3 |
| SMI04 | Is the grievance rule posted and forms for filing posted in a prominent place in the provider agency? | 34 | 2 | 0 |
| SMI05 | Does the agency forward copies of the request for special assistance to the Office of Human Rights? | 33 | 3 | 0 |
| SMI06A | Does the provider notify COMCARE when a member brings criminal charges against an employee? | 30 | 0 | 6 |
| SMI06B | Does the provider notify COMCARE when a provider employee brings criminal charges against a member? | 32 | 4 | 0 |

## PQR QM On-Site Service Program Review (SMI)

| Item # | Item | Yes | No | NA |
|---|---|---|---|---|
| SMI06C | Does the provider notify COMCARE when a provider employee or member is indicted or convicted because of an action required to be investigated by the SMI Rules? | 32 | 0 | 4 |
| SMI06D | Does the provider notify COMCARE when a member dies? | 35 | 1 | 0 |
| SMI06E | Does the provider notify COMCARE when a member is allegedly physically or sexually abused? | 33 | 1 | 2 |
| SMI07 | Is a nutritionally sound diet of wholesome and tasteful food available at appropriate times and in as normal a manner as possible? R9-21-202.7.a | 31 | 3 | 2 |
| SMI08 | Is there an adequate allowance of neat, clean, appropriate and seasonable clothing that is individually chosen and owned? R9-21-202.7.b | 34 | 0 | 2 |
| SMI09 | Is assistance given in securing prompt and adequate medical care, including family planning services, through community medical facilities? R9-21-202.7.c | 31 | 3 | 2 |
| SMI10 | Are there opportunities for social contact in the living environment? R9-21-202-7.d | 33 | 2 | 1 |
| SMI11 | Are there opportunities for daily activities, recreation, and physical exercise? R9-21-202.7.e | 32 | 1 | 3 |
| SMI12 | Is there opportunity to keep and use personal possessions? R9-21-202.7.f | 35 | 0 | 1 |
| SMI13 | Does the member have access to individual storage space for personal possessions? R9-21-202.7.g | 36 | 0 | 0 |
| SMI14 | Has the member been informed of charges for services in advance of being charged? R9-21-202-8 | 32 | 0 | 4 |
| SMI15 | Does the living environment afford protection from harm? R9-21-202.6 | 33 | 3 | 0 |
| SMI16 | Does the living environment afford appropriate privacy? R9-21-202.6 | 34 | 2 | 0 |
| SMI17 | Does the living environment afford freedom from verbal or physical abuse? R9-21-202.6 | 32 | 4 | 0 |

# ATTACHMENT G.2
# PRINCIPLE/PERFORMANCE OUTCOME REPORTS

# PROSPECTIVE EXAMPLES OF DATA REPORTS

All data are artificial and keyed to the data collection tools in existence in November, 1996

*Principle/Performance Outcome Reports*

While the Functional Summary Reports are organized around the instruments used to collect data, the Principle/Performance Outcome Reports organize the data with respect to the Six Principles and 40 Performance Outcomes. These reports have a design very similar to the design of the Functional Summary Reports. There is one report for each outcome summarizing data from the different instruments (each with its own sample). Seven examples of these reports have been constructed. Like the functional summaries, the reports display each outcome along with the data collected on the outcome. The data elements listed are all of the ones which have been determined to be relevant to the particular outcome; items can be relevant to more than one outcome.

A parallel set of graphic reports has been derived from the Summary Reports. These reports were created by converting the response summaries to percentages. For different items and for instruments administered to different samples, the conversion happens different ways. For example, most of the Case Review Instrument items are "Yes/No," and the answers come from a sample of clients. Thus, if ADHS/DBHS sampled 178 clients (which is the number on which the artificial data are based), then for each item ADHS/DBHS has a count of "Yes" responses, a count of "No" responses, and a count of non-responses, illegible responses, etc. which have been labeled "NA." To convert these items, ADHS/DBHS divides the number of "Yes" by the number of "Yes" plus "No" responses. For example Item, data element P I30 from the Case Review Instrument, which appears on Performance Outcome Summary 5.01, has 146 "Yes's," 22 "No's," and 10 "NA's." The percent of "Yes" responses is 87 (i.e., 146/(146+22). The percent of "Yes's" is calculated for each item scored this way (i.e., "Yes," "No," or "NA.")

The Provider Quality Review is completed for each provider; thus, the total number of answers for a Provider Quality Review item can be the number of providers. For the Client Satisfaction Scales, ADHS/DBHS assumed that 600 clients responded. The scales are usually 5 point Likert type scales. For the summary reports, ADHS/DBHS has entered percentages; these would be the percent of clients selecting "Always" or "Usually" for an item. For the Summary Graph reports, ADHS/DBHS has taken all the items which apply to an outcome and, for each, plotted the percent of "Yes's" to Case Review Instrument and Provider Quality Review items and percent responding "Always" or "Usually" to Client Satisfaction Survey items. These reports provide a clear, graphic presentation which can be scanned easily.

The same data which go into the summary reports are also used to generate a set of Performance Outcome Trend reports. These reports combine all items

from an instrument for a particular outcome and show the average percent of Case Review Instrument, Provider Quality Review, and Client Satisfaction Survey items meeting criteria. In addition, because the information is reduced to three numbers for a year, ADHS/DBHS can plot the outcomes over time. For the report examples in this document, ADHS/DBHS has shown three years. This is a useful way to track changes in the performance of the system from year to year.

ATTACHMENT G.2A
PERFORMANCE OUTCOME 1.07

# PROSPECTIVE EXAMPLE OF DATA REPORT

All data are artificial and keyed to the data collection tools in existence in November, 1996

## PRINCIPLE #1 AND PERFORMANCE OUTCOME 1.07

**Principle** People are treated with dignity and respect, and it is acknowledged that each person has rights and individual strengths which are molded by differences in culture, values, perspectives and goals.

**Outcome** Individuals are provided sufficient information on their assessments and service plans so they are able to provide informed consent to treatment.

| Instrument | Item | Yes | No | NA |
|---|---|---|---|---|
| CRI 09 | Is the assessment information available and sufficient for the clinical team/provider treatment staff to formulate a service/treatment plan? | 150 | 25 | 3 |
| CRI 29 | Is there documentation that the person received an explanation of the benefits and risks of the medication? | 167 | 3 | 8 |
| CRI 29b | If yes to 29 is there evidence that the explanation was provided by qualified staff ? | 174 | 3 | 1 |
| CRI 31 | Is there documentation of adequate informed consent to ECT or surgically related procedures to address mental health conditions? | 130 | 50 | 8 |
| CRI 46 | As appropriate and with consent from the person, is there evidence that the family or the guardian is involved and informed regarding behavioral health treatment? | 125 | 45 | 18 |

| Instrument | Item | Percent Meeting Criterion |
|---|---|---|
| CSS CM30 | What is your overall feeling about the handling and accuracy of your records (as best you can tell)? | 60 |
| CSS SVC27 | What is your overall feeling about the publicity or information about programs and services offered? | 75 |
| CSS SVC28 | What is your overall feeling about the handling and accuracy of your records (as best you can tell)? | 92 |
| PQR QMP04O1 | Written medical record policy and procedure informed consent for treatment/ services: intended outcome | 96 |
| PQR QMP04O2 | Written medical record policy and procedure informed consent for treatment/ services: nature and procedures involved in treatment | 80 |
| PQR QMP04O3 | Written medical record policy and procedure informed consent for treatment/ services: risks of treatment | 87 |

# PROSPECTIVE EXAMPLE OF DATA REPORT

All data are artificial and keyed to the data collection tools in existence in November, 1996

## PRINCIPLE #1 AND PERFORMANCE OUTCOME 1.07

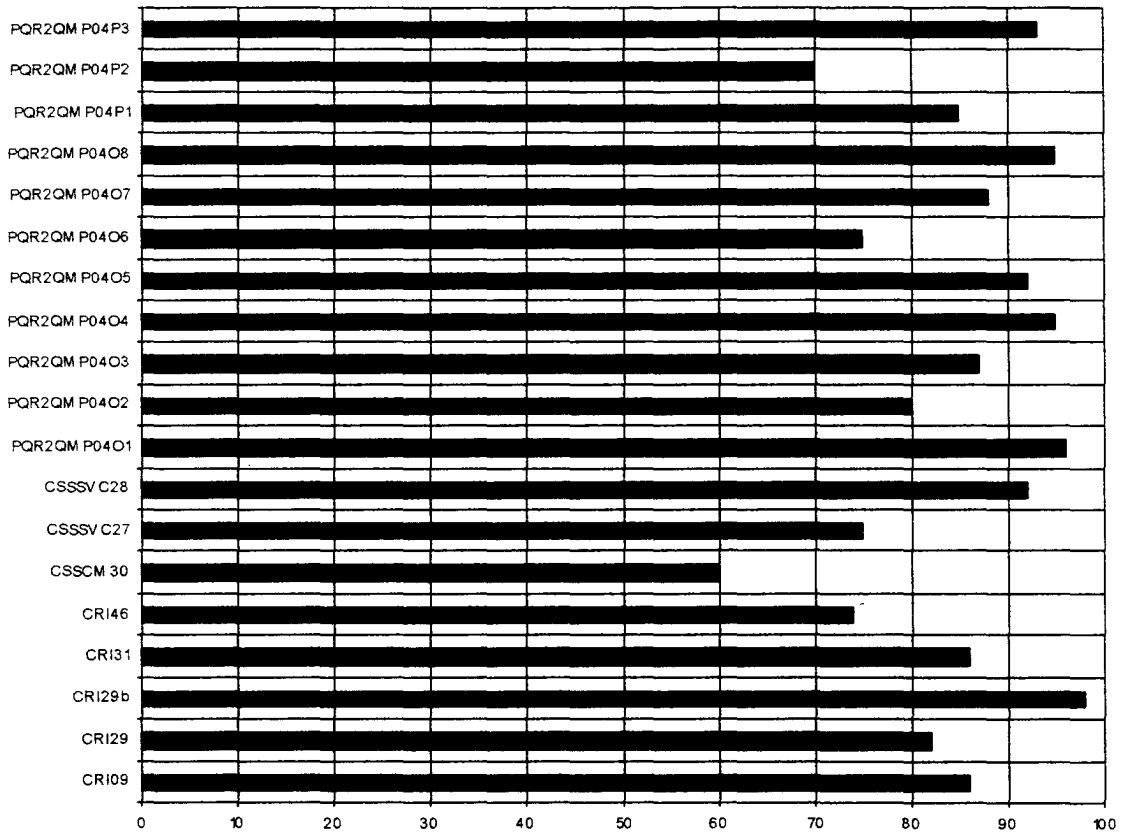
| Instrument | Item | Percent **Meeting Criterion** |
|---|---|---|
| PQR QMP04O4 | Written medical record policy and procedure informed consent for treatment/ services: side effects, if any | 95 |
| PQR QMP04O5 | Written medical record policy and procedure informed consent for treatment/ services: risks of not proceeding with treatment | 92 |
| PQR QMP04O6 | Written medical record policy and procedure informed consent for treatment/ services: alternatives to treatment | 75 |
| PQR QMP04O7 | Written medical record policy and procedure informed consent for treatment/ services: alternatives offering less risk or adverse effects | 88 |
| PQR QMP04O8 | Written medical record policy and procedure informed consent for treatment/ services: notification that consent can be withdrawn or withheld at any time without any punitive action against the member | 95 |
| PQR QMP04P1 | Written medical record policy and procedure informed consent for medication: common risks and side effects | 85 |
| PQR QMP04P2 | Written medical record policy and procedure informed consent for medication: procedures to be taken to minimize risks | 70 |
| PQR QMP04P3 | Written medical record policy and procedure informed consent for medication: description of any clinical indications that might require suspension or termination of the drug | 93 |

## Performance Outcome - 1.07

**Individuals are provided sufficient information on their assessments and service plans so they are able to provide informed consent to treatment.**

---

**Percent Responding "Yes" / Meeting Criterion**




PQR2QMP04P3-Written Med Rec Informed consent description of clinical indications

PQR2QMP04P2-Written Med Rec Informed consent procedures to be taken to minimize risks

PQR2QMP04P1-Written Med Rec Informed consent for medication: common risks and side effects

PQR2QMP04O8 -Written Med Rec Notification that consent can be withdrawn or withheld

PQR2QMP04O7 -Written Med Rec Informed consent for alternatives offering less risk

PQR2QMP04O6-Written Med Rec Informed consent for alternatives to treatment

PQR2QMP04O5-Written Med Rec Informed consent for risks of not proceeding with treatment

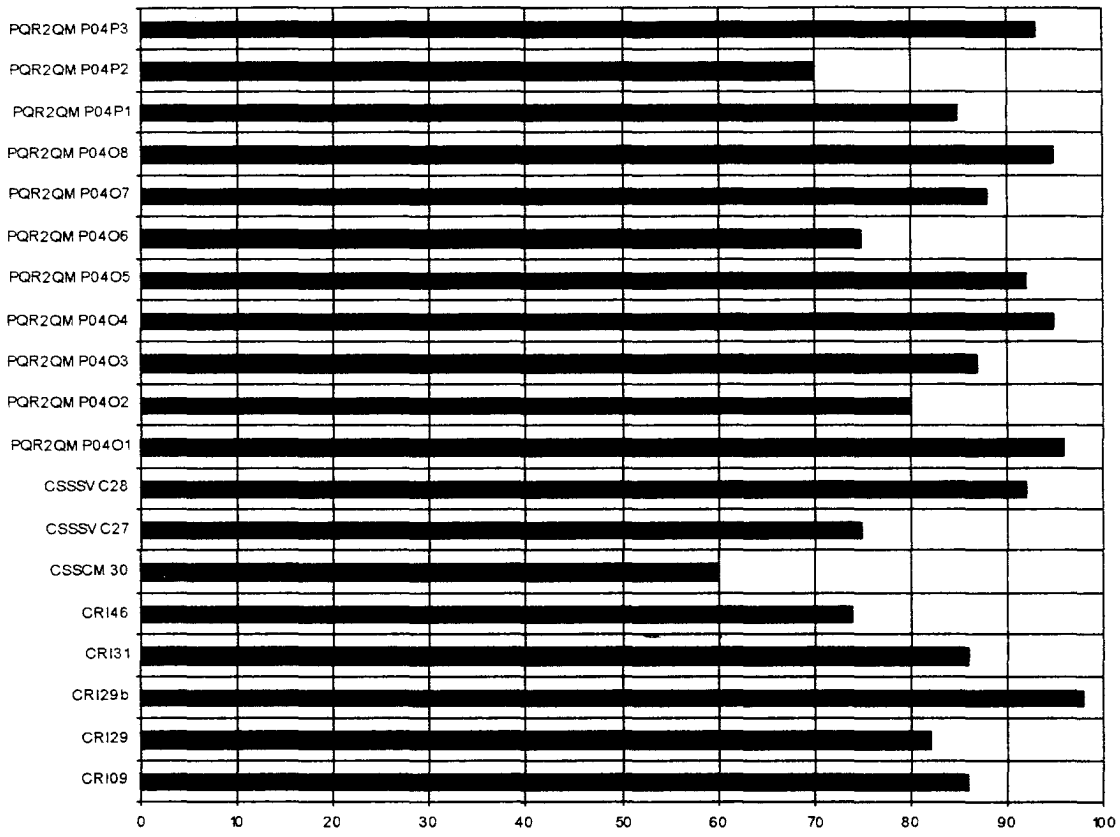
PQR2QMP04O4 -Written Med Rec Informed consent for side effects, if any

## Performance Outcome - 1.07

**Individuals are provided sufficient information on their assessments and service plans so they are able to provide informed consent to treatment.**

---

**Percent Responding "Yes" / Meeting Criterion**




PQR2QMP04O3 -Written Med Rec Informed consent for risks of treatment

PQR2QMP04O2-Written Med Rec Informed consent nature and procedures involved in treatment

PQR2QMP04O1-Written Med Rec Informed consent for treatment/services: intended outcome

CSSSVC28 - What is your overall feeling about the handling of your records

CSSSVC27 - What is your overall feeling about the publicity

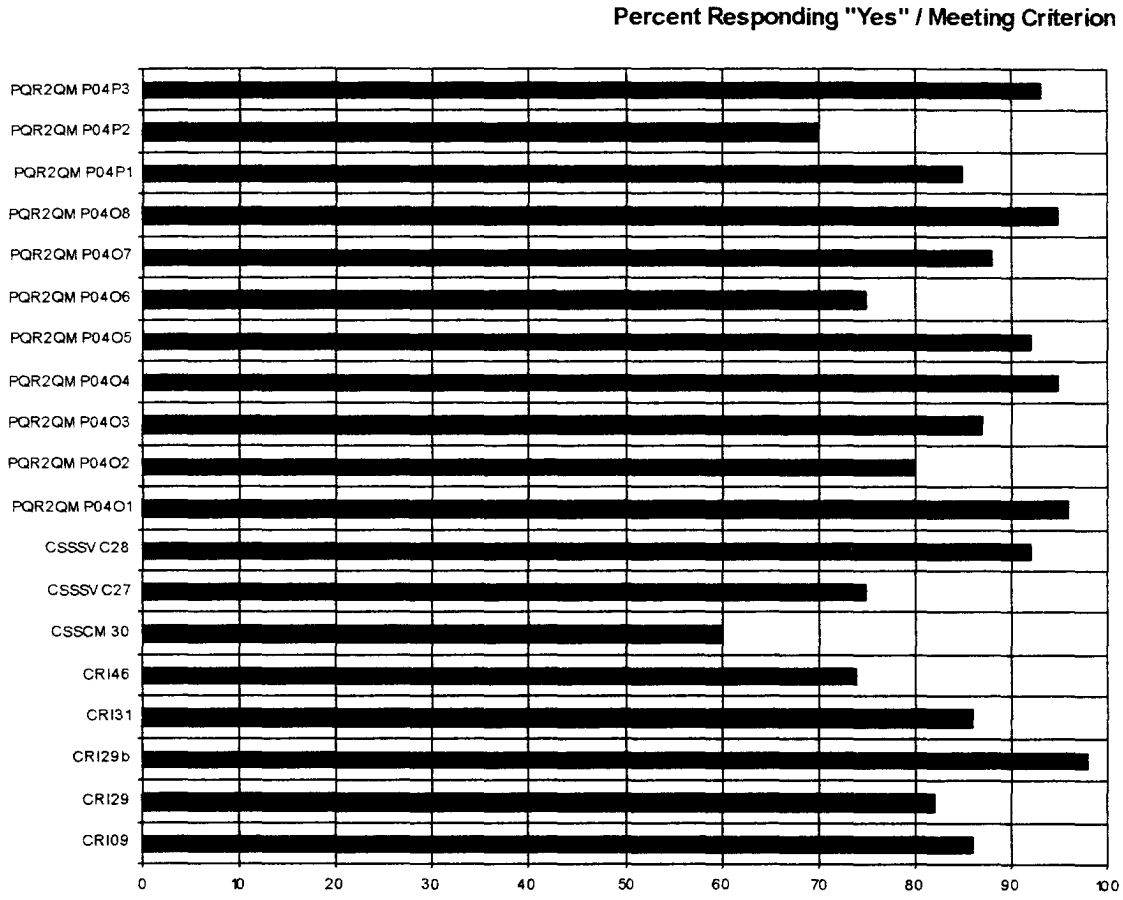
CSSCM30 - What is your overall feeling about the handling and accuracy of you records (as best you can tell)

CRI46 - Family/guardian is involved and informed regarding BH treatment?

CRI31 - Documentation of adequate informed consent to ECT/surgically related procedures

## Performance Outcome - 1.07

**Individuals are provided sufficient information on their assessments and service plans so they are able to provide informed consent to treatment.**




CRI29b - If yes to 29 is there evidence that explanation was provided by qualified staff?

CRI29 - Documentation person received explanation benefits and risks of the medication?

CRI09 - Is the assessment information sufficient for the clinical staff

# PROSPECTIVE EXAMPLE OF DATA REPORT

All data are artificial and keyed to the data collection tools in existence in November, 1996

## Trend Report for Principle #1 and Performance Outcome 1.07

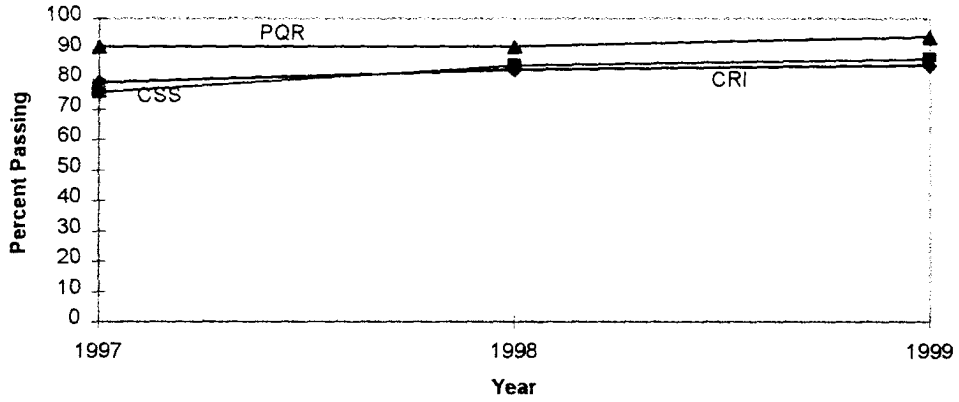
**Performance Principle 1**

People are treated with dignity and respect, and it is acknowledged that each person has rights and individual strengths which are molded by differences in culture, values, perspectives and goals.

**Performance Outcome 1.07**

Individuals are provided sufficient information on their assessments and service plans so they are able to provide informed consent to treatment.

**Distribution of Scores for 1997 through 1999**




| | 1997 | 1998 | 1999 |
|---|---|---|---|
| Case File Review | 79 | 83 | 85 |
| Client Satisfaction | 76 | 85 | 87 |
| Provider Quality Review | 91 | 91 | 94 |

ATTACHMENT G.2B
PERFORMANCE OUTCOME 2.03

# PROSPECTIVE EXAMPLE OF DATA REPORT

All data are artificial and keyed to the data collection tools in existence in November, 1996

## PRINCIPLE #2 AND PERFORMANCE OUTCOME 2.03

**Principle** Consumers, family members and treatment staff are valued, responsible partners in the delivery of services.

**Outcome** When inpatient treatment is necessary, outpatient and inpatient treatment staff work together with the individual and/or guardian, family members or designated representative in developing the ITDP which has been agreed to by the individual

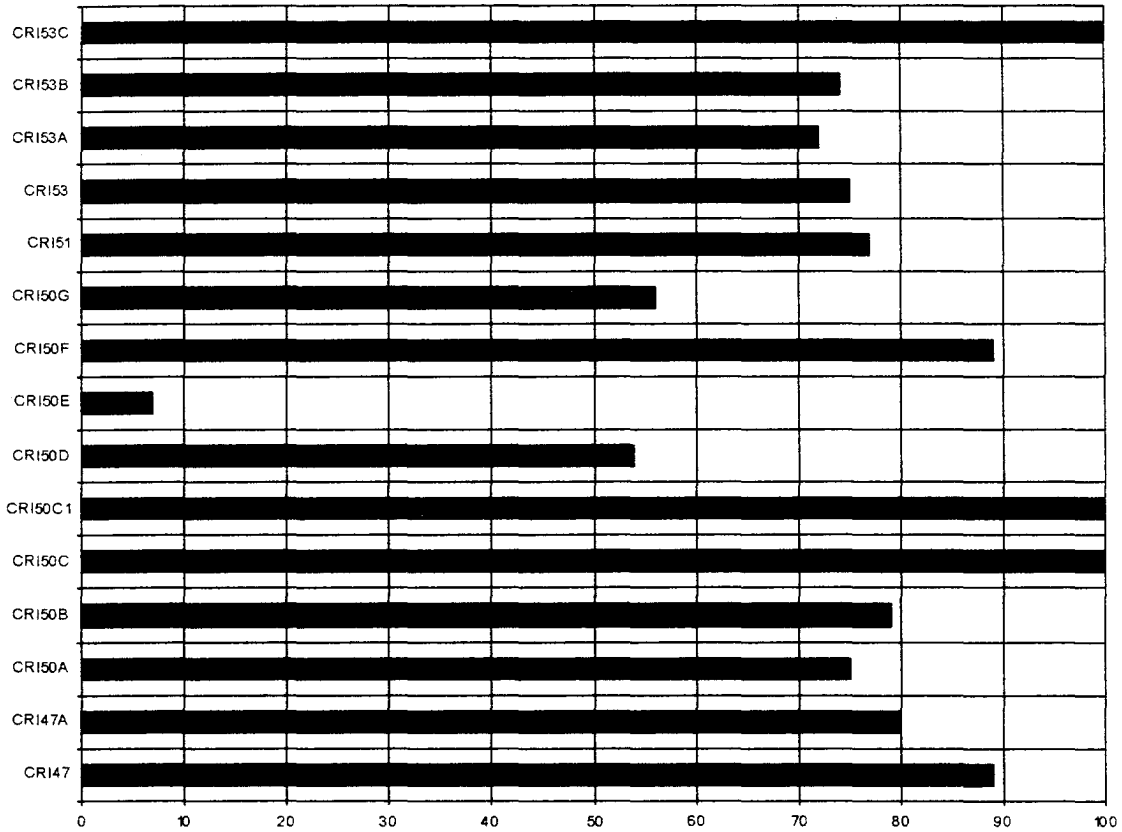
| Instrument | Item | Yes | No | NA |
|---|---|---|---|---|
| CRI 47 | If the person is in an inpatient setting, is there a written document describing the inpatient treatment and discharge plan? | 25 | 3 | 150 |
| CRI 47A | Does documentation reflect the individual's preferences and strengths? | 20 | 5 | 153 |
| CRI 50A | Did the person participate in the development of the inpatient treatment and discharge plan? | 21 | 7 | 150 |
| CRI 50B | Did Guardian, family member, or designated representative, participate in the development of the inpatient treatment and discharge plan? | 22 | 6 | 150 |
| CRI 50C | Did Case manager or outpatient team/staff member participate in the development of the inpatient treatment and discharge plan? | 28 | 0 | 150 |
| CRI 50C1 | Is there evidence the clinical team received a copy of ITDP? | 25 | 0 | 153 |
| CRI 50D | Did other state agency case manager participate in the development of the inpatient treatment and discharge plan? | 15 | 13 | 150 |
| CRI 50E | Did other (specify) participate in the development of the inpatient treatment and discharge plan? | 2 | 26 | 150 |
| CRI 50F | Is the discharge staffing held for any acute hospital stay over 72 hours? | 25 | 3 | 150 |
| CRI 50G | Is the case manager notified prior to hospital staffing? | 15 | 12 | 151 |
| CRI 51 | Is there evidence that the case manager or a member of the clinical team met with the person while in the hospital? | 20 | 6 | 152 |
| CRI 53 | Is there evidence that outpatient services were initiated/continued after discharge from hospital or RTC? | 21 | 7 | 150 |
| CRI 53A | Is there documentation of services or contact within seven days of discharge? | 18 | 7 | 153 |

## Performance Outcome - 2.03

**When inpatient treatment is necessary, outpatient and inpatient treatment staff work together with the individual and/or guardian, family members or designated representative in developing the ITDP which has been agreed to by the individual guardian, case manager, and the treatment team.**

---

**Percent Responding "Yes" / Meeting Criterion**




CRI53C - The CM met with the individual within 7 days of discharge?

CRI53B - Is there documentation of services or contact within 30 days?

CRI53A - Is there documentation of services or contact within seven days of discharge?

CRI53 - Outpatient services initiated after discharge from hospital or RTC?

CRI51 - Is there evidence the CM or clinical team met with the person in the hospital?

CRI50G - Is the case manager notified prior to hospital staffing

CRI50F - Is the discharge staffing held for any acute hospital stay over 72 hours?

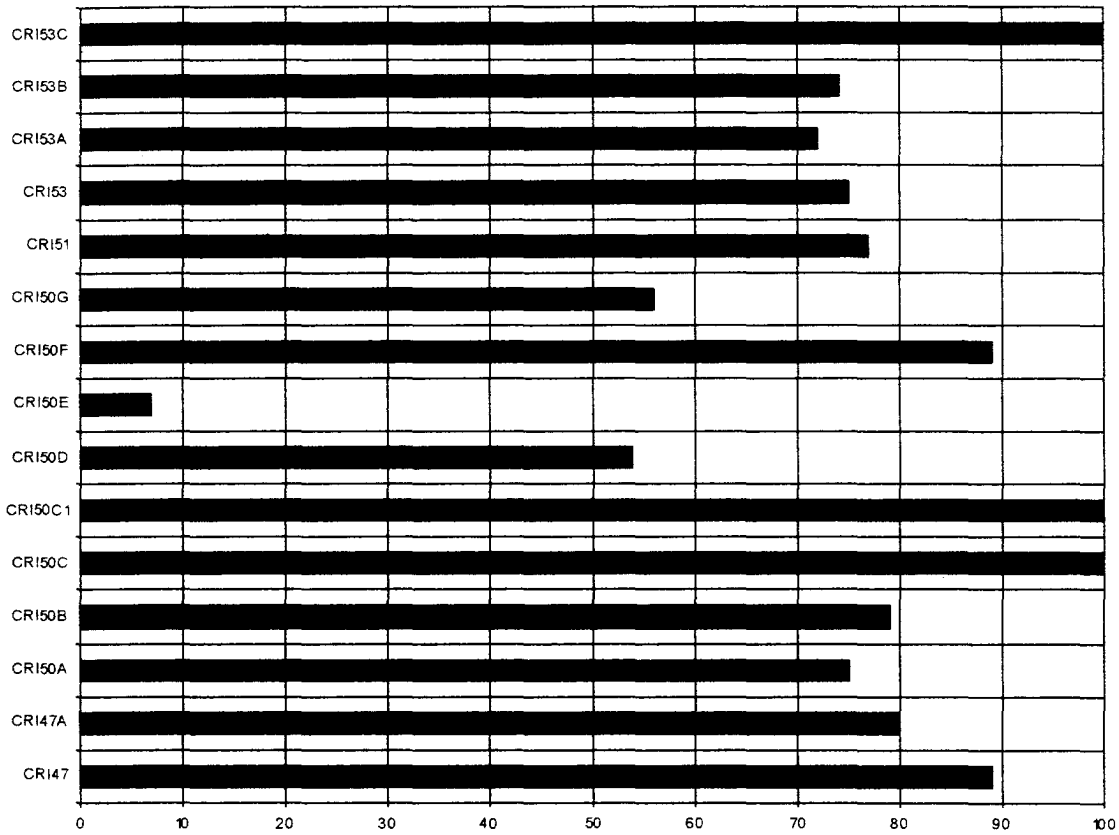
CRI50E - Did Other participate in development treatment and discharge plan?

## Performance Outcome - 2.03

**When inpatient treatment is necessary, outpatient and inpatient treatment staff work together with the individual and/or guardian, family members or designated representative in developing the ITDP which has been agreed to by the individual guardian, case manager, and the treatment team.**

---

**Percent Responding "Yes" / Meeting Criterion**




CRI50D - Did Other state agency CM participate in treatment/discharge plan?

CRI50C1 - Is there evidence the clinical team received a copy of ITDP?

CRI50C - Did Case manager participate development of treatment and discharge plan?

CRI50B - Did Guardian/family participate in the development treatment/discharge plan?

CRI50A - Did the person participate in the development treatment and discharge plan?

CRI47A - Does documentation reflect the individual's preferences and strengths

CRI47 - If an inpatient - written document describing the treatment and discharge plan?

# PROSPECTIVE EXAMPLE OF DATA REPORT

All data are artificial and keyed to the data collection tools in existence in November, 1996

## PRINCIPLE #2 AND PERFORMANCE OUTCOME 2.03

| Instrument | Item | Yes | No | NA |
|---|---|---|---|---|
| CRI 53B | Is there documentation of services or contact within 30 days? | 20 | 7 | 151 |
| CRI 53C | Is there evidence that the case manager met with the individual within 7 days of discharge? | 28 | 0 | 150 |

# PROSPECTIVE EXAMPLE OF DATA REPORT

All data are artificial and keyed to the data collection tools in existence in November, 1996

## Trend Report for Principle #2 and Performance Outcome 2.03

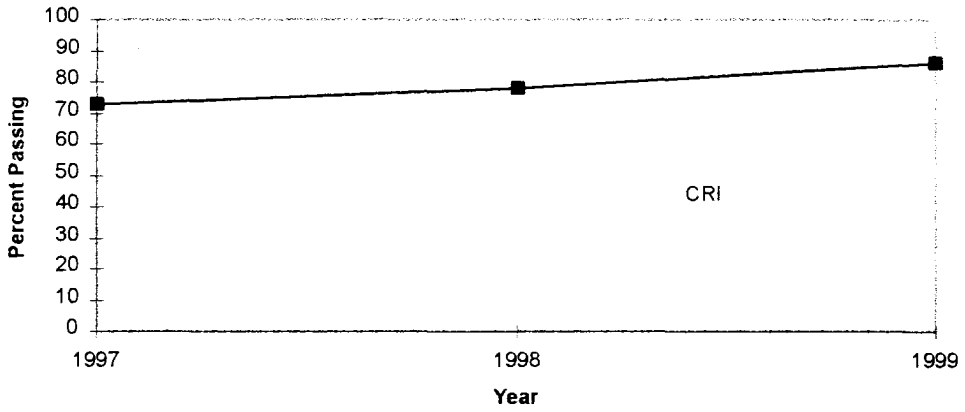
**Performance Principle 2**

Consumers, family members and treatment staff are valued, responsible partners in the delivery of services.

**Performance Outcome 2.03**

When inpatient treatment is necessary, outpatient and inpatient treatment staff work together with the individual and/or guardian, family members, or designated representative in developing the ITDP which has been agreed to by the individual, guardian, case manager, and the treatment team.

**Distribution of Scores for 1997 through 1999**




| | 1997 | 1998 | 1999 |
|---|---|---|---|
| Case File Review | 73 | 78 | 86 |

ATTACHMENT G.2C
PERFORMANCE OUTCOME 2.04

# PROSPECTIVE EXAMPLE OF DATA REPORT

All data are artificial and keyed to the data collection tools in existence in November, 1996

## PRINCIPLE #2 AND PERFORMANCE OUTCOME 2.04

**Principle** Consumers, family members and treatment staff are valued, responsible partners in the delivery of services.

**Outcome** ADHS and all service providers promote the optional competence of their staff by providing appropriate orientation and inservice training programs.

| Instrument | Item | Yes | No | NA |
|---|---|---|---|---|
| CSS CM06 | What is your overall feeling about the knowledge and competence of the staff you saw? | 500 | 60 | 40 |
| CSS CM09 | What is your overall feeling about the ability of staff you worked with to listen to and understand your problems? | 540 | 20 | 40 |
| CSS CM26 | What is your overall feeling about the thoroughness of the staff you have seen? | 480 | 80 | 40 |
| CSS SVC06 | What is your overall feeling about the professional knowledge and competence of the main practitioner(s)? | 550 | 30 | 20 |
| CSS SVC09 | What is your overall feeling about the ability of your practitioner(s ) to listen to and understand your problems? | 450 | 100 | 50 |
| CSS SVC24 | What is your overall feeling about the thoroughness of the main practitioners(s) you have seen? | 480 | 120 | 0 |

| Instrument | Item | Above Criterion Training | Posttest |
|---|---|---|---|
| PQR TS101 | Provider staff receive adequate orientation and training in the Arizona Level of Functioning Assessment (ALFA)? | 35 | 39 |
| PQR TS102A | Provider staff receive adequate orientation and training in the Confidentiality/Mental Health and the Law legal, support, and treatment rights? | 33 | 36 |
| PQR TS102B | Provider staff receive adequate orientation and training in the Confidentiality/Mental Health and the Law member privacy and confidentiality? | 32 | 28 |
| PQR TS103 | Provider staff receive adequate orientation and training in Psycho-pharmacology identification of adverse reactions to psychoactive medications? | 34 | 34 |
| PQR TS104 | Provider staff receive adequate orientation and training in Under-standing Persons with Serious Mental Illness identification of member illnesses and injury? | 35 | 37 |

# PROSPECTIVE EXAMPLE OF DATA REPORT

All data are artificial and keyed to the data collection tools in existence in November, 1996

## PRINCIPLE #2 AND PERFORMANCE OUTCOME 2.04

| Instrument | Item | Above Criterion Training | Above Criterion Posttest |
|---|---|---|---|
| PQR TS105 | Provider staff receive adequate orientation and training in the Continuum of Care in Managed Care? | 30 | 35 |
| PQR TS106 | Provider staff receive adequate orientation and training in Individual Service Plan (ISP) development and implementation of the ISP? | 31 | 25 |
| PQR TS107A | Provider staff receive adequate orientation and training in the Strengths Model of Service Delivery agency mission and philosophy of community support? | 36 | 34 |
| PQR TS107B | Provider staff receive adequate orientation and training in the Strengths Model of Service Delivery principles of staff/member interaction designed to facilitate health and growth? | 36 | 38 |
| PQR TS108 | Provider staff receive adequate orientation and training in Grievance and Appeals procedures and rules? | 32 | 36 |
| PQR TS109 | Provider staff receive adequate orientation and training in Clinical Documentation role, responsibility, and authority of case manager and clinical team? | 34 | 27 |
| PQR TS110A | Provider staff receive adequate orientation and training in Clinical Aspects of Case Management and Clinical Team agency mission and philosophy of community support? | 33 | 33 |
| PQR TS110B | Provider staff receive adequate orientation and training in Clinical Aspects of Case Management and Clinical Team principles of staff/member interaction designed to facilitate health and growth? | 35 | 41 |
| PQR TS110C | Provider staff receive adequate orientation and training in Clinical Aspects of Case Management and Clinical Team identification, response to and reporting of member abuse, neglect, and exploitation? | 32 | 34 |
| PQR TS111 | Provider staff receive adequate orientation and training in Consumer Perspective of Mental Health Services perspectives and values of consumers of mental health services? | 35 | 29 |
| PQR TS112 | Provider staff receive adequate orientation and training in copay? | 33 | 34 |
| PQR TS113 | Provider staff receive adequate orientation and training in Exit Criteria Appendix C and Exit Provisions? | 35 | 40 |

# PROSPECTIVE EXAMPLE OF DATA REPORT

All data are artificial and keyed to the data collection tools in existence in November, 1996

## PRINCIPLE #2 AND PERFORMANCE OUTCOME 2.04

| Instrument | Item | Above Criterion Training | Above Criterion Posttest |
|---|---|---|---|
| PQR TS114 | Provider staff receive adequate orientation and training in CPR/First Aid preliminary medical emergency care and reporting requirements? | 33 | 34 |
| PQR TS115 | Provider staff receive adequate orientation and training in facilities Policies/Mission agency mission and philosophy of community support? | 34 | 27 |
| PQR TS116 | Provider staff receive adequate orientation and training in physical Intervention Techniques/Non Violent Crisis Intervention? | 36 | 36 |
| PQR TS117 | Provider staff receive adequate orientation and training in HIV/AIDS? | 32 | 34 |
| PQR TS118 | Provider staff receive adequate orientation and training in safety and security in the workplace preliminary medical emergency care and reporting requirements? | 34 | 32 |

## Performance Outcome - 2.04

**ADHS and all service providers promote the optional comptetence of their staff by providing appropriate orientation and inservice training programs.**

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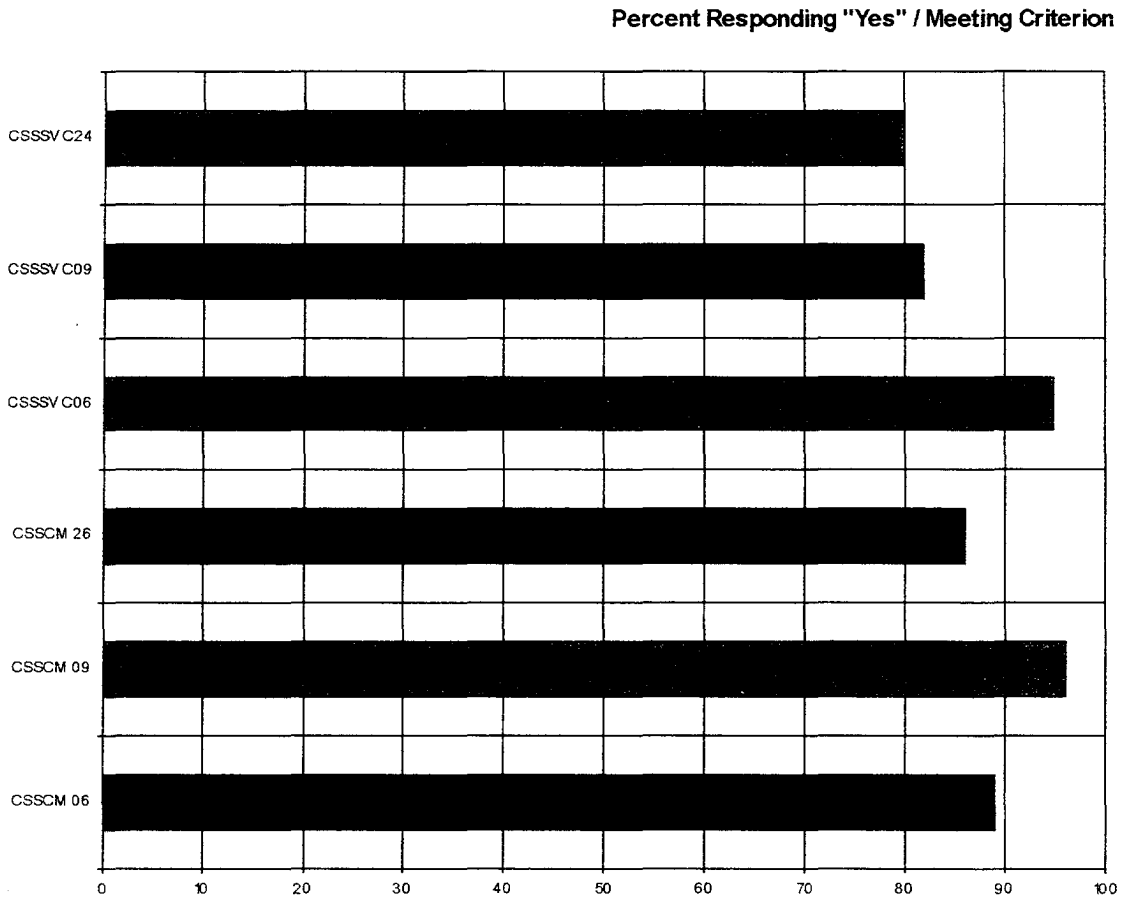


CSSSVC24 - What is your overall feeling about the thoroughness of the practitioners

CSSSVC09 - What is your feeling about the ability of your practitioner(s) to listen

CSSSVC06 - What is your feeling about the knowledge and competence of the practitioner

CSSCM26 - What is your overall feeling about the thoroughness of the staff you have seen

CSSCM09 - What is your overall feeling about the ability of staff to understand your problems

CSSCM06 - What is your overall feeling about the knowledge and competence of the staff

## Performance Outcome - 2.04

**ADHS and all service providers promote the optional comptetence of their staff by providing appropriate orientation and inservice training programs.**

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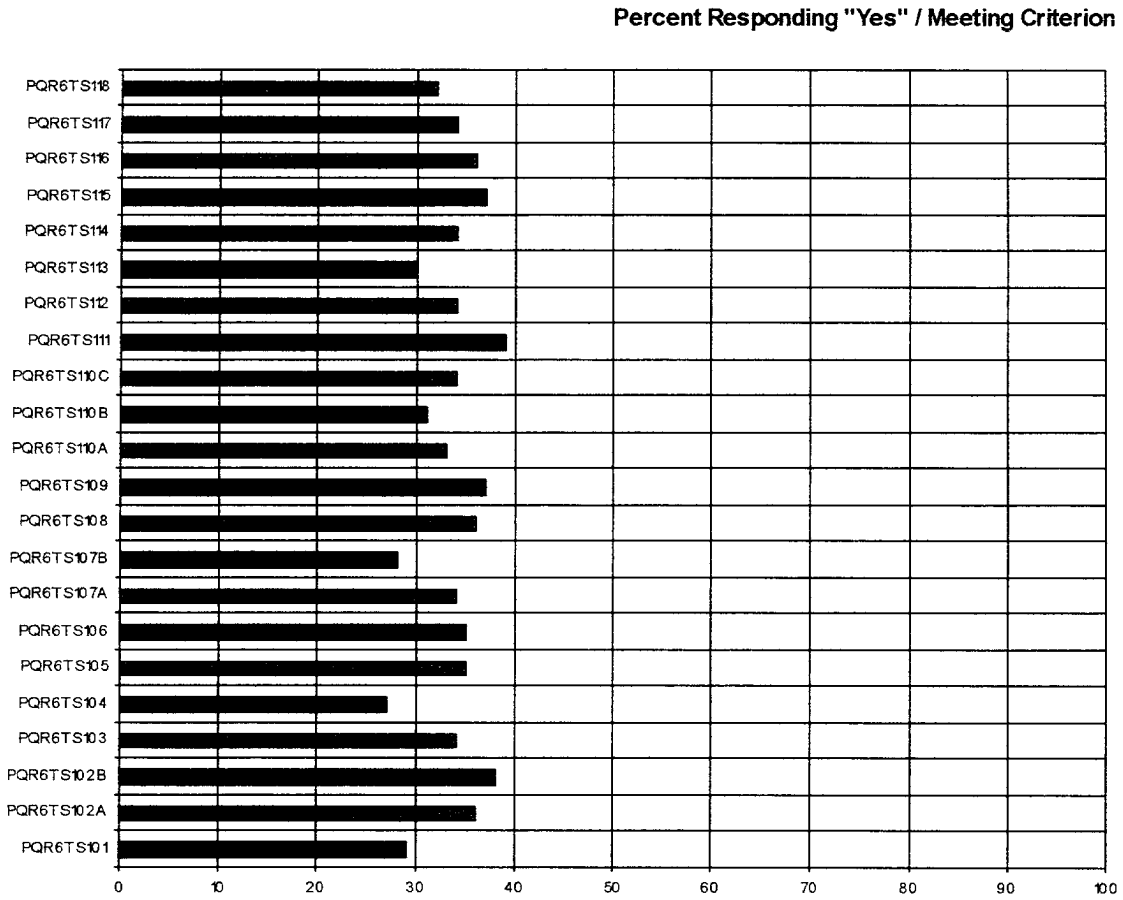



PQR6TS118 -Provider staff receive adequate orientation and training in Safety

PQR6TS117 -Provider staff receive adequate orientation and training in HIV/AIDS

PQR6TS116 -training in Physical Intervention Techniques/Non Violent Crisis Intervention

PQR6TS115 -training in agency mission and philosophy of community support

PQR6TS114 -Provider staff receive adequate orientation and training in CPR/First Aid

PQR6TS113 -Provider staff receive adequate orientation and training in Exit Criteria

PQR6TS112 -Provider staff receive adequate orientation and training in Co-Pay

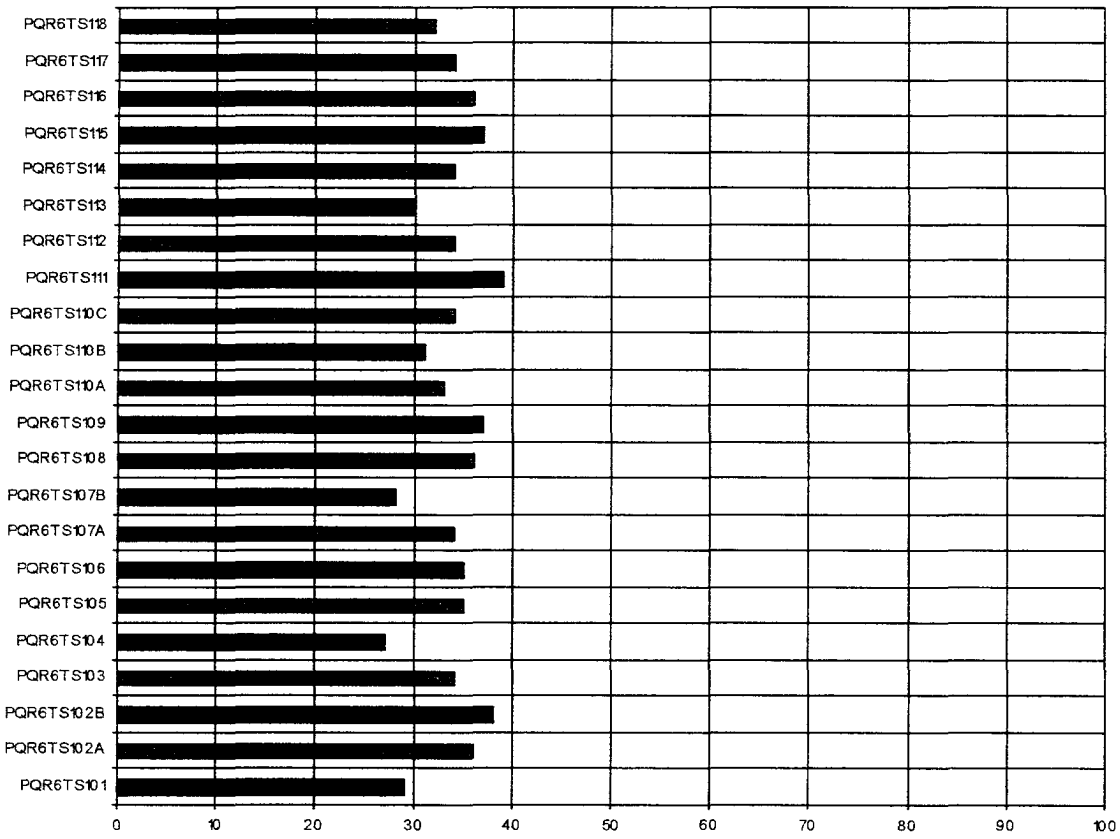
PQR6TS111 -training perspectives and values of consumers of mental health services

## Performance Outcome - 2.04

**ADHS and all service providers promote the optional comptetence of their staff by providing appropriate orientation and inservice training programs.**

---

**Percent Responding "Yes" / Meeting Criterion**




PQR6TS110C -training identification, response/reporting of member abuse, neglect

PQR6TS110B -training on staff/member interaction designed to facilitate health and growth

PQR6TS110A -training in agency mission and philosophy of community support

PQR6TS109-training Clinical documentation, responsibility of case manager

PQR6TS108 -training in Grievance and Appeals procedures and rules

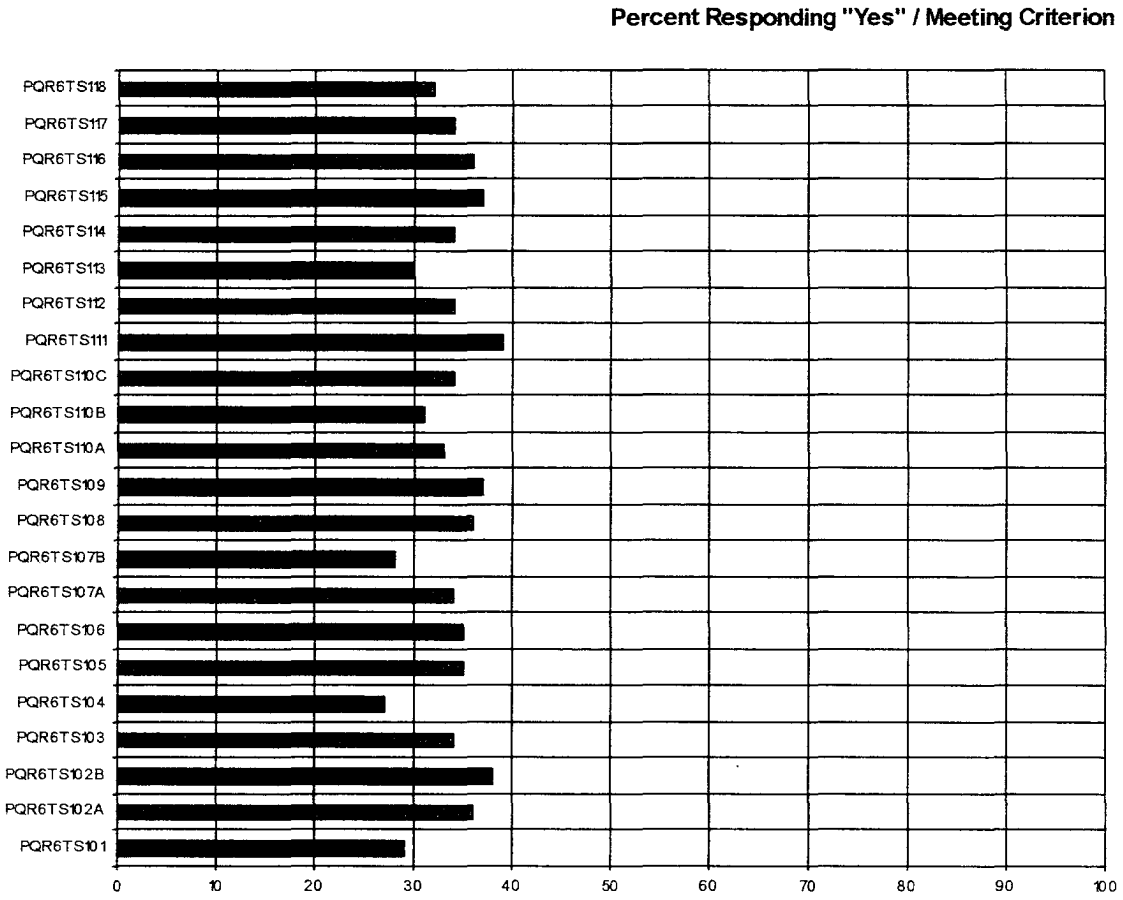
PQR6TS107B -training designed to facilitate health and growth

PQR6TS107A -training in the Strengths Model of Service Delivery

PQR6TS106-training in Individual Service Plan development and implementation

## Performance Outcome - 2.04

**ADHS and all service providers promote the optional comptetence of their staff by providing appropriate orientation and inservice training programs.**




PQR6TS105 -training in the Continuum of Care in Managed Care

PQR6TS104 -training in Understanding Persons with Serious Mental Illness

PQR6TS103 -training in Psychopharmacology identification

PQR6TS102B -training - Member privacy and confidentiality

PQR6TS102A -Provider staff receive orientation and training confidentiality Mental Health and the Law

PQR6TS101 -Provider staff receive adequate orientation and training in the ALFA

# PROSPECTIVE EXAMPLE OF DATA REPORT

All data are artificial and keyed to the data collection tools in existence in November, 1996

## Trend Report for Principle #2 and Performance Outcome 2.04

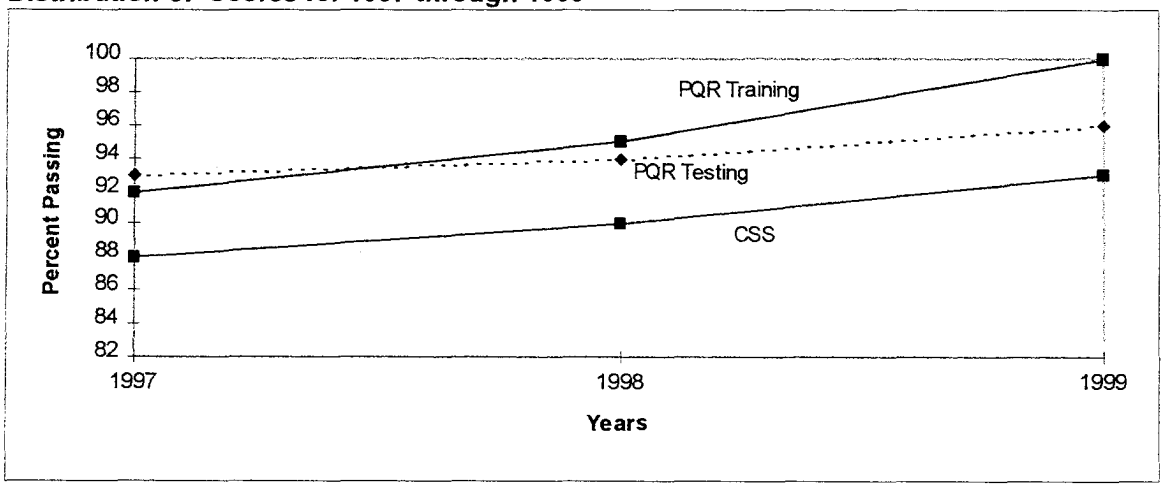
**Performance Principle 2**

Consumers, family members and treatment staff are valued, responsible partners in the delivery of services.

**Performance Outcome 2.04**

ADHS and all service providers promote the optimal competence of their staff by providing appropriate orientation and inservice training programs.

**Distribution of Scores for 1997 through 1999**




| | 1997 | 1998 | 1999 |
|---|---|---|---|
| Client Satisfaction | 88 | 90 | 93 |
| Provider Quality Review Training | 92 | 95 | 100 |
| Provider Quality Review Testing | 93 | 94 | 96 |

ATTACHMENT G.2D
PERFORMANCE OUTCOME 3.02

# PROSPECTIVE EXAMPLE OF DATA REPORT

All data are artificial and keyed to the data collection tools in existence in November, 1996

## PRINCIPLE #3 AND PERFORMANCE OUTCOME 3.02

**Principle** People are able to achieve the highest level of self sufficiency possible, with assistance in the development and maintenance of a healthy life style.

**Outcome** The assessment process provides sufficient information for the treatment staff to develop an appropriate treatment plan with the individual and/or other responsible parties.

| Instrument | Item | Yes | No | NA |
|---|---|---|---|---|
| CRI 03A | Was input from the person/family/guardian/significant other included in the assessment regarding: The history of previous treatment? | 176 | 2 | 0 |
| CRI 03B | Was input from the person/family/guardian/significant other included in the assessment regarding: The success of previous treatment? | 150 | 20 | 8 |
| CRI 04 | Was the intake assessment performed by (or reviewed by) qualified staff? | 132 | 37 | 9 |
| CRI 05A | Does the intake assessment, comprehensive assessment, or psychiatric evaluation information include: Reason for request and/or referral for services? | 150 | 10 | 28 |
| CRI 05B | Does the intake assessment, comprehensive assessment, or psychiatric evaluation information include: Past psychiatric history, including hospitalizations? | 130 | 40 | 8 |
| CRI 05C | Does the intake assessment, comprehensive assessment, or psychiatric evaluation information include: Medical history? | 150 | 20 | 8 |
| CRI 05D | Does the intake assessment, comprehensive assessment, or psychiatric evaluation information include: Substance use history? | 117 | 46 | 15 |
| CRI 05E | Does the intake assessment, comprehensive assessment, or psychiatric evaluation information include: Family history, including history of behavioral health disorders? | 155 | 25 | 3 |
| CRI 06 | Does the assessment information include a psychiatric diagnosis? | 168 | 10 | 0 |
| CRI 06A | Is it current? (Within the last 12 months) | 158 | 20 | 0 |
| CRI 06B | Is it complete? (All 5 axis) | 164 | 9 | 5 |
| CRI 07A | Is there a comprehensive assessment or evaluation? | 150 | 18 | 10 |
| CRI 07B | Was a face-to-face interview conducted during the assessment/ evaluation process? | 164 | 12 | 2 |

# PROSPECTIVE EXAMPLE OF DATA REPORT

All data are artificial and keyed to the data collection tools in existence in November, 1996

## PRINCIPLE #3 AND PERFORMANCE OUTCOME 3.02

| Instrument | Item | Yes | No | NA |
|---|---|---|---|---|
| CRI 07C1 | Does comprehensive assessment include mental health status? | 145 | 23 | 10 |
| CRI 07C2 | Does comprehensive assessment include legal status and/or apparent capacity to make informed decisions/need for guardian/conservator? | 126 | 44 | 8 |
| CRI 07C3 | Does comprehensive assessment include person's social setting? | 138 | 40 | 0 |
| CRI 07C4 | Does comprehensive assessment include physical health status? | 103 | 40 | 35 |
| CRI 07C5 | Does comprehensive assessment include level of daily living skills? | 158 | 20 | 0 |
| CRI 07C6 | Does comprehensive assessment include criminal justice history? | 162 | 9 | 7 |
| CRI 07C7 | Does comprehensive assessment include employment? | 167 | 11 | 0 |
| CRI 07C8 | Does comprehensive assessment include education? | 154 | 21 | 3 |
| CRI 07C9 | Does comprehensive assessment include language abilities/Interpreter services/need for sign language or literary assistance? | 165 | 12 | 1 |
| CRI 07C10 | Does comprehensive assessment include resources/entitlements? | 128 | 45 | 5 |
| CRI 07C11 | Does comprehensive assessment include substance use history? | 150 | 28 | 0 |
| CRI 08A | Do evaluations or assessment reports address: Any required provisional or emergency services? | 140 | 28 | 10 |
| CRI 08B | Do evaluations or assessment reports address: Further evaluation or assessments required? | 150 | 18 | 10 |
| CRI 08C | Do evaluations or assessment reports address: Follow up efforts to secure needed information? | 160 | 18 | 0 |
| CRI 09 | Is the assessment information available and sufficient for the clinical team/provider treatment staff to formulate a service/ treatment plan? | 178 | 0 | 0 |

# PROSPECTIVE EXAMPLE OF DATA REPORT

All data are artificial and keyed to the data collection tools in existence in November, 1996

## PRINCIPLE #3 AND PERFORMANCE OUTCOME 3.02

| Instrument | Item | Yes | No | NA |
|---|---|---|---|---|
| CRI 11A | Has the team assessed that the person is in need of special assistance: in participating in treatment planning? | 128 | 50 | 0 |
| CRI 11B | Has the team assessed that the person is in need of special assistance: in participating in the grievance process? | 120 | 50 | 8 |
| CRI 16A | Does the plan reflect: the assessments? | 120 | 50 | 8 |
| CRI 16B | Does the plan reflect: the diagnosis? | 150 | 20 | 8 |
| CRI 16C | Does the plan reflect: all service providers who will share in the responsibility of providing services to the individual? | 140 | 10 | 28 |
| CRI 16D1 | Is there documentation of the person's long term view Community living arrangements? | 150 | 12 | 16 |
| CRI 16D2 | Is there documentation of the person's long term view Educational/ vocational activities? | 155 | 23 | 0 |
| CRI 16D3 | Is there documentation of the person's long term view Social/ recreational activities? | 156 | 12 | 10 |
| CRI 16E | Were these preferences/goals established by the person or with assistance, if necessary? | 145 | 25 | 8 |
| CRI 16F | Is there evidence that the person was encouraged and supported to establish personal goals if unable and/or unwilling to participate in treatment planning process? | 150 | 10 | 18 |
| CRI PR03 | In your opinion, what are the most important issues and needs to be addressed with this person? | 130 | 15 | 43 |

| Instrument | Item | Percent Meeting Criterion |
|---|---|---|
| CSS CM05 | What is your overall feeling about the kinds of questions asked and how they were asked? | 75 |
| PQR PCN28A | Compliance with Americans with Disabilities Act of 1990 - programs have a self evaluative component for ADA standards? | 87 |
| PQR PCN28B | Compliance with Americans with Disabilities Act of 1990 - policies and procedures directing compliance with ADA standards? | 95 |

# PROSPECTIVE EXAMPLE OF DATA REPORT

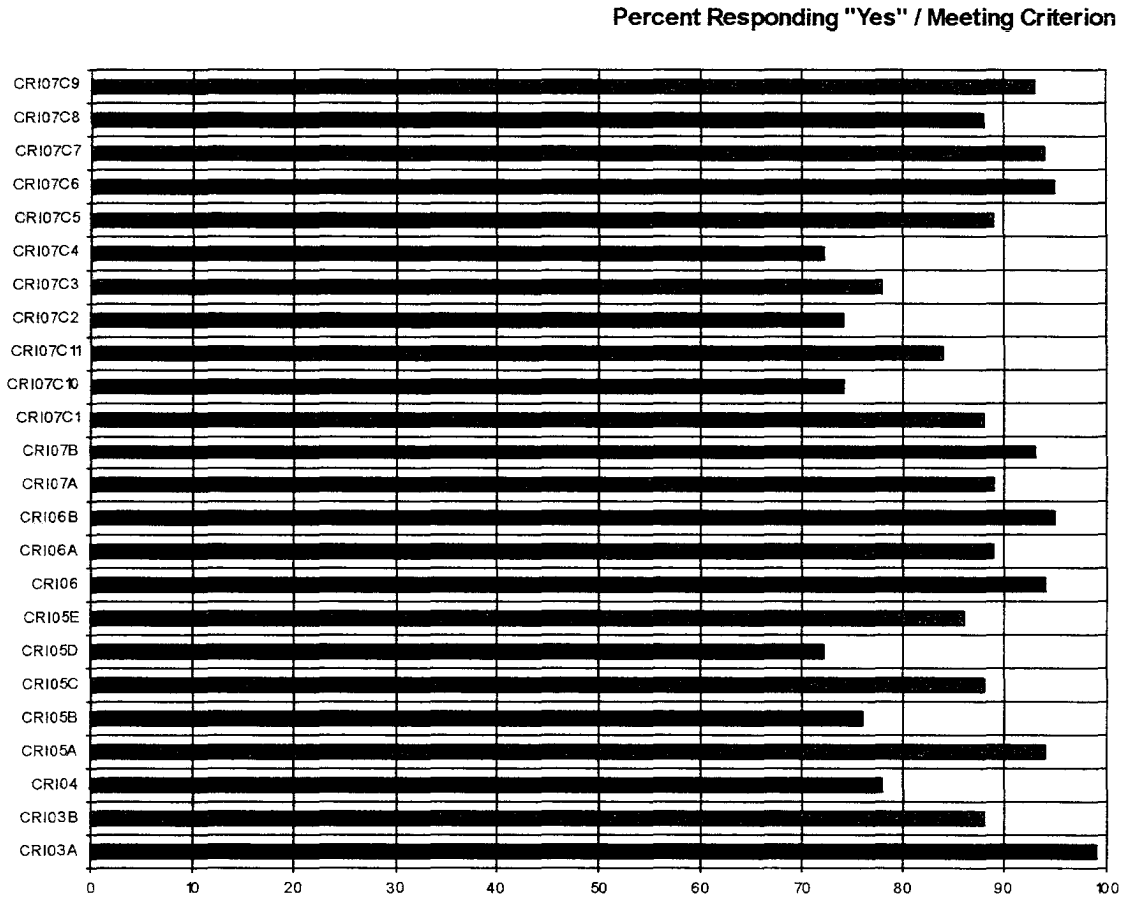
All data are artificial and keyed to the data collection tools in existence in November, 1996

## PRINCIPLE #3 AND PERFORMANCE OUTCOME 3.02

| Instrument | Item | Percent Meeting Criterion |
|---|---|---|
| PQR PCN28C | Compliance with Americans with Disabilities Act of 1990 - posting of ADA notice that informs individuals with a disability of their rights to request reasonable accommodations and alternate forms of communication? | 100 |

## Performance Outcome - 3.02

**The assessment process provides sufficient information for the treatment staff to develop an appropriate treatment plan with the individual and/or other responsible parties.**




CRI07C9 - Does assessment include Language abilities/Intrepreter services/need

CRI07C8 - Does comprehensive assessment include Education

CRI07C7 - Does comprehensive assessment include Employment

CRI07C6 - Does comprehensive assessment include Criminal justice history

CRI07C5 - Does comprehensive assessment include Level of daily living skills

CRI07C4 - Does comprehensive assessment include Physical health status

CRI07C3 - Does comprehensive assessment include Person's social setting

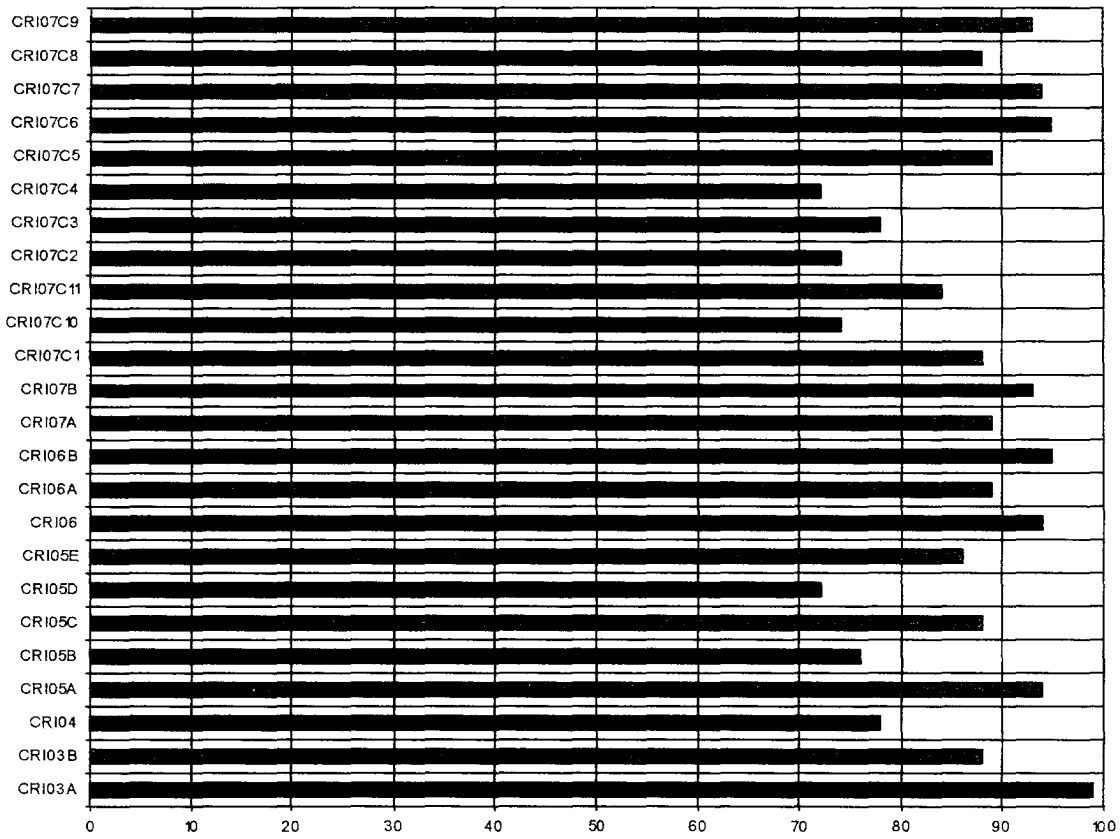
CRI07C2 - Does comprehensive assessment include Legal status

## Performance Outcome - 3.02

**The assessment process provides sufficient information for the treatment staff to develop an appropriate treatment plan with the individual and/or other responsible parties.**

---

**Percent Responding "Yes" / Meeting Criterion**




CRI07C11 - Does comprehensive assessment include Substance use history

CRI07C10 - Does comprehensive assessment include Resources/Entitlements

CRI07C1 - Does comprehensive assessment include Mental health status

CRI07B - Was a face-to-face interview conducted during the assessment

CRI07A - Is there a comprehensive assessment or evaluation?

CRI06B - Is it complete? (All 5 axis)

CRI06A - Is it current? (Within the last 12 months)

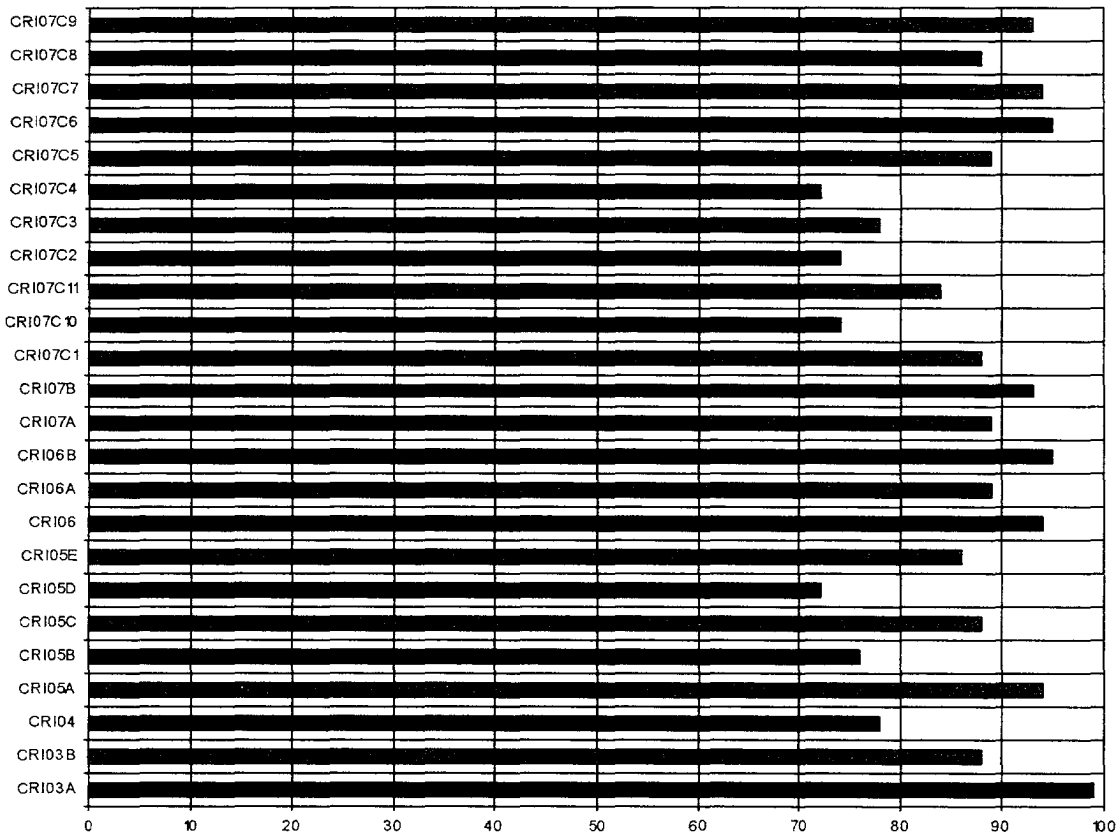
CRI06 - Does the assessment information include a psychiatric diagnosis?

## Performance Outcome - 3.02

**The assessment process provides sufficient information for the treatment staff to develop an appropriate treatment plan with the individual and/or other responsible parties.**

---

**Percent Responding "Yes" / Meeting Criterion**




CRI05E - Does the intake assessment include:Family history

CRI05D - Does the intake assessment include:Substance use history?

CRI05C - Does the intake assessment include:Medical history?

CRI05B - Does the intake assessment include - Past psychiatric history

CRI05A - Does the intake assessment include Reason for request/referral for services?

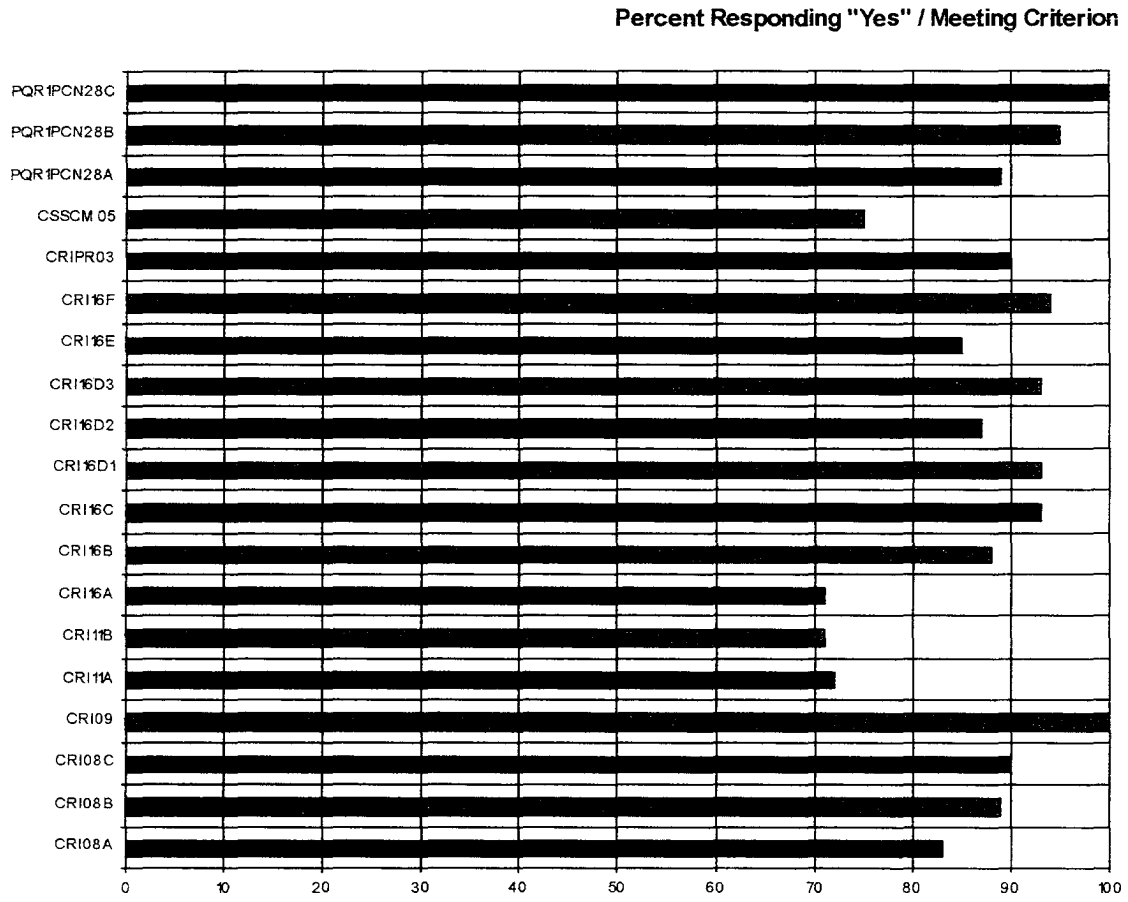
CRI04 - Was the intake assessment performed by (or reviewed by) qualified staff?

CRI03B - Was input from the person included in assessment -success of previous treatment?

CRI03A - Was input from the person included in assessment-history of previous treatment?

## Performance Outcome - 3.02

**The assessment process provides sufficient information for the treatment staff to develop an appropriate treatment plan with the individual and/or other responsible parties.**




PQR1PCN28C -Compliance with Americans with Disabilities Act- posting of ADA notice

PQR1PCN28B -Compliance with Americans with Disabilities Act- policies and procedures

PQR1PCN28A -Compliance with Americans with Disabilities Act self evaluative component

CSSCM05 - What is your overall feeling about the the kinds of questions asked

CRIPR03 - What are the most important issues and needs to be addressed with this person?

CRI16F - Is there evidence that the person was encouraged to establish personal goals

CRI16E - Were these preferences/goals established by the person or with assistance

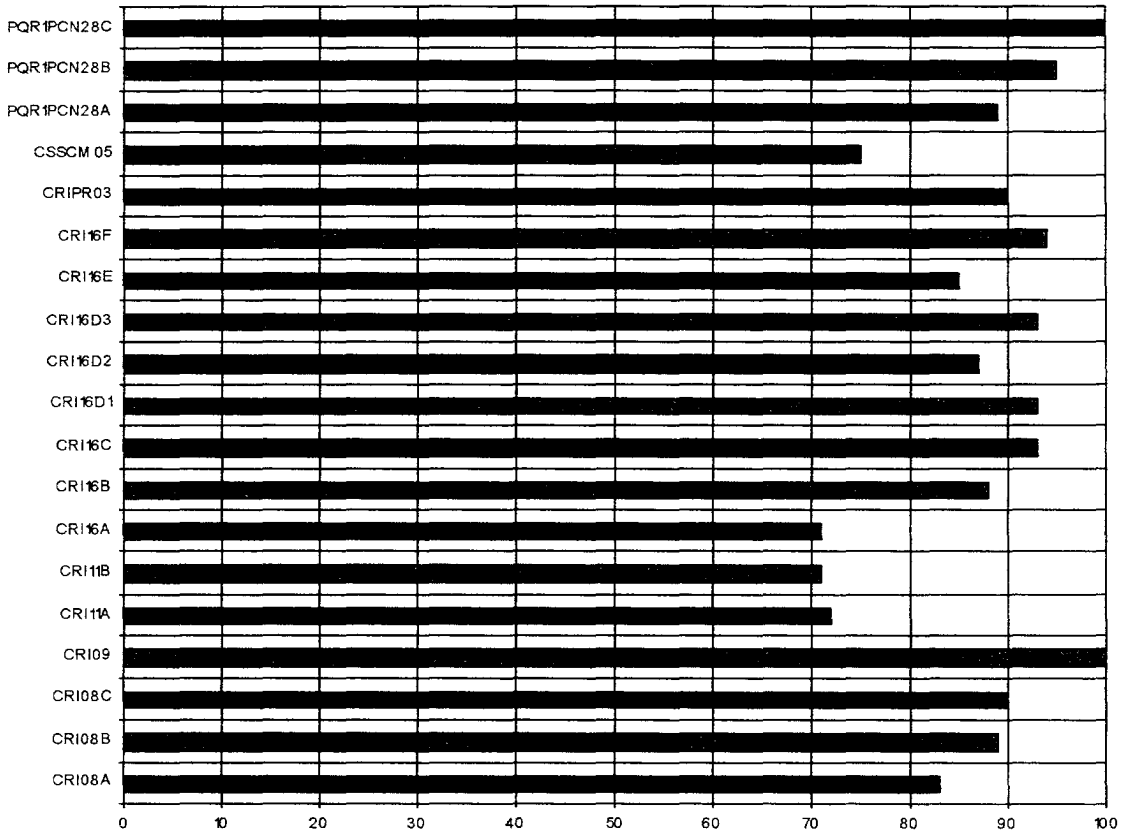
CRI16D3 - Is there documentation of the person's Social/recreational activities

## Performance Outcome - 3.02

**The assessment process provides sufficient information for the treatment staff to develop an appropriate treatment plan with the individual and/or other responsible parties.**

---

**Percent Responding "Yes" / Meeting Criterion**




CRI16D2 - Is there documentation of the person's Educational/vocational activities

CRI16D1 - Is there documentation person's Community living arrangements

CRI16C - Does the plan reflect: all service providers who will be providing services

CRI16B - Does the plan reflect: the diagnosis

CRI16A - Does the plan reflect: the assessments

CRI11B - Has the team assessed the person's need for assistancein the grievance process?

CRI11A - Has the team assessed the person's need for assistance in treatment planning?

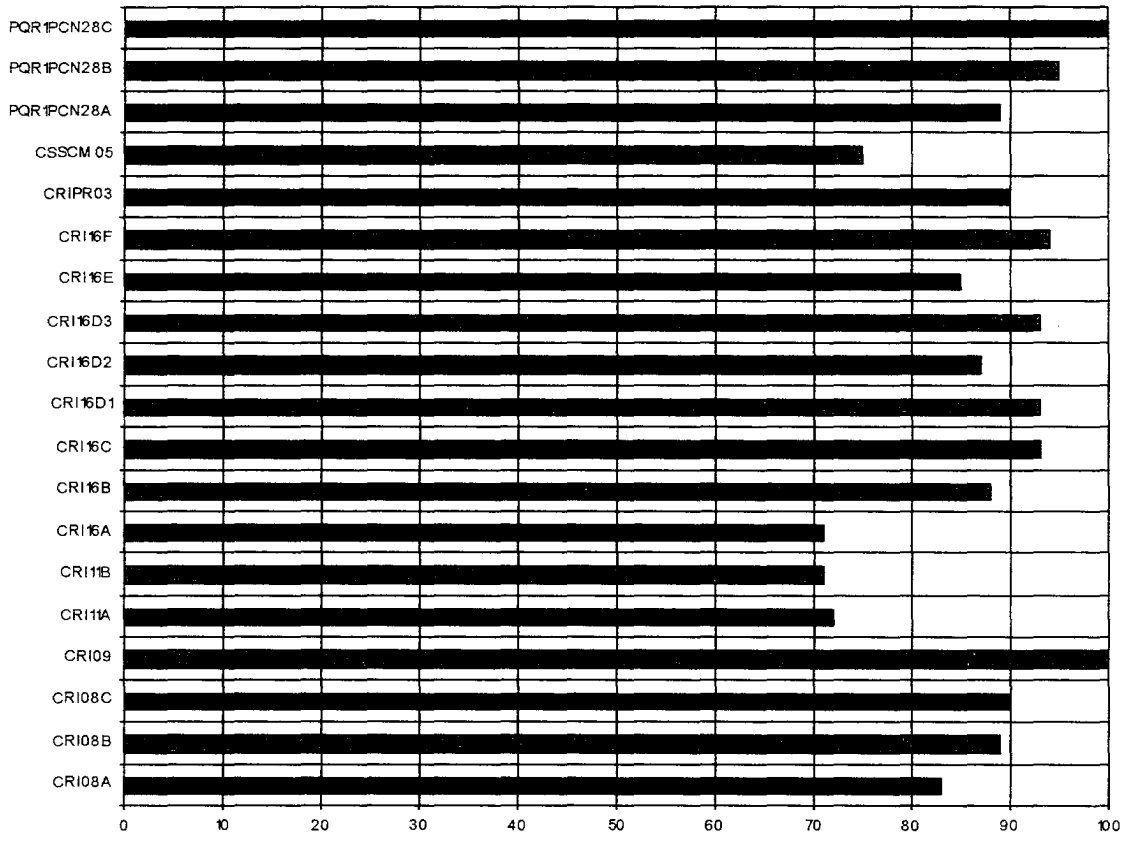
CRI09 - Is the assessment information sufficient for the clinical staff

## Performance Outcome - 3.02

**The assessment process provides sufficient information for the treatment staff to develop an appropriate treatment plan with the individual and/or other responsible parties.**

---

**Percent Responding "Yes" / Meeting Criterion**




CRI08C - Do evaluations address: Follow up efforts to secure needed information

CRI08B - Do evaluations reports address: Further evaluation or assessments required

CRI08A - Do evaluations address: Any required provisional or emergency services

# PROSPECTIVE EXAMPLE OF DATA REPORT

All data are artificial and keyed to the data collection tools in existence in November, 1996

## Trend Report for Principle #3 and Performance Outcome 3.02

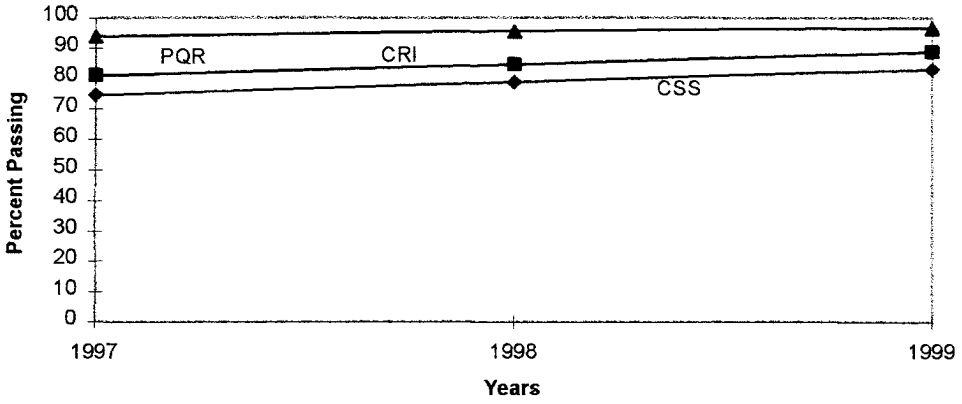
**Performance Principle 3**

People are able to achieve the highest level of self sufficiency possible, with assistance in the development and maintenance of a healthy life style.

**Performance Outcome 3.02**

The assessment process provides sufficient information for the treatment staff to develop an appropriate treatment plan with the individual and/or other responsible parties.

**Distribution of Scores for 1997 through 1999**




| | 1997 | 1998 | 1999 |
|---|---|---|---|
| Case File Review | 81 | 85 | 89 |
| Client Satisfaction | 75 | 79 | 83 |
| Provider Quality Review | 94 | 96 | 97 |

ATTACHMENT G.2E
PERFORMANCE OUTCOME 4.01

# PROSPECTIVE EXAMPLE OF DATA REPORT

All data are artificial and keyed to the data collection tools in existence in November, 1996

## PRINCIPLE #4 AND PERFORMANCE OUTCOME 4.01

**Principle** Services are accessible, timely and in the least restrictive setting necessary to meet the clinical needs of the individual.

**Outcome** Individuals receive timely, adequate, and comprehensive assessments and services are initiated within appropriate time frames.

| Instrument | Item | Yes | No | NA |
|---|---|---|---|---|
| CRI 01 | Is the intake assessment timely? | 164 | 9 | 5 |
| CRI 03A | Was input from the person/family/guardian/significant other included in the assessment regarding: The history of previous treatment? | 158 | 20 | 0 |
| CRI 03B | Was input from the person/family/guardian/significant other included in the assessment regarding: The success of previous treatment? | 158 | 20 | 0 |
| CRI 04 | Was the intake assessment performed by (or reviewed by) qualified staff? | 153 | 25 | 0 |
| CRI 05A | Does the intake assessment, comprehensive assessment, or psychiatric evaluation information include: Reason for request and/or referral for services? | 174 | 4 | 0 |
| CRI 05B | Does the intake assessment, comprehensive assessment, or psychiatric evaluation information include: Past psychiatric history, including hospitalizations? | 160 | 12 | 6 |
| CRI 05C | Does the intake assessment, comprehensive assessment, or psychiatric evaluation information include: Medical history? | 143 | 27 | 8 |
| CRI 05D | Does the intake assessment, comprehensive assessment, or psychiatric evaluation information include: Substance use history? | 160 | 2 | 16 |
| CRI 05E | Does the intake assessment, comprehensive assessment, or psychiatric evaluation information include: Family history, including history of behavioral health disorders? | 148 | 0 | 30 |
| CRI 06 | Does the assessment information include a psychiatric diagnosis? | 160 | 18 | 0 |
| CRI 06A | Is it current? (Within the last 12 months)? | 128 | 45 | 5 |
| CRI 06B | Is it complete? (All 5 axis)? | 164 | 14 | 0 |

# PROSPECTIVE EXAMPLE OF DATA REPORT

All data are artificial and keyed to the data collection tools in existence in November, 1996

## PRINCIPLE #4 AND PERFORMANCE OUTCOME 4.01

| Instrument | Item | Yes | No | NA |
|---|---|---|---|---|
| CRI 07A | Is there a comprehensive assessment or evaluation? | 175 | 3 | 0 |
| CRI 07B | Was a face-to-face interview conducted during the assessment/ evaluation process? | 138 | 20 | 20 |
| CRI 07C1 | Does comprehensive assessment include mental health status? | 143 | 33 | 2 |
| CRI 07C2 | Does comprehensive assessment include legal status and/or apparent capacity to make informed decisions/need for guardian/conservator? | 149 | 19 | 8 |
| CRI 07C3 | Does comprehensive assessment include person's social setting? | 138 | 28 | 12 |
| CRI 07C4 | Does comprehensive assessment include physical health status? | 134 | 40 | 4 |
| CRI 07C5 | Does comprehensive assessment include level of daily living skills? | 174 | 2 | 2 |
| CRI 07C6 | Does comprehensive assessment include criminal justice history? | 164 | 14 | 0 |
| CRI 07C7 | Does comprehensive assessment include employment? | 112 | 43 | 18 |
| CRI 07C8 | Does comprehensive assessment include education? | 150 | 22 | 6 |
| CRI 07C9 | Does comprehensive assessment include language abilities/interpreter services/need for sign language or literary assistance? | 123 | 43 | 12 |
| CRI 07C10 | Does comprehensive assessment include resources/entitlements? | 114 | 44 | 15 |
| CRI 07C11 | Does comprehensive assessment include substance use history? | 167 | 9 | 2 |
| CRI 08A | Do evaluations or assessment reports address: Any required provisional or emergency services? | 162 | 6 | 10 |
| CRI 08B | Do evaluations or assessment reports address: Further evaluation or assessments required? | 172 | 6 | 0 |
| CRI 08C | Do evaluations or assessment reports address: Follow up efforts to secure needed information? | 157 | 11 | 10 |

# PROSPECTIVE EXAMPLE OF DATA REPORT

All data are artificial and keyed to the data collection tools in existence in November, 1996

## PRINCIPLE #4 AND PERFORMANCE OUTCOME 4.01

| Instrument | Item | Yes | No | NA |
|---|---|---|---|---|
| CRI 09 | Is the assessment information available and sufficient for the clinical team/provider treatment staff to formulate a service/ treatment plan? | 142 | 19 | 17 |
| CRI 25 | Is service delivery timely (first service or first case management contact within 30 days of intake)? | 160 | 12 | 6 |
| CRI 25A | Is the provider plan consistent with the ISP? | 165 | 11 | 2 |
| CRI 25B | Are on-going services delivered per service/treatment plan? | 164 | 3 | 11 |
| CRI 26 | Are the person's basic needs addressed? | 160 | 12 | 6 |
| CRI 27 | Are all the behavioral health treatment needs adequately addressed? | 150 | 22 | 6 |
| CRI 48 | Was an inpatient treatment and discharge plan developed by the tenth day of the inpatient stay? | 140 | 33 | 5 |
| CRI 51 | Is there evidence that the case manager or a member of the clinical team met with the person while in the hospital? | 145 | 33 | 0 |
| CRI 53 | Is there evidence that outpatient services were initiated/continued after discharge from hospital or RTC? | 155 | 23 | 0 |
| CRI 53A | Is there documentation of services or contact within seven days of discharge? | 165 | 13 | 0 |
| CRI 53B | Is there documentation of services or contact within 30 days? | 175 | 0 | 3 |
| CRI 53C | Is there evidence that the case manager met with the individual within 7 days of discharge? | 134 | 54 | 0 |
| CRI CM3 | In your opinion, what are the most important issues and needs to be addressed with this person? | 124 | 64 | 0 |
| CRI CM4 | How does the ISP address these issues and needs? | 150 | 28 | 0 |
| CRI CM6 | Has the team met within the last 12 months to discuss the needs and progress of the individual? | 160 | 0 | 18 |
| CRI PI37A | In the past year, have you experienced any major change in the services you receive Decrease or termination of services? | 155 | 18 | 5 |

# PROSPECTIVE EXAMPLE OF DATA REPORT

All data are artificial and keyed to the data collection tools in existence in November, 1996

## PRINCIPLE #4 AND PERFORMANCE OUTCOME 4.01

| Instrument | Item | Yes | No | NA |
|---|---|---|---|---|
| CRI PI37B | In the past year, have you experienced any major change in the services you receive Discharge from or termination of a residential program? | 154 | 17 | 5 |
| CRI PI37C | In the past year, have you experienced any major change in the services you receive Discharge or termination of a day/vocational program? | 160 | 1 | 17 |
| CRI PI38A | If yes to any part of 37, did you agree to these changes? | 140 | 15 | 23 |
| CRI PI38B | If yes to any part of 37, were the reasons for the changes explained to you in advance? | 140 | 15 | 23 |
| CRI PI41 | Are there additional services you feel you need? | 100 | 75 | 3 |
| CRI PI41A | Describe the other services you feel you need. | | | |

| Instrument | Item | Percent Meeting Criterion |
|---|---|---|
| CSS BHS06 | The clinic/office offers convenient appointment times. | 95 |
| CSS CM05 | What is your overall feeling about the kinds of questions asked and how they were asked? | 65 |
| CSS CM06 | What is your overall feeling about the knowledge and competence of the staff you saw? | 75 |
| CSS CM13 | What is your overall feeling about the getting appointment times that fit your schedule? | 77 |
| CSS CM22 | What is your overall feeling about the explanations of how the agency works and its procedures (e.g., how to get a message to the staff you worked with, etc.)? | 78 |
| CSS CM29 | What is your overall feeling about the willingness to see you as often as you feel is needed? | 83 |
| CSS CM36 | What is your overall feeling about the in an overall general sense, how satisfied are you with the service? | 80 |
| CSS SVC06 | What is your overall feeling about the professional knowledge and competence of the main practitioner(s)? | 81 |
| CSS | What is your overall feeling about the availability of appointment | 93 |

# PROSPECTIVE EXAMPLE OF DATA REPORT

All data are artificial and keyed to the data collection tools in existence in November, 1996

## PRINCIPLE #4 AND PERFORMANCE OUTCOME 4.01

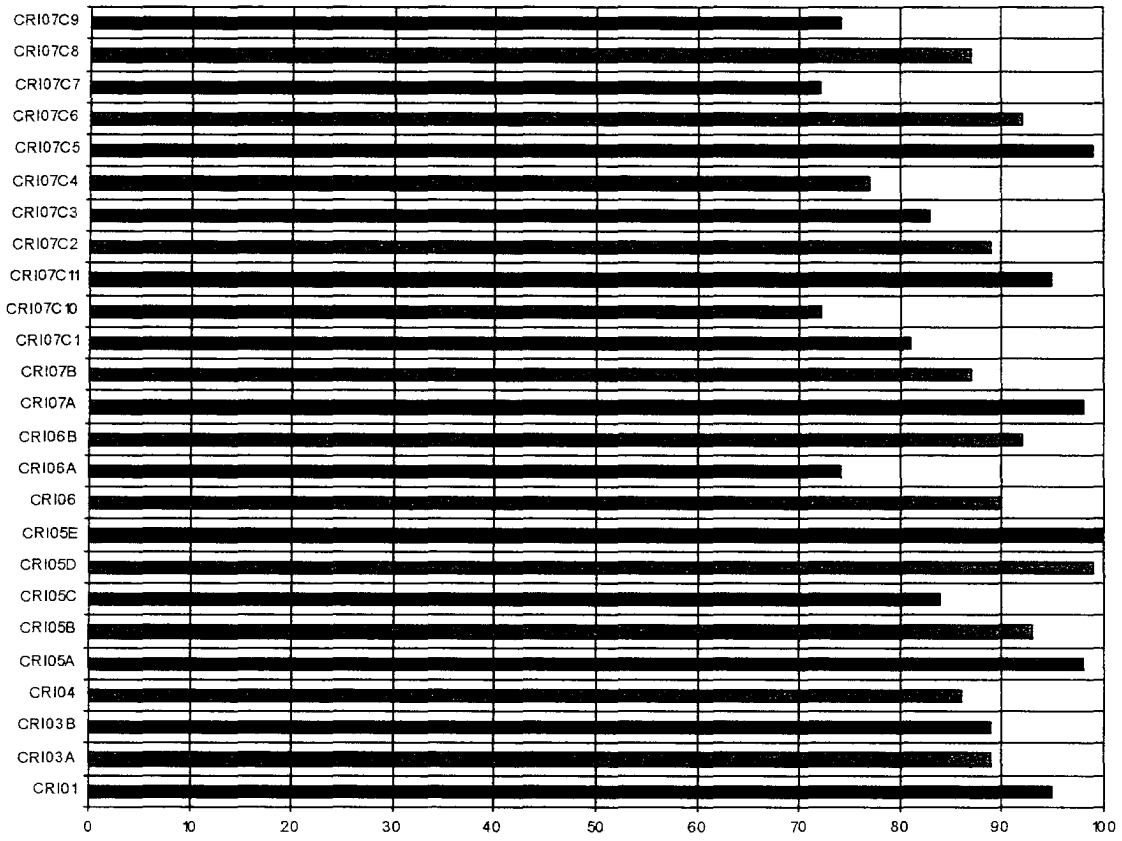
| Instrument | Item | Percent Meeting Criterion |
|---|---|---|
| SVC13 | times that fit your schedule? | |
| CSS SVC20 | What is your overall feeling about the explanations of specific procedures and approaches used? | 87 |
| CSS SVC30 | In an overall general sense, how satisfied are you with the service you have received? | 92 |
| PQR PAR01 | Intakes are performed within 7 days of the date of referral. | 95 |
| PQR PAR03 | Delay reasons for intakes performed beyond the 7 calendar day standard are reported to COMCARE as evidenced by the content of the Member Accessibility Report? | 90 |
| PQR PAR04 | Failure reasons for intakes not conducted are reported to COMCARE as evidence by the content of the Member Accessibility Report? | 85 |
| PQR PAR05 | Delay reasons for the first services provided beyond the 30 calendar day standard are reported to COMCARE as evidenced by the content of the Member Accessibility Report? | 87 |

## Performance Outcome - 4.01

**Individuals receive timely, adequate, and comprehensive assessments and services are initiated within appropriate time frames.**

---

**Percent Responding "Yes" / Meeting Criterion**




CRI07C9 - Does assessment include Language abilities/Intrepreter services/need

CRI07C8 - Does comprehensive assessment include Education

CRI07C7 - Does comprehensive assessment include Employment

CRI07C6 - Does comprehensive assessment include Criminal justice history

CRI07C5 - Does comprehensive assessment include Level of daily living skills

CRI07C4 - Does comprehensive assessment include Physical health status

CRI07C3 - Does comprehensive assessment include Person's social setting

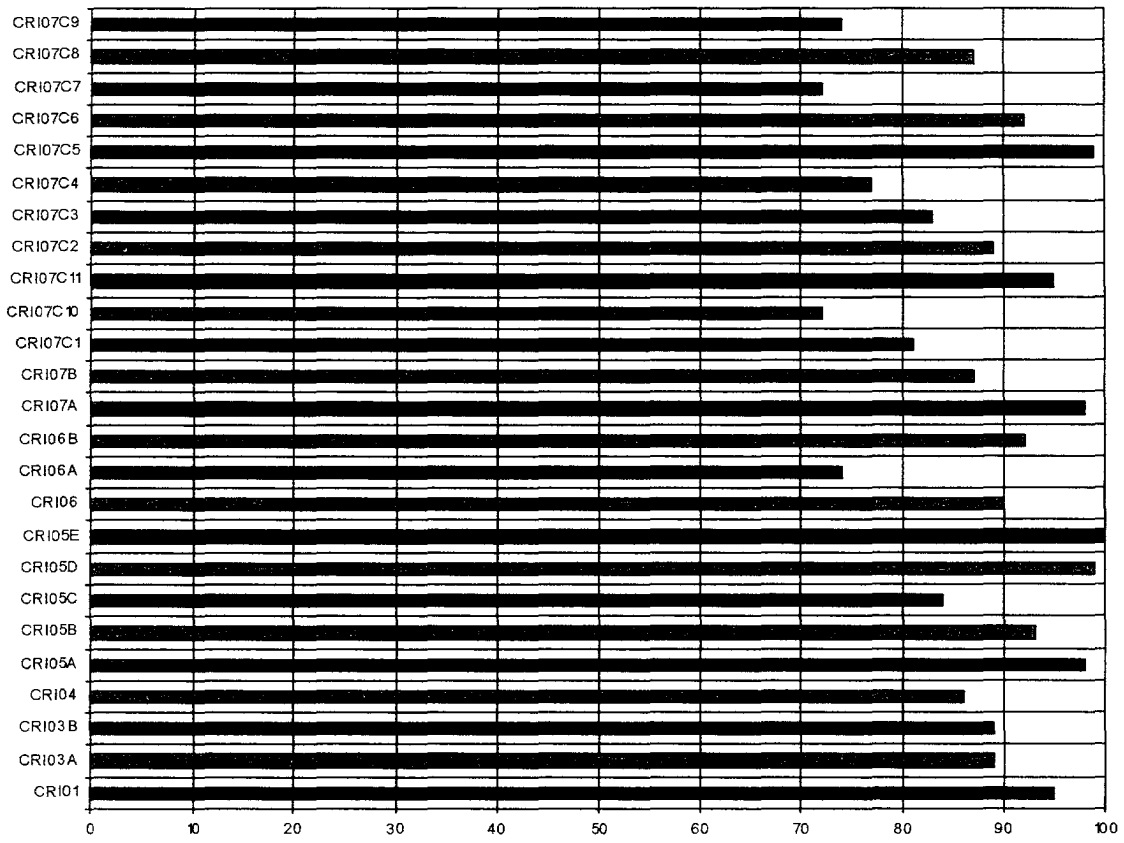
CRI07C2 - Does comprehensive assessment include Legal status

## Performance Outcome - 4.01

**Individuals receive timely, adequate, and comprehensive assessments and services are initiated within appropriate time frames.**

---

**Percent Responding "Yes" / Meeting Criterion**




CRI07C11 - Does comprehensive assessment include Substance use history

CRI07C10 - Does comprehensive assessment include Resources/Entitlements

CRI07C1 - Does comprehensive assessment include Mental health status

CRI07B - Was a face-to-face interview conducted during the assessment

CRI07A - Is there a comprehensive assessment or evaluation?

CRI06B - Is it complete? (All 5 axis)

CRI06A - Is it current? (Within the last 12 months)

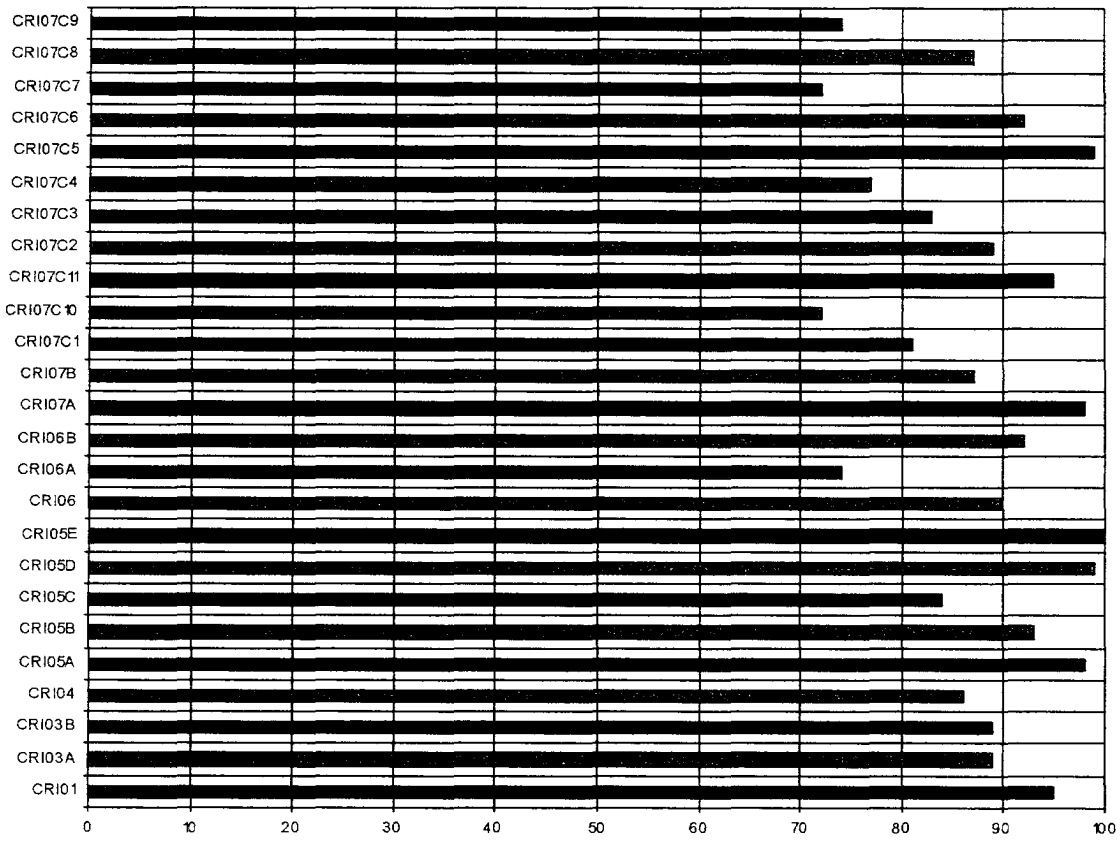
CRI06 - Does the assessment information include a psychiatric diagnosis?

## Performance Outcome - 4.01

**Individuals receive timely, adequate, and comprehensive assessments and services are initiated within appropriate time frames.**

---

**Percent Responding "Yes" / Meeting Criterion**




CRI05E - Does the intake assessment include:Family history

CRI05D - Does the intake assessment include:Substance use history?

CRI05C - Does the intake assessment include:Medical history?

CRI05B - Does the intake assessment include - Past psychiatric history

CRI05A - Does the intake assessment include Reason for request/referral for services?

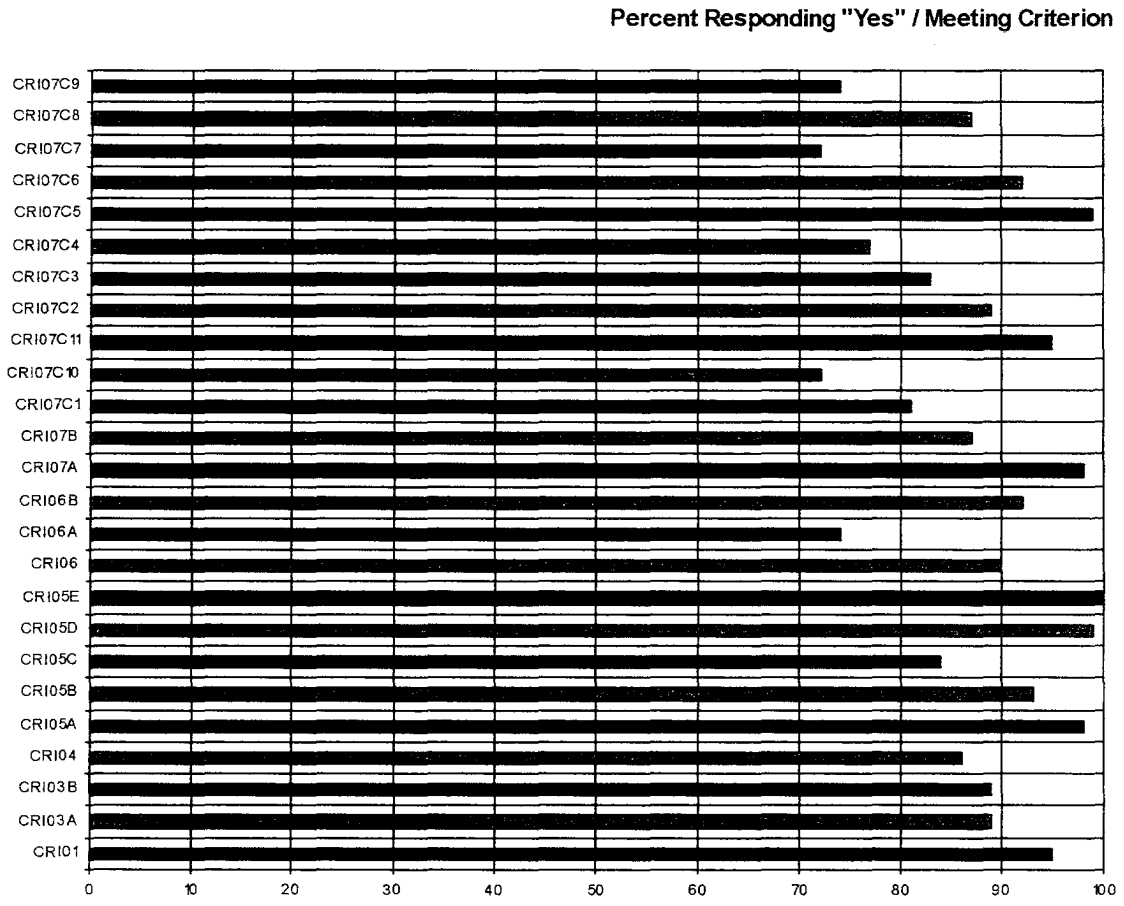
CRI04 - Was the intake assessment performed by (or reviewed by) qualified staff?

CRI03B - Was input from the person included in assessment -success of previous treatment?

CRI03A - Was input from the person included in assessment-history of previous treatment?

## Performance Outcome - 4.01

**Individuals receive timely, adequate, and comprehensive assessments and services are initiated within appropriate time frames.**



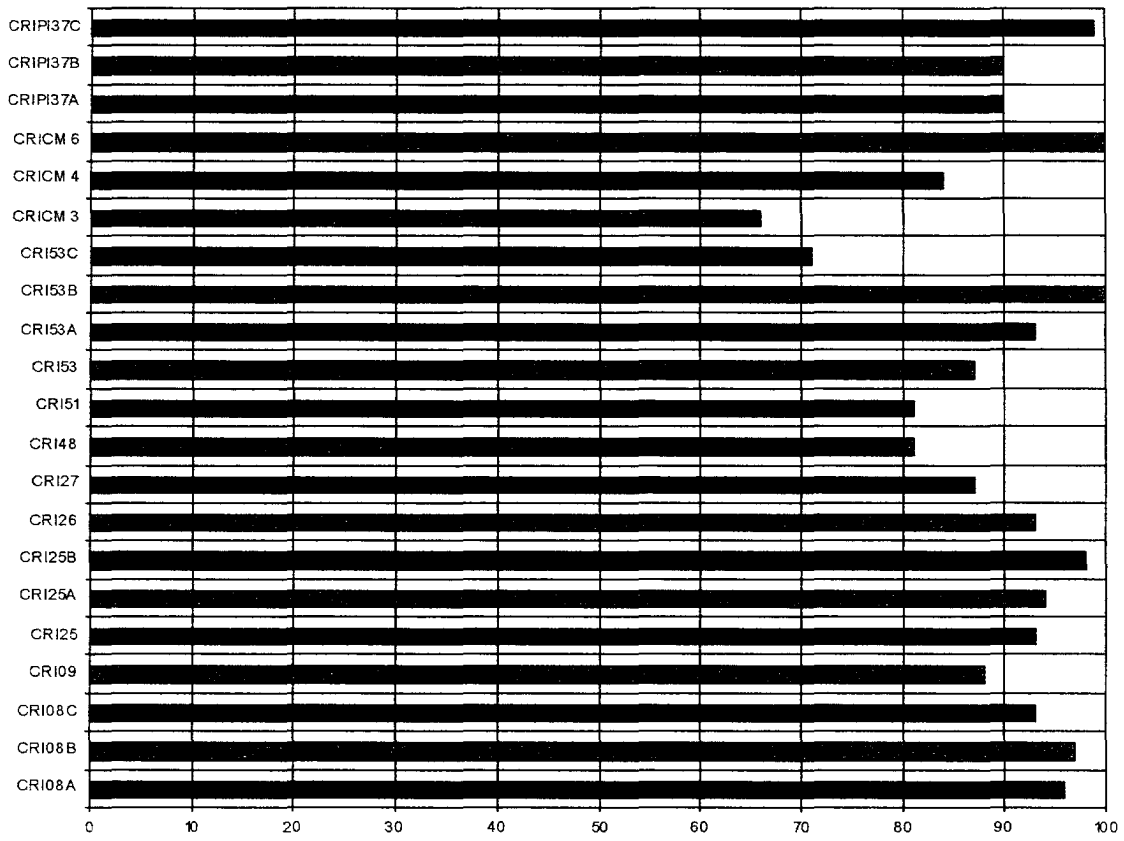

CRI01 - Is the intake assessment timely

## Performance Outcome - 4.01

**Individuals receive timely, adequate, and comprehensive assessments and services are initiated within appropriate time frames.**

---

**Percent Responding "Yes" / Meeting Criterion**




CRIPI37C - Major change in the services Discharge/termination of a day/vocational program?

CRIPI37B - Major change in the services Discharge/termination from residential program?

CRIPI37A - Major change in services - Decrease or temination of services

CRICM6 - Has the team met within the last 12 months to discuss the the individual?

CRICM4 - How does the ISP address these issues and needs?

CRICM3 - What are the most important issues and needs to be addressed with this person?

CRI53C - The CM met with the individual within 7 days of discharge?

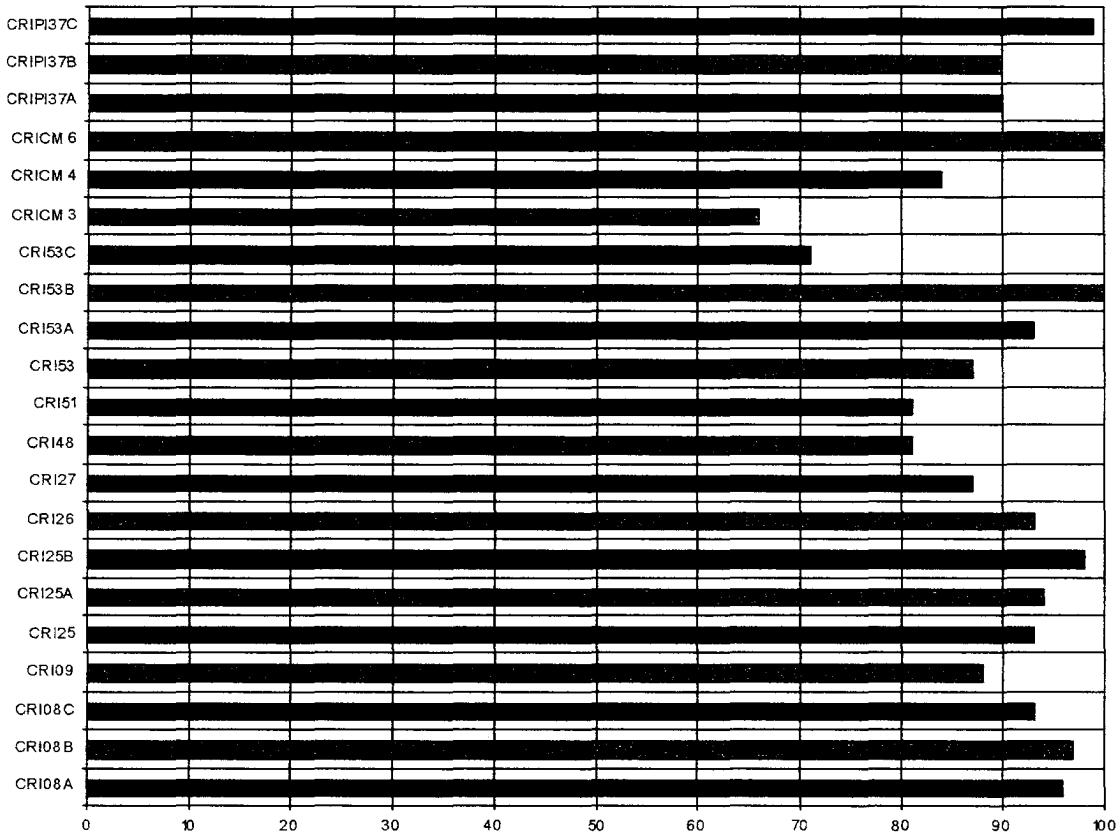
CRI53B - Is there documentation of services or contact within 30 days?

## Performance Outcome - 4.01

**Individuals receive timely, adequate, and comprehensive assessments and services are initiated within appropriate time frames.**

---

**Percent Responding "Yes" / Meeting Criterion**




CRI53A - Is there documentation of services or contact within seven days of discharge?

CRI53 - Outpatient services initiated after discharge from hospital or RTC?

CRI51 - Is there evidence the CM or clinical team met with the person in the hospital?

CRI48 - Was an inpatient treatment and discharge plan developed by the tenth day

CRI27 - Are all the behavioral health treatment needs adequately addressed?

CRI26 - Are the person's basic needs addressed?

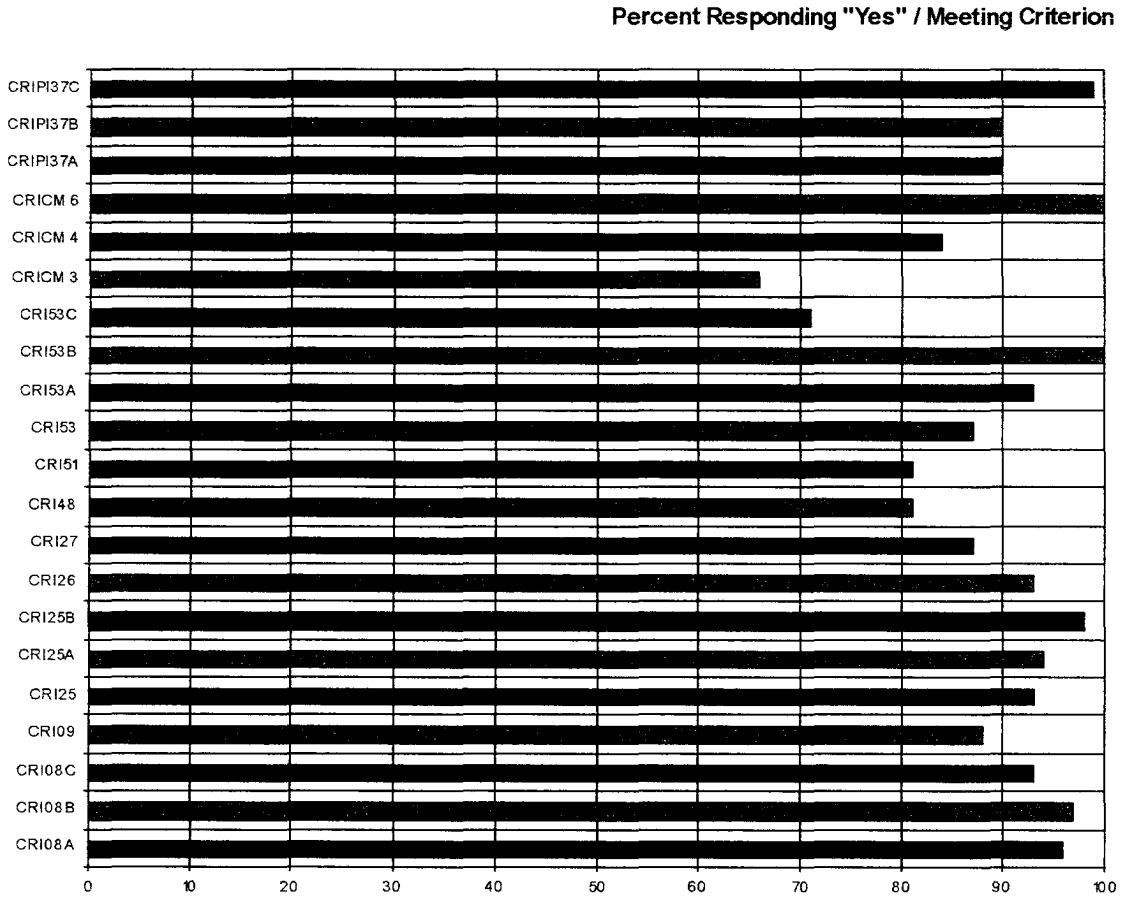
CRI25B - Are on-going services delivered per service/treatment plan?

CRI25A - Is the provider plan consistent with the ISP?

## Performance Outcome - 4.01

**Individuals receive timely, adequate, and comprehensive assessments and services are initiated within appropriate time frames.**

---




CRI25 - Is service delivery timely

CRI09 - Is the assessment information sufficient for the clinical staff

CRI08C - Do evaluations address: Follow up efforts to secure needed information

CRI08B - Do evaluations reports address: Further evaluation or assessments required

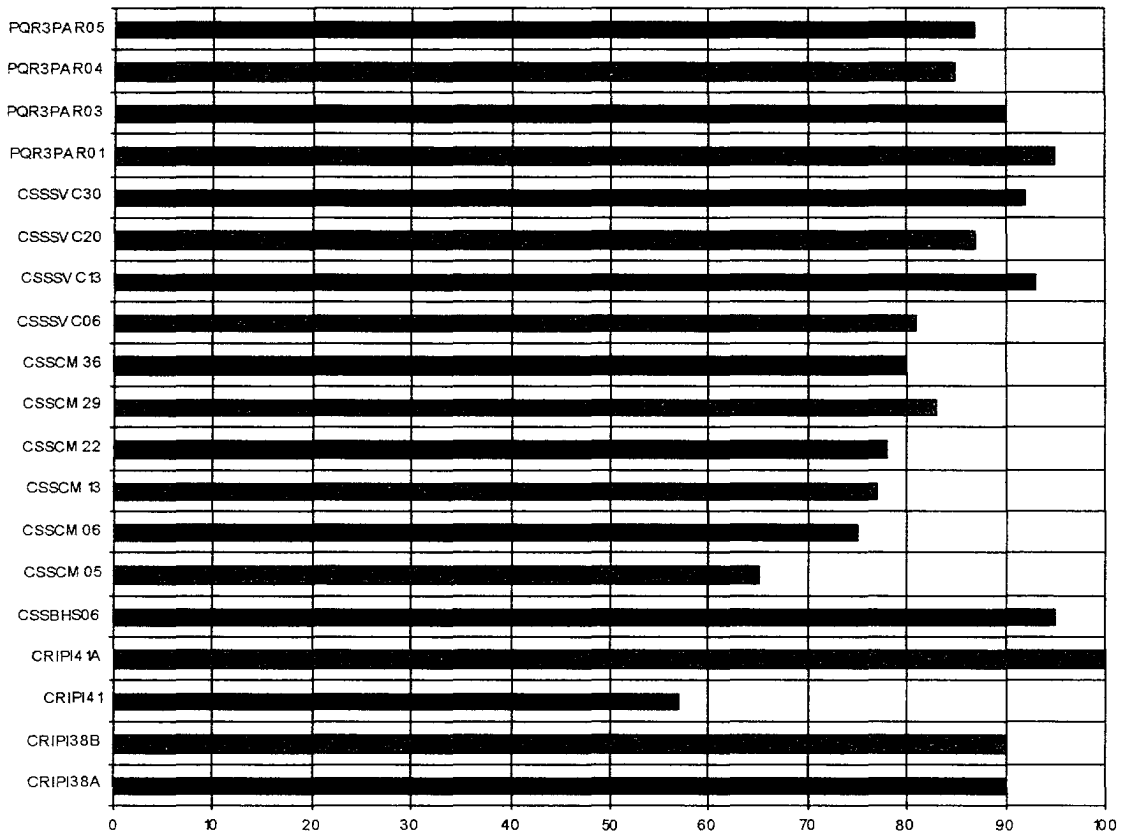
CRI08A - Do evaluations address: Any required provisional or emergency services

## Performance Outcome - 4.01

**Individuals receive timely, adequate, and comprehensive assessments and services are initiated within appropriate time frames.**

---

**Percent Responding "Yes" / Meeting Criterion**




PQR3PAR05 -Delay reasons when first services beyond 30 calendar day are reported

PQR3PAR04 -Failure reasons for intakes not conducted are reported to COMCARE

PQR3PAR03-Delay reasons for intakes beyond the 7 calendar day standard are reported

PQR3PAR01 -Intakes are performed within 7 days of the date of referral

CSSSVC30 - In an overall general sense, how satisfied are you with the service

CSSSVC20 - What is your feeling about explanations of procedures and approaches used.

CSSSVC13 - What is your overall feeling about the availability of appointment times

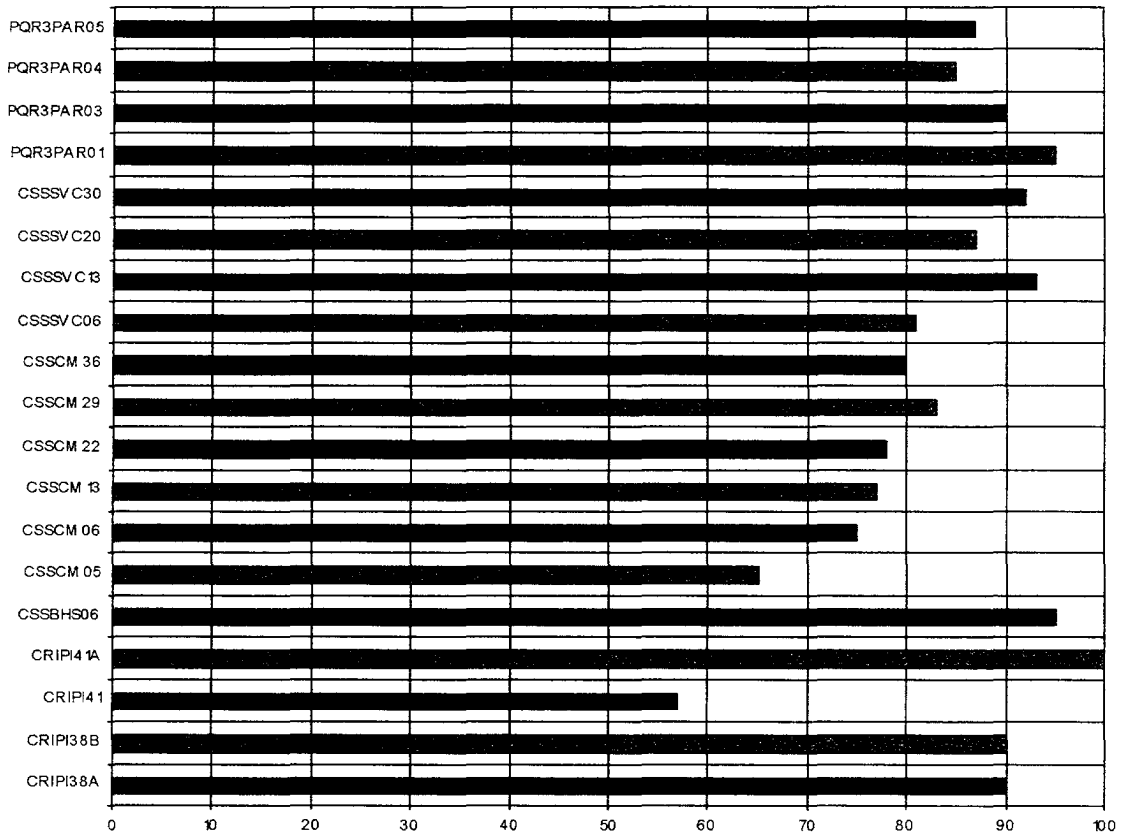
CSSSVC06 - What is your feeling about the knowledge and competence of the practitioner

## Performance Outcome - 4.01

**Individuals receive timely, adequate, and comprehensive assessments and services are initiated within appropriate time frames.**

---

**Percent Responding "Yes" / Meeting Criterion**




CSSCM36 - What is your overall general sense of how satisfied are you with the service

CSSCM29 - What is your overall feeling about the willingness to see you

CSSCM22 - What is your overall feeling about the explanations of how the agency works

CSSCM13 - What is your feeling about getting appointment times that fit your schedule

CSSCM06 - What is your overall feeling about the knowledge and competence of the staff

CSSCM05 - What is your overall feeling about the the kinds of questions asked

CSSBHS06 - The clinic/office offers convenient appointment times?

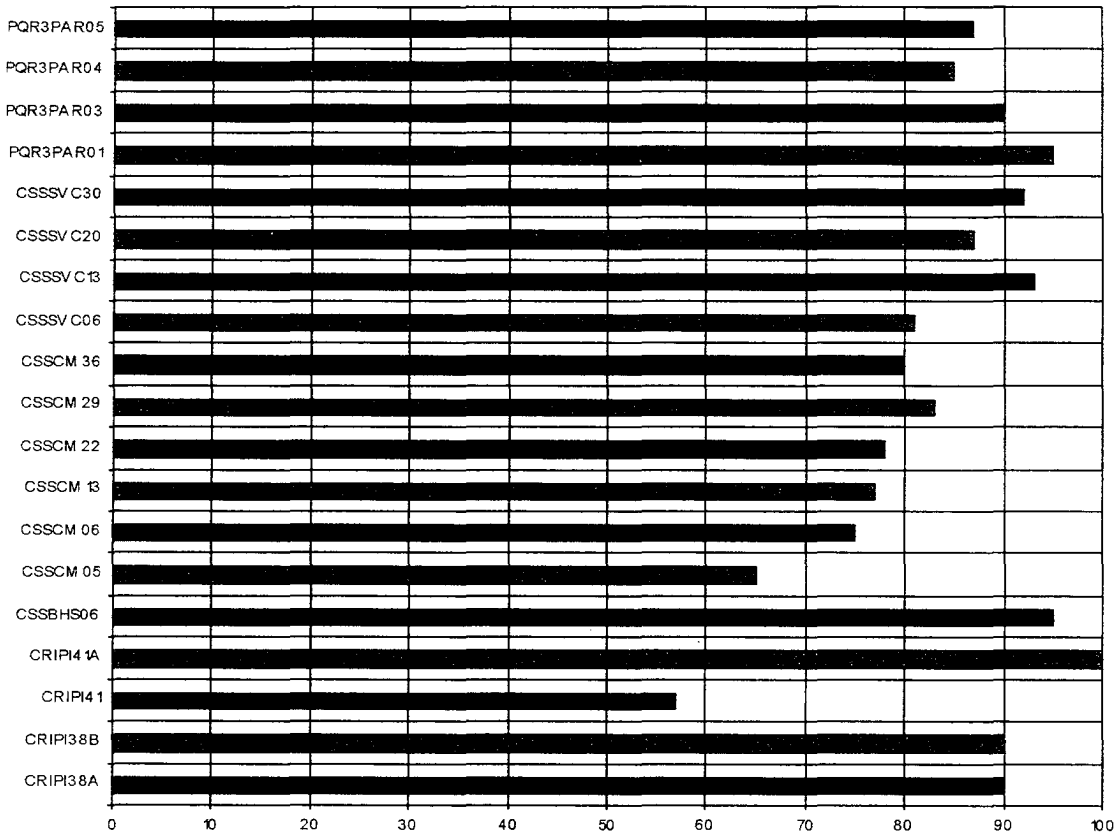
CRIPI41A - Describe the other services you feel you need.

## Performance Outcome - 4.01

**Individuals receive timely, adequate, and comprehensive assessments and services are initiated within appropriate time frames.**

---

**Percent Responding "Yes" / Meeting Criterion**




CRIPI41 - Are there additional services you feel you need?

CRIPI38B - If yes to any part of 37, were the reasons explained to you in advance?

CRIPI38A - If yes to any part of 37, did you agree to these changes?

# PROSPECTIVE EXAMPLE OF DATA REPORT

All data are artificial and keyed to the data collection tools in existence in November, 1996

## Trend Report for Principle #4 and Performance Outcome 4.01

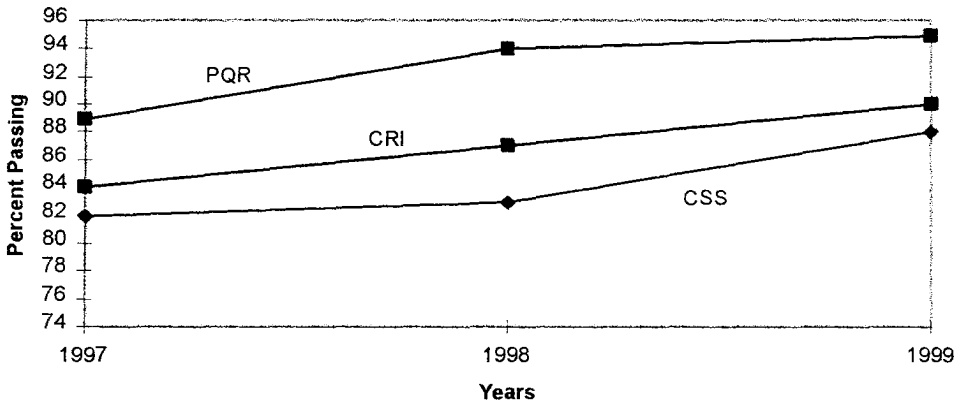
**Performance Principle 4**

Services are accessible, timely, and in the least restrictive setting necessary to meet the clinical needs of the individual.

**Performance Outcome 4.01**

Individuals receive timely, adequate, and comprehensive assessments, and services are initiated within appropriate time frames.

**Distribution of Scores for 1997 through 1999**




| | 1997 | 1998 | 1999 |
|---|---|---|---|
| Case File Review | 84 | 87 | 90 |
| Client Satisfaction | 82 | 83 | 88 |
| Provider Quality Review | 89 | 94 | 95 |

ATTACHMENT G.2F
PERFORMANCE OUTCOME 5.05

# PROSPECTIVE EXAMPLE OF DATA REPORT

All data are artificial and keyed to the data collection tools in existence in November, 1996

## PRINCIPLE #5 AND PERFORMANCE OUTCOME 5.05

**Principle** People are encouraged and supported to challenge the system to continually improve its services.

**Outcome** Consumers who lack the capacity or who need assistance in making personal decisions related to daily living, money management, and/or medical or mental health treatment are provided appropriate assistance through the appointment of a guardian, conservator, representative payee, and/or any other advocate or other representative

| Instrument | Item | Yes | No | NA |
|---|---|---|---|---|
| CRI 11A | Has the team assessed that the person is in need of special assistance: in participating in treatment planning? | 150 | 28 | 0 |
| CRI 11B | Has the team assessed that the person is in need of special assistance: in participating in the grievance process? | 145 | 33 | 0 |
| CRI 12 | If "yes" to either part of 11, is there evidence that special assistance was offered or provided by ADHS or the RBHA? | 160 | 1 | 17 |
| CRI 12B | If "no" to either part of 11, does the reviewer believe that the individual needs special assistance? | 13 | 20 | 145 |
| CRI CM10 | If yes to either 8 or 9, was this special assistance provided by ADHS or RBHA? | 158 | 0 | 20 |
| CRI CM8 | Does this person appear to need special assistance in participating in the treatment/service planning process? | 150 | 23 | 5 |
| CRI CM9 | In understanding or participating in the appeal or a grievance process? | 156 | 12 | 10 |
| CRI PI30 | Do you feel you need special assistance to help you understand your treatment and/or discharge plan? | 146 | 22 | 10 |
| CRI PI31 | If yes to #30, has special assistance been provided to you? | 150 | 18 | 10 |
| CRI PI32 | If you take psychotropic medications, were the reasons for taking the medication clearly explained to you? | 156 | 12 | 10 |
| CRI PI38A | If yes to any part of 37, did you agree to these changes? | 165 | 3 | 10 |
| CRI PI38B | If yes to any part of 37, were the reasons for the changes explained to you in advance? | 155 | 13 | 10 |
| CRI PI39A | Were you notified of your right to appeal treatment decisions? | 156 | 2 | 20 |

# PROSPECTIVE EXAMPLE OF DATA REPORT

All data are artificial and keyed to the data collection tools in existence in November, 1996

## PRINCIPLE #5 AND PERFORMANCE OUTCOME 5.05

| Instrument | Item | Yes | No | NA |
|---|---|---|---|---|
| CRI PI39B | Were you notified of your right to file a grievance? | 166 | 12 | 0 |

| Instrument | Item | Percent Meeting Criterion |
|---|---|---|
| CSS CM35 | What is your overall feeling about the substitute payee (representative payee) services you have received? | 95 |
| PQR SMI05 | Does the agency forward copies of the request for special assistance to the Office of Human Rights? | 96 |

## Performance Outcome - 5.05

**Consumers who lack the capacity or who need assistance in making personal decisions related to daily living, money management, and/or medical or mental health treatment are provided appropriate assistance through the appointment of a guardian, conservator, representative payee, and/or any other advocate or other representative.**

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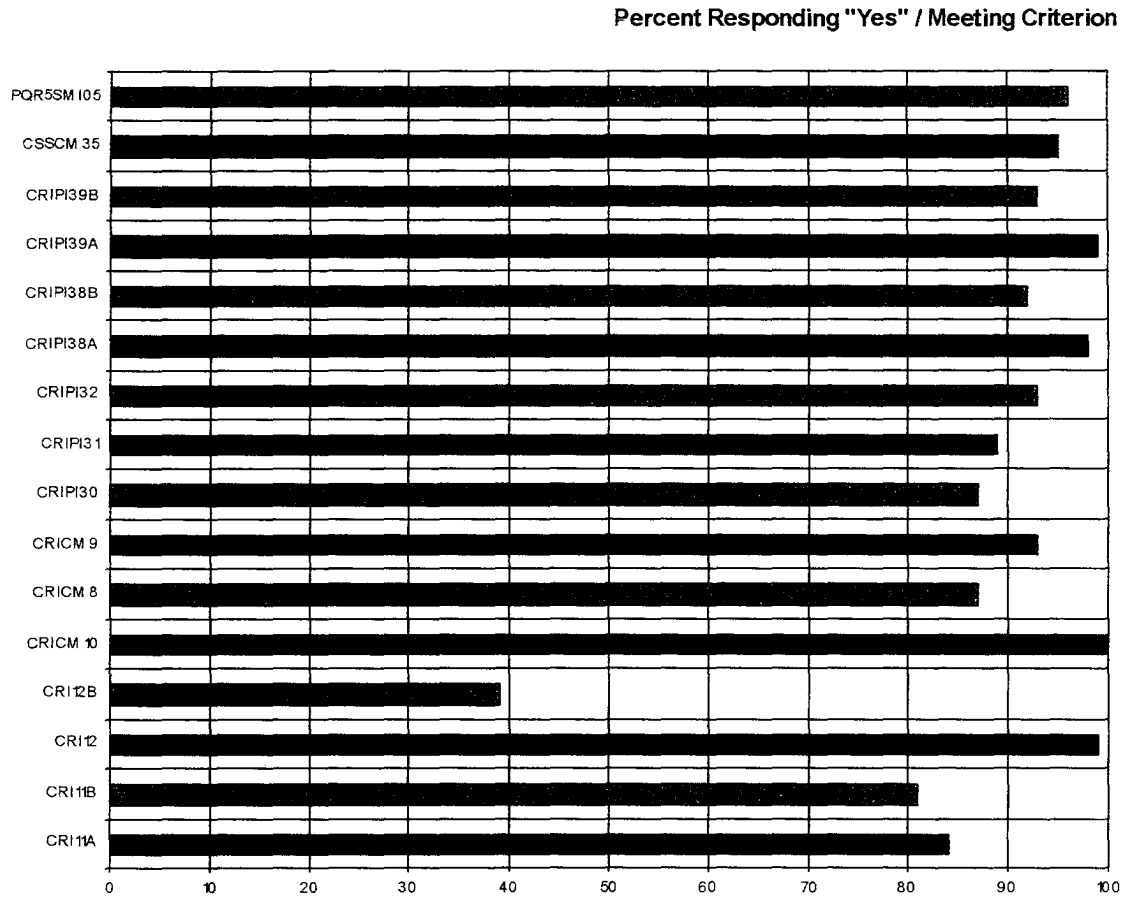


PQR5SMI05-Does agency forward requests for special assistance to Office of Human Rights?

CSSCM35 - What is your overall feeling about the substitute payee

CRIPI39B - Were you notified of your right to file a grievance?

CRIPI39A - Were you notified of your right to appeal treatment decisions?

CRIPI38B - If yes to any part of 37, were the reasons explained to you in advance?

CRIPI38A - If yes to any part of 37, did you agree to these changes?

CRIPI32 - If you take psychotropic medications, were reasons clearly explained

CRIPI31 - If yes to #30, has special assistance been provided to you?

## Performance Outcome - 5.05

**Consumers who lack the capacity or who need assistance in making personal decisions related to daily living, money management, and/or medical or mental health treatment are provided appropriate assistance through the appointment of a guardian, conservator, representative payee, and/or any other advocate or other representative.**

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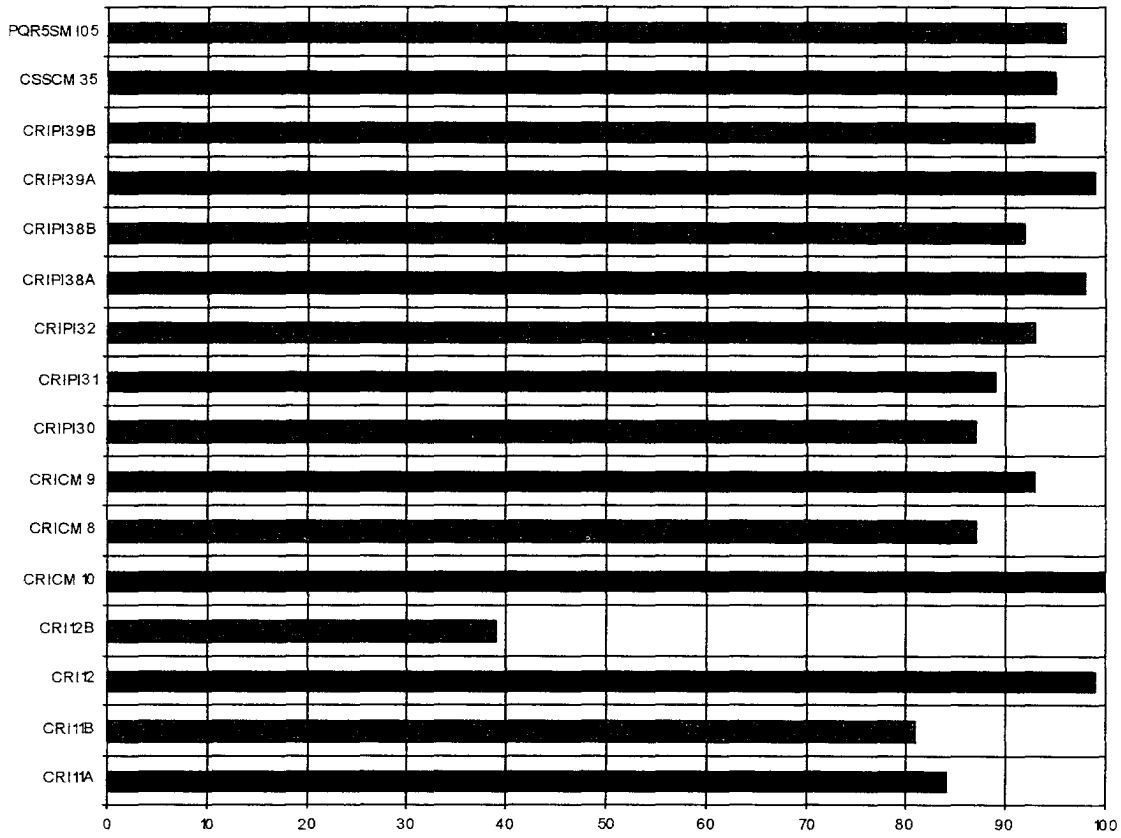
**Percent Responding "Yes" / Meeting Criterion**




CRIPI30 - Do you need special assistance with your treatment/discharge plan?

CRICM9 - In understanding or participating in the appeal or a grievance process?

CRICM8 - Does person need assistance in the treatment/service planning process?

CRICM10 - If yes to either 8 or 9, was this special assistance provided by ADHS or RBHA?

CRI12B - If "no" to either part of 11, does the individual needs special assistance?

CRI12 - If "yes" to either part of 11, was offered or provided by ADHS or the RBHA?

CRI11B - Has the team assessed the person's need for assistancein the grievance process?

CRI11A - Has the team assessed the person's need for assistance in treatment planning?

# PROSPECTIVE EXAMPLE OF DATA REPORT

All data are artificial and keyed to the data collection tools in existence in November, 1996

## Trend Report for Principle #5 and Performance Outcome 5.05

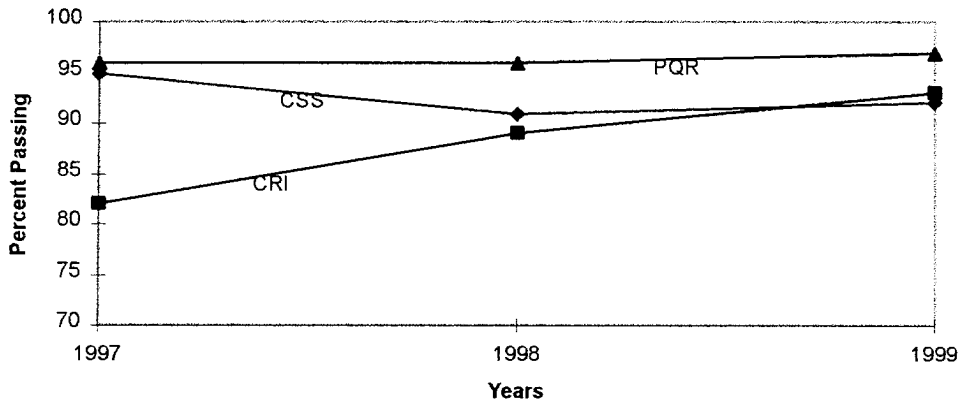
**Performance Principle 5**

People are encouraged and supported to challenge the system to continually improve its services.

**Performance Outcome 5.05**

Consumers who lack the capacity or who need assistance in making personal decisions related to daily living, money management, and/or medical or mental health treatment are provided appropriate assistance through the appointment of a guardian, conservator, representative payee, and/or any other advocate or other representative.

**Distribution of Scores for 1997 through 1999**




| | 1997 | 1998 | 1999 |
|---|---|---|---|
| Case File Review | 82 | 89 | 93 |
| Client Satisfaction | 95 | 91 | 92 |
| Provider Quality Review | 96 | 96 | 97 |

ATTACHMENT G.2G
PERFORMANCE OUTCOME 6.01

# PROSPECTIVE EXAMPLE OF DATA REPORT

All data are artificial and keyed to the data collection tools in existence in November, 1996

## PRINCIPLE #6 AND PERFORMANCE OUTCOME 6.01

**Principle** Identification and resolution of problems and concerns in the service delivery system, as well as other proactive efforts toward improving consumer care and service are important priorities for ADHS and all service providers.

**Outcome** ADHS will establish and maintain a quality management system which provides objective assessment of the performance of the service delivery system in accordance with the mission of the agency and the laws, regulations, and administrative rules under which it operates.

| Instrument | Item | Percent Meeting Criterion |
|---|---|---|
| PQR QMP01 | An active Quality Management Committee | 95 |
| PQR QMP02 | Written performance improvement activities including performance standards and indicators as well as outcome measures | 93 |
| PQR QMP03 | Written Peer Review OR Case Review policy, procedure and active practice of same as evidenced by documentation, minutes, or summaries | 87 |
| PQR QMP04A | Written medical record policy & procedure: Reflection of all aspects of care provided | 88 |
| PQR QMP04B | Written medical record policy & procedure: Client Information System Intake Form | 89 |
| PQR QMP04C | Written medical record policy & procedure: Assessment A | 94 |
| PQR QMP04D | Written medical record policy & procedure: Assessment B | 93 |
| PQR QMP04E | Written medical record policy & procedure: Financial Information Form | 90 |
| PQR QMP04F | Written medical record policy & procedure: Comprehensive Assessment/ Evaluation | 89 |
| PQR QMP04G | Written medical record policy & procedure: Individual Service Plan/ Treatment Plan | 88 |
| PQR QMP04H | Written medical record policy & procedure: Letter of Authorization/ Service Authorization Form | 96 |
| PQR QMP04I | Written medical record policy & procedure: ALFA or CAFAS | 95 |
| PQR QMP04J | Written medical record policy & procedure: Progress Notes | 95 |

# PROSPECTIVE EXAMPLE OF DATA REPORT

All data are artificial and keyed to the data collection tools in existence in November, 1996

## PRINCIPLE #6 AND PERFORMANCE OUTCOME 6.01

| Instrument | Item | Percent Meeting Criterion |
|---|---|---|
| PQR QMP04K | Written medical record policy & procedure: Discharge Summary | 94 |
| PQR QMP04L | Written medical record policy & procedure: Medication and lab sheet | 92 |
| PQR QMP04M | Written medical record policy & procedure: Results of all diagnostic testing and consultations | 90 |
| PQR QMP04N | Written medical record policy & procedure: Written policy/procedure for treatment plan reviews in accordance with SMI rules | 92 |
| PQR POS01A | Provider has active QM Program: written Quality Management Committee Minutes | 88 |

## Performance Outcome - 6.01

**ADHS will establish and maintain a quality management system which provides objective assessment of the performance of the service delivery system in accordance with the mission of the agency and the laws, regulations, and administrative rules under which it operates.**

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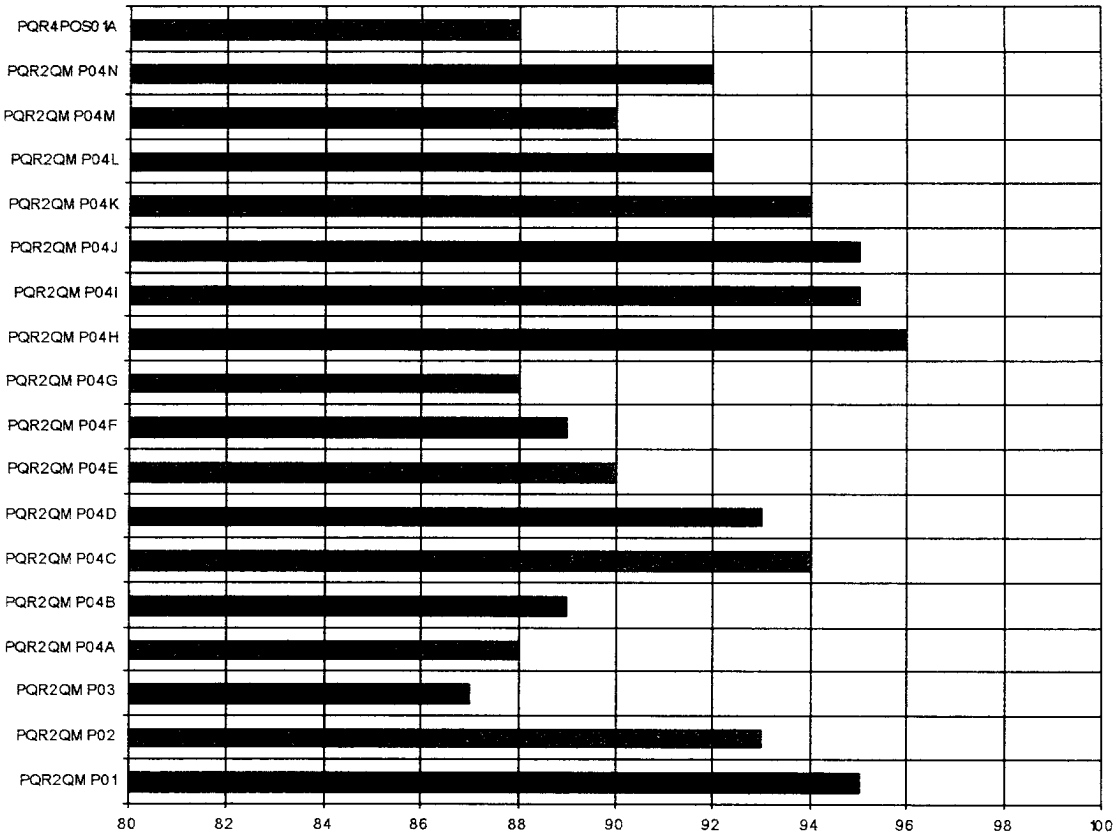
**Percent Responding "Yes" / Meeting Criterion**




PQR4POS01A -Provider has active QM Program: written Quality Management Committee Minutes

PQR2QMP04N-Written Med Rec Written policy/procedure for treatment plan reviews

PQR2QMP04M-Written Med Rec policy&procedure: Results all diagnostic testing/consultations

PQR2QMP04L-Written Med Rec policy&procedure: Medication and lab sheet

PQR2QMP04K-Written Med Rec policy&procedure: Discharge Summary

PQR2QMP04J-Written Med Rec policy&procedure: Progress Notes

PQR2QMP04I-Written Med Rec policy&procedure: ALFA or CAFAS

PQR2QMP04H-Written Med Rec policy&procedure: Letter of Authorization/Service Authorization Form

## Performance Outcome - 6.01

**ADHS will establish and maintain a quality management system which provides objective assessment of the performance of the service delivery system in accordance with the mission of the agency and the laws, regulations, and administrative rules under which it operates.**

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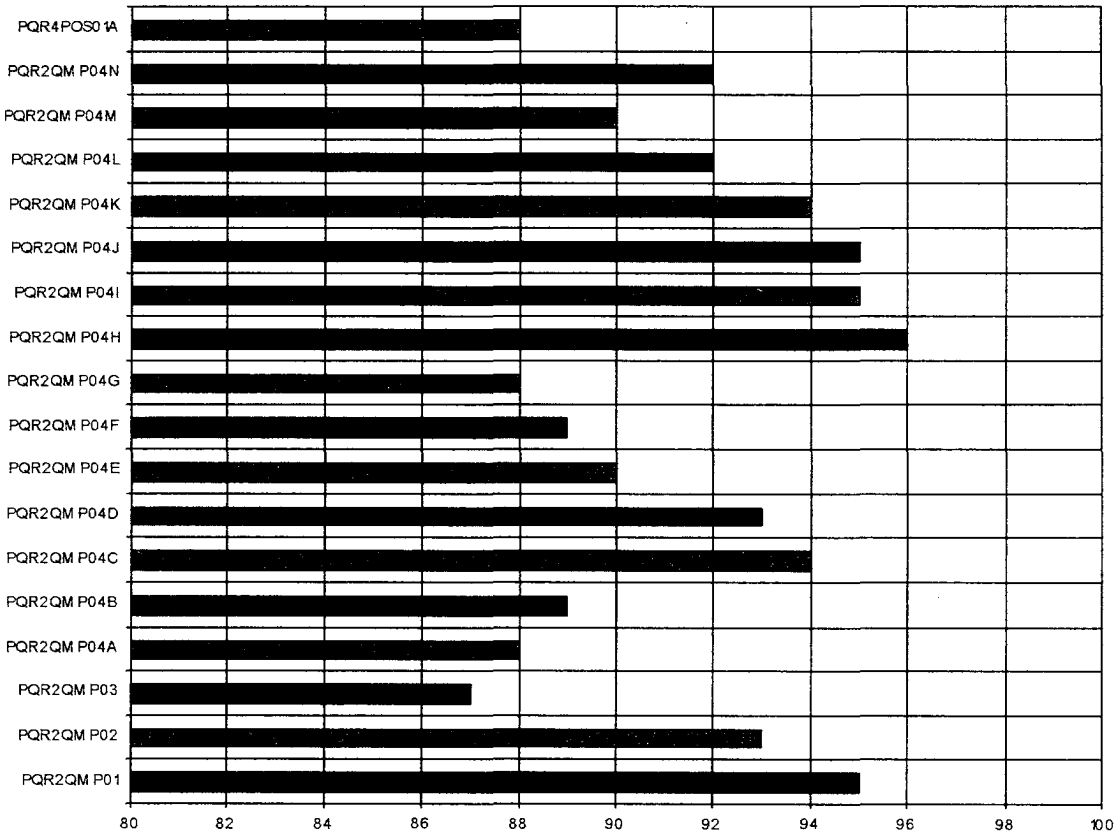
**Percent Responding "Yes" / Meeting Criterion**




PQR2QMP04G-Written Med Rec policy&procedure: Individual Service Plan/Treatment Plan

PQR2QMP04F-Written Med Rec policy&procedure: Comprehensive Assessment/Evaluation

PQR2QMP04E-Written Med Rec policy&procedure: Financial Information Form

PQR2QMP04D-Written Med Rec policy&procedure: Assessment B

PQR2QMP04C-Written Med Rec policy&procedure: Assessment A

PQR2QMP04B-Written Med Rec policy&procedure: Client Information System Intake Form

PQR2QMP04A-Written Med Rec policy&procedure: Reflection of all aspects of care provided

PQR2QMP03 -Written Peer Review OR Case Review policy, procedure and active practice

## Performance Outcome - 6.01

**ADHS will establish and maintain a quality management system which provides objective assessment of the performance of the service delivery system in accordance with the mission of the agency and the laws, regulations, and administrative rules under which it operates.**

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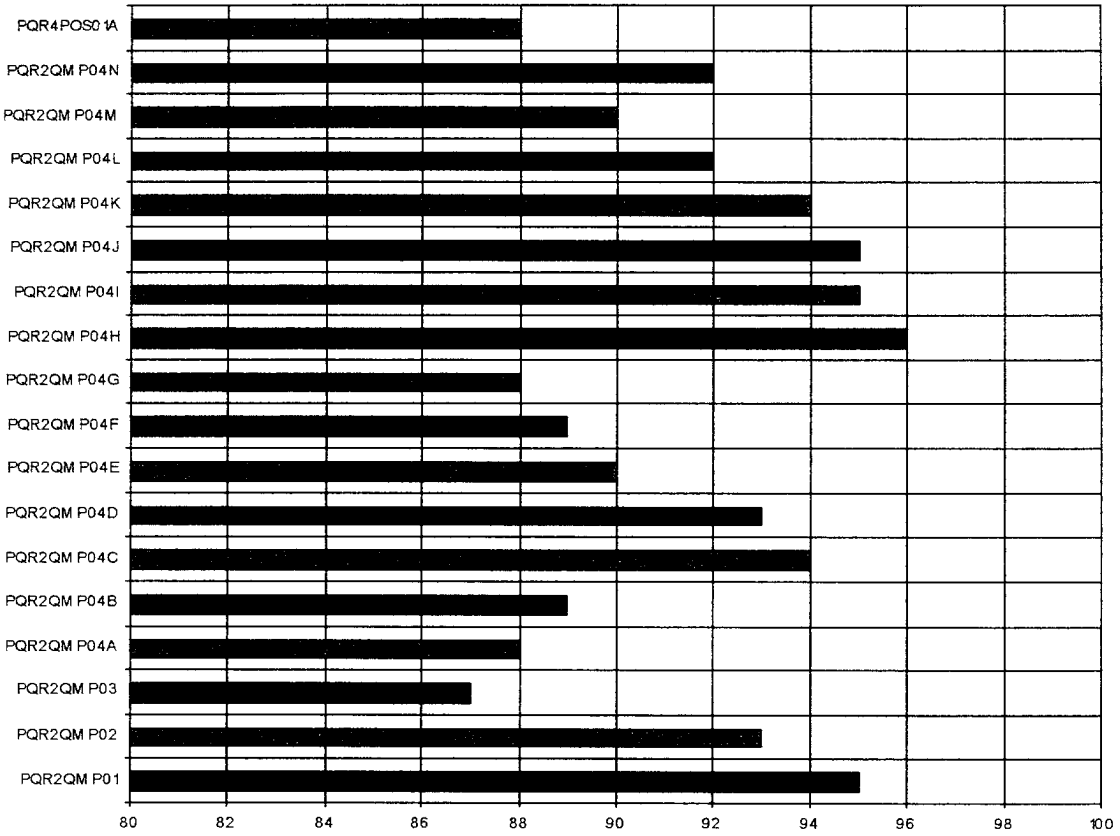
**Percent Responding "Yes" / Meeting Criterion**




PQR2QMP02 -Written performance improvement activities

PQR2QMP01 -An active Quality Management Committee

# PROSPECTIVE EXAMPLE OF DATA REPORT

All data are artificial and keyed to the data collection tools in existence in November, 1996

## Trend Report for Principle #6 and Performance Outcome 6.01

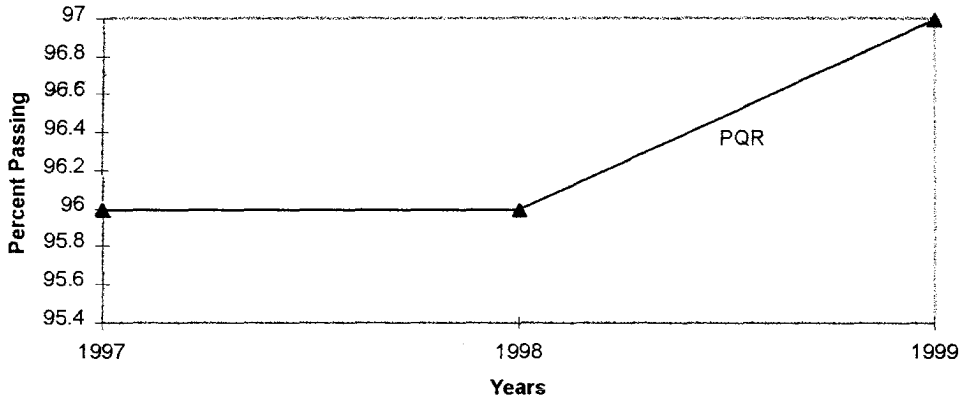
**Performance Principle 6**

Identification and resolution of problems and concerns in the service delivery system, as well as other proactive efforts toward improving consumer care and services are important priorities of ADHS and all service providers.

**Performance Outcome 6.01**

ADHS will establish and maintain a quality management system which provides objective assessment of the performance of the service delivery system in accordance with the mission of the agency and the laws, regulations, and administrative rules under which it operates.

**Distribution of Scores for 1997 through 1999**




| | 1997 | 1998 | 1999 |
|---|---|---|---|
| Provider Quality Review | 96 | 96 | 97 |

ATTACHMENT G.3
APPENDIX C REPORT

# PROSPECTIVE EXAMPLES OF DATA REPORTS

All data are artificial and keyed to the data collection tools in existence as of April, 1997

## *Appendix C Report*

Appendix C of the *Exit Stipulation* specifies 17 criteria with required thresholds for each of three years. ADHS/DBHS is responsible for reporting on 16 of the 17 criteria; Criterion 13 is applicable only to the Maricopa County Jail.

As was done for the Performance Outcome reports, ADHS/DBHS constructed a prospective example of a data report for Appendix C Criteria. However, for only the Appendix C data report, shown in Attachment G3a, were the latest versions of the Case Review Instrument (Version 15.00 of April, 1997 shown in Attachment E 1), and the Provider Quality Review (April, 1997 version shown in Attachment E 3) used.

For the Appendix C data report shown in Attachment G3a, ADHS/DBHS identified items from the Case Review Instrument, the Provider Quality Review, and the RBHA Evaluation process which assess system performance on the 16 criteria. Artificial data were used in creating this report to illustrate comparison of findings to the annual thresholds for Year 1.

ATTACHMENT G.3A
APPENDIX C REPORT

## PROSPECTIVE EXAMPLE OF DATA REPORT

All Data are Artificial

### EXIT STIPULATION APPENDIX C CRITERIA

| Criterion 01 | Thresholds | |
|---|---|---|
| **Priority clients have case managers** | **Year 1** | **85%** |
| | **Year 2** | **95%** |

| Instrument | Item | Source | Year 1 Score |
|---|---|---|---|
| CRI 187 | Does the client have a case manager? | Summary | 87% |

Instruments: CRI = Case Review Instrument
PQR = Provider Quality Review

## PROSPECTIVE EXAMPLE OF DATA REPORT

All Data are Artificial

## EXIT STIPULATION APPENDIX C CRITERIA

| Criterion 02 | Thresholds | |
|---|---|---|
| **Except in the unusual circumstance where the person is properly assigned to the case coordination model, priority clients have clinical teams which include the client, nurse, physician, case manager and vocational specialist unless employment has been determined by the team and the client no longer to be an issue.** | **Year 1** | **35%** |
| | **Year 2** | **65%** |
| | **Year 3** | **85%** |

| Instrument | Item | Source | Year 1 Score |
|---|---|---|---|
| CRI 20 | Unless properly assigned to case coordination, the priority client has an appropriate clinical team as indicated in 19A-19E?<br><br>19. Is there evidence of active participation in service/treatment planning by the following:<br>A. Person D. RBHA case manager/<br>B. Psychiatrist<br>C. Nurse E. Vocational specialist | RBHA | 60% |

Instruments: CRI = Case Review Instrument
PQR = Provider Quality Review

## PROSPECTIVE EXAMPLE OF DATA REPORT

All Data are Artificial

### EXIT STIPULATION APPENDIX C CRITERIA

| Criterion 03 | Thresholds | |
|---|---|---|
| **Within ninety days of a determination of eligibility, priority clients whose clinical needs require extended ISPs have extended ISPs, with a functional assessment and long term view.** | **Year 1** | **35%** |
| | **Year 2** | **65%** |
| | **Year 3** | **90%** |

| Instrument | Item | Source | Year 1 Score |
|---|---|---|---|
| CRI 14 | Priority clients whose clinical needs require EISPs, have an EISP with a functional assessment and long-term view. | RBHA | 62% |
| CRI 16 | Was the individual service plan completed within 90 days of intake? | RBHA | 58% |

For compliance purposes, both items must be answered "Yes."

Instruments: CRI = Case Review Instrument
PQR = Provider Quality Review

## PROSPECTIVE EXAMPLE OF DATA REPORT

All Data are Artificial

## EXIT STIPULATION APPENDIX C CRITERIA

| Criterion | 04 | Thresholds | |
|---|---|---|---|
| **Priority clients shall have periodic reviews at least every six months.** | | **Year 1** | **35%** |
| | | **Year 2** | **65%** |
| | | **Year 3** | **85%** |

| Instrument | Item | Source | Year 1 Score |
|---|---|---|---|
| CRI 17 | Was the plan reviewed within the last six months? | RBHA | 76% |

Instruments: CRI = Case Review Instrument
PQR = Provider Quality Review

## PROSPECTIVE EXAMPLE OF DATA REPORT

All Data are Artificial

## EXIT STIPULATION APPENDIX C CRITERIA

| Criterion 05 | Thresholds | |
|---|---|---|
| **Whenever there is a substantial reduction of services, a substantial modification or a residential setting or day/vocational program, or a termination of services, classmembers' ISPs are modified with the client's consent or consistent with the ISP rules.** | **Year 1** | **30%** |
| | **Year 2** | **60%** |
| | **Year 3** | **80%** |

| Instrument | Item | Source | Year 1 Score |
|---|---|---|---|
| CRI 30 | During the past year, was there a substantial reduction of services, a substantial modification of a residential setting or day/vocational program, or a termination of services?<br><br>A. If yes, was the person's ISP modified with either their consent or consistent with the ISP rules? | RBHA | 80% |

Instruments: CRI = Case Review Instrument
PQR = Provider Quality Review

## PROSPECTIVE EXAMPLE OF DATA REPORT

All Data are Artificial

### EXIT STIPULATION APPENDIX C CRITERIA

| Criterion | 06 | Thresholds | |
|---|---|---|---|
| **Classmembers are informed of their right to appeal eligibility and treatment decisions** | | **Year 1** | **35%** |
| | | **Year 2** | **65%** |
| | | **Year 3** | **90%** |

| Instrument | Item | Source | Year 1 Score |
|---|---|---|---|
| CRI 181 | The person/guardian are aware of their rights to file a grievance or treatment appeal? | Summary | 60% |

Instruments: CRI = Case Review Instrument
PQR = Provider Quality Review

## PROSPECTIVE EXAMPLE OF DATA REPORT

All Data are Artificial

## EXIT STIPULATION APPENDIX C CRITERIA

| Criterion | 07 | Thresholds | |
|---|---|---|---|
| **The needs of priority clients are met consistent with their ISP.** | | **Year 1** | **30%** |
| | | **Year 2** | **60%** |
| | | **Year 3** | **80%** |

| Instrument | Item | Source | Year 1 Score |
|---|---|---|---|
| CRI 185 | The person's basic needs are reasonably met? | Summary | 72% |
| CRI 190 | For priority clients, are all the behavioral health needs met, consistent with their ISP or treatment plan? | Summary | 67% |
| CRI 186 | The person's behavioral health needs are addressed in the following domains:<br>a. living situation<br>b. day/work situation<br>c. social/leisure situation | Summary | 48% |

All questions must be answered "Yes" in order to demonstrate compliance with this criterion.

Instruments: CRI = Case Review Instrument
PQR = Provider Quality Review

## PROSPECTIVE EXAMPLE OF DATA REPORT

All Data are Artificial

## EXIT STIPULATION APPENDIX C CRITERIA

| Criterion 08 | Thresholds | |
|---|---|---|
| **The needs of classmembers are substantially met, consistent with their ISP if one exists, their treatment plan if no ISP is available, or the Special Needs Treatment Plan for inmates of the Jail.** | **Year 1** | **30%** |
| | **Year 2** | **60%** |
| | **Year 3** | **80%** |

| Instrument | Item | Source | Year 1 Score |
|---|---|---|---|
| CRI 185 | The person's basic needs are reasonably met? | Summary | 72% |
| CRI 191 | For class members, their behavioral health needs are substantially met consistent with their ISP or treatment plan? | Summary | 67% |
| CRI 186 | The person's behavioral health needs are addressed in the following domains:<br>a. living situation<br>b. day/work situation<br>c. social/leisure situation | Summary | 48% |

All questions must be answered "Yes" in order to demonstrate compliance with this criterion.

Instruments: CRI = Case Review Instrument
PQR = Provider Quality Review

## PROSPECTIVE EXAMPLE OF DATA REPORT

All Data are Artificial

## EXIT STIPULATION APPENDIX C CRITERIA

| Criterion 09 | Thresholds | |
|---|---|---|
| **Classmembers participate in the planning and development of their ISP if one exists, their treatment plan if no ISP is available, or the Special Needs Treatment plan for inmates of the Jail** | **Year 1** | **30%** |
| | **Year 2** | **60%** |
| | **Year 3** | **80%** |

| Instrument | Item | Source | Year 1 Score |
|---|---|---|---|
| CRI 175 | Did class members participate in the planning and development of their ISP (if one exists) or their treatment plan (if no ISP is available)? | Summary | 89% |

Instruments: CRI = Case Review Instrument
PQR = Provider Quality Review

## PROSPECTIVE EXAMPLE OF DATA REPORT

All Data are Artificial

### EXIT STIPULATION APPENDIX C CRITERIA

| Criterion 10 | Thresholds | |
|---|---|---|
| **Classmembers in need of special assistance are offered or provided reasonable assistance by ADHS or the RBHA in the ISP and grievance processes.** | **Year 1** | **30%** |
| | **Year 2** | **60%** |
| | **Year 3** | **80%** |

| Instrument | Item | Source | Year 1 Score |
|---|---|---|---|
| CRI 179 | Were class members in need of special assistance offered or provided reasonable assistance by ADHS or the RBHA in the ISP and grievance processes? | Summary | 64% |

Instruments: CRI = Case Review Instrument
PQR = Provider Quality Review

## PROSPECTIVE EXAMPLE OF DATA REPORT

All Data are Artificial

### EXIT STIPULATION APPENDIX C CRITERIA

| Criterion 11 | Thresholds | |
|---|---|---|
| **Classmember's charts show documentation of adequate informed consent to medication, ECT, and surgically-related procedures to address mental health conditions.** | **Year 1** | **30%** |
| | **Year 2** | **60%** |
| | **Year 3** | **85%** |

| Instrument | Item | Source | Year 1 Score |
|---|---|---|---|
| CRI 38 | Is there evidence that the person/guardian provided verbal or written consent to take the medication? | RBHA | 50% |
| CRI 39 | Is there documentation of written consent to ECT or surgically-related procedures to address mental health conditions? | RBHA | 90% |

For compliance purposes, a "No" answer to either question will count as non-compliance.

Instruments: CRI = Case Review Instrument
PQR = Provider Quality Review

## PROSPECTIVE EXAMPLE OF DATA REPORT

All Data are Artificial

## EXIT STIPULATION APPENDIX C CRITERIA

| Criterion 12 | Thresholds | |
|---|---|---|
| **Classmembers if still remaining for more than seven days in inpatient treatment settings have an ITDP by the tenth day which is derived from their ISP or from the treatment plan if one exists.** | **Year 1** | **35%** |
| | **Year 2** | **65%** |
| | **Year 3** | **85%** |

| Instrument | Item | Source | Year 1 Score |
|---|---|---|---|
| CRI 52 | Was an inpatient treatment and discharge plan developed by the tenth day of the inpatient stay? ("NA" if inpatient stays of seven days or less) | RBHA | 77% |
| CRI 53 | Is the inpatient treatment and discharge plan consistent with the community service or treatment plan? | RBHA | 85% |

For compliance purposes, both questions must be answered "Yes" per the audit instructions. This item will be specifically reviewed to determine whether it collects necessary management information.

Instruments: CRI = Case Review Instrument
PQR = Provider Quality Review

## PROSPECTIVE EXAMPLE OF DATA REPORT

All Data are Artificial

## EXIT STIPULATION APPENDIX C CRITERIA

| Criterion | 14 | Thresholds | |
|---|---|---|---|
| **RBHA and provider staff serving classmembers receive adequate orientation and training.** | | **Year 1** | **35%** |
| | | **Year 2** | **60%** |
| | | **Year 3** | **80%** |

| Instrument | Item | Source | Year 1 Score |
|---|---|---|---|
| RBHA Evaluation | RBHA clinical staff receive orientation and training in the following areas: | RBHA data | 52% |
| (14A) | • the legal and human rights of persons with mental illness | | |
| | • principles of normalization and least restrictive environment | | |
| | • identification of, response to, and reporting of client abuse, neglect, and exploitation | | |
| | • client grievance procedures | | |
| | • development and implementation of ISPs | | |
| | • the role, responsibility and authority of the case manager and clinical team | | |
| | • the agency mission and philosophy of community support | | |
| | • principles of staff/client interaction designed to facilitate individuals' health and growth | | |
| | • client privacy and confidentiality | | |
| | • perspectives and values of consumers of mental health services | | |

Instruments: CRI = Case Review Instrument
PQR = Provider Quality Review

## EXIT STIPULATION APPENDIX C CRITERIA

| | | | |
|---|---|---|---|
| | • physical intervention techniques<br>• identification of adverse reactions to psychoactive medications<br>• identification of client illnesses and injury<br>• preliminary medical emergency care and reporting requirements | | |
| Provider Quality Review<br><br>(14B) | Providers ensure that provider clinical staff receive orientation and training in the following areas:<br>• the legal and human rights of persons with mental illness<br>• principles of normalization and least restrictive environment<br>• identification of, response to, and reporting of client abuse, neglect, and exploitation<br>• client grievance procedures<br>• development and implementation of ISPs<br>• the role, responsibility and authority of the case manager and clinical team<br>• the agency mission and philosophy of community support<br>• principles of staff/client interaction designed to facilitate individuals' health and growth<br>• client privacy and confidentiality<br>• perspectives and values of consumers of mental health services<br>• physical intervention techniques | Provider Data | 48% |

Instruments: CRI = Case Review Instrument
PQR = Provider Quality Review

## EXIT STIPULATION APPENDIX C CRITERIA

- identification of adverse reactions to psychoactive medications
- identification of client illnesses and injury
- preliminary medical emergency care and reporting requirements

A provider will be deemed in compliance if 90% of the clinical staff have received training and orientation.

For compliance purposes, there will be scoring for separate sections (14A and 14B). The threshold percentages will be the same for both 14A and 14B.

### Methodology - RBHA Clinical Staff

Each quarter, COMCARE Human Resources will furnish to the Quality Management Department/Education and Training Section a data flat file containing names and staff IDs for all clinical staff employed for at least six months. The file will be run/matched against the Training Verification Database (an Access database), and a report will be created which shows the percentages of compliance and non-compliance with the requirement. Further, detailed reports listing individual clinical staff per site/area who do not meet the requirement will be run and used for improvement and compliance purposes. Clinical staff are those staff who have direct contact with members, i.e., case managers, team leaders, area team managers, nurses, physicians, etc.

### Methodology - Individual Provider Staff

The auditor(s) will review the provider's Quarterly Training Report prior to conducting the On-Site Review and calculate the percentage of provider staff employed for at least six months who have received adequate orientation and training, per Appendix C #14, as reported at the time of the last quarterly report received from the provider.

When on site, the auditor(s) will pull a 25% sample of the provider employee training records to validate receipt of orientation and training as evidenced by the provider's records.

Instruments: CRI = Case Review Instrument
PQR = Provider Quality Review

## EXIT STIPULATION APPENDIX C CRITERIA

In additional, the auditor(s) will interview two direct line provider staff and the provider staff person responsible for coordinating staff orientation and training to assess the adequacy of the orientation and training.

### Methodology - Provider System

The percentage of providers who meet the individual provider requirement will be the score used for determining compliance with Appendix C14B. Performance will be aggregated quarterly for all providers reviewed during that period. The annual performance score will be cumulative reflecting all providers reviewed from the date the DBHS Quality Management Plan is approved by the Monitor until such time that 12 calendar months have elapsed.

Provider clinical staff are staff who have direct contact with members, i.e., as defined in the provider training plan submitted annually by providers to ComCare Provider Relations.

Instruments: CRI = Case Review Instrument
PQR = Provider Quality Review

## PROSPECTIVE EXAMPLE OF DATA REPORT

All Data are Artificial

### EXIT STIPULATION APPENDIX C CRITERIA

| Criterion | 15a | Thresholds | |
|---|---|---|---|
| **All programs funded by ADHS substantially provide services which are consistent with principles 2 (respect) and 5 (humane treatment) of AACR 9-21-103** | | **Year 1** | **30%** |
| | | **Year 2** | **60%** |
| | | **Year 3** | **85%** |

| Instrument | Item | Source | Year 1 Score |
|---|---|---|---|
| CRI 180D | Overall, is the person treated with dignity and respect?<br><br>Explain:_____<br><br>(See attached sheet for background questions used to determine whether persons were treated humanely and with respect based on the preponderance of evidence.) | Summary | 83% |

To make a final determination as to whether the member is treated humanely and with respect, roll all seven Provider Audit questions and the eight Case Review Instrument questions together. (See next pages). All questions must be answered "Yes" in order to demonstrate compliance with this criterion. (See instructions in the COMCARE Provider Quality Review Provider Profile.)

Instruments: CRI = Case Review Instrument
PQR = Provider Quality Review

## PROSPECTIVE EXAMPLE OF DATA REPORT

All Data are Artificial

## EXIT STIPULATION APPENDIX C CRITERIA

*Background Questions for Establishing Treatment with Dignity and Respect Based on Preponderance of Evidence*

### Provider Audit - Respect

| | |
|---|---|
| PROQMP #8 | Provider has a written member rights policy and procedure or statement of member rights in accordance with R9-20-201 and for SMI programs also R9-21-211. |
| PROAR1 #14 | Action taken on grievance resolutions is appropriate and timely. |
| SMIPROV #7 | Information about treatment is released to sources other than ComCare or its affiliates only with a signed release. |
| SMIPROV #28 | The living environment affords appropriate privacy. R9-21-202.6. |

All four Provider Audit questions must be scored "Yes" for purposes of demonstrating compliance with this principle of respect.

### Case Review Instrument - Respect

| | |
|---|---|
| #3 | Is there documentation indicating that the person was notified of his/her rights:<br>A. to appeal eligibility and treatment decisions?<br>B. to file a grievance? |
| #108 | Were you notified of your right<br>A. to appeal treatment decisions?<br>B. to file a grievance? |
| #174 | Was there documentation of adequate communication among involved parties? |
| #175 | Did the class member meaningfully participate in the planning and development of their ISP (if one exists), or their treatment plan (if no ISP is available)? |
| #177 | Does the case manager, clinical team and/or service system respond to changes in the person's treatment needs and/or life circumstances in a timely manner? |
| #180 | The person is treated with dignity and respect by the following:<br>A. RBHA staff<br>B. Provider staff<br>C. Other (specify) |

Instruments: CRI = Case Review Instrument
PQR = Provider Quality Review

## PROSPECTIVE EXAMPLE OF DATA REPORT

All Data are Artificial

## EXIT STIPULATION APPENDIX C CRITERIA

All six Case Review Instrument questions must be scored "Yes" for purposes of demonstrating compliance with this principle of respect.

To make a final determination as to whether the member was treated with respect, roll the four questions from the Provider Audit and the six questions from the Case Review Instrument together; all questions must be answered "Yes" to demonstrate compliance with this principle.

### Provider Audit - Humane Treatment

| | |
|---|---|
| PROAR1 #10 | Restraint/seclusion are used only when an individual presents as a serious physical danger to self or others and only when other reasonable, less restrictive alternatives have been tried and/or determined inappropriate. |
| PROAR1 #11 | Restraint/seclusion are used only when authorized by a physician and with orders which do not extend beyond three hours. |
| SMIPROV #29 | The living environment is free from verbal and/or physical abuse. R9-21-202.6. |

All three Provider Audit questions must be scored "Yes" for purposes of demonstrating compliance with this principle of humane treatment.

### Case Review Instrument - Humane Treatment

#182 The individual's rights are honored and observed?
(Instruction: Consider the following to determine whether the individual's rights have been honored and observed:

- The level of person's involvement in decision making
- Person's choices are honored whenever possible
- Person is informed of their right to file a grievance or appeal
- Person's freedom from discrimination
- Persons engages in religious practice, communicates and associates with others as they choose
- Person's level of involvement in generic/community-based activities)

#185 The person's basic needs are reasonably met
(Instruction: Evidence in record regarding adequacy of food, clothing, and shelter should be considered to determine if the persons' basic needs have been met.

- Input from person, family, and guardian

Instruments: CRI = Case Review Instrument
PQR = Provider Quality Review

## EXIT STIPULATION APPENDIX C CRITERIA

- Assist in obtaining and coordination regarding medical treatment for major medical conditions)

Both of the Case Review Instrument questions must be scored "Yes" for purposes of demonstrating compliance with this principle of humane treatment.

To make a final determination as to whether the member received humane treatment, roll the three questions from the Provider Audit and the two questions from the Case Review Instrument together; all questions must be answered "Yes" to demonstrate compliance with this principle.

Instruments: CRI = Case Review Instrument
PQR = Provider Quality Review

## PROSPECTIVE EXAMPLE OF DATA REPORT

All Data are Artificial

## EXIT STIPULATION APPENDIX C CRITERIA

| Criterion 15b | Thresholds | |
|---|---|---|
| **24 hour staffed residential treatment programs funded by ADHS, ASH and inpatient settings to the extent relevant or practical, and all day/vocational programs substantially provide services which are consistent with principles 3 (self-determination) and 10 (integration) of AACR 9-21-103.** | **Year 1** | **30%** |
| | **Year 2** | **60%** |
| | **Year 3** | **85%** |

| Instrument | Item | Source | Year 1 Score |
|---|---|---|---|
| CRI 184 | During the time period examined, the services provided:<br><br>b) maximized individual's independence/ community integration<br><br>Explain: _____<br><br>Data to be aggregated by the four specific programs noted above and compared to the annual thresholds individually for each program.<br><br>(See attached sheets for background questions used to determine whether services provided were consistent with the principles of self-determination and integration based on the preponderance of evidence.) | Summary | 82% |

To make a final determination as to whether services are provided consistent with principles of self-determination and integration, roll all four Provider Audit questions and all six Case Review Instrument questions together. (See next pages). All questions must be answered "Yes" in order to demonstrate compliance with this criterion.

Instruments: CRI = Case Review Instrument
PQR = Provider Quality Review

## PROSPECTIVE EXAMPLE OF DATA REPORT

All Data are Artificial

## EXIT STIPULATION APPENDIX C CRITERIA

*Background Questions for Establishing Provision of Services Consistent with Self-Determination and Integration Based on Preponderance of Evidence*

**Provider Audit - Self Determination**

| | |
|---|---|
| SMIPROV #10 | Members participate in the development, implementation, monitoring, and revision of their treatment plans. (applicable to all programs; consider the member signature; member, guardian, and case manager interviews; and case manager progress notes when making your determination. |
| SMIPROV #11 | Members have a choice/input in personal goals related to community living, education/vocation, social and recreational activities unless they are unwilling or unable to do so. (all programs; consider the face sheet of ISP, CRI person interview #8, SMI Program Review #12, and Provider Interviews #8, 9, and 12 when making your determination.) |

Both Provider Audit questions must be answered "Yes" in order to demonstrate compliance with this principle of self-determination.

**Case Review Instrument - Self-Determination**

| | |
|---|---|
| #22A | Is there documentation of the person's long term view, preferences, or personal goals with respect to:<br>1. community living arrangements<br>2. education/vocational activities<br>3. social/recreational activities<br>(Applicable to all programs) |
| #38 | Is there evidence that the person/guardian provided verbal or written consent to take the psychiatric medication?<br>(Applicable to 24 hour residential, day treatment, and inpatient settings; evidence can be located in the psychiatric/nurse practitioner progress notes, consent forms, or team meeting notes.) |
| #175 | Did the class member meaningfully participate in the planning and development of their ISP (if one exists), or their treatment plan (if no ISP is available)?<br>(Applicable to all programs; the reviewer will determine through interviews and through documentation in progress notes, ISP/treatment plans, assessment information, and other clinical |

Instruments: CRI = Case Review Instrument
PQR = Provider Quality Review

record documentation whether the person participated in the planning or development of their ISP/treatment plan.)

All three Case Review Instrument questions must be answered "Yes" in order to demonstrate compliance with this principle of self-determination.

To make a final determination as to whether the member has input into his/her destiny, roll all five questions (two from the Provider Audit and three from the Case Review Instrument) together; all must be answered "Yes" in order to demonstrate compliance with this principle of self-determination.

**Provider Audit - Integration**

| | |
|---|---|
| SMIPROV #13 | Members are offered services which are integrated into the community and are geographically, physically, and culturally accessible. |
| SMIPROV #23 | There are opportunities for daily activities, recreation, and physical exercise. R9-21-202.7.e. (consider the member/guardian interviews, program observations, and program activity scheduled when making your determination.) |

Both Provider Audit questions must be answered "Yes" in order to demonstrate compliance with this principle of integration.

**Case Review Instrument - Integration**

| | |
|---|---|
| #70 | Do you have an opportunity to:<br>A. go to church<br>B. go to outside recreation<br>C. go shopping go to education and employment activities?<br>(Applicable to all programs; consider member/guardian interviews and program activity schedules to make your determination.) |
| #176C | During the time period examined, the services provided are:<br>C. provided in the least restrictive manner possible.<br>(Applicable to all programs; consider the amount of supervision needed, input from person/family/guardian, privacy, individualized setting, safety issues, and the person's ability to make personal choices and decisions.) |

Instruments: CRI = Case Review Instrument
PQR = Provider Quality Review

## PROSPECTIVE EXAMPLE OF DATA REPORT

All Data are Artificial

### EXIT STIPULATION APPENDIX C CRITERIA

Both Case Review Instrument questions must be answered "Yes" in order to demonstrate compliance with this principle of integration.

To make a final determination as to whether the member is integrated into the community, roll all four questions (two from the Provider Audit and two from the Case Review Instrument) together; all questions must be answered "Yes" in order to demonstrate compliance with this principle of integration.

Instruments: CRI = Case Review Instrument
PQR = Provider Quality Review

## PROSPECTIVE EXAMPLE OF DATA REPORT

All Data are Artificial

### EXIT STIPULATION APPENDIX C CRITERIA

| Criterion 16 | Thresholds | |
|---|---|---|
| **ADHS or its designee shall investigate reports of abuse and neglect, shall review death reports generated by the RBHA or providers, and shall investigate deaths when required.** | **Year 1** | **30%** |
| | **Year 2** | **60%** |
| | **Year 3** | **85%** |

| Instrument | Process | Source | Year 1 Score |
|---|---|---|---|
| Report on Grievances, Appeals, and Requests for Investigation | DBHS will review all reports, determine which should be investigated, and investigate all incidents that warrant investigation.<br><br>To ensure all incident reports have been received, DBHS will cross check the number of incidents received by the RBHAs to the number of incidents submitted to DBHS for review. | DBHS Reports on Grievances, Appeals, and Investigations re: number of reports received, types of reports, and number and outcome of investigation* | 78% |
| Report on Mortalities | DBHS will review all reports of mortalities and will investigate all mortalities that warrant investigation.<br><br>To ensure all mortalities are reviewed, DBHS will cross check the cases received for review against the listing of all cases closed due to death at the end of each fiscal year. | DBHS Reports on Mortalities re: number received, types of mortalities, and number and outcome of investigation* | 97% |

* Preliminary report formats of aggregated data have been drafted and will be refined in the Implementation Phase for the Quality Management System.

Compliance is when DBHS investigates those areas that require investigation.

Instruments: CRI = Case Review Instrument
PQR = Provider Quality Review

## PROSPECTIVE EXAMPLE OF DATA REPORT

All Data are Artificial

## EXIT STIPULATION APPENDIX C CRITERIA

| Criterion 17 | Thresholds | |
|---|---|---|
| **ADHS tracks and trends grievance/appeal/requests for investigation information to determine whether appeals or grievances are resolved in a timely manner and whether recommendations or decisions are implemented** | **Year 1** | **30%** |
| | **Year 2** | **60%** |
| | **Year 3** | **85%** |

| Instrument | Process | Source | Year 1 Score |
|---|---|---|---|
| Report of Grievances, Appeals, and Requests for Investigation | DBHS will produce reports which track and trend relevant activity (number of reports received, types of reports, number and outcome of investigation, timeliness of investigation, and whether recommendations are implemented) over the most recent two year period.<br><br>To ensure all grievances, appeals, and requests for investigation have been received, DBHS will cross check the number received by the RBHAs to the number of grievances, appeals, and requests for investigation submitted to DBHS for review. | DBHS Reports on Grievances, Appeals, and Investigations re: number of reports received, types of reports, number and outcome of investigation, timeliness, and whether recommendations are implemented* | 78% |

* Preliminary report formats of aggregated data have been drafted and will be refined in the Implementation Phase for the Quality Management System.

Compliance will be determined through comparison of the number of cases with recommendations implemented in a timely manner (noted on the above report), expressed as a percent of all cases with recommendations (noted on the above report), to the annual threshold.

Instruments: CRI = Case Review Instrument
PQR = Provider Quality Review

QUALITY MANAGEMENT SYSTEM AS IT APPLIES TO
ARNOLD V. SARN CLASS MEMBERS
Arizona Department of Health Services
Division of Behavioral Health Services

**ATTACHMENT H**

## RELATIONSHIP OF DATA ELEMENTS TO PRINCIPLES AND PERFORMANCE OUTCOMES

The data elements contained in earlier versions of the Case Review Instrument (Version 11.00), the Client Satisfaction Survey (November, 1996), and the Provider Quality Review (October, 1996) were mapped to the 40 performance outcomes associated with the six principles. This mapping process was done in November, 1996 in order to illustrate how these three tools were created and modified to ensure capture of all of the data elements potentially required to measure compliance with the requirements of the *Exit Stipulation* as represented by the performance outcomes.

The mapping also demonstrated that the data generated through the use of these tools is quite extensive and, at times, overlapping. It will be through the ongoing efforts to refine the quality management system that ADHS/DBHS and its contractor will: refine the data collection instruments, design and implement a database, and systematically refine the selection of the data elements to be used to demonstrate achievement of the performance outcomes and to measure compliance with the Appendix C Criteria. This last activity will ensure that the mapping is done to only the most specific and appropriate data elements.

An illustration of a possible refinement process is shown below.

| Performance Outcomes | Case Review Instrument (14.08 version) Data Elements | Provider Quality Review (12/96 version) Data Elements |
|---|---|---|
| 1.01 | Outcome Summary: #8A, B, C, D | Onsite: #1 & 17 |
| 1.03 | Intake: #3<br>Outcome Summary: #9 & 10 | Onsite: #3-6<br>Admin (Part B): #6-15 |
| 1.07 | Process Summary: #2 & 3 | |

The text for these data elements is shown on the next pages.

QUALITY MANAGEMENT SYSTEM AS IT APPLIES TO
ARNOLD V. SARN CLASS MEMBERS
Arizona Department of Health Services
Division of Behavioral Health Services

PERFORMANCE OUTCOME 1.01
Individuals are treated with dignity and respect.

*Case Review Instrument Outcome Summary*

#8 The person is treated with dignity and respect by the following:
- A. RBHA staff
- B. Provider staff
- C. Other (specify)
- D. Overall, is the person treated with dignity and respect?
  Explain:

*Provider Quality Review QM Onsite Service Program Review - Persons with Serious Mental Illness*

#1 Does the provider adhere to their policies and procedures for grievances and investigations which are in compliance with R9-21-401 through R9-201-410: people are treated with dignity and respect; members, their family/significant others, and treatment staff all have input into treatment decisions and services; members are able to achieve the highest level of self-sufficiency with assistance in the development and maintenance of their service/treatment plan; services are accessible, timely, and in the least restrictive setting necessary to meet the clinical needs of the member; members are not discouraged from challenging the system to continually improve its services (I/A, GA, Office of Oversight and Protection for the Seriously Mentally Ill, etc.)

#17 Does the living environment afford freedom from verbal or physical abuse? R9-21-202.6

PERFORMANCE OUTCOME 1.03
All service providers protect the rights of individuals.

*Case Review Instrument Intake*

#3 Is there documentation indicating that the person was notified of his/her rights:
- A. to appeal eligibility and treatment decisions?
- B. to file a grievance?

*Case Review Instrument Outcome Summary*

#9 Is the person/guardian aware of his/her rights to file a grievance or treatment appeal?
Explain:

#10 Are the individual's rights honored and observed?

QUALITY MANAGEMENT SYSTEM AS IT APPLIES TO
ARNOLD V. SARN CLASS MEMBERS
Arizona Department of Health Services
Division of Behavioral Health Services

*Provider Quality Review QM Onsite Service Program Review - Persons with Serious Mental Illness*

#3 Is there documentation in the provider medical record to verity that a member has been informed of their right to file a grievance or request an investigation?

#4 Is the grievance rule posted and forms for filing posted in a prominent place in the provider agency?

#5 Does the agency forward copies of the request for special assistance to the Office for Human Rights?

#6 Does the provider notify ComCare when: a member brings criminal charges against an employee; a provider employee brings criminal charges against a member; a provider employee or member is indicted or convicted because of an action required to be investigated by the Rules for persons with serious mental illness; a member dies; a member is allegedly physically or sexually abused?

*Provider Quality Review QM Administrative Review Part B - Performance Measures*

#6 Incident/accident reports submitted within 24 hours

#7 Written reports of abuse, neglect, mistreatment, denial of rights, or exploitation are submitted with 24 hours (persons with serious mental illness only)

$8 Written reports for each restraint or seclusion are submitted by the 10th of each month for the previous month (persons with serious mental illness only)

#9 Incident and restraint/seclusion reports are accurate and complete

#10 Restraint/seclusions are used only when an individual presents a serious physical danger to self or others and only when other reasonable less restrictive alternatives have been tried and/or determined inappropriate

#11 Restraint/seclusion is used only when authorized by a physician and with orders which do not extend beyond three hours

#12 Response/action to requests for follow up on incident and restraint/seclusion reports is appropriate and timely

#13 Copies of grievances and grievance resolutions are submitted to ComCare (person with serious mental illness only)

#14 Action taken on grievance resolutions is appropriate and timely

#15 Mortality reports are phoned in within 24 hours and written report is received within 5 days

PERFORMANCE OUTCOME 1.07

Individuals are provided sufficient information on their assessments and service plans so they are able to provide informed consent to treatment.

*Case Review Instrument Process Summary*

#2 Was the individual provided with sufficient information on the following so they are able to give informed consent to treatment:

A. assessment
B. service plan

#3 Is the assessment information available and sufficient for the clinical team/provider treatment staff to formulate a service/treatment plan?

ATTACHMENT H
PRINCIPLE 1

# Arizona Department of Health Services
# Division of Behavioral Health Services

**DRAFT ONLY**
12/10/96 5:04:14 PM

Quality Management System

**Cross Reference of Principles and Performance Outcomes to Data Elements**

## Principle 1 People are treated with dignity and respect, and it is acknowledged that each person has rights and individual strengths which are molded by differences in culture, values, perspectives and goals.

### 1.01 Individuals are treated with dignity and respect

| | |
|---|---|
| CRI - 03A | Was input from the person/family/guardian/significant other included in the assessment regarding:The history of previous treatment? |
| CRI - 03B | Was input from the person/family/guardian/significant other included in the assessment regarding:The success of previous treatment? |
| CRI - 10A | Is there documentation that the person was notified of his/her rights:to appeal eligibility and treatment decisions? |
| CRI - 10B | Is there documentation that the person was notified of his/her rights:to file a grievance? |
| CRI - 10C | Is there evidence that the person/guardian has given written consent to receive treatment? |
| CRI - 11A | Has the team assessed that the person is in need of special assistance: in participating in treatment planning? |
| CRI - 11B | Has the team assessed that the person is in need of special assistance: in participating in the grievance process? |
| CRI - 12 | If "yes" to either part of 11, is there evidence that special assistance was offered or provided by ADHS or the RBHA? |
| CRI - 12B | If "no" to either part of 11, does the reviewer believe that the individual needs special assistance? |
| CRI - 15A | Is there evidence of active participation in service/treatment planning by the Person |
| CRI - 15B | Is there evidence of active participation in service/treatment planning by the Psychiatrist |

**Principle 1** **People are treated with dignity and respect, and it is acknowledged that each person has rights and individual strengths which are molded by differences in culture, values, perspectives and goals.**

| | | |
|---|---|---|
| CRI - 15C | Is there evidence of active participation in service/treatment planning by | the Nurse |
| CRI - 15D | Is there evidence of active participation in service/treatment planning by | the RBHA case manager/therapist |
| CRI - 15E | Is there evidence of active participation in service/treatment planning by | the Vocational Specialist |
| CRI - 15F | Is there evidence of active participation in service/treatment planning by | Family/guardian |
| CRI - 15G | Is there evidence of active participation in service/treatment planning by | Case managers from other agencies (AOC, DES, DDD, Court, other) |
| CRI - 15H | Is there evidence of active participation in service/treatment planning by | Other (i.e. providers, family members, designate representatives) |
| CRI - 15I | Is there evidence of active participation in service/treatment planning by | Unless properly assigned to case coordination, the priority client has an appropriate clinical team as indicated in 15A-15E? |
| CRI - 16A | Does the plan reflect: the assessments | |
| CRI - 16B | Does the plan reflect: the diagnosis | |
| CRI - 16C | Does the plan reflect: all service providers who will share in the responsibility of providing services to the individual. | |
| CRI - 16D1 | Is there documentation of the person's long term view Community living arrangements | |
| CRI - 16D2 | Is there documentation of the person's long term view Educational/vocational activities | |

# Arizona Department of Health Services
## Division of Behavioral Health Services

**DRAFT ONLY**
12/10/96 5:04:17 PM

Quality Management System

**Cross Reference of Principles and Performance Outcomes to Data Elements**

**Principle 1** **People are treated with dignity and respect, and it is acknowledged that each person has rights and individual strengths which are molded by differences in culture, values, perspectives and goals.**

| | |
|---|---|
| CRI - 16D3 | Is there documentation of the person's long term view Social/recreational activities |
| CRI - 16E | Were these preferences/goals established by the person or with assistance, if necessary? |
| CRI - 16F | Is there evidence that the person was encouraged and supported to establish personal goals if unable and/or unwilling to participate in treatment planning process. |
| CRI - 17 | Is there a description of the skills and supports needed for the person to establish or achieve his/her long term view or personal goals? |
| CRI - 29 | Is there documentation that the person received an explanation of the benefits and risks of the medication? |
| CRI - 29b | If yes to 29 is there evidence that the explanation was provided by qualified staff ? |
| CRI - 30 | If yes to #28, is there evidence that the person provided verbal or written consent to take the medication? |
| CRI - 31 | Is there documentation of adequate informed consent to ECT or surgically related procedures to address mental health conditions? |
| CRI - 37A | If yes, is there documentation any of the following steps have been taken: assist the person to take the medication as prescribed |
| CRI - 37B | If yes, is there documentation any of the following steps have been taken: change to a medication or doseage more acceptable to the person |
| CRI - 37C | If yes, is there documentation any of the following steps have been taken: change to a treatment plan more acceptable to the person |

# Arizona Department of Health Services
## Division of Behavioral Health Services

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12/10/96 5:04:18 PM

Quality Management System

**Cross Reference of Principles and Performance Outcomes to Data Elements**

**Principle 1** **People are treated with dignity and respect, and it is acknowledged that each person has rights and individual strengths which are molded by differences in culture, values, perspectives and goals.**

| | |
|---|---|
| CRI - 41 | Substantial reduction or termination of services? |
| CRI - 41A | Were the changes clinically indicated or appropriate? |
| CRI - 41B | Was the service plan modified with the person's/guardian consent? |
| CRI - 42 | Discharge from or termination of a residential program? |
| CRI - 42A | Were the changes clinically indicated or appropriate? |
| CRI - 42B | Was the service plan modified with the person's/guardian consent? |
| CRI - 43 | Discharge or termination of a day or vocational program? (circle one) |
| CRI - 43A | Were the changes clinically indicated or appropriate? |
| CRI - 43B | Was the service plan modified with the person's/guardian consent? |
| CRI - 46 | As appropriate and with consent from the person, is there evidence that the family or the guardian is involved and informed regarding behavioral health treatment? |
| CRI - 47 | If the person is in an inpatient setting, is there a written document describing the inpatient treatment and discharge plan? |
| CRI - 50A | Did the person participate in the development of the inpatient treatment and discharge plan? |

# Arizona Department of Health Services
## Division of Behavioral Health Services

**DRAFT ONLY**
12/10/96 5:04:19 PM

Quality Management System

**Cross Reference of Principles and Performance Outcomes to Data Elements**

**Principle 1** **People are treated with dignity and respect, and it is acknowledged that each person has rights and individual strengths which are molded by differences in culture, values, perspectives and goals.**

| | |
|---|---|
| CRI - 50B | Did Guardian, family member, or designated representative, participate in the development of the inpatient treatment and discharge plan? |
| CRI - 50C | Did Case manager or outpatient team/staff member participate in the development of the inpatient treatment and discharge plan? |
| CRI - 50C1 | Is there evidence the clinical team received a copy of ITDP? |
| CRI - 50D | Did Other state agency case manager participate in the development of the inpatient treatment and discharge plan? |
| CRI - 50E | Did Other (specify) participate in the development of the inpatient treatment and discharge plan? |
| CRI - 50F | Is the discharge staffing held for any acute hospital stay over 72 hours? |
| CRI - 50G | Is the case manager notified prior to hospital staffing |
| CRI - 57 | Is the person/guardian aware of their rights to file a grievance or treatment appeal? |
| CRI - 60 | Is the person treated with dignity and respect? |
| CRI - PI03 | Are you satisfied with your current living arrangements? If no, what do you feel you need? |
| CRI - PI04 | How do you feel that you are treated by staff here? |
| CRI - PI05 | When you tell someone here what you need or want, what happens? |

# Arizona Department of Health Services
## Division of Behavioral Health Services

**DRAFT ONLY**
12/10/96 5:04:21 PM

Quality Management System

**Cross Reference of Principles and Performance Outcomes to Data Elements**

Principle 1 **People are treated with dignity and respect, and it is acknowledged that each person has rights and individual strengths which are molded by differences in culture, values, perspectives and goals.**

| | |
|---|---|
| CRI - PI06 | What happens when you are sick or get hurt? |
| CRI - PI07A | Do you have an opportunity to: go to church? |
| CRI - PI07B | Do you have an opportunity to: go to outside recreation? |
| CRI - PI07C | Do you have an opportunity to: go shopping? |
| CRI - PI07D | Do you have an opportunity to: go to education and employment activities? |
| CRI - PI08A | Does anything bad ever happen to you here? |
| CRI - PI08B | If an investigation was completed, were you satisfied with the outcome? |
| CRI - PI09 | Do you feel safe here? Who do you talk to when you feel scared? |
| CRI - PI10 | Have you ever been locked in a room? |
| CRI - PI11 | Have you ever been held down by staff against your will? |
| CRI - PI12 | Do you have privacy when bathing, using the bathroom, and dressing? |
| CRI - PI13 | Do you get to wear what you choose? |
| CRI - PI14 | Do you have choices about what you eat? |

**Principle 1** **People are treated with dignity and respect, and it is acknowledged that each person has rights and individual strengths which are molded by differences in culture, values, perspectives and goals.**

| | |
|---|---|
| CRI - PI15 | Do you have any spending money? If so, how do you get it and how often? |
| CRI - PI16A | Do you get to keep your own things in your room? |
| CRI - PI16B | Are they safe? |
| CRI - PI16C | Is it okay if I see your room? |
| CRI - PI17 | Do you have your own shampoo, toothpaste, deodorant? For females, do you have personal feminine hygiene products when you need them? |
| CRI - PI18 | Do you know the area around here (stores, banks, fun places)? |
| CRI - PI19A | Do you feel at home here? If so, what things make you feel at home? |
| CRI - PI19B | Do you feel at home here? If not, what would make you feel at home? |
| CRI - PI20 | Can you take a walk or leave when you want to? |
| CRI - PI21 | Do you have access to transportation? |
| CRI - PI22 | Current (or most recent) work/day program: |
| CRI - PI23 | Do you feel your current daily activities meet your needs? |

**Principle 1** **People are treated with dignity and respect, and it is acknowledged that each person has rights and individual strengths which are molded by differences in culture, values, perspectives and goals.**

| | |
|---|---|
| CRI - PI24 | What do you do for fun? |
| CRI - PI25 | Do you have choices about what you do? |
| CRI - PI26 | What are your plans for the future? |
| CRI - PI27 | What will you be doing next week? |
| CRI - PI28 | Do you get to see your family or other people in your life? |
| CRI - PI28A | If yes, how often do you get to see them? |
| CRI - PI28B | If not, why not? |
| CRI - PI28C | What do you do with them? |
| CRI - PI29A1 | Did you participate in the development of your treatment/service plan? Outpatient |
| CRI - PI29A2 | Did you participate in the development of your treatment/service plan? Inpatient |
| CRI - PI29B1 | Did you receive a copy of your treatment/service plan? Intpatient |
| CRI - PI29B2 | Did you receive a copy of your treatment/service plan? Outpatient |
| CRI - PI29C | Have you been informed and granted access to information contained in your treatment assessment? |

# Arizona Department of Health Services
# Division of Behavioral Health Services

**DRAFT ONLY**
12/10/96 5:04:24 PM

Quality Management System

**Cross Reference of Principles and Performance Outcomes to Data Elements**

## Principle 1 People are treated with dignity and respect, and it is acknowledged that each person has rights and individual strengths which are molded by differences in culture, values, perspectives and goals.

| | |
|---|---|
| CRI - PI30 | Do you feel you need special assistance to help you understand your treatment and/or discharge plan? |
| CRI - PI31 | If yes to #30, has special assistance been provided to you? |
| CRI - PI32 | If you take psychotropic medications, were the reasons for taking the medication clearly explained to you? |
| CRI - PI33 | Do you take your medications according to the directions? |
| CRI - PI34 | Do you have problems or side effects from the medication? |
| CRI - PI35 | If yes, have you been offered a different treatment or medication that would be more acceptable to you? |
| CRI - PI36 | Have you ever refused your medication? If so, what happens when you do? |
| CRI - PI36A | If you refuse medication, what happens when you do? |
| CRI - PI37A | In the past year, have you experienced any major change in the services you receive Decrease or termination of services? |
| CRI - PI37B | In the past year, have you experienced any major change in the services you receive Discharge from or termination of a residential program? |
| CRI - PI37C | In the past year, have you experienced any major change in the services you receive Discharge or termination of a day/vocational program? |
| CRI - PI38A | If yes to any part of 37, did you agree to these changes? |

**Principle 1** **People are treated with dignity and respect, and it is acknowledged that each person has rights and individual strengths which are molded by differences in culture, values, perspectives and goals.**

| | |
|---|---|
| CRI - PI38B | If yes to any part of 37, were the reasons for the changes explained to you in advance? |
| CRI - PI39A | Were you notified of your right to appeal treatment decisions? |
| CRI - PI39B | Were you notified of your right to file a grievance? |
| CRI - RO01 | Was the person dressed adequately? |
| CRI - RO01A | If not dressed adequately, describe. |
| CRI - RO02 | Was person's hygiene and grooming adequate? |
| CRI - RO02A | If hygiene and grooming inadequate, describe. |
| CRI - RO03 | Was the living environment safe? |
| CRI - RO03A | If living environment not safe, describ. |
| CRI - RO04 | Was the living environment clean and suitably furnished? |
| CRI - RO04A | If living environment not clean and suitably furnished, describe. |
| CRI - RO05 | Was there adequate food/drink? |
| CRI - RO05A | If there was not adequate food/drink, describe. |

**Principle 1** **People are treated with dignity and respect, and it is acknowledged that each person has rights and individual strengths which are molded by differences in culture, values, perspectives and goals.**

| | |
|---|---|
| CRI - RO06 | Does the persons's daytime activity/program provide a minimal level of appropriate activity which will assist the person in remaining in the community? |
| CRI - RO06A | If daytime program not adequate, describe. |
| CSS - BHS03 | I am treated with dignity/respect by staff? |
| CSS - CM16 | What is your overall feeling about the confidentiality and respect for your rights as an individual |
| CSS - SVC16 | What is your overall feeling about the confidentiality and respect for your rights as an individual. |
| PQR - 1PCN18 | Institutional Review Board (IRB) for Research Provider must obtain approval for any research projects involving COMCARE members from the providers IRB or in the absence of such a board, approval must be obtained from the COMCARE IRB. |
| PQR - 1PCN28A | Compliance with Americans with Disabilities Act of 1990 - programs have a self evaluative component for ADA standards |
| PQR - 1PCN28B | Compliance with Americans with Disabilities Act of 1990 - policies and procedures directing compliance with ADA standards |
| PQR - 1PCN28C | Compliance with Americans with Disabilities Act of 1990 - posting of ADA notice that informs individuals with a disability of their rights to request reasonable accommodations and alternate forms of communication |
| PQR - 5SMI10 | Are there opportunities for social contact in the living environment? R9-21-202-7.d. |
| PQR - 5SMI11 | Are there opportunities for daily activities, recreation, and physical exercise? R9-21-202.7.e. |
| PQR - 5SMI12 | Is there opportunity to keep and use personal possessions? R9-21-202.7.f. |

**Principle 1** **People are treated with dignity and respect, and it is acknowledged that each person has rights and individual strengths which are molded by differences in culture, values, perspectives and goals.**

| | |
|---|---|
| PQR - 5SMI13 | Does the member have access to individual storage space for personal possessions? R9-21-202.7.g. |
| PQR - 5SMI16 | Does the living environment afford appropriate privacy? R9-21-202.6. |
| PQR - 5SMI17 | Does the living environment afford freedom from verbal or physical abuse? R9-21-202.6. |

# Arizona Department of Health Services
## Division of Behavioral Health Services

**DRAFT ONLY**
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Quality Management System

**Cross Reference of Principles and Performance Outcomes to Data Elements**

**Principle 1** **People are treated with dignity and respect, and it is acknowledged that each person has rights and individual strengths which are molded by differences in culture, values, perspectives and goals.**

### 1.02 Individuals are made aware of their rights

| | |
|---|---|
| CRI - 10A | Is there documentation that the person was notified of his/her rights:to appeal eligibility and treatment decisions? |
| CRI - 10B | Is there documentation that the person was notified of his/her rights:to file a grievance? |
| CRI - PI39A | Were you notified of your right to appeal treatment decisions? |
| CRI - PI39B | Were you notified of your right to file a grievance? |
| CSS - BHS04 | Staff advise me of my rights as a consumer and I can express complaints without fear of retaliation? |
| CSS - CM16 | What is your overall feeling about the confidentiality and respect for your rights as an individual |
| CSS - SVC16 | What is your overall feeling about the confidentiality and respect for your rights as an individual. |
| PQR - 1PCN20 | Compliance with Title VII of Civil Rights Act of 1964, as amended. |
| PQR - 2QMP08 | Written member rights policy and procedure or statement of member rights in accordance with R9-20- 201 and for SMI programs also R9-21-211. |

**Principle 1** **People are treated with dignity and respect, and it is acknowledged that each person has rights and individual strengths which are molded by differences in culture, values, perspectives and goals.**

### 1.03 All service providers protect the rights of individuals

| | |
|---|---|
| CRI - CM10 | If yes to either 8 or 9, was this special assistance provided by ADHS or RBHA? |
| CRI - CM8 | Does this person appear to need special assistance in participating in the treatment/service planning process? |
| CRI - CM9 | In understanding or participating in the appeal or a grievance process? |
| CRI - PI03 | Are you satisfied with your current living arrangements? If no, what do you feel you need? |
| CRI - PI04 | How do you feel that you are treated by staff here? |
| CRI - PI05 | When you tell someone here what you need or want, what happens? |
| CRI - PI06 | What happens when you are sick or get hurt? |
| CRI - PI07A | Do you have an opportunity to: go to church? |
| CRI - PI07B | Do you have an opportunity to: go to outside recreation? |
| CRI - PI07C | Do you have an opportunity to: go shopping? |
| CRI - PI07D | Do you have an opportunity to: go to education and employment activities? |

**Principle 1** **People are treated with dignity and respect, and it is acknowledged that each person has rights and individual strengths which are molded by differences in culture, values, perspectives and goals.**

| | |
|---|---|
| CRI - PI08A | Does anything bad ever happen to you here? |
| CRI - PI08B | If an investigation was completed, were you satisfied with the outcome? |
| CRI - PI09 | Do you feel safe here? Who do you talk to when you feel scared? |
| CRI - PI10 | Have you ever been locked in a room? |
| CRI - PI11 | Have you ever been held down by staff against your will? |
| CRI - PI12 | Do you have privacy when bathing, using the bathroom, and dressing? |
| CRI - PI13 | Do you get to wear what you choose? |
| CRI - PI14 | Do you have choices about what you eat? |
| CRI - PI15 | Do you have any spending money? If so, how do you get it and how often? |
| CRI - PI16A | Do you get to keep your own things in your room? |
| CRI - PI16B | Are they safe? |
| CRI - PI16C | Is it okay if I see your room? |

**Principle 1** **People are treated with dignity and respect, and it is acknowledged that each person has rights and individual strengths which are molded by differences in culture, values, perspectives and goals.**

| | |
|---|---|
| CRI - PI17 | Do you have your own shampoo, toothpaste, deodorant? For females, do you have personal feminine hygiene products when you need them? |
| CRI - PI18 | Do you know the area around here (stores, banks, fun places)? |
| CRI - PI19A | Do you feel at home here? If so, what things make you feel at home? |
| CRI - PI19B | Do you feel at home here? If not, what would make you feel at home? |
| CRI - PI20 | Can you take a walk or leave when you want to? |
| CRI - PI21 | Do you have access to transportation? |
| CRI - PI22 | Current (or most recent) work/day program: |
| CRI - PI23 | Do you feel your current daily activities meet your needs? |
| CRI - PI24 | What do you do for fun? |
| CRI - PI25 | Do you have choices about what you do? |
| CRI - PI26 | What are your plans for the future? |
| CRI - PI27 | What will you be doing next week? |

**Principle 1** **People are treated with dignity and respect, and it is acknowledged that each person has rights and individual strengths which are molded by differences in culture, values, perspectives and goals.**

| | |
|---|---|
| CRI - PI28 | Do you get to see your family or other people in your life? |
| CRI - PI28A | If yes, how often do you get to see them? |
| CRI - PI28B | If not, why not? |
| CRI - PI28C | What do you do with them? |
| CRI - PI29A1 | Did you participate in the development of your treatment/service plan? Outpatient |
| CRI - PI29A2 | Did you participate in the development of your treatment/service plan? Inpatient |
| CRI - PI29B1 | Did you receive a copy of your treatment/service plan? Intpatient |
| CRI - PI29B2 | Did you receive a copy of your treatment/service plan? Outpatient |
| CRI - PI29C | Have you been informed and granted access to information contained in your treatment assessment? |
| CRI - PI30 | Do you feel you need special assistance to help you understand your treatment and/or discharge plan? |
| CRI - PI31 | If yes to #30, has special assistance been provided to you? |
| CRI - PI32 | If you take psychotropic medications, were the reasons for taking the medication clearly explained to you? |
| CRI - PI33 | Do you take your medications according to the directions? |

# Arizona Department of Health Services
# Division of Behavioral Health Services

**DRAFT ONLY**
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## Quality Management System

**Cross Reference of Principles and Performance Outcomes to Data Elements**

**Principle 1** **People are treated with dignity and respect, and it is acknowledged that each person has rights and individual strengths which are molded by differences in culture, values, perspectives and goals.**

| | |
|---|---|
| CRI - PI34 | Do you have problems or side effects from the medication? |
| CRI - PI35 | If yes, have you been offered a different treatment or medication that would be more acceptable to you? |
| CRI - PI36 | Have you ever refused your medication? If so, what happens when you do? |
| CRI - PI36A | If you refuse medication, what happens when you do? |
| CRI - PI37A | In the past year, have you experienced any major change in the services you receive Decrease or termination of services? |
| CRI - PI37B | In the past year, have you experienced any major change in the services you receive Discharge from or termination of a residential program? |
| CRI - PI37C | In the past year, have you experienced any major change in the services you receive Discharge or termination of a day/vocational program? |
| CRI - PI38A | If yes to any part of 37, did you agree to these changes? |
| CRI - PI38B | If yes to any part of 37, were the reasons for the changes explained to you in advance? |
| CRI - PI39A | Were you notified of your right to appeal treatment decisions? |
| CRI - PI39B | Were you notified of your right to file a grievance? |
| CSS - CM16 | What is your overall feeling about the confidentiality and respect for your rights as an individual |

# Arizona Department of Health Services
# Division of Behavioral Health Services

**DRAFT ONLY**
**12/10/96 5:04:34 PM**



**Cross Reference of Principles and Performance Outcomes to Data Elements**

## Principle 1 People are treated with dignity and respect, and it is acknowledged that each person has rights and individual strengths which are molded by differences in culture, values, perspectives and goals.

| | |
|---|---|
| CSS - SVC16 | What is your overall feeling about the confidentiality and respect for your rights as an individual. |
| PQR - 1PCN18 | Institutional Review Board (IRB) for Research Provider must obtain approval for any research projects involving COMCARE members from the providers IRB or in the absence of such a board, approval must be obtained from the COMCARE IRB. |
| PQR - 5SMI15 | Does the living environment afford protection from harm? R9-21-202.6. |
| PQR - 5SMI17 | Does the living environment afford freedom from verbal or physical abuse? R9-21-202.6. |

# Arizona Department of Health Services
# Division of Behavioral Health Services

**DRAFT ONLY**
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## Quality Management System

**Cross Reference of Principles and Performance Outcomes to Data Elements**

**Principle 1** **People are treated with dignity and respect, and it is acknowledged that each person has rights and individual strengths which are molded by differences in culture, values, perspectives and goals.**

### 1.04 Treatment staff identify and incorporate the individuals strengths, perspectives and goals in the planning and delivers of services

| | |
|---|---|
| CRI - 03A | Was input from the person/family/guardian/significant other included in the assessment regarding:The history of previous treatment? |
| CRI - 03B | Was input from the person/family/guardian/significant other included in the assessment regarding:The success of previous treatment? |
| CRI - 16D1 | Is there documentation of the person's long term view Community living arrangements |
| CRI - 16D2 | Is there documentation of the person's long term view Educational/vocational activities |
| CRI - 16D3 | Is there documentation of the person's long term view Social/recreational activities |
| CRI - 16E | Were these preferences/goals established by the person or with assistance, if necessary? |
| CRI - 16F | Is there evidence that the person was encouraged and supported to establish personal goals if unable and/or unwilling to participate in treatment planning process. |
| CRI - 17 | Is there a description of the skills and supports needed for the person to establish or achieve his/her long term view or personal goals? |
| CRI - 31 | Is there documentation of adequate informed consent to ECT or surgically related procedures to address mental health conditions? |

# Arizona Department of Health Services
# Division of Behavioral Health Services

**DRAFT ONLY**
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## Quality Management System

**Cross Reference of Principles and Performance Outcomes to Data Elements**

**Principle 1** **People are treated with dignity and respect, and it is acknowledged that each person has rights and individual strengths which are molded by differences in culture, values, perspectives and goals.**

| | |
|---|---|
| CRI - 37A | If yes, is there documentation any of the following steps have been taken: assist the person to take the medication as prescribed |
| CRI - 37B | If yes, is there documentation any of the following steps have been taken: change to a medication or doseage more acceptable to the person |
| CRI - 37C | If yes, is there documentation any of the following steps have been taken: change to a treatment plan more acceptable to the person |
| CRI - 47A | Does documentation reflect the individual's preferences and strengths |
| CRI - CM2 | From your work with this person, what are his or her strengths? |
| CRI - PR02 | From your work with this person, what are his or her strengths? |

**Principle 1** **People are treated with dignity and respect, and it is acknowledged that each person has rights and individual strengths which are molded by differences in culture, values, perspectives and goals.**

### 1.05 Service providers report all allegations of abuse and take reasonable steps to prevent abuse through staff training and procedures for staff recruitment, hiring and supervision

| | |
|---|---|
| PQR - 3PAR06 | Incident/accident reports submitted within 5 days |
| PQR - 3PAR07 | Written reports of abuse, neglect, mistreatment, denial of rights, or exploitation are submitted within 5 days (SMI only) |
| PQR - 3PAR12 | Response/action to requests for follow up on incident and restraint/seclusion reports is appropriate and timely |
| PQR - 6TS118 | Provider staff receive adequate orientation and training in Safety and Security in the Workplace preliminary medical emergency care and reporting requirements |

**Principle 1** **People are treated with dignity and respect, and it is acknowledged that each person has rights and individual strengths which are molded by differences in culture, values, perspectives and goals.**

**1.06** **Restraint and seclusion are used only when an individual presents a threat of serious harm to self or others and when all other less restrictive interventions have been ineffective and only with appropriate clinical authorization and monitoring.**

| | |
|---|---|
| PQR - 3PAR08 | Written reports for each restraint or seclusion are submitted by the 10th of each month for the previous month |
| PQR - 3PAR10 | Restraint/seclusions are used only when an individual presents as a serious physical danger to self or others and only when other reasonable less restrictive alternatives have been tried and/or determined inappropriate |
| PQR - 3PAR11 | Restraint/seclusion is only used when authorized by a physician and with orders which do not extend beyond three hours |

# Arizona Department of Health Services
# Division of Behavioral Health Services

**DRAFT ONLY**
12/10/96 5:04:39 PM

## Quality Management System

**Cross Reference of Principles and Performance Outcomes to Data Elements**

**Principle 1** **People are treated with dignity and respect, and it is acknowledged that each person has rights and individual strengths which are molded by differences in culture, values, perspectives and goals.**

### 1.07 Individuals are provided sufficient information on their assessments and service plans so they are able to provide informed consent to treatment.

| | |
|---|---|
| CRI - 09 | Is the assessment information available and sufficient for the clinical team/provider treatment staff to formulate a service/treatment plan? |
| CRI - 29 | Is there documentation that the person received an explanation of the benefits and risks of the medication? |
| CRI - 29b | If yes to 29 is there evidence that the explanation was provided by qualified staff ? |
| CRI - 31 | Is there documentation of adequate informed consent to ECT or surgically related procedures to address mental health conditions? |
| CRI - 46 | As appropriate and with consent from the person, is there evidence that the family or the guardian is involved and informed regarding behavioral health treatment? |
| CSS - CM30 | What is your overall feeling about the handling and accuracy of you records (as best you can tell) |
| CSS - SVC27 | What is your overall feeling about the publicity or information about programs and services offered. |
| CSS - SVC28 | What is your overall feeling about the handling and accuracy of your records (as best you can tell). |
| PQR - 2QMP04O1 | Written Med Rec policy&procedure Informed consent for treatment/services: intended outcome |
| PQR - 2QMP04O2 | Written Med Rec policy&procedure Informed consent for treatment/services: nature and procedures involved in treatment |

**Principle 1** **People are treated with dignity and respect, and it is acknowledged that each person has rights and individual strengths which are molded by differences in culture, values, perspectives and goals.**

| | |
|---|---|
| PQR - 2QMP04O3 | Written Med Rec policy&procedure Informed consent for treatment/services: risks of treatment |
| PQR - 2QMP04O4 | Written Med Rec policy&procedure Informed consent for treatment/services: side effects, if any |
| PQR - 2QMP04O5 | Written Med Rec policy&procedure Informed consent for treatment/services: risks of not proceeding with treatment |
| PQR - 2QMP04O6 | Written Med Rec policy&procedure Informed consent for treatment/services: alternatives to treatment |
| PQR - 2QMP04O7 | Written Med Rec policy&procedure Informed consent for treatment/services: alternatives offering less risk or adverse effects |
| PQR - 2QMP04O8 | Written Med Rec policy&procedure Informed consent for treatment/services: notification that consent can be withdrawn or withheld at any time without any punitive action against the member |
| PQR - 2QMP04P1 | Written Med Rec policy&procedure Informed consent for medication: common risks and side effects |
| PQR - 2QMP04P2 | Written Med Rec policy&procedure Informed consent for medication: procedures to be taken to minimize risks |
| PQR - 2QMP04P3 | Written Med Rec policy&procedure Informed consent for medication: description of any clinical indications that might require suspension or termination of the drug |

**Principle 1** **People are treated with dignity and respect, and it is acknowledged that each person has rights and individual strengths which are molded by differences in culture, values, perspectives and goals.**

### 1.08 Information regarding an individual's treatment is released with the appropriate consent

| | |
|---|---|
| CRI - 46 | As appropriate and with consent from the person, is there evidence that the family or the guardian is involved and informed regarding behavioral health treatment? |
| CRI - FI4 | (For Title 36 guardians only) Did you receive a copy of the service plan? |
| PQR - 2QMP05 | Written confidentiality policy and procedure related to disclosure of confidential medical information and records in compliance with: AC R9-1-311 to R9-1-315; 42 CFR part 2; ARS 36-663 and 664 re: HIV; and for SMI programs R9-21-209. |

**Principle 1** **People are treated with dignity and respect, and it is acknowledged that each person has rights and individual strengths which are molded by differences in culture, values, perspectives and goals.**

### 1.09 Individuals have access to their clinical record

| | |
|---|---|
| CRI - 29 | Is there documentation that the person received an explanation of the benefits and risks of the medication? |
| CRI - 29b | If yes to 29 is there evidence that the explanation was provided by qualified staff ? |
| CRI - FI4 | (For Title 36 guardians only) Did you receive a copy of the service plan? |

ATTACHMENT H
PRINCIPLE 2

**Principle 2** **Consumers, family members and treatment staff are valued, responsible partners in the delivery of services.**

**2.01** **Treatment staff ensure that individuals and/or their guardians coming for services are encouraged and assisted in participating in all decision-making related to their treatment assessments, treatment planning, and other treatment services including their medication regimen.**

| | |
|---|---|
| CRI - 03A | Was input from the person/family/guardian/significant other included in the assessment regarding:The history of previous treatment? |
| CRI - 03B | Was input from the person/family/guardian/significant other included in the assessment regarding:The success of previous treatment? |
| CRI - 10A | Is there documentation that the person was notified of his/her rights:to appeal eligibility and treatment decisions? |
| CRI - 10B | Is there documentation that the person was notified of his/her rights:to file a grievance? |
| CRI - 10C | Is there evidence that the person/guardian has given written consent to receive treatment? |
| CRI - 12 | If "yes" to either part of 11, is there evidence that special assistance was offered or provided by ADHS or the RBHA? |
| CRI - 12B | If "no" to either part of 11, does the reviewer believe that the individual needs special assistance? |
| CRI - 15A | Is there evidence of active participation in service/treatment planning by the Person |
| CRI - 15B | Is there evidence of active participation in service/treatment planning by the Psychiatrist |

## Principle 2 Consumers, family members and treatment staff are valued, responsible partners in the delivery of services.

| | |
|---|---|
| CRI - 15C | Is there evidence of active participation in service/treatment planning by the Nurse |
| CRI - 15D | Is there evidence of active participation in service/treatment planning by the RBHA case manager/therapist |
| CRI - 15E | Is there evidence of active participation in service/treatment planning by the Vocational Specialist |
| CRI - 15F | Is there evidence of active participation in service/treatment planning by Family/guardian |
| CRI - 15G | Is there evidence of active participation in service/treatment planning by Case managers from other agencies (AOC, DES, DDD, Court, other) |
| CRI - 15H | Is there evidence of active participation in service/treatment planning by Other (i.e. providers, family members, designate representatives) |
| CRI - 15I | Is there evidence of active participation in service/treatment planning by Unless properly assigned to case coordination, the priority client has an appropriate clinical team as indicated in 15A-15E? |
| CRI - 16A | Does the plan reflect: the assessments |
| CRI - 16B | Does the plan reflect: the diagnosis |
| CRI - 16C | Does the plan reflect: all service providers who will share in the responsibility of providing services to the individual. |
| CRI - 16D1 | Is there documentation of the person's long term view Community living arrangements |
| CRI - 16D2 | Is there documentation of the person's long term view Educational/vocational activities |

**Principle 2** **Consumers, family members and treatment staff are valued, responsible partners in the delivery of services.**

| | |
|---|---|
| CRI - 16D3 | Is there documentation of the person's long term view Social/recreational activities |
| CRI - 16E | Were these preferences/goals established by the person or with assistance, if necessary? |
| CRI - 16F | Is there evidence that the person was encouraged and supported to establish personal goals if unable and/or unwilling to participate in treatment planning process. |
| CRI - 17 | Is there a description of the skills and supports needed for the person to establish or achieve his/her long term view or personal goals? |
| CRI - 29 | Is there documentation that the person received an explanation of the benefits and risks of the medication? |
| CRI - 29b | If yes to 29 is there evidence that the explanation was provided by qualified staff ? |
| CRI - 30 | If yes to #28, is there evidence that the person provided verbal or written consent to take the medication? |
| CRI - 31 | Is there documentation of adequate informed consent to ECT or surgically related procedures to address mental health conditions? |
| CRI - 37A | If yes, is there documentation any of the following steps have been taken: assist the person to take the medication as prescribed |
| CRI - 37B | If yes, is there documentation any of the following steps have been taken: change to a medication or doseage more acceptable to the person |
| CRI - 37C | If yes, is there documentation any of the following steps have been taken: change to a treatment plan more acceptable to the person |

**Principle 2** **Consumers, family members and treatment staff are valued, responsible partners in the delivery of services.**

| | |
|---|---|
| CRI - 41 | Substantial reduction or termination of services? |
| CRI - 41A | Were the changes clinically indicated or appropriate? |
| CRI - 41B | Was the service plan modified with the person's/guardian consent? |
| CRI - 42 | Discharge from or termination of a residential program? |
| CRI - 42A | Were the changes clinically indicated or appropriate? |
| CRI - 42B | Was the service plan modified with the person's/guardian consent? |
| CRI - 43 | Discharge or termination of a day or vocational program? (circle one) |
| CRI - 43A | Were the changes clinically indicated or appropriate? |
| CRI - 43B | Was the service plan modified with the person's/guardian consent? |
| CRI - 46 | As appropriate and with consent from the person, is there evidence that the family or the guardian is involved and informed regarding behavioral health treatment? |
| CRI - 47 | If the person is in an inpatient setting, is there a written document describing the inpatient treatment and discharge plan? |
| CRI - 47A | Does documentation reflect the individual's preferences and strengths |

## Principle 2 Consumers, family members and treatment staff are valued, responsible partners in the delivery of services.

| | |
|---|---|
| CRI - 50A | Did the person participate in the development of the inpatient treatment and discharge plan? |
| CRI - 50B | Did Guardian, family member, or designated representative, participate in the development of the inpatient treatment and discharge plan? |
| CRI - 50C | Did Case manager or outpatient team/staff member participate in the development of the inpatient treatment and discharge plan? |
| CRI - 50C1 | Is there evidence the clinical team received a copy of ITDP? |
| CRI - 50D | Did Other state agency case manager participate in the development of the inpatient treatment and discharge plan? |
| CRI - 50E | Did Other (specify) participate in the development of the inpatient treatment and discharge plan? |
| CRI - 50F | Is the discharge staffing held for any acute hospital stay over 72 hours? |
| CRI - 50G | Is the case manager notified prior to hospital staffing |
| CRI - CM10 | If yes to either 8 or 9, was this special assistance provided by ADHS or RBHA? |
| CRI - CM5 | Has this person been able to participate in his/her own service planning? |
| CRI - CM7A | Do the following individuals act in the best interest of the person?Parent/legal guardian |
| CRI - CM7B | Do the following individuals act in the best interest of the person?Consevatorship/public fiduciary |

# Arizona Department of Health Services
## Division of Behavioral Health Services

**DRAFT ONLY**
12/10/96 5:04:49 PM

Quality Management System

**Cross Reference of Principles and Performance Outcomes to Data Elements**

**Principle 2** **Consumers, family members and treatment staff are valued, responsible partners in the delivery of services.**

| | |
|---|---|
| CRI - CM7C | Do the following individuals act in the best interest of the person?Representative payee |
| CRI - CM7D | Do the following individuals act in the best interest of the person?Designated Representative |
| CRI - CM7E | Do the following individuals act in the best interest of the person?Other |
| CRI - CM8 | Does this person appear to need special assistance in participating in the treatment/service planning process? |
| CRI - CM9 | In understanding or participating in the appeal or a grievance process? |
| CRI - FI1 | Does the team include you in treatment decisions? Appendix C.2 |
| CRI - FI2 | Does the team consider your opinion regarding the effectiveness of current or previous treatment? |
| CRI - PI26 | Do you have choices about what you do? |
| CRI - PI29A1 | Did you participate in the development of your treatment/service plan? Outpatient |
| CRI - PI29A2 | Did you participate in the development of your treatment/service plan? Inpatient |
| CRI - PI29B1 | Did you receive a copy of your treatment/service plan? Intpatient |
| CRI - PI29B2 | Did you receive a copy of your treatment/service plan? Outpatient |
| CRI - PI29C | Have you been informed and granted access to information contained in your treatment assessment? |

**Principle 2** **Consumers, family members and treatment staff are valued, responsible partners in the delivery of services.**

| | |
|---|---|
| CRI - PI30 | Do you feel you need special assistance to help you understand your treatment and/or discharge plan? |
| CRI - PI31 | If yes to #30, has special assistance been provided to you? |
| CRI - PI32 | If you take psychotropic medications, were the reasons for taking the medication clearly explained to you? |
| CRI - PI35 | If yes, have you been offered a different treatment or medication that would be more acceptable to you? |
| CRI - PI38A | If yes to any part of 37, did you agree to these changes? |
| CRI - PI38B | If yes to any part of 37, were the reasons for the changes explained to you in advance? |
| CSS - CM10 | What is your overall feeling about the personal manner of the staff you have seen |
| CSS - CM11 | What is your overall feeling about the the way your family or others were (or were not) involved by your staff |
| CSS - CM17 | What is your overall feeling about the amount of help you have received |
| CSS - CM18 | What is your overall feeling about the information on how to get the most out of services (the availability and usefulness of such information) |
| CSS - SVC10 | What is your overall feeling about the personal manner of the main practitioner(s) seen. |
| CSS - SVC17 | What is your overall feeling about the amount of help you have received. |

**Principle 2** **Consumers, family members and treatment staff are valued, responsible partners in the delivery of services.**

CSS - SVC18 What is your overall feeling about the availability of information on how to get the most our of the services.

**Principle 2** **Consumers, family members and treatment staff are valued, responsible partners in the delivery of services.**

**2.02** **Treatment staff respect the individuals/guardians rights to make decisions and offer explicit opportunities to choose among and particpate in alternative treatment options and to receive, review, and approve or reject treatment services or plans which are proposed, prescribed, and/or developed with them.**

| | |
|---|---|
| CRI - 10A | Is there documentation that the person was notified of his/her rights:to appeal eligibility and treatment decisions? |
| CRI - 10B | Is there documentation that the person was notified of his/her rights:to file a grievance? |
| CRI - 10C | Is there evidence that the person/guardian has given written consent to receive treatment? |
| CRI - 15A | Is there evidence of active participation in service/treatment planning by the Person |
| CRI - 15B | Is there evidence of active participation in service/treatment planning by the Psychiatrist |
| CRI - 15C | Is there evidence of active participation in service/treatment planning by the Nurse |
| CRI - 15D | Is there evidence of active participation in service/treatment planning by the RBHA case manager/therapist |
| CRI - 15E | Is there evidence of active participation in service/treatment planning by the Vocational Specialist |
| CRI - 15F | Is there evidence of active participation in service/treatment planning by Family/guardian |

**Principle 2** **Consumers, family members and treatment staff are valued, responsible partners in the delivery of services.**

| | | |
|---|---|---|
| CRI - 15G | Is there evidence of active participation in service/treatment planning by | Case managers from other agencies (AOC, DES, DDD, Court, other) |
| CRI - 15H | Is there evidence of active participation in service/treatment planning by | Other (i.e. providers, family members, designate representatives) |
| CRI - 15I | Is there evidence of active participation in service/treatment planning by | Unless properly assigned to case coordination, the priority client has an appropriate clinical team as indicated in 15A-15E? |
| CRI - 16A | Does the plan reflect: the assessments | |
| CRI - 16B | Does the plan reflect: the diagnosis | |
| CRI - 16C | Does the plan reflect: all service providers who will share in the responsibility of providing services to the individual. | |
| CRI - 16D1 | Is there documentation of the person's long term view | Community living arrangements |
| CRI - 16D2 | Is there documentation of the person's long term view | Educational/vocational activities |
| CRI - 16D3 | Is there documentation of the person's long term view | Social/recreational activities |
| CRI - 16E | Were these preferences/goals established by the person or with assistance, if necessary? | |
| CRI - 16F | Is there evidence that the person was encouraged and supported to establish personal goals if unable and/or unwilling to participate in treatment planning process. | |

**Principle 2** **Consumers, family members and treatment staff are valued, responsible partners in the delivery of services.**

| | |
|---|---|
| CRI - 29 | Is there documentation that the person received an explanation of the benefits and risks of the medication? |
| CRI - 29b | If yes to 29 is there evidence that the explanation was provided by qualified staff ? |
| CRI - 30 | If yes to #28, is there evidence that the person provided verbal or written consent to take the medication? |
| CRI - 31 | Is there documentation of adequate informed consent to ECT or surgically related procedures to address mental health conditions? |
| CRI - 35 | For individuals taking antipsychotic medication, is AIMS testing documented at least yearly? |
| CRI - 35A | For DDD/ALTCS children and adolesents, who are taking antipsychotic medication, is AIMS testing documented at least two times yearly? |
| CRI - 38 | Is follow-up or outreach documented following missed medication or treatment appointments? |
| CRI - 41 | Substantial reduction or termination of services? |
| CRI - 41A | Were the changes clinically indicated or appropriate? |
| CRI - 41B | Was the service plan modified with the person's/guardian consent? |
| CRI - 42 | Discharge from or termination of a residential program? |
| CRI - 42A | Were the changes clinically indicated or appropriate? |

**Principle 2** **Consumers, family members and treatment staff are valued, responsible partners in the delivery of services.**

| | |
|---|---|
| CRI - 42B | Was the service plan modified with the person's/guardian consent? |
| CRI - 43 | Discharge or termination of a day or vocational program? (circle one) |
| CRI - 43A | Were the changes clinically indicated or appropriate? |
| CRI - 43B | Was the service plan modified with the person's/guardian consent? |
| CRI - 49 | Is the inpatient treatment and discharge plan consistent with the community service or treatment plan? |
| CSS - CM10 | What is your overall feeling about the personal manner of the staff you have seen |
| CSS - CM11 | What is your overall feeling about the the way your family or others were (or were not) involved by your staff |
| CSS - CM15 | What is your overall feeling about the effect of services in helping you stay well and preventing rehospitalization |
| CSS - CM17 | What is your overall feeling about the amount of help you have received |
| CSS - CM32 | What is your overall feeling about the way you were involved in treatment planning |
| CSS - SVC10 | What is your overall feeling about the personal manner of the main practitioner(s) seen. |
| CSS - SVC15 | What is your overall feeling about the effect of services in maintaining well-being and preventing relapse. |
| CSS - SVC17 | What is your overall feeling about the amount of help you have received. |

**Principle 2** **Consumers, family members and treatment staff are valued, responsible partners in the delivery of services.**

**2.03** **When inpatient treatment is necessary, outpatient and inpatient treatment staff work together with the individual and/or guardian, family members or designated representative in developing the ITDP which has been agreed to by the individual guardian, case manager, and the treatment team.**

| | |
|---|---|
| CRI - 47 | If the person is in an inpatient setting, is there a written document describing the inpatient treatment and discharge plan? |
| CRI - 47A | Does documentation reflect the individual's preferences and strengths |
| CRI - 50A | Did the person participate in the development of the inpatient treatment and discharge plan? |
| CRI - 50B | Did Guardian, family member, or designated representative, participate in the development of the inpatient treatment and discharge plan? |
| CRI - 50C | Did Case manager or outpatient team/staff member participate in the development of the inpatient treatment and discharge plan? |
| CRI - 50C1 | Is there evidence the clinical team received a copy of ITDP? |
| CRI - 50D | Did Other state agency case manager participate in the development of the inpatient treatment and discharge plan? |
| CRI - 50E | Did Other (specify) participate in the development of the inpatient treatment and discharge plan? |
| CRI - 50F | Is the discharge staffing held for any acute hospital stay over 72 hours? |

**Principle 2** **Consumers, family members and treatment staff are valued, responsible partners in the delivery of services.**

| | |
|---|---|
| CRI - 50G | Is the case manager notified prior to hospital staffing |
| CRI - 51 | Is there evidence that the case manager or a member of the clinical team met with the person while in the hospital? |
| CRI - 53 | Is there evidence that outpatient services were initiated/continued after discharge from hospital or RTC? |
| CRI - 53A | Is there documentation of services or contact within seven days of discharge? |
| CRI - 53B | Is there documentation of services or contact within 30 days? |
| CRI - 53C | Is there evidence that the case manager met with the individual within 7 days of discharge? |

**Principle 2** **Consumers, family members and treatment staff are valued, responsible partners in the delivery of services.**

### 2.04 ADHS and all service providers promote the optional comptetence of their staff by providing appropriate orientation and inservice training programs.

| | |
|---|---|
| CSS - CM06 | What is your overall feeling about the knowledge and competence of the staff you saw |
| CSS - CM09 | What is your overall feeling about the ability of staff you worked with to listen to and understand your problems |
| CSS - CM26 | What is your overall feeling about the thoroughness of the staff you have seen |
| CSS - SVC06 | What is your overall feeling about the professional knowledge and competence of the main practitioner(s). |
| CSS - SVC09 | What is your overall feeling about the ability of your practitioner(s) to listen to and understand your problems. |
| CSS - SVC24 | What is your overall feeling about the thoroughness of the main practitioners(s) you have seen. |
| PQR - 6TS101 | Provider staff receive adequate orientation and training in the Arizona Level of Functioning Assessment (ALFA) |
| PQR - 6TS102A | Provider staff receive adequate orientation and training in the Confidentiality/Mental Health and the Law legal, support, and treatment rights |
| PQR - 6TS102B | Provider staff receive adequate orientation and training in the Confidentiality/Mental Health and the Law member privacy and confidentiality |
| PQR - 6TS103 | Provider staff receive adequate orientation and training in Psychopharmacology identification of adverse reactions to psychoactive medications |

**Principle 2** **Consumers, family members and treatment staff are valued, responsible partners in the delivery of services.**

| | |
|---|---|
| PQR - 6TS104 | Provider staff receive adequate orientation and training in Understanding Persons with Serious Mental Illness identification of member illnesses and injury |
| PQR - 6TS105 | Provider staff receive adequate orientation and training in the Continuum of Care in Managed Care |
| PQR - 6TS106 | Provider staff receive adequate orientation and training in Individual Service Plan (ISP) development and implementation of the ISP |
| PQR - 6TS107A | Provider staff receive adequate orientation and training in the Strengths Model of Service Delivery agency mission and philosophy of community support |
| PQR - 6TS107B | Provider staff receive adequate orientation and training in the Strengths Model of Service Delivery principles of staff/member interaction designed to facilitate health and growth |
| PQR - 6TS108 | Provider staff receive adequate orientation and training in Grievance and Appeals procedures and rules |
| PQR - 6TS109 | Provider staff receive adequate orientation and training in Clinical Documentation role, responsibility, and authority of case manager and clinical team |
| PQR - 6TS110A | Provider staff receive adequate orientation and training in Clinical Aspects of Case Management and Clinical Team agency mission and philosophy of community support |
| PQR - 6TS110B | Provider staff receive adequate orientation and training in Clinical Aspects of Case Management and Clinical Team principles of staff/member interaction designed to facilitate health and growth |
| PQR - 6TS110C | Provider staff receive adequate orientation and training in Clinical Aspects of Case Management and Clinical Team identification, response to and reporting of member abuse, neglect, and exploitation |

**Principle 2** **Consumers, family members and treatment staff are valued, responsible partners in the delivery of services.**

| | |
|---|---|
| PQR - 6TS111 | Provider staff receive adequate orientation and training in Consumer Perspective of Mental Health Services perspectives and values of consumers of mental health services |
| PQR - 6TS112 | Provider staff receive adequate orientation and training in Co-Pay |
| PQR - 6TS113 | Provider staff receive adequate orientation and training in Exit Criteria Appendix C and Exit Provisions |
| PQR - 6TS114 | Provider staff receive adequate orientation and training in CPR/First Aid preliminary medical emergency care and reporting requirements |
| PQR - 6TS115 | Provider staff receive adequate orientation and training in Facilities Policies/Mission agency mission and philosophy of community support |
| PQR - 6TS116 | Provider staff receive adequate orientation and training in Physical Intervention Techniques/Non Violent Crisis Intervention |
| PQR - 6TS117 | Provider staff receive adequate orientation and training in HIV/AIDS |
| PQR - 6TS118 | Provider staff receive adequate orientation and training in Safety and Security in the Workplace preliminary medical emergency care and reporting requirements |

**Principle 2** **Consumers, family members and treatment staff are valued, responsible partners in the delivery of services.**

**2.05** **ADHS and all service providers promote the empowerment of consumers through the provision of information and assistance for their understanding of their mental health issues and treatment services.**

| | |
|---|---|
| CRI - 09 | Is the assessment information available and sufficient for the clinical team/provider treatment staff to formulate a service/treatment plan? |
| CRI - 10A | Is there documentation that the person was notified of his/her rights:to appeal eligibility and treatment decisions? |
| CRI - 10B | Is there documentation that the person was notified of his/her rights:to file a grievance? |
| CRI - 10C | Is there evidence that the person/guardian has given written consent to receive treatment? |
| CRI - 12 | If "yes" to either part of 11, is there evidence that special assistance was offered or provided by ADHS or the RBHA? |
| CRI - 12B | If "no" to either part of 11, does the reviewer believe that the individual needs special assistance? |
| CRI - 29 | Is there documentation that the person received an explanation of the benefits and risks of the medication? |
| CRI - 29b | If yes to 29 is there evidence that the explanation was provided by qualified staff ? |
| CRI - 37A | If yes, is there documentation any of the following steps have been taken: assist the person to take the medication as prescribed |

**Principle 2** **Consumers, family members and treatment staff are valued, responsible partners in the delivery of services.**

| | |
|---|---|
| CRI - 37B | If yes, is there documentation any of the following steps have been taken: change to a medication or doseage more acceptable to the person |
| CRI - 37C | If yes, is there documentation any of the following steps have been taken: change to a treatment plan more acceptable to the person |
| CRI - 41 | Substantial reduction or termination of services? |
| CRI - 41A | Were the changes clinically indicated or appropriate? |
| CRI - 41B | Was the service plan modified with the person's/guardian consent? |
| CRI - 42 | Discharge from or termination of a residential program? |
| CRI - 42A | Were the changes clinically indicated or appropriate? |
| CRI - 42B | Was the service plan modified with the person's/guardian consent? |
| CRI - 43 | Discharge or termination of a day or vocational program? (circle one) |
| CRI - 43A | Were the changes clinically indicated or appropriate? |
| CRI - 43B | Was the service plan modified with the person's/guardian consent? |
| CRI - 47 | If the person is in an inpatient setting, is there a written document describing the inpatient treatment and discharge plan? |

# Arizona Department of Health Services
## Division of Behavioral Health Services

**DRAFT ONLY**
12/10/96 5:05:03 PM

Quality Management System

**Cross Reference of Principles and Performance Outcomes to Data Elements**

**Principle 2** **Consumers, family members and treatment staff are valued, responsible partners in the delivery of services.**

| | |
|---|---|
| CRI - 47A | Does documentation reflect the individual's preferences and strengths |
| CRI - PI25 | Do you have choices about what you do? |
| CRI - PI29A1 | Did you participate in the development of your treatment/service plan? Outpatient |
| CRI - PI29A2 | Did you participate in the development of your treatment/service plan? Inpatient |
| CRI - PI29B1 | Did you receive a copy of your treatment/service plan? Intpatient |
| CRI - PI29B2 | Did you receive a copy of your treatment/service plan? Outpatient |
| CRI - PI29C | Have you been informed and granted access to information contained in your treatment assessment? |
| CRI - PI32 | If you take psychotropic medications, were the reasons for taking the medication clearly explained to you? |
| CRI - PI38A | If yes to any part of 37, did you agree to these changes? |
| CRI - PI38B | If yes to any part of 37, were the reasons for the changes explained to you in advance? |
| CRI - PI39A | Were you notified of your right to appeal treatment decisions? |
| CRI - PI39B | Were you notified of your right to file a grievance? |
| CSS - CM05 | What is your overall feeling about the the kinds of questions asked and how they were asked |

**Principle 2** **Consumers, family members and treatment staff are valued, responsible partners in the delivery of services.**

| | |
|---|---|
| CSS - CM18 | What is your overall feeling about the information on how to get the most out of services (the availability and usefulness of such information) |
| CSS - CM32 | What is your overall feeling about the way you were involved in treatment planning |
| CSS - SVC18 | What is your overall feeling about the availability of information on how to get the most our of the services. |
| CSS - SVC27 | What is your overall feeling about the publicity or information about programs and services offered. |

ATTACHMENT H
PRINCIPLE 3

**Principle 3** **People are able to achieve the highest level of self sufficiency possible, with assistance in the development and maintenance of a healthy life style.**

### 3.01 Individuals participate in the development, implementation, monitoring and revision of their treatment plans.

| | |
|---|---|
| CRI - 03A | Was input from the person/family/guardian/significant other included in the assessment regarding:The history of previous treatment? |
| CRI - 03B | Was input from the person/family/guardian/significant other included in the assessment regarding:The success of previous treatment? |
| CRI - 10A | Is there documentation that the person was notified of his/her rights:to appeal eligibility and treatment decisions? |
| CRI - 10B | Is there documentation that the person was notified of his/her rights:to file a grievance? |
| CRI - 10C | Is there evidence that the person/guardian has given written consent to receive treatment? |
| CRI - 15A | Is there evidence of active participation in service/treatment planning by the Person |
| CRI - 15B | Is there evidence of active participation in service/treatment planning by the Psychiatrist |
| CRI - 15C | Is there evidence of active participation in service/treatment planning by the Nurse |
| CRI - 15D | Is there evidence of active participation in service/treatment planning by the RBHA case manager/therapist |
| CRI - 15E | Is there evidence of active participation in service/treatment planning by the Vocational Specialist |

## Principle 3 People are able to achieve the highest level of self sufficiency possible, with assistance in the development and maintenance of a healthy life style.

| | |
|---|---|
| CRI - 15F | Is there evidence of active participation in service/treatment planning by Family/guardian |
| CRI - 15G | Is there evidence of active participation in service/treatment planning by Case managers from other agencies (AOC, DES, DDD, Court, other) |
| CRI - 15H | Is there evidence of active participation in service/treatment planning by Other (i.e. providers, family members, designate representatives) |
| CRI - 15I | Is there evidence of active participation in service/treatment planning by Unless properly assigned to case coordination, the priority client has an appropriate clinical team as indicated in 15A-15E? |
| CRI - 16A | Does the plan reflect: the assessments |
| CRI - 16B | Does the plan reflect: the diagnosis |
| CRI - 16C | Does the plan reflect: all service providers who will share in the responsibility of providing services to the individual. |
| CRI - 16D1 | Is there documentation of the person's long term view Community living arrangements |
| CRI - 16D2 | Is there documentation of the person's long term view Educational/vocational activities |
| CRI - 16D3 | Is there documentation of the person's long term view Social/recreational activities |
| CRI - 16E | Were these preferences/goals established by the person or with assistance, if necessary? |

**Principle 3** **People are able to achieve the highest level of self sufficiency possible, with assistance in the development and maintenance of a healthy life style.**

| | |
|---|---|
| CRI - 16F | Is there evidence that the person was encouraged and supported to establish personal goals if unable and/or unwilling to participate in treatment planning process. |
| CRI - 30 | If yes to #28, is there evidence that the person provided verbal or written consent to take the medication? |
| CRI - 31 | Is there documentation of adequate informed consent to ECT or surgically related procedures to address mental health conditions? |
| CRI - 37A | If yes, is there documentation any of the following steps have been taken: assist the person to take the medication as prescribed |
| CRI - 37B | If yes, is there documentation any of the following steps have been taken: change to a medication or doseage more acceptable to the person |
| CRI - 37C | If yes, is there documentation any of the following steps have been taken: change to a treatment plan more acceptable to the person |
| CRI - 41 | Substantial reduction or termination of services? |
| CRI - 41A | Were the changes clinically indicated or appropriate? |
| CRI - 41B | Was the service plan modified with the person's/guardian consent? |
| CRI - 42 | Discharge from or termination of a residential program? |
| CRI - 42A | Were the changes clinically indicated or appropriate? |

**Principle 3** **People are able to achieve the highest level of self sufficiency possible, with assistance in the development and maintenance of a healthy life style.**

| | |
|---|---|
| CRI - 42B | Was the service plan modified with the person's/guardian consent? |
| CRI - 43 | Discharge or termination of a day or vocational program? (circle one) |
| CRI - 43A | Were the changes clinically indicated or appropriate? |
| CRI - 43B | Was the service plan modified with the person's/guardian consent? |
| CRI - 44AA | Have there been any adverse outcomes while in service the past year: Injury/accident requiring medical attention |
| CRI - 44AB | Have there been any adverse outcomes while in service the past year: Physical or sexual abuse |
| CRI - 44AC | Have there been any adverse outcomes while in service the past year: Hospitalized for medical condition |
| CRI - 44AD | Have there been any adverse outcomes while in service the past year: Homelessness |
| CRI - 44AE | Have there been any adverse outcomes while in service the past year: Victim of crime, i.e. assault, theft, etc. |
| CRI - 44AF | Have there been any adverse outcomes while in service the past year: Mortality |
| CRI - 44AG | Have there been any adverse outcomes while in service the past year: Involvement in the criminal justice system (including incarceration) |
| CRI - 44AH | Have there been any adverse outcomes while in service the past year: Lost eligibility for financial entitlements |

**Principle 3** **People are able to achieve the highest level of self sufficiency possible, with assistance in the development and maintenance of a healthy life style.**

| | |
|---|---|
| CRI - 44AI | Have there been any adverse outcomes while in service the past year: Other/specify |
| CRI - 44BA | Have there been any positive outcomes while in service the past year: Maintained compliance with prescribed behavioral health medications? |
| CRI - 44BB | Have there been any positive outcomes while in service the past year: Maintained compliance with other behavioral health services? |
| CRI - 44BC | Have there been any positive outcomes while in service the past year: Employed for part or all of year? |
| CRI - 44BD | Have there been any positive outcomes while in service the past year: Attended school, training or participated in volunteer activities? |
| CRI - 44BE | Have there been any positive outcomes while in service the past year: Imporved relationships with peers, family, friends, neighbors, etc.? |
| CRI - 44BF | Have there been any positive outcomes while in service the past year: Imporved personal appearance/hygiene? |
| CRI - 44BG | Have there been any positive outcomes while in service the past year: Participated in community events/activities?? |
| CRI - 44BH | Have there been any positive outcomes while in service the past year: Better off financially? |
| CRI - 44C | Overall, does the person appear to have benefited from the services provided? |
| CRI - 46 | As appropriate and with consent from the person, is there evidence that the family or the guardian is involved and informed regarding behavioral health treatment? |

**Principle 3** **People are able to achieve the highest level of self sufficiency possible, with assistance in the development and maintenance of a healthy life style.**

| | |
|---|---|
| CRI - 47 | If the person is in an inpatient setting, is there a written document describing the inpatient treatment and discharge plan? |
| CRI - 47A | Does documentation reflect the individual's preferences and strengths |
| CRI - 50A | Did the person participate in the development of the inpatient treatment and discharge plan? |
| CRI - 50B | Did Guardian, family member, or designated representative, participate in the development of the inpatient treatment and discharge plan? |
| CRI - 50C | Did Case manager or outpatient team/staff member participate in the development of the inpatient treatment and discharge plan? |
| CRI - 50C1 | Is there evidence the clinical team received a copy of ITDP? |
| CRI - 50D | Did Other state agency case manager participate in the development of the inpatient treatment and discharge plan? |
| CRI - 50E | Did Other (specify) participate in the development of the inpatient treatment and discharge plan? |
| CRI - 50F | Is the discharge staffing held for any acute hospital stay over 72 hours? |
| CRI - 50G | Is the case manager notified prior to hospital staffing |
| CRI - CM5 | Has this person been able to participate in his/her own service planning? |
| CRI - FI1 | Does the team include you in treatment decisions? Appendix C.2 |

**Principle 3** **People are able to achieve the highest level of self sufficiency possible, with assistance in the development and maintenance of a healthy life style.**

| | |
|---|---|
| CRI - FI2 | Does the team consider your opinion regarding the effectiveness of current or previous treatment? |
| CRI - PI29A1 | Did you participate in the development of your treatment/service plan? Outpatient |
| CRI - PI29A2 | Did you participate in the development of your treatment/service plan? Inpatient |
| CRI - PI29B1 | Did you receive a copy of your treatment/service plan? Intpatient |
| CRI - PI29B2 | Did you receive a copy of your treatment/service plan? Outpatient |
| CRI - PI29C | Have you been informed and granted access to information contained in your treatment assessment? |
| CRI - PI32 | If you take psychotropic medications, were the reasons for taking the medication clearly explained to you? |
| CRI - PI38A | If yes to any part of 37, did you agree to these changes? |
| CRI - PI38B | If yes to any part of 37, were the reasons for the changes explained to you in advance? |
| CSS - BHS07 | Overall, I am satisfied that the services I have received have helped me to deal better with my problems? |
| CSS - CM01 | What is your overall feeling about the kinds of services offered |
| CSS - CM02 | What is your overall feeling about the opportunity to choose which staff you see |
| CSS - CM03 | What is your overall feeling about the how much services helped you deal with your problems |

**Principle 3** **People are able to achieve the highest level of self sufficiency possible, with assistance in the development and maintenance of a healthy life style.**

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|---|---|
| CSS - CM32 | What is your overall feeling about the way you were involved in treatment planning |
| CSS - SVC01 | What is your overall feeling about the kinds of services offered. |
| CSS - SVC02 | What is your overall feeling about the opportunity to chooses which practitioner you see. |
| CSS - SVC03 | What is your overall feeling about the effect of services in helping you deal with your problems |

**Principle 3** **People are able to achieve the highest level of self sufficiency possible, with assistance in the development and maintenance of a healthy life style.**

### 3.02 The assessment process provides sufficient information for the treatment staff to develop an appropriate treatment plan with the individual and/or other responsible parties.

| | |
|---|---|
| CRI - 03A | Was input from the person/family/guardian/significant other included in the assessment regarding:The history of previous treatment? |
| CRI - 03B | Was input from the person/family/guardian/significant other included in the assessment regarding:The success of previous treatment? |
| CRI - 04 | Was the intake assessment performed by (or reviewed by) qualified staff? |
| CRI - 05A | Does the intake assessment, comprehensive assessment, or psychiatric evaluation information include:Reason for request and/or referral for services? |
| CRI - 05B | Does the intake assessment, comprehensive assessment, or psychiatric evaluation information include:Past psychiatric history, including hospitalizations? |
| CRI - 05C | Does the intake assessment, comprehensive assessment, or psychiatric evaluation information include:Medical history? |
| CRI - 05D | Does the intake assessment, comprehensive assessment, or psychiatric evaluation information include:Substance use history? |
| CRI - 05E | Does the intake assessment, comprehensive assessment, or psychiatric evaluation information include:Family history, including history of behavioral health disorders? |

**Principle 3** **People are able to achieve the highest level of self sufficiency possible, with assistance in the development and maintenance of a healthy life style.**

| | |
|---|---|
| CRI - 06 | Does the assessment information include a psychiatric diagnosis? |
| CRI - 06A | Is it current? (Within the last 12 months) |
| CRI - 06B | Is it complete? (All 5 axis) |
| CRI - 07A | Is there a comprehensive assessment or evaluation? |
| CRI - 07B | Was a face-to-face interview conducted during the assessment/evaluation process? |
| CRI - 07C1 | Does comprehensive assessment include Mental health status |
| CRI - 07C10 | Does comprehensive assessment include Resources/Entitlements |
| CRI - 07C11 | Does comprehensive assessment include Substance use history |
| CRI - 07C2 | Does comprehensive assessment include Legal status and/or apparent capacity to make informed decisions/need for quardian/conservator. |
| CRI - 07C3 | Does comprehensive assessment include Person's social setting |
| CRI - 07C4 | Does comprehensive assessment include Physical health status |
| CRI - 07C5 | Does comprehensive assessment include Level of daily living skills |

**Principle 3** **People are able to achieve the highest level of self sufficiency possible, with assistance in the development and maintenance of a healthy life style.**

| | |
|---|---|
| CRI - 07C6 | Does comprehensive assessment include Criminal justice history |
| CRI - 07C7 | Does comprehensive assessment include Employment |
| CRI - 07C8 | Does comprehensive assessment include Education |
| CRI - 07C9 | Does comprehensive assessment include Language abilities/Intrepreter services/need for sign language or literary assistance |
| CRI - 08A | Do evaluations or assessment reports address: Any required provisional or emergency services |
| CRI - 08B | Do evaluations or assessment reports address: Further evaluation or assessments required |
| CRI - 08C | Do evaluations or assessment reports address: Follow up efforts to secure needed information |
| CRI - 09 | Is the assessment information available and sufficient for the clinical team/provider treatment staff to formulate a service/treatment plan? |
| CRI - 11A | Has the team assessed that the person is in need of special assistance: in participating in treatment planning? |
| CRI - 11B | Has the team assessed that the person is in need of special assistance: in participating in the grievance process? |
| CRI - 16A | Does the plan reflect: the assessments |
| CRI - 16B | Does the plan reflect: the diagnosis |

**Principle 3** **People are able to achieve the highest level of self sufficiency possible, with assistance in the development and maintenance of a healthy life style.**

| | |
|---|---|
| CRI - 16C | Does the plan reflect: all service providers who will share in the responsibility of providing services to the individual. |
| CRI - 16D1 | Is there documentation of the person's long term view Community living arrangements |
| CRI - 16D2 | Is there documentation of the person's long term view Educational/vocational activities |
| CRI - 16D3 | Is there documentation of the person's long term view Social/recreational activities |
| CRI - 16E | Were these preferences/goals established by the person or with assistance, if necessary? |
| CRI - 16F | Is there evidence that the person was encouraged and supported to establish personal goals if unable and/or unwilling to participate in treatment planning process. |
| CRI - PR03 | In your opinion, what are the most important issues and needs to be addressed with this person? |
| CSS - CM05 | What is your overall feeling about the the kinds of questions asked and how they were asked |
| PQR - 1PCN28A | Compliance with Americans with Disabilities Act of 1990 - programs have a self evaluative component for ADA standards |
| PQR - 1PCN28B | Compliance with Americans with Disabilities Act of 1990 - policies and procedures directing compliance with ADA standards |
| PQR - 1PCN28C | Compliance with Americans with Disabilities Act of 1990 - posting of ADA notice that informs individuals with a disability of their rights to request reasonable accommodations and alternate forms of communication |

**Principle 3** **People are able to achieve the highest level of self sufficiency possible, with assistance in the development and maintenance of a healthy life style.**

### 3.03 Individuals choose personal goals with respect to community living arrangements, educational/vocational and social/recreational activities unless they are unwilling or unable.

| | |
|---|---|
| CRI - 15A | Is there evidence of active participation in service/treatment planning by the Person |
| CRI - 15B | Is there evidence of active participation in service/treatment planning by the Psychiatrist |
| CRI - 15C | Is there evidence of active participation in service/treatment planning by the Nurse |
| CRI - 15D | Is there evidence of active participation in service/treatment planning by the RBHA case manager/therapist |
| CRI - 15E | Is there evidence of active participation in service/treatment planning by the Vocational Specialist |
| CRI - 15F | Is there evidence of active participation in service/treatment planning by Family/guardian |
| CRI - 15G | Is there evidence of active participation in service/treatment planning by Case managers from other agencies (AOC, DES, DDD, Court, other) |
| CRI - 15H | Is there evidence of active participation in service/treatment planning by Other (i.e. providers, family members, designate representatives) |
| CRI - 15I | Is there evidence of active participation in service/treatment planning by Unless properly assigned to case coordination, the priority client has an appropriate clinical team as indicated in 15A-15E? |

**Principle 3** **People are able to achieve the highest level of self sufficiency possible, with assistance in the development and maintenance of a healthy life style.**

| | |
|---|---|
| CRI - 16A | Does the plan reflect: the assessments |
| CRI - 16B | Does the plan reflect: the diagnosis |
| CRI - 16C | Does the plan reflect: all service providers who will share in the responsibility of providing services to the individual. |
| CRI - 16D1 | Is there documentation of the person's long term view Community living arrangements |
| CRI - 16D2 | Is there documentation of the person's long term view Educational/vocational activities |
| CRI - 16D3 | Is there documentation of the person's long term view Social/recreational activities |
| CRI - 16E | Were these preferences/goals established by the person or with assistance, if necessary? |
| CRI - 16F | Is there evidence that the person was encouraged and supported to establish personal goals if unable and/or unwilling to participate in treatment planning process. |
| CRI - 37A | If yes, is there documentation any of the following steps have been taken: assist the person to take the medication as prescribed |
| CRI - 37B | If yes, is there documentation any of the following steps have been taken: change to a medication or doseage more acceptable to the person |
| CRI - 37C | If yes, is there documentation any of the following steps have been taken: change to a treatment plan more acceptable to the person |
| CRI - 41 | Substantial reduction or termination of services? |

**Principle 3** **People are able to achieve the highest level of self sufficiency possible, with assistance in the development and maintenance of a healthy life style.**

| | |
|---|---|
| CRI - 41A | Were the changes clinically indicated or appropriate? |
| CRI - 41B | Was the service plan modified with the person's/guardian consent? |
| CRI - 42 | Discharge from or termination of a residential program? |
| CRI - 42A | Were the changes clinically indicated or appropriate? |
| CRI - 42B | Was the service plan modified with the person's/guardian consent? |
| CRI - 43 | Discharge or termination of a day or vocational program? (circle one) |
| CRI - 43A | Were the changes clinically indicated or appropriate? |
| CRI - 43B | Was the service plan modified with the person's/guardian consent? |
| CRI - 46 | As appropriate and with consent from the person, is there evidence that the family or the guardian is involved and informed regarding behavioral health treatment? |
| CRI - 50A | Did the person participate in the development of the inpatient treatment and discharge plan? |
| CRI - 50B | Did Guardian, family member, or designated representative, participate in the development of the inpatient treatment and discharge plan? |
| CRI - 50C | Did Case manager or outpatient team/staff member participate in the development of the inpatient treatment and discharge plan? |

**Principle 3** **People are able to achieve the highest level of self sufficiency possible, with assistance in the development and maintenance of a healthy life style.**

| | |
|---|---|
| CRI - 50C1 | Is there evidence the clinical team received a copy of ITDP? |
| CRI - 50D | Did Other state agency case manager participate in the development of the inpatient treatment and discharge plan? |
| CRI - 50E | Did Other (specify) participate in the development of the inpatient treatment and discharge plan? |
| CRI - 50F | Is the discharge staffing held for any acute hospital stay over 72 hours? |
| CRI - 50G | Is the case manager notified prior to hospital staffing |
| CRI - CM5 | Has this person been able to participate in his/her own service planning? |
| CSS - CM21 | What is your overall feeling about the suggestions on what to do on your own between visits; the usefulness of recommendations made to you |

**Principle 3** **People are able to achieve the highest level of self sufficiency possible, with assistance in the development and maintenance of a healthy life style.**

### 3.04 Treatment planning is provided in a timely manner and meets the individual's needs as identified through the assessment and the individual's expressed preferences.

| | |
|---|---|
| CRI - 13 | Does the person have a service/treatment plan? |
| CRI - 14A | Was an interim service/treatment plan completed within 14 days of intake? |
| CRI - 14B | Was the individual service plan completed within 90 days of intake? |
| CRI - 14C | Priority clients whose clinical needs require EISP's, have an EISP with a functional assessment and long-term view. |
| CRI - 14D | For ALTCS/DDD children and adolescents, was the DD case manager notified 72 hours prior to ISP staffing. |
| CRI - 22 | Is the service/treatment plan revised as necessary based on progress, lack of progress and/or emerging needs? |
| CRI - 23 | Is the service/treatment plan current? |
| CRI - 25 | Is service delivery timely (first service or first case management contact within 30 days of intake)? |
| CRI - 25A | Is the provider plan consistent with the ISP? |
| CRI - 25B | Are on-going services delivered per service/treatment plan? |

**Principle 3** **People are able to achieve the highest level of self sufficiency possible, with assistance in the development and maintenance of a healthy life style.**

| | |
|---|---|
| CRI - 27 | Are all the behavioral health treatment needs adequately addressed? |
| CRI - 45A1 | Is there evidence that behavioral health care has been coordinated with: at initiation |
| CRI - 45A2 | Is there evidence that behavioral health care has been coordinated with: periodically during on-going treatment (write in an estimate of how often i.e. monthly, quarterly, yearly, one time only, sporadically) |
| CRI - 45A3 | Is there evidence that behavioral health care has been coordinated with: regarding sentinel events (hospitalization, change in class of medication) |
| CRI - 45B | Is there evidence that behavioral health care has been coordinated with: Other agency? |
| CRI - 45B1 | Is there evidence that behavioral health care has been coordinated with: Other agency periodically during on-going treatment (write in an estimate of how often i.e. monthly, quarterly, yearly, one-time only, sporadically) |
| CRI - 45B2 | Is there evidence that behavioral health care has been coordinated with: Other agency regarding sentinel event (hospitalization, change in class of medication) |
| CRI - 48 | Was an inpatient treatment and discharge plan developed by the tenth day of the inpatient stay? |
| CRI - 50A | Did the person participate in the development of the inpatient treatment and discharge plan? |
| CRI - 50B | Did Guardian, family member, or designated representative, participate in the development of the inpatient treatment and discharge plan? |
| CRI - 50C | Did Case manager or outpatient team/staff member participate in the development of the inpatient treatment and discharge plan? |

**Principle 3** **People are able to achieve the highest level of self sufficiency possible, with assistance in the development and maintenance of a healthy life style.**

| | |
|---|---|
| CRI - 50C1 | Is there evidence the clinical team received a copy of ITDP? |
| CRI - 50D | Did Other state agency case manager participate in the development of the inpatient treatment and discharge plan? |
| CRI - 50E | Did Other (specify) participate in the development of the inpatient treatment and discharge plan? |
| CRI - 50F | Is the discharge staffing held for any acute hospital stay over 72 hours? |
| CRI - 50G | Is the case manager notified prior to hospital staffing |
| CRI - 53 | Is there evidence that outpatient services were initiated/continued after discharge from hospital or RTC? |
| CRI - 53A | Is there documentation of services or contact within seven days of discharge? |
| CRI - 53B | Is there documentation of services or contact within 30 days? |
| CRI - 53C | Is there evidence that the case manager met with the individual within 7 days of discharge? |
| CRI - 64A | During the time period examined, the services provided are: timely |
| CRI - 64B | During the time period examined, the services provided are: germane to the need |
| CRI - 64C | During the time period examined, the services provided are: effective |
| CRI - 64D | During the time period examined, the services provided are: provided in the least restrictive manner possible |

**Principle 3** **People are able to achieve the highest level of self sufficiency possible, with assistance in the development and maintenance of a healthy life style.**

| | |
|---|---|
| CRI - 64E | During the time period examined, the services provided are: maximize individual's independence/community integration? |
| CRI - PR05 | Are you a member of this person's clinical team? |
| CRI - PR05A | If member of clinical team, did you participate in the development of the ISP? |
| CRI - PR05B | If member of clinical team, how often does the team meet to discuss the needs and progress of the individual? |
| CRI - PR12 | Do you hear in a timely manner about emergency service contacts, hospitalizations or significant non-involvement with services/tx? |
| CSS - CM06 | What is your overall feeling about the knowledge and competence of the staff you saw |
| CSS - CM12 | What is your overall feeling about the waiting time when you come to be seen or keep an appointment made |
| CSS - CM21 | What is your overall feeling about the suggestions on what to do on your own between visits; the usefulness of recommendations made to you |
| CSS - CM29 | What is your overall feeling about the willingness to see you as often as you feel is needed |
| CSS - SVC02 | What is your overall feeling about the opportunity to chooses which practitioner you see. |
| CSS - SVC06 | What is your overall feeling about the professional knowledge and competence of the main practitioner(s). |
| CSS - SVC11 | What is your overall feeling about the waiting time between asking to be seen and the appointment (date and time) given. |

**Principle 3** **People are able to achieve the highest level of self sufficiency possible, with assistance in the development and maintenance of a healthy life style.**

| | |
|---|---|
| CSS - SVC12 | What is your overall feeling about the waiting time when you come to be seen or keep an appointment made. |
| CSS - SVC29 | What is your overall feeling about the contribution of services to achievement of your life goals. |

**Principle 3** **People are able to achieve the highest level of self sufficiency possible, with assistance in the development and maintenance of a healthy life style.**

### 3.05 Services and supports are provided in accordance with needs documented in the treatment planning process

| | |
|---|---|
| CRI - 14A | Was an interim service/treatment plan completed within 14 days of intake? |
| CRI - 14B | Was the individual service plan completed within 90 days of intake? |
| CRI - 14C | Priority clients whose clinical needs require EISP's, have an EISP with a functional assessment and long-term view. |
| CRI - 14D | For ALTCS/DDD children and adolescents, was the DD case manager notified 72 hours prior to ISP staffing. |
| CRI - 25 | Is service delivery timely (first service or first case management contact within 30 days of intake)? |
| CRI - 25A | Is the provider plan consistent with the ISP? |
| CRI - 25B | Are on-going services delivered per service/treatment plan? |
| CRI - 35 | For individuals taking antipsychotic medication, is AIMS testing documented at least yearly? |
| CRI - 35A | For DDD/ALTCS children and adolesents, who are taking antipsychotic medication, is AIMS testing documented at least two times yearly? |
| CRI - 48 | Was an inpatient treatment and discharge plan developed by the tenth day of the inpatient stay? |

**Principle 3** **People are able to achieve the highest level of self sufficiency possible, with assistance in the development and maintenance of a healthy life style.**

| | |
|---|---|
| CRI - 53 | Is there evidence that outpatient services were initiated/continued after discharge from hospital or RTC? |
| CRI - 53A | Is there documentation of services or contact within seven days of discharge? |
| CRI - 53B | Is there documentation of services or contact within 30 days? |
| CRI - 53C | Is there evidence that the case manager met with the individual within 7 days of discharge? |
| CRI - 64A | During the time period examined, the services provided are: timely |
| CRI - 64B | During the time period examined, the services provided are: germane to the need |
| CRI - 64C | During the time period examined, the services provided are: effective |
| CRI - 64D | During the time period examined, the services provided are: provided in the least restrictive manner possible |
| CRI - 64E | During the time period examined, the services provided are: maximize individual's independence/community integration? |
| CSS - BHS01 | When you first came to the program, how long was it until you began receiving services? |
| CSS - BHS06 | The clinic/office offers convenient appointment times? |
| CSS - CM04 | What is your overall feeling about the office procedures (making appointments, filling out forms, etc.) |
| CSS - CM12 | What is your overall feeling about the waiting time when you come to be seen or keep an appointment made |

**Principle 3** **People are able to achieve the highest level of self sufficiency possible, with assistance in the development and maintenance of a healthy life style.**

| | |
|---|---|
| CSS - CM20 | What is your overall feeling about the helping you handle medication side effects, discomfort, and other medication concerns |
| CSS - CM22 | What is your overall feeling about the explanations of how the agency works and its procedures (e.g., how to get a message to the staff you worked with etc.) |
| CSS - CM23 | What is your overall feeling about the effect of services in helping relieve symptoms |
| CSS - SVC04 | What is your overall feeling about the office personnel on the telephone or in person. |
| CSS - SVC11 | What is your overall feeling about the waiting time between asking to be seen and the appointment (date and time) given. |
| CSS - SVC12 | What is your overall feeling about the waiting time when you come to be seen or keep an appointment made. |
| CSS - SVC20 | What is your overall feeling about the explanations of specific procedures and approaches used. |
| CSS - SVC21 | What is your overall feeling about the effect of services in helping relieve symptoms or reduce problems. |
| CSS - SVC29 | What is your overall feeling about the contribution of services to achievement of your life goals. |

**Principle 3** **People are able to achieve the highest level of self sufficiency possible, with assistance in the development and maintenance of a healthy life style.**

### 3.06 Treatment plans are periodically reviewed and revised in order to respond adequately to the abilities and changing needs of the individual.

| | |
|---|---|
| CRI - 22 | Is the service/treatment plan revised as necessary based on progress, lack of progress and/or emerging needs? |
| CRI - 23 | Is the service/treatment plan current? |
| CRI - 25 | Is service delivery timely (first service or first case management contact within 30 days of intake)? |
| CRI - 25A | Is the provider plan consistent with the ISP? |
| CRI - 25B | Are on-going services delivered per service/treatment plan? |
| CRI - 40 | If there is lack of progress, is there documentation that the services or treatment plan is modified accordingly? |
| CRI - 41 | Substantial reduction or termination of services? |
| CRI - 41A | Were the changes clinically indicated or appropriate? |
| CRI - 41B | Was the service plan modified with the person's/guardian consent? |
| CRI - 42 | Discharge from or termination of a residential program? |

**Principle 3** **People are able to achieve the highest level of self sufficiency possible, with assistance in the development and maintenance of a healthy life style.**

| | |
|---|---|
| CRI - 42A | Were the changes clinically indicated or appropriate? |
| CRI - 42B | Was the service plan modified with the person's/guardian consent? |
| CRI - 43 | Discharge or termination of a day or vocational program? (circle one) |
| CRI - 43A | Were the changes clinically indicated or appropriate? |
| CRI - 43B | Was the service plan modified with the person's/guardian consent? |
| CRI - 59A | Has the individual acheived psychiatric symtom reduction during the past year? |
| CRI - 59B | Has the individual acheived community integration during the past year? |
| CRI - 59C | Has the individual acheived economic self-sufficiency during the past year? |
| CRI - 61 | Is the person's living situation sufficient to address the current basic and behavioral health treatment needs? |
| CRI - 62 | Is the person's day/work situation sufficient to address the current basic and behavioral health treatment needs? |
| CRI - 63 | Is the person's social/leisure situation sufficient to address the current basic and behavioral health treatment needs? |
| CRI - 64A | During the time period examined, the services provided are: timely |
| CRI - 64B | During the time period examined, the services provided are: germane to the need |

# Arizona Department of Health Services
## Division of Behavioral Health Services

**DRAFT ONLY**
12/10/96 5:05:33 PM

Quality Management System

**Cross Reference of Principles and Performance Outcomes to Data Elements**

**Principle 3** **People are able to achieve the highest level of self sufficiency possible, with assistance in the development and maintenance of a healthy life style.**

| | |
|---|---|
| CRI - 64C | During the time period examined, the services provided are: effective |
| CRI - 64D | During the time period examined, the services provided are: provided in the least restrictive manner possible |
| CRI - 64E | During the time period examined, the services provided are: maximize individual's independence/community integration? |
| CRI - 65 | For priority clients, are all the behavioral health needs met, consistent with their ISP? |
| CRI - 66 | For classmembers, their needs are substantially met consistent with their ISP? |
| CRI - 68 | Is there evidence that issues of missed treatment appointments/non-compliance is being addressed by the case manager, clinical team and /or relevant service providers? |
| CRI - FI2 | Does the team consider your opinion regarding the effectiveness of current or previous treatment? |
| CRI - PI37A | In the past year, have you experienced any major change in the services you receive Decrease or termination of services? |
| CRI - PI37B | In the past year, have you experienced any major change in the services you receive Discharge from or termination of a residential program? |
| CRI - PI37C | In the past year, have you experienced any major change in the services you receive Discharge or termination of a day/vocational program? |
| CRI - PI38A | If yes to any part of 37, did you agree to these changes? |
| CRI - PI38B | If yes to any part of 37, were the reasons for the changes explained to you in advance? |

**Principle 3** **People are able to achieve the highest level of self sufficiency possible, with assistance in the development and maintenance of a healthy life style.**

| | |
|---|---|
| CRI - PI39A | Were you notified of your right to appeal treatment decisions? |
| CRI - PI39B | Were you notified of your right to file a grievance? |
| CRI - PR05 | Are you a member of this person's clinical team? |
| CRI - PR05A | If member of clinical team, did you participate in the development of the ISP? |
| CRI - PR05B | If member of clinical team, how often does the team meet to discuss the needs and progress of the individual? |
| CRI - PR06 | Do you/your agency have a separate treatment plan for this person? |
| CRI - PR06A | If there js separate treatment plan, is your pan consistent with the ISP? |
| CSS - CM30 | What is your overall feeling about the handling and accuracy of you records (as best you can tell) |
| CSS - SVC28 | What is your overall feeling about the handling and accuracy of your records (as best you can tell). |
| CSS - SVC29 | What is your overall feeling about the contribution of services to achievement of your life goals. |

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### 3.07 Treatment staff promote healthy lifestyles for individuals through education regarding management of their illness and chemical use, abuse/dependence.

| | |
|---|---|
| CRI - 05A | Does the intake assessment, comprehensive assessment, or psychiatric evaluation information include:Reason for request and/or referral for services? |
| CRI - 05B | Does the intake assessment, comprehensive assessment, or psychiatric evaluation information include:Past psychiatric history, including hospitalizations? |
| CRI - 05C | Does the intake assessment, comprehensive assessment, or psychiatric evaluation information include:Medical history? |
| CRI - 05D | Does the intake assessment, comprehensive assessment, or psychiatric evaluation information include:Substance use history? |
| CRI - 05E | Does the intake assessment, comprehensive assessment, or psychiatric evaluation information include:Family history, including history of behavioral health disorders? |
| CRI - 07A | Is there a comprehensive assessment or evaluation? |
| CRI - 07B | Was a face-to-face interview conducted during the assessment/evaluation process? |
| CRI - 07C1 | Does comprehensive assessment include Mental health status |
| CRI - 07C10 | Does comprehensive assessment include Resources/Entitlements |
| CRI - 07C11 | Does comprehensive assessment include Substance use history |

**Principle 3** **People are able to achieve the highest level of self sufficiency possible, with assistance in the development and maintenance of a healthy life style.**

| | |
|---|---|
| CRI - 07C2 | Does comprehensive assessment include Legal status and/or apparent capacity to make informed decisions/need for quardian/conservator. |
| CRI - 07C3 | Does comprehensive assessment include Person's social setting |
| CRI - 07C4 | Does comprehensive assessment include Physical health status |
| CRI - 07C5 | Does comprehensive assessment include Level of daily living skills |
| CRI - 07C6 | Does comprehensive assessment include Criminal justice history |
| CRI - 07C7 | Does comprehensive assessment include Employment |
| CRI - 07C8 | Does comprehensive assessment include Education |
| CRI - 07C9 | Does comprehensive assessment include Language abilities/Intrepreter services/need for sign language or literary assistance |
| CRI - 08A | Do evaluations or assessment reports address: Any required provisional or emergency services |
| CRI - 08B | Do evaluations or assessment reports address: Further evaluation or assessments required |
| CRI - 08C | Do evaluations or assessment reports address: Follow up efforts to secure needed information |
| CRI - 16A | Does the plan reflect: the assessments |

**Principle 3** **People are able to achieve the highest level of self sufficiency possible, with assistance in the development and maintenance of a healthy life style.**

| | |
|---|---|
| CRI - 16B | Does the plan reflect: the diagnosis |
| CRI - 16C | Does the plan reflect: all service providers who will share in the responsibility of providing services to the individual. |
| CRI - 16D1 | Is there documentation of the person's long term view Community living arrangements |
| CRI - 16D2 | Is there documentation of the person's long term view Educational/vocational activities |
| CRI - 16D3 | Is there documentation of the person's long term view Social/recreational activities |
| CRI - 16E | Were these preferences/goals established by the person or with assistance, if necessary? |
| CRI - 16F | Is there evidence that the person was encouraged and supported to establish personal goals if unable and/or unwilling to participate in treatment planning process. |
| CRI - 17 | Is there a description of the skills and supports needed for the person to establish or achieve his/her long term view or personal goals? |
| CRI - 24A | Is the person appropriately assigned to programmatic services? |
| CRI - 24B | Overall, is the service/treatment plan sufficient to meet the person's needs? |
| CRI - 26 | Are the person's basic needs addressed? |
| CRI - 29 | Is there documentation that the person received an explanation of the benefits and risks of the medication? |

**Principle 3** **People are able to achieve the highest level of self sufficiency possible, with assistance in the development and maintenance of a healthy life style.**

| | |
|---|---|
| CRI - 29b | If yes to 29 is there evidence that the explanation was provided by qualified staff ? |
| CRI - 31 | Is there documentation of adequate informed consent to ECT or surgically related procedures to address mental health conditions? |
| CRI - 36 | Is there documentation that the person does not take the medicine as prescribed? |
| CRI - 37A | If yes, is there documentation any of the following steps have been taken: assist the person to take the medication as prescribed |
| CRI - 37B | If yes, is there documentation any of the following steps have been taken: change to a medication or doseage more acceptable to the person |
| CRI - 37C | If yes, is there documentation any of the following steps have been taken: change to a treatment plan more acceptable to the person |
| CRI - 38 | Is follow-up or outreach documented following missed medication or treatment appointments? |
| CRI - 44AA | Have there been any adverse outcomes while in service the past year: Injury/accident requiring medical attention |
| CRI - 44AB | Have there been any adverse outcomes while in service the past year: Physical or sexual abuse |
| CRI - 44AC | Have there been any adverse outcomes while in service the past year: Hospitalized for medical condition |
| CRI - 44AD | Have there been any adverse outcomes while in service the past year: Homelessness |
| CRI - 44AE | Have there been any adverse outcomes while in service the past year: Victim of crime, i.e. assault, theft, etc. |

**Principle 3** **People are able to achieve the highest level of self sufficiency possible, with assistance in the development and maintenance of a healthy life style.**

| | |
|---|---|
| CRI - 44AF | Have there been any adverse outcomes while in service the past year: Mortality |
| CRI - 44AG | Have there been any adverse outcomes while in service the past year: Involvement in the criminal justice system (including incarceration) |
| CRI - 44AH | Have there been any adverse outcomes while in service the past year: Lost eligibility for financial entitlements |
| CRI - 44AI | Have there been any adverse outcomes while in service the past year: Other/specify |
| CRI - 44BA | Have there been any positive outcomes while in service the past year: Maintained compliance with prescribed behavioral health medications? |
| CRI - 44BB | Have there been any positive outcomes while in service the past year: Maintained compliance with other behavioral health services? |
| CRI - 44BC | Have there been any positive outcomes while in service the past year: Employed for part or all of year? |
| CRI - 44BD | Have there been any positive outcomes while in service the past year: Attended school, training or participated in volunteer activities? |
| CRI - 44BE | Have there been any positive outcomes while in service the past year: Imporved relationships with peers, family, friends, neighbors, etc.? |
| CRI - 44BF | Have there been any positive outcomes while in service the past year: Imporved personal appearance/hygiene? |
| CRI - 44BG | Have there been any positive outcomes while in service the past year: Participated in community events/activities?? |

**Principle 3** **People are able to achieve the highest level of self sufficiency possible, with assistance in the development and maintenance of a healthy life style.**

| | |
|---|---|
| CRI - 44BH | Have there been any positive outcomes while in service the past year: Better off financially? |
| CRI - 44C | Overall, does the person appear to have benefited from the services provided? |
| CRI - 45A1 | Is there evidence that behavioral health care has been coordinated with: at initiation |
| CRI - 45A2 | Is there evidence that behavioral health care has been coordinated with: periodically during on-going treatment (write in an estimate of how often i.e. monthly, quarterly, yearly, one time only, sporadically) |
| CRI - 45A3 | Is there evidence that behavioral health care has been coordinated with: regarding sentinel events (hospitalization, change in class of medication) |
| CRI - 45B | Is there evidence that behavioral health care has been coordinated with: Other agency? |
| CRI - 45B1 | Is there evidence that behavioral health care has been coordinated with: Other agency periodically during on-going treatment (write in an estimate of how often i.e. monthly, quarterly, yearly, one-time only, sporadically) |
| CRI - 45B2 | Is there evidence that behavioral health care has been coordinated with: Other agency regarding sentinel event (hospitalization, change in class of medication) |
| CRI - 46 | As appropriate and with consent from the person, is there evidence that the family or the guardian is involved and informed regarding behavioral health treatment? |
| CRI - CM11 | Are there any current immediate medical issues that relate to the person's ability to function? |
| CRI - CM12 | If there are current medical issues, are they being addressed? |

# Arizona Department of Health Services
## Division of Behavioral Health Services

**DRAFT ONLY**
12/10/96 5:05:42 PM

Quality Management System

**Cross Reference of Principles and Performance Outcomes to Data Elements**

**Principle 3** **People are able to achieve the highest level of self sufficiency possible, with assistance in the development and maintenance of a healthy life style.**

| | |
|---|---|
| CRI - PI29A1 | Did you participate in the development of your treatment/service plan? Outpatient |
| CRI - PI29A2 | Did you participate in the development of your treatment/service plan? Inpatient |
| CRI - PI29B1 | Did you receive a copy of your treatment/service plan? Intpatient |
| CRI - PI29B2 | Did you receive a copy of your treatment/service plan? Outpatient |
| CRI - PI29C | Have you been informed and granted access to information contained in your treatment assessment? |
| CRI - PI30 | Do you feel you need special assistance to help you understand your treatment and/or discharge plan? |
| CRI - PI31 | If yes to #30, has special assistance been provided to you? |
| CRI - PI32 | If you take psychotropic medications, were the reasons for taking the medication clearly explained to you? |
| CRI - PR07 | Are there any current immediate medical issues that relate to the person's ability to function? |
| CRI - PR08 | If there are medical issues are they being addressed? |
| CRI - RO01 | Was the person dressed adequately? |
| CRI - RO01A | If not dressed adequately, describe. |
| CRI - RO02 | Was person's hygiene and grooming adequate? |

**Principle 3** **People are able to achieve the highest level of self sufficiency possible, with assistance in the development and maintenance of a healthy life style.**

| | |
|---|---|
| CRI - RO02A | If hygiene and grooming inadequate, describe. |
| CRI - RO03 | Was the living environment safe? |
| CRI - RO03A | If living environment not safe, describ. |
| CRI - RO04 | Was the living environment clean and suitably furnished? |
| CRI - RO04A | If living environment not clean and suitably furnished, describe. |
| CRI - RO05 | Was there adequate food/drink? |
| CRI - RO05A | If there was not adequate food/drink, describe. |
| CRI - RO06 | Does the persons's daytime activity/program provide a minimal level of appropriate activity which will assist the person in remaining in the community? |
| CRI - RO06A | If daytime program not adequate, describe. |
| CSS - CM15 | What is your overall feeling about the effect of services in helping you stay well and preventing rehospitalization |
| CSS - CM20 | What is your overall feeling about the helping you handle medication side effects, discomfort, and other medication concerns |
| CSS - SVC15 | What is your overall feeling about the effect of services in maintaining well-being and preventing relapse. |

**Principle 3** **People are able to achieve the highest level of self sufficiency possible, with assistance in the development and maintenance of a healthy life style.**

| | |
|---|---|
| CSS - SVC29 | What is your overall feeling about the contribution of services to achievement of your life goals. |

ATTACHMENT H
PRINCIPLE 4

**Principle 4** **Services are accessible, timely and in the least restrictive setting necessary to meet the clinical needs of the individual.**

### 4.01 Individuals receive timely, adequate, and comprehensive assessments and services are initiated within appropriate time frames.

| | |
|---|---|
| CRI - 01 | Is the intake assessment timely |
| CRI - 03A | Was input from the person/family/guardian/significant other included in the assessment regarding:The history of previous treatment? |
| CRI - 03B | Was input from the person/family/guardian/significant other included in the assessment regarding:The success of previous treatment? |
| CRI - 04 | Was the intake assessment performed by (or reviewed by) qualified staff? |
| CRI - 05A | Does the intake assessment, comprehensive assessment, or psychiatric evaluation information include:Reason for request and/or referral for services? |
| CRI - 05B | Does the intake assessment, comprehensive assessment, or psychiatric evaluation information include:Past psychiatric history, including hospitalizations? |
| CRI - 05C | Does the intake assessment, comprehensive assessment, or psychiatric evaluation information include:Medical history? |
| CRI - 05D | Does the intake assessment, comprehensive assessment, or psychiatric evaluation information include:Substance use history? |
| CRI - 05E | Does the intake assessment, comprehensive assessment, or psychiatric evaluation information include:Family history, including history of behavioral health disorders? |

**Principle 4** **Services are accessible, timely and in the least restrictive setting necessary to meet the clinical needs of the individual.**

| | |
|---|---|
| CRI - 06 | Does the assessment information include a psychiatric diagnosis? |
| CRI - 06A | Is it current? (Within the last 12 months) |
| CRI - 06B | Is it complete? (All 5 axis) |
| CRI - 07A | Is there a comprehensive assessment or evaluation? |
| CRI - 07B | Was a face-to-face interview conducted during the assessment/evaluation process? |
| CRI - 07C1 | Does comprehensive assessment include Mental health status |
| CRI - 07C10 | Does comprehensive assessment include Resources/Entitlements |
| CRI - 07C11 | Does comprehensive assessment include Substance use history |
| CRI - 07C2 | Does comprehensive assessment include Legal status and/or apparent capacity to make informed decisions/need for quardian/conservator. |
| CRI - 07C3 | Does comprehensive assessment include Person's social setting |
| CRI - 07C4 | Does comprehensive assessment include Physical health status |
| CRI - 07C5 | Does comprehensive assessment include Level of daily living skills |

**Principle 4** **Services are accessible, timely and in the least restrictive setting necessary to meet the clinical needs of the individual.**

| | |
|---|---|
| CRI - 07C6 | Does comprehensive assessment include Criminal justice history |
| CRI - 07C7 | Does comprehensive assessment include Employment |
| CRI - 07C8 | Does comprehensive assessment include Education |
| CRI - 07C9 | Does comprehensive assessment include Language abilities/Intrepreter services/need for sign language or literary assistance |
| CRI - 08A | Do evaluations or assessment reports address: Any required provisional or emergency services |
| CRI - 08B | Do evaluations or assessment reports address: Further evaluation or assessments required |
| CRI - 08C | Do evaluations or assessment reports address: Follow up efforts to secure needed information |
| CRI - 09 | Is the assessment information available and sufficient for the clinical team/provider treatment staff to formulate a service/treatment plan? |
| CRI - 25 | Is service delivery timely (first service or first case management contact within 30 days of intake)? |
| CRI - 25A | Is the provider plan consistent with the ISP? |
| CRI - 25B | Are on-going services delivered per service/treatment plan? |
| CRI - 26 | Are the person's basic needs addressed? |

**Principle 4** **Services are accessible, timely and in the least restrictive setting necessary to meet the clinical needs of the individual.**

| | |
|---|---|
| CRI - 27 | Are all the behavioral health treatment needs adequately addressed? |
| CRI - 48 | Was an inpatient treatment and discharge plan developed by the tenth day of the inpatient stay? |
| CRI - 51 | Is there evidence that the case manager or a member of the clinical team met with the person while in the hospital? |
| CRI - 53 | Is there evidence that outpatient services were initiated/continued after discharge from hospital or RTC? |
| CRI - 53A | Is there documentation of services or contact within seven days of discharge? |
| CRI - 53B | Is there documentation of services or contact within 30 days? |
| CRI - 53C | Is there evidence that the case manager met with the individual within 7 days of discharge? |
| CRI - CM3 | In your opinion, what are the most important issues and needs to be addressed with this person? |
| CRI - CM4 | How does the ISP address these issues and needs? |
| CRI - CM6 | Has the team met within the last 12 months to discuss the needs and progress of the individual? |
| CRI - PI37A | In the past year, have you experienced any major change in the services you receive Decrease or termination of services? |
| CRI - PI37B | In the past year, have you experienced any major change in the services you receive Discharge from or termination of a residential program? |

**Principle 4** **Services are accessible, timely and in the least restrictive setting necessary to meet the clinical needs of the individual.**

| | |
|---|---|
| CRI - PI37C | In the past year, have you experienced any major change in the services you receive Discharge or termination of a day/vocational program? |
| CRI - PI38A | If yes to any part of 37, did you agree to these changes? |
| CRI - PI38B | If yes to any part of 37, were the reasons for the changes explained to you in advance? |
| CRI - PI41 | Are there additional services you feel you need? |
| CRI - PI41A | Describe the other services you feel you need. |
| CSS - BHS06 | The clinic/office offers convenient appointment times? |
| CSS - CM05 | What is your overall feeling about the the kinds of questions asked and how they were asked |
| CSS - CM06 | What is your overall feeling about the knowledge and competence of the staff you saw |
| CSS - CM13 | What is your overall feeling about the getting appointment times that fit your schedule |
| CSS - CM22 | What is your overall feeling about the explanations of how the agency works and its procedures (e.g., how to get a message to the staff you worked with etc.) |
| CSS - CM29 | What is your overall feeling about the willingness to see you as often as you feel is needed |
| CSS - CM36 | What is your overall feeling about the in an overall general sense, how satisfied are you with the service |

**Principle 4** **Services are accessible, timely and in the least restrictive setting necessary to meet the clinical needs of the individual.**

| | |
|---|---|
| CSS - SVC06 | What is your overall feeling about the professional knowledge and competence of the main practitioner(s). |
| CSS - SVC13 | What is your overall feeling about the availability of appointment times that fit your schedule. |
| CSS - SVC20 | What is your overall feeling about the explanations of specific procedures and approaches used. |
| CSS - SVC30 | Ina n overall general sense, how satisfied are you with the service you have received. |
| PQR - 3PAR01 | Intakes are performed within 7 days of the date of referral |
| PQR - 3PAR03 | Delay reasons for intakes performed beyond the 7 calendar day standard are reported to COMCARE as evidenced by the content of the Member Accessibility Report |
| PQR - 3PAR04 | Failure reasons for intakes not conducted are reported to COMCARE as evidence by the content of the Member Accessibility Report |
| PQR - 3PAR05 | Delay reasons for the first services provided beyond the 30 calendar day standard are reported to COMCARE as evidenced by the content of the Member Accessibility Report |

**Principle 4** **Services are accessible, timely and in the least restrictive setting necessary to meet the clinical needs of the individual.**

### 4.02 Individuals are offered services which are geopraphically, physically and culturally accessible.

| | |
|---|---|
| CRI - 59A | Has the individual acheived psychiatric symtom reduction during the past year? |
| CRI - 59B | Has the individual acheived community integration during the past year? |
| CRI - 59C | Has the individual acheived economic self-sufficiency during the past year? |
| CRI - 64A | During the time period examined, the services provided are: timely |
| CRI - 64B | During the time period examined, the services provided are: germane to the need |
| CRI - 64C | During the time period examined, the services provided are: effective |
| CRI - 64D | During the time period examined, the services provided are: provided in the least restrictive manner possible |
| CRI - 64E | During the time period examined, the services provided are: maximize individual's independence/community integration? |
| CRI - PI03 | Are you satisfied with your current living arrangements? If no, what do you feel you need? |
| CRI - PI07A | Do you have an opportunity to: go to church? |

**Principle 4** **Services are accessible, timely and in the least restrictive setting necessary to meet the clinical needs of the individual.**

| | |
|---|---|
| CRI - PI07B | Do you have an opportunity to: go to outside recreation? |
| CRI - PI07C | Do you have an opportunity to: go shopping? |
| CRI - PI07D | Do you have an opportunity to: go to education and employment activities? |
| CRI - PI18 | Do you know the area around here (stores, banks, fun places)? |
| CRI - PI19A | Do you feel at home here? If so, what things make you feel at home? |
| CRI - PI19B | Do you feel at home here? If not, what would make you feel at home? |
| CRI - PI20 | Can you take a walk or leave when you want to? |
| CRI - PI21 | Do you have access to transportation? |
| CRI - PI23 | Do you feel your current daily activities meet your needs? |
| CRI - PI24 | What do you do for fun? |
| CRI - PI28 | Do you get to see your family or other people in your life? |
| CRI - PR04 | Are you familiar with this person's ISP? |
| CRI - PR04A | If familiar with ISP, how does the ISP address these issues and needs? |

**Principle 4** **Services are accessible, timely and in the least restrictive setting necessary to meet the clinical needs of the individual.**

| | |
|---|---|
| CRI - PR09 | In your opinion, are this persons's day activities appropriate with respect to the person's needs and capabilities? |
| CSS - BHS05 | The clinic/office is conveniently located? |
| CSS - CM04 | What is your overall feeling about the office procedures (making appointments, filling out forms, etc.) |
| CSS - CM07 | What is your overall feeling about the location and access to the services (distance, ease of parking, public transportation, etc.)? |
| CSS - CM08 | What is your overall feeling about the appearance and layout of the agency (e.g., waiting area, offices) |
| CSS - CM13 | What is your overall feeling about the getting appointment times that fit your schedule |
| CSS - CM28 | What is your overall feeling about the communication between case managers and the other service providers you are involved with |
| CSS - CM33 | What is your overall feeling about the places where staff were willing or able to work with you (e.g., where you live, coffee shop, the office etc.) |
| CSS - CM34 | What is your overall feeling about the help getting assistance with job questions like choosing, finding and keeping jobs, training or handling work situations |
| CSS - SVC04 | What is your overall feeling about the office personnel on the telephone or in person. |
| CSS - SVC07 | What is your overall feeling about the location and accessibility of the services (distance, parking, public transportation, etc.) |
| CSS - SVC08 | What is your overall feeling about the appearance and physical layout of the facility (e.g. waiting area) |

**Principle 4** **Services are accessible, timely and in the least restrictive setting necessary to meet the clinical needs of the individual.**

| | |
|---|---|
| CSS - SVC13 | What is your overall feeling about the availability of appointment times that fit your schedule. |
| CSS - SVC26 | What is your overall feeling about the collaboration between service providers( if more than one). |
| CSS - SVC32 | About how many miles (one way) from the facility do you live? |

**Principle 4** **Services are accessible, timely and in the least restrictive setting necessary to meet the clinical needs of the individual.**

**4.03** **A full continuum of services is available in order that treatment may be provided in the least restrictive and clinically appropriate setting.**

| | |
|---|---|
| CRI - 24A | Is the person appropriately assigned to programmatic services? |
| CRI - 24B | Overall, is the service/treatment plan sufficient to meet the person's needs? |
| CRI - 26 | Are the person's basic needs addressed? |
| CRI - 27 | Are all the behavioral health treatment needs adequately addressed? |
| CRI - 41 | Substantial reduction or termination of services? |
| CRI - 41A | Were the changes clinically indicated or appropriate? |
| CRI - 41B | Was the service plan modified with the person's/guardian consent? |
| CRI - 42 | Discharge from or termination of a residential program? |
| CRI - 42A | Were the changes clinically indicated or appropriate? |
| CRI - 42B | Was the service plan modified with the person's/guardian consent? |

**Principle 4** **Services are accessible, timely and in the least restrictive setting necessary to meet the clinical needs of the individual.**

| | |
|---|---|
| CRI - 43 | Discharge or termination of a day or vocational program? (circle one) |
| CRI - 43A | Were the changes clinically indicated or appropriate? |
| CRI - 43B | Was the service plan modified with the person's/guardian consent? |
| CRI - 47 | If the person is in an inpatient setting, is there a written document describing the inpatient treatment and discharge plan? |
| CRI - 59A | Has the individual acheived psychiatric symtom reduction during the past year? |
| CRI - 59B | Has the individual acheived community integration during the past year? |
| CRI - 59C | Has the individual acheived economic self-sufficiency during the past year? |
| CRI - 61 | Is the person's living situation sufficient to address the current basic and behavioral health treatment needs? |
| CRI - 62 | Is the person's day/work situation sufficient to address the current basic and behavioral health treatment needs? |
| CRI - 63 | Is the person's social/leisure situation sufficient to address the current basic and behavioral health treatment needs? |
| CRI - 64A | During the time period examined, the services provided are: timely |
| CRI - 64B | During the time period examined, the services provided are: germane to the need |
| CRI - 64C | During the time period examined, the services provided are: effective |

**Principle 4** **Services are accessible, timely and in the least restrictive setting necessary to meet the clinical needs of the individual.**

| | |
|---|---|
| CRI - 64D | During the time period examined, the services provided are: provided in the least restrictive manner possible |
| CRI - 64E | During the time period examined, the services provided are: maximize individual's independence/community integration? |
| CRI - PI37A | In the past year, have you experienced any major change in the services you receive Decrease or termination of services? |
| CRI - PI37B | In the past year, have you experienced any major change in the services you receive Discharge from or termination of a residential program? |
| CRI - PI37C | In the past year, have you experienced any major change in the services you receive Discharge or termination of a day/vocational program? |
| CSS - CM14 | What is your overall feeling about the help with locating suitable housing, roommate or landlord problems, etc. |
| CSS - CM24 | What is your overall feeling about the experience with emergency services _ the response to crises or your urgent needs after hours |
| CSS - CM25 | What is your overall feeling about the arrangements made for after hours emergencies, crises, or urgent help you needed |
| CSS - SVC22 | What is your overall feeling about the response to crises or urgent needs during office hours. |
| CSS - SVC23 | What is your overall feeling about the arrangements made for after hours emergencies or urgent help. |
| CSS - SVC31 | What is your overall feeling about the support of the group as a whole, helpfulness and caring of its members (if applicable). |

**Principle 4** **Services are accessible, timely and in the least restrictive setting necessary to meet the clinical needs of the individual.**

### 4.04 Individuals receive services and supports from a comprehensive network of service providers.

| | |
|---|---|
| CRI - 16A | Does the plan reflect: the assessments |
| CRI - 16B | Does the plan reflect: the diagnosis |
| CRI - 16C | Does the plan reflect: all service providers who will share in the responsibility of providing services to the individual. |
| CRI - 16D1 | Is there documentation of the person's long term view Community living arrangements |
| CRI - 16D2 | Is there documentation of the person's long term view Educational/vocational activities |
| CRI - 16D3 | Is there documentation of the person's long term view Social/recreational activities |
| CRI - 16E | Were these preferences/goals established by the person or with assistance, if necessary? |
| CRI - 16F | Is there evidence that the person was encouraged and supported to establish personal goals if unable and/or unwilling to participate in treatment planning process. |
| CRI - 17 | Is there a description of the skills and supports needed for the person to establish or achieve his/her long term view or personal goals? |
| CRI - 24A | Is the person appropriately assigned to programmatic services? |

**Principle 4** **Services are accessible, timely and in the least restrictive setting necessary to meet the clinical needs of the individual.**

| | |
|---|---|
| CRI - 24B | Overall, is the service/treatment plan sufficient to meet the person's needs? |
| CRI - 26 | Are the person's basic needs addressed? |
| CRI - 27 | Are all the behavioral health treatment needs adequately addressed? |
| CRI - 34 | Are medications reviewed by a Nurse Practitioner, Physician, Physician's Assistant, or Psychiatrist at least quarterly? |
| CRI - 45A1 | Is there evidence that behavioral health care has been coordinated with: at initiation |
| CRI - 45A2 | Is there evidence that behavioral health care has been coordinated with: periodically during on-going treatment (write in an estimate of how often i.e. monthly, quarterly, yearly, one time only, sporadically) |
| CRI - 45A3 | Is there evidence that behavioral health care has been coordinated with: regarding sentinel events (hospitalization, change in class of medication) |
| CRI - 45B | Is there evidence that behavioral health care has been coordinated with: Other agency? |
| CRI - 45B1 | Is there evidence that behavioral health care has been coordinated with: Other agency periodically during on-going treatment (write in an estimate of how often i.e. monthly, quarterly, yearly, one-time only, sporadically) |
| CRI - 45B2 | Is there evidence that behavioral health care has been coordinated with: Other agency regarding sentinel event (hospitalization, change in class of medication) |
| CRI - 47 | If the person is in an inpatient setting, is there a written document describing the inpatient treatment and discharge plan? |

**Principle 4** **Services are accessible, timely and in the least restrictive setting necessary to meet the clinical needs of the individual.**

| | |
|---|---|
| CRI - 51 | Is there evidence that the case manager or a member of the clinical team met with the person while in the hospital? |
| CRI - 52 | Is there a specific plan to initiate or continue outpatient services prior to discharge from hospital or RTC? |
| CRI - 58 | Does the person receive the case management services required? |
| CRI - 59A | Has the individual acheived psychiatric symtom reduction during the past year? |
| CRI - 59B | Has the individual acheived community integration during the past year? |
| CRI - 59C | Has the individual acheived economic self-sufficiency during the past year? |
| CRI - 61 | Is the person's living situation sufficient to address the current basic and behavioral health treatment needs? |
| CRI - 62 | Is the person's day/work situation sufficient to address the current basic and behavioral health treatment needs? |
| CRI - 63 | Is the person's social/leisure situation sufficient to address the current basic and behavioral health treatment needs? |
| CRI - 64A | During the time period examined, the services provided are: timely |
| CRI - 64B | During the time period examined, the services provided are: germane to the need |
| CRI - 64C | During the time period examined, the services provided are: effective |
| CRI - 64D | During the time period examined, the services provided are: provided in the least restrictive manner possible |

# Arizona Department of Health Services
## Division of Behavioral Health Services

**DRAFT ONLY**
12/10/96 5:06:02 PM

Quality Management System

**Cross Reference of Principles and Performance Outcomes to Data Elements**

**Principle 4** **Services are accessible, timely and in the least restrictive setting necessary to meet the clinical needs of the individual.**

| | |
|---|---|
| CRI - 64E | During the time period examined, the services provided are: maximize individual's independence/community integration? |
| CRI - 65 | For priority clients, are all the behavioral health needs met, consistent with their ISP? |
| CRI - 66 | For classmembers, their needs are substantially met consistent with their ISP? |
| CRI - 67 | Was there documentation of adequate communication among involved parties? |
| CRI - 68 | Is there evidence that issues of missed treatment appointments/non-compliance is being addressed by the case manager, clinical team and /or relevant service providers? |
| CRI - CM13 | In your opinion, is this person's current work/day situation appropriate with respect to the person's needs and capabilities? |
| CRI - CM14 | In your opinion, is this person's current living situation appropriate? |
| CRI - CM17 | Do you hear in a timely manner about emergency service contacts, hospitalizations or significant non-involvement with services/tx? |
| CRI - CM3 | In your opinion, what are the most important issues and needs to be addressed with this person? |
| CRI - CM4 | How does the ISP address these issues and needs? |
| CRI - PI40 | Do you feel you have benefited from the services you are receiving? |
| CRI - PI40A | Do you feel you have benefited from Outpatient Services |

**Principle 4** **Services are accessible, timely and in the least restrictive setting necessary to meet the clinical needs of the individual.**

| | |
|---|---|
| CRI - PI40B | Do you feel you have benefited from Residential Services |
| CRI - PI40C | Do you feel you have benefited from Medications |
| CRI - PI40D | Do you feel you have benefited from Other |
| CRI - PI41 | Are there additional services you feel you need? |
| CRI - PI41A | Describe the other services you feel you need. |
| CRI - PR05 | Are you a member of this person's clinical team? |
| CRI - PR05A | If member of clinical team, did you participate in the development of the ISP? |
| CRI - PR05B | If member of clinical team, how often does the team meet to discuss the needs and progress of the individual? |
| CSS - CM19 | What is your overall feeling about the helping you get needed prescriptions, or other medical or dental services |
| CSS - CM24 | What is your overall feeling about the experience with emergency services _ the response to crises or your urgent needs after hours |
| CSS - CM25 | What is your overall feeling about the arrangements made for after hours emergencies, crises, or urgent help you needed |
| CSS - CM27 | What is your overall feeling about the usefulness of referrals to other counselors, doctors, etc. |

**Principle 4** **Services are accessible, timely and in the least restrictive setting necessary to meet the clinical needs of the individual.**

| | |
|---|---|
| CSS - SVC19 | What is your overall feeling about the prescription (or nonprescription) of medications. |
| CSS - SVC22 | What is your overall feeling about the response to crises or urgent needs during office hours. |
| CSS - SVC23 | What is your overall feeling about the arrangements made for after hours emergencies or urgent help. |
| CSS - SVC25 | What is your overall feeling about the appropriate use of referrals to other practitioners or services when needed. |
| CSS - SVC31 | What is your overall feeling about the support of the group as a whole, helpfulness and caring of its members (if applicable). |

ATTACHMENT H
PRINCIPLE 5

**Principle 5** **People are encouraged and supported to challenge the system to continually improve its services.**

### 5.01 Human rights advocates are available to help consumers in asserting and protecting their rights.

| | |
|---|---|
| CRI - 12 | If "yes" to either part of 11, is there evidence that special assistance was offered or provided by ADHS or the RBHA? |
| CRI - 12B | If "no" to either part of 11, does the reviewer believe that the individual needs special assistance? |
| CRI - 15A | Is there evidence of active participation in service/treatment planning by the Person |
| CRI - 15B | Is there evidence of active participation in service/treatment planning by the Psychiatrist |
| CRI - 15C | Is there evidence of active participation in service/treatment planning by the Nurse |
| CRI - 15D | Is there evidence of active participation in service/treatment planning by the RBHA case manager/therapist |
| CRI - 15E | Is there evidence of active participation in service/treatment planning by the Vocational Specialist |
| CRI - 15F | Is there evidence of active participation in service/treatment planning by Family/guardian |
| CRI - 15G | Is there evidence of active participation in service/treatment planning by Case managers from other agencies (AOC, DES, DDD, Court, other) |
| CRI - 15H | Is there evidence of active participation in service/treatment planning by Other (i.e. providers, family members, designate representatives) |

## Principle 5 People are encouraged and supported to challenge the system to continually improve its services.

| | |
|---|---|
| CRI - 15I | Is there evidence of active participation in service/treatment planning by Unless properly assigned to case coordination, the priority client has an appropriate clinical team as indicated in 15A-15E? |
| CRI - 16A | Does the plan reflect: the assessments |
| CRI - 16B | Does the plan reflect: the diagnosis |
| CRI - 16C | Does the plan reflect: all service providers who will share in the responsibility of providing services to the individual. |
| CRI - 16D1 | Is there documentation of the person's long term view Community living arrangements |
| CRI - 16D2 | Is there documentation of the person's long term view Educational/vocational activities |
| CRI - 16D3 | Is there documentation of the person's long term view Social/recreational activities |
| CRI - 16E | Were these preferences/goals established by the person or with assistance, if necessary? |
| CRI - 16F | Is there evidence that the person was encouraged and supported to establish personal goals if unable and/or unwilling to participate in treatment planning process. |
| CRI - 60 | Is the person treated with dignity and respect? |
| CRI - CM10 | If yes to either 8 or 9, was this special assistance provided by ADHS or RBHA? |
| CRI - FI1 | Does the team include you in treatment decisions? Appendix C.2 |

**Principle 5** **People are encouraged and supported to challenge the system to continually improve its services.**

| | |
|---|---|
| CRI - FI2 | Does the team consider your opinion regarding the effectiveness of current or previous treatment? |
| CRI - PI30 | Do you feel you need special assistance to help you understand your treatment and/or discharge plan? |
| CRI - PI31 | If yes to #30, has special assistance been provided to you? |
| PQR - 1PCN20 | Compliance with Title VII of Civil Rights Act of 1964, as amended. |

**Principle 5** **People are encouraged and supported to challenge the system to continually improve its services.**

### 5.02 Treatment staff proactively identify individuals who may need the assistance of human rights advocates or another designated representative in asserting and protecting their rights.

| | |
|---|---|
| CRI - 11A | Has the team assessed that the person is in need of special assistance: in participating in treatment planning? |
| CRI - 11B | Has the team assessed that the person is in need of special assistance: in participating in the grievance process? |
| CRI - 12 | If "yes" to either part of 11, is there evidence that special assistance was offered or provided by ADHS or the RBHA? |
| CRI - 12B | If "no" to either part of 11, does the reviewer believe that the individual needs special assistance? |
| CRI - 15A | Is there evidence of active participation in service/treatment planning by the Person |
| CRI - 15B | Is there evidence of active participation in service/treatment planning by the Psychiatrist |
| CRI - 15C | Is there evidence of active participation in service/treatment planning by the Nurse |
| CRI - 15D | Is there evidence of active participation in service/treatment planning by the RBHA case manager/therapist |
| CRI - 15E | Is there evidence of active participation in service/treatment planning by the Vocational Specialist |
| CRI - 15F | Is there evidence of active participation in service/treatment planning by Family/guardian |

**Principle 5** **People are encouraged and supported to challenge the system to continually improve its services.**

| | |
|---|---|
| CRI - 15G | Is there evidence of active participation in service/treatment planning by Case managers from other agencies (AOC, DES, DDD, Court, other) |
| CRI - 15H | Is there evidence of active participation in service/treatment planning by Other (i.e. providers, family members, designate representatives) |
| CRI - 15I | Is there evidence of active participation in service/treatment planning by Unless properly assigned to case coordination, the priority client has an appropriate clinical team as indicated in 15A-15E? |
| CRI - 16A | Does the plan reflect: the assessments |
| CRI - 16B | Does the plan reflect: the diagnosis |
| CRI - 16C | Does the plan reflect: all service providers who will share in the responsibility of providing services to the individual. |
| CRI - 16D1 | Is there documentation of the person's long term view Community living arrangements |
| CRI - 16D2 | Is there documentation of the person's long term view Educational/vocational activities |
| CRI - 16D3 | Is there documentation of the person's long term view Social/recreational activities |
| CRI - 16E | Were these preferences/goals established by the person or with assistance, if necessary? |
| CRI - 16F | Is there evidence that the person was encouraged and supported to establish personal goals if unable and/or unwilling to participate in treatment planning process. |

**Principle 5** **People are encouraged and supported to challenge the system to continually improve its services.**

| | |
|---|---|
| CRI - 50A | Did the person participate in the development of the inpatient treatment and discharge plan? |
| CRI - 50B | Did Guardian, family member, or designated representative, participate in the development of the inpatient treatment and discharge plan? |
| CRI - 50C | Did Case manager or outpatient team/staff member participate in the development of the inpatient treatment and discharge plan? |
| CRI - 50C1 | Is there evidence the clinical team received a copy of ITDP? |
| CRI - 50D | Did Other state agency case manager participate in the development of the inpatient treatment and discharge plan? |
| CRI - 50E | Did Other (specify) participate in the development of the inpatient treatment and discharge plan? |
| CRI - 50F | Is the discharge staffing held for any acute hospital stay over 72 hours? |
| CRI - 50G | Is the case manager notified prior to hospital staffing |
| CRI - CM10 | If yes to either 8 or 9, was this special assistance provided by ADHS or RBHA? |
| CRI - CM7A | Do the following individuals act in the best interest of the person?Parent/legal guardian |
| CRI - CM7B | Do the following individuals act in the best interest of the person?Consevatorship/public fiduciary |
| CRI - CM7C | Do the following individuals act in the best interest of the person?Representative payee |

**Principle 5** **People are encouraged and supported to challenge the system to continually improve its services.**

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|---|---|
| CRI - CM7D | Do the following individuals act in the best interest of the person?Designated Representative |
| CRI - CM7E | Do the following individuals act in the best interest of the person?Other |
| CRI - CM8 | Does this person appear to need special assistance in participating in the treatment/service planning process? |
| CRI - CM9 | In understanding or participating in the appeal or a grievance process? |
| CRI - FI1 | Does the team include you in treatment decisions? Appendix C.2 |
| CRI - FI2 | Does the team consider your opinion regarding the effectiveness of current or previous treatment? |
| CRI - PI30 | Do you feel you need special assistance to help you understand your treatment and/or discharge plan? |
| CRI - PI31 | If yes to #30, has special assistance been provided to you? |

**Principle 5** **People are encouraged and supported to challenge the system to continually improve its services.**

**5.03** **The Office of Human Rights and the Human Rights Committees will oversee the protection of the rights of persons with mental illness, including but not limited to, their rights to protection from abuse.**

| | |
|---|---|
| PQR - 5SMI05 | Does the agency forward copies of the request for special assistance to the Office of Human Rights? |
| PQR - 5SMI06D | Does the provider notify COMCARE when a member dies |

**Principle 5** **People are encouraged and supported to challenge the system to continually improve its services.**

**5.04** **Consumers who have the capacity to make decisions about daily living, money management, and medical and mental health treatment are not restricted in their ability to make these decisions.**

| | |
|---|---|
| CRI - 03A | Was input from the person/family/guardian/significant other included in the assessment regarding:The history of previous treatment? |
| CRI - 03B | Was input from the person/family/guardian/significant other included in the assessment regarding:The success of previous treatment? |
| CRI - 10A | Is there documentation that the person was notified of his/her rights:to appeal eligibility and treatment decisions? |
| CRI - 10B | Is there documentation that the person was notified of his/her rights:to file a grievance? |
| CRI - 10C | Is there evidence that the person/guardian has given written consent to receive treatment? |
| CRI - 15A | Is there evidence of active participation in service/treatment planning by the Person |
| CRI - 15B | Is there evidence of active participation in service/treatment planning by the Psychiatrist |
| CRI - 15C | Is there evidence of active participation in service/treatment planning by the Nurse |
| CRI - 15D | Is there evidence of active participation in service/treatment planning by the RBHA case manager/therapist |

## Principle 5 People are encouraged and supported to challenge the system to continually improve its services.

| | |
|---|---|
| CRI - 15E | Is there evidence of active participation in service/treatment planning by the Vocational Specialist |
| CRI - 15F | Is there evidence of active participation in service/treatment planning by Family/guardian |
| CRI - 15G | Is there evidence of active participation in service/treatment planning by Case managers from other agencies (AOC, DES, DDD, Court, other) |
| CRI - 15H | Is there evidence of active participation in service/treatment planning by Other (i.e. providers, family members, designate representatives) |
| CRI - 15I | Is there evidence of active participation in service/treatment planning by Unless properly assigned to case coordination, the priority client has an appropriate clinical team as indicated in 15A-15E? |
| CRI - 16A | Does the plan reflect: the assessments |
| CRI - 16B | Does the plan reflect: the diagnosis |
| CRI - 16C | Does the plan reflect: all service providers who will share in the responsibility of providing services to the individual. |
| CRI - 16D1 | Is there documentation of the person's long term view Community living arrangements |
| CRI - 16D2 | Is there documentation of the person's long term view Educational/vocational activities |
| CRI - 16D3 | Is there documentation of the person's long term view Social/recreational activities |
| CRI - 16E | Were these preferences/goals established by the person or with assistance, if necessary? |

**Principle 5** **People are encouraged and supported to challenge the system to continually improve its services.**

| | |
|---|---|
| CRI - 16F | Is there evidence that the person was encouraged and supported to establish personal goals if unable and/or unwilling to participate in treatment planning process. |
| CRI - 17 | Is there a description of the skills and supports needed for the person to establish or achieve his/her long term view or personal goals? |
| CRI - 29 | Is there documentation that the person received an explanation of the benefits and risks of the medication? |
| CRI - 29b | If yes to 29 is there evidence that the explanation was provided by qualified staff ? |
| CRI - 30 | If yes to #28, is there evidence that the person provided verbal or written consent to take the medication? |
| CRI - 31 | Is there documentation of adequate informed consent to ECT or surgically related procedures to address mental health conditions? |
| CRI - 37A | If yes, is there documentation any of the following steps have been taken: assist the person to take the medication as prescribed |
| CRI - 37B | If yes, is there documentation any of the following steps have been taken: change to a medication or doseage more acceptable to the person |
| CRI - 37C | If yes, is there documentation any of the following steps have been taken: change to a treatment plan more acceptable to the person |
| CRI - 41 | Substantial reduction or termination of services? |
| CRI - 41A | Were the changes clinically indicated or appropriate? |

**Principle 5** **People are encouraged and supported to challenge the system to continually improve its services.**

| | |
|---|---|
| CRI - 41B | Was the service plan modified with the person's/guardian consent? |
| CRI - 42 | Discharge from or termination of a residential program? |
| CRI - 42A | Were the changes clinically indicated or appropriate? |
| CRI - 42B | Was the service plan modified with the person's/guardian consent? |
| CRI - 43 | Discharge or termination of a day or vocational program? (circle one) |
| CRI - 43A | Were the changes clinically indicated or appropriate? |
| CRI - 43B | Was the service plan modified with the person's/guardian consent? |
| CRI - 46 | As appropriate and with consent from the person, is there evidence that the family or the guardian is involved and informed regarding behavioral health treatment? |
| CRI - 50A | Did the person participate in the development of the inpatient treatment and discharge plan? |
| CRI - 50B | Did Guardian, family member, or designated representative, participate in the development of the inpatient treatment and discharge plan? |
| CRI - 50C | Did Case manager or outpatient team/staff member participate in the development of the inpatient treatment and discharge plan? |
| CRI - 50C1 | Is there evidence the clinical team received a copy of ITDP? |

**Principle 5** **People are encouraged and supported to challenge the system to continually improve its services.**

| | |
|---|---|
| CRI - 50D | Did Other state agency case manager participate in the development of the inpatient treatment and discharge plan? |
| CRI - 50E | Did Other (specify) participate in the development of the inpatient treatment and discharge plan? |
| CRI - 50F | Is the discharge staffing held for any acute hospital stay over 72 hours? |
| CRI - 50G | Is the case manager notified prior to hospital staffing |
| CRI - 57 | Is the person/guardian aware of their rights to file a grievance or treatment appeal? |
| CRI - CM5 | Has this person been able to participate in his/her own service planning? |
| CRI - CM7B | Do the following individuals act in the best interest of the person?Consevatorship/public fiduciary |
| CRI - CM7C | Do the following individuals act in the best interest of the person?Representative payee |
| CRI - CM7D | Do the following individuals act in the best interest of the person?Designated Representative |
| CRI - CM7E | Do the following individuals act in the best interest of the person?Other |
| CRI - FI1 | Does the team include you in treatment decisions? Appendix C.2 |
| CRI - FI2 | Does the team consider your opinion regarding the effectiveness of current or previous treatment? |
| CRI - PI29A1 | Did you participate in the development of your treatment/service plan? Outpatient |

**Principle 5** **People are encouraged and supported to challenge the system to continually improve its services.**

| | |
|---|---|
| CRI - PI29A2 | Did you participate in the development of your treatment/service plan? Inpatient |
| CRI - PI29B1 | Did you receive a copy of your treatment/service plan? Intpatient |
| CRI - PI29B2 | Did you receive a copy of your treatment/service plan? Outpatient |
| CRI - PI29C | Have you been informed and granted access to information contained in your treatment assessment? |
| CRI - PI32 | If you take psychotropic medications, were the reasons for taking the medication clearly explained to you? |
| CRI - PI35 | If yes, have you been offered a different treatment or medication that would be more acceptable to you? |
| CRI - PI38A | If yes to any part of 37, did you agree to these changes? |
| CRI - PI38B | If yes to any part of 37, were the reasons for the changes explained to you in advance? |
| CRI - PI39A | Were you notified of your right to appeal treatment decisions? |
| CRI - PI39B | Were you notified of your right to file a grievance? |
| CSS - CM31 | What is your overall feeling about the help with practical financial problems like budgeting, SSI issues, etc. |
| CSS - CM34 | What is your overall feeling about the help getting assistance with job questions like choosing, finding and keeping jobs, training or handling work situations |

**Principle 5** **People are encouraged and supported to challenge the system to continually improve its services.**

**5.05** **Consumers who lack the capacity or who need assistance in making personal decisions related to daily living, money management, and/or medical or mental health treatment are provided appropriate assistance through the appointment of a guardian, conservator, representative payee, and/or any other advocate or other representative.**

| | |
|---|---|
| CRI - 11A | Has the team assessed that the person is in need of special assistance: in participating in treatment planning? |
| CRI - 11B | Has the team assessed that the person is in need of special assistance: in participating in the grievance process? |
| CRI - 12 | If "yes" to either part of 11, is there evidence that special assistance was offered or provided by ADHS or the RBHA? |
| CRI - 12B | If "no" to either part of 11, does the reviewer believe that the individual needs special assistance? |
| CRI - CM10 | If yes to either 8 or 9, was this special assistance provided by ADHS or RBHA? |
| CRI - CM8 | Does this person appear to need special assistance in participating in the treatment/service planning process? |
| CRI - CM9 | In understanding or participating in the appeal or a grievance process? |
| CRI - PI30 | Do you feel you need special assistance to help you understand your treatment and/or discharge plan? |

**Principle 5** **People are encouraged and supported to challenge the system to continually improve its services.**

| | |
|---|---|
| CRI - PI31 | If yes to #30, has special assistance been provided to you? |
| CRI - PI32 | If you take psychotropic medications, were the reasons for taking the medication clearly explained to you? |
| CRI - PI38A | If yes to any part of 37, did you agree to these changes? |
| CRI - PI38B | If yes to any part of 37, were the reasons for the changes explained to you in advance? |
| CRI - PI39A | Were you notified of your right to appeal treatment decisions? |
| CRI - PI39B | Were you notified of your right to file a grievance? |
| CSS - CM35 | What is your overall feeling about the substitute payee (representative payee) services you have received |
| PQR - 5SMI05 | Does the agency forward copies of the request for special assistance to the Office of Human Rights? |

**Principle 5** **People are encouraged and supported to challenge the system to continually improve its services.**

**5.06** **Assigned guardians and conservators assist individuals in personal decision-making in a manner which represents the individual's expressed wishes and best interest.**

| | |
|---|---|
| CRI - 46 | As appropriate and with consent from the person, is there evidence that the family or the guardian is involved and informed regarding behavioral health treatment? |
| CRI - CM7A | Do the following individuals act in the best interest of the person?Parent/legal guardian |
| CRI - CM7B | Do the following individuals act in the best interest of the person?Consevatorship/public fiduciary |
| CRI - CM7C | Do the following individuals act in the best interest of the person?Representative payee |
| CRI - CM7D | Do the following individuals act in the best interest of the person?Designated Representative |
| CRI - CM7E | Do the following individuals act in the best interest of the person?Other |

**Principle 5** **People are encouraged and supported to challenge the system to continually improve its services.**

**5.07** **Service providers acting as representative payees will assist individuals in personal decision-making in a manner which represent the individual's expressed wishes and best interest and in accordance with legal mandates established in federal and state law, regulation and administrative rule.**

| | |
|---|---|
| CRI - CM7A | Do the following individuals act in the best interest of the person?Parent/legal guardian |
| CRI - CM7B | Do the following individuals act in the best interest of the person?Consevatorship/public fiduciary |
| CRI - CM7C | Do the following individuals act in the best interest of the person?Representative payee |
| CRI - CM7D | Do the following individuals act in the best interest of the person?Designated Representative |
| CRI - CM7E | Do the following individuals act in the best interest of the person?Other |
| CRI - CM8 | Does this person appear to need special assistance in participating in the treatment/service planning process? |
| CRI - CM9 | In understanding or participating in the appeal or a grievance process? |
| CSS - CM35 | What is your overall feeling about the substitute payee (representative payee) services you have received |

**Principle 5** **People are encouraged and supported to challenge the system to continually improve its services.**

**5.08** **Individuals are informed of their rights to challenge the service system, including any decisions or determinations affecting their eligibility, assessments, treatment plans and services, and required fee payments.**

| | |
|---|---|
| CRI - 10A | Is there documentation that the person was notified of his/her rights:to appeal eligibility and treatment decisions? |
| CRI - 10B | Is there documentation that the person was notified of his/her rights:to file a grievance? |
| CRI - 10C | Is there evidence that the person/guardian has given written consent to receive treatment? |
| CRI - 29 | Is there documentation that the person received an explanation of the benefits and risks of the medication? |
| CRI - 29b | If yes to 29 is there evidence that the explanation was provided by qualified staff ? |
| CRI - 30 | If yes to #28, is there evidence that the person provided verbal or written consent to take the medication? |
| CRI - 31 | Is there documentation of adequate informed consent to ECT or surgically related procedures to address mental health conditions? |
| CRI - 37A | If yes, is there documentation any of the following steps have been taken: assist the person to take the medication as prescribed |
| CRI - 37B | If yes, is there documentation any of the following steps have been taken: change to a medication or doseage more acceptable to the person |

**Principle 5** **People are encouraged and supported to challenge the system to continually improve its services.**

| | |
|---|---|
| CRI - 37C | If yes, is there documentation any of the following steps have been taken: change to a treatment plan more acceptable to the person |
| CRI - 46 | As appropriate and with consent from the person, is there evidence that the family or the guardian is involved and informed regarding behavioral health treatment? |
| CRI - PI38A | If yes to any part of 37, did you agree to these changes? |
| CRI - PI38B | If yes to any part of 37, were the reasons for the changes explained to you in advance? |
| CRI - PI39A | Were you notified of your right to appeal treatment decisions? |
| CRI - PI39B | Were you notified of your right to file a grievance? |
| CSS - BHS04 | Staff advise me of my rights as a consumer and I can express complaints without fear of retaliation? |
| PQR - 1PCN15 | Coordination of Benefits: Co-Pay Provider assess and collects Copayment in compliance with ADHS/BHS policy and COMCARE policy as evidenced by documentation in the provider's medical record. |
| PQR - 1PCN17 | Coordination of Benefits: Notice to Members Provider informs member of their financial responsibility for non-covered services as evidenced by documentation in the provider medical record. |
| PQR - 2QMP06 | Written client grievance policy and procedure for members to present grievances regarding operations of the program that result in denial, suspension, or reduction of services approved by COMCARE. |
| PQR - 5SMI01A | Does the provider adhere to their policies and procedures for grievances and investigations which are in compliance with R9-21-401 through R9-21-410 - people are treated with dignity and respect |

## Principle 5 People are encouraged and supported to challenge the system to continually improve its services.

| | |
|---|---|
| PQR - 5SMI01B | Does the provider adhere to their policies and procedures for grievances and investigations which are in compliance with R9-21-401 through R9-21-410 - members, their family/significant others, and treatment staff all have input into tx decisions & svcs |
| PQR - 5SMI01C | Does the provider adhere to their policies and procedures for grievances and investigations which are in compliance with R9-21-401 through R9-21-410 - members are able to achieve the highest level of self-sufficiency supported by service/treatment plan |
| PQR - 5SMI01D | Does the provider adhere to their policies and procedures for grievances and investigations which are in compliance with R9-21-401 through R9-21-410 - services are accessible, timely, & in the least restrictive setting necessary to meet the clinical needs |
| PQR - 5SMI01E | Does the provider adhere to their policies and procedures for grievances and investigations which are in compliance with R9-21-401 through R9-21-410 - members are not discouraged from challenging the system to continually improve its services (e.g. I/A) |
| PQR - 5SMI02 | Does the provider ensure that all required reporting takes place within the specified timeframes? |
| PQR - 5SMI03 | Is there documentation in the provider medical record to verify that a member has been informed of their right to file a grievance or request an investigation? |
| PQR - 5SMI04 | Is the grievance rule posted and forms for filing posted in a prominent place in the provider agency? |

**Principle 5** **People are encouraged and supported to challenge the system to continually improve its services.**

**5.09** **When individual challenge the services system or any decision or determination affecting their treatment, the service system responds in a timely and appropriate manner in addressing and resolving the grievance and/or appeal.**

| | |
|---|---|
| CRI - 41 | Substantial reduction or termination of services? |
| CRI - 41A | Were the changes clinically indicated or appropriate? |
| CRI - 41B | Was the service plan modified with the person's/guardian consent? |
| CRI - 42 | Discharge from or termination of a residential program? |
| CRI - 42A | Were the changes clinically indicated or appropriate? |
| CRI - 42B | Was the service plan modified with the person's/guardian consent? |
| CRI - 43 | Discharge or termination of a day or vocational program? (circle one) |
| CRI - 43A | Were the changes clinically indicated or appropriate? |
| CRI - 43B | Was the service plan modified with the person's/guardian consent? |
| CRI - PI37A | In the past year, have you experienced any major change in the services you receive Decrease or termination of services? |

## Principle 5 People are encouraged and supported to challenge the system to continually improve its services.

| | |
|---|---|
| CRI - PI37B | In the past year, have you experienced any major change in the services you receive Discharge from or termination of a residential program? |
| CRI - PI37C | In the past year, have you experienced any major change in the services you receive Discharge or termination of a day/vocational program? |
| CRI - PI38A | If yes to any part of 37, did you agree to these changes? |
| CRI - PI38B | If yes to any part of 37, were the reasons for the changes explained to you in advance? |
| PQR - 3PAR13 | Copies of grievances and grievance resolutions are submitted to COMCARE (SMI only) |
| PQR - 3PAR14 | Action taken on grievance resolutions is appropriate and timely |
| PQR - 5SMI01A | Does the provider adhere to their policies and procedures for grievances and investigations which are in compliance with R9-21-401 through R9-21-410 - people are treated with dignity and respect |
| PQR - 5SMI01B | Does the provider adhere to their policies and procedures for grievances and investigations which are in compliance with R9-21-401 through R9-21-410 - members, their family/significant others, and treatment staff all have input into tx decisions & svcs |
| PQR - 5SMI01C | Does the provider adhere to their policies and procedures for grievances and investigations which are in compliance with R9-21-401 through R9-21-410 - members are able to achieve the highest level of self-sufficiency supported by service/treatment plan |
| PQR - 5SMI01D | Does the provider adhere to their policies and procedures for grievances and investigations which are in compliance with R9-21-401 through R9-21-410 - services are accessible, timely, & in the least restrictive setting necessary to meet the clinical needs |
| PQR - 5SMI01E | Does the provider adhere to their policies and procedures for grievances and investigations which are in compliance with R9-21-401 through R9-21-410 - members are not discouraged from challenging the system to continually improve its services (e.g. I/A) |

**Principle 5** **People are encouraged and supported to challenge the system to continually improve its services.**

| | |
|---|---|
| PQR - 5SMI06A | Does the provider notify COMCARE when a member brings criminal charges against an employee |
| PQR - 5SMI06B | Does the provider notify COMCARE when a provider employee brings criminal charges against a member |
| PQR - 5SMI06C | Does the provider notify COMCARE when a provider employee or member is indicted or convicted because of an action required to be investigated by the SMI Rules |

**Principle 5** **People are encouraged and supported to challenge the system to continually improve its services.**

**5.11** **Consumers and/or guardians who are dissatisfied with the appeal/grievance decision from an agency directory may appeal to ADHS and they subsequently to a judicial review.**

| | |
|---|---|
| PQR - 3PAR14 | Action taken on grievance resolutions is appropriate and timely |

ATTACHMENT H
PRINCIPLE 6

**Principle 6** **Identification and resolution of problems and concerns in the service delivery system, as well as other proactive efforts toward improving consumer care and services are important priorities of ADHS and all service providers.**

**6.01** **ADHS will establish and maintain a quality management system which provides objective assessment of the performance of the service delivery system in accordance with the mission of the agency and the laws, regulations, and administrative rules under which it operates.**

| | |
|---|---|
| PQR - 2QMP01 | An active Quality Management Committee |
| PQR - 2QMP02 | Written performance improvement activities including performance standards and indicators as well as outcome measures |
| PQR - 2QMP03 | Written Peer Review OR Case Review policy, procedure and active practice of same as evidenced by documentation, minutes, or summaries |
| PQR - 2QMP04A | Written Med Rec policy&procedure: Reflection of all aspects of care provided |
| PQR - 2QMP04B | Written Med Rec policy&procedure: Client Information System Intake Form |
| PQR - 2QMP04C | Written Med Rec policy&procedure: Assessment A |
| PQR - 2QMP04D | Written Med Rec policy&procedure: Assessment B |
| PQR - 2QMP04E | Written Med Rec policy&procedure: Financial Information Form |
| PQR - 2QMP04F | Written Med Rec policy&procedure: Comprehensive Assessment/Evaluation |

**Principle 6** **Identification and resolution of problems and concerns in the service delivery system, as well as other proactive efforts toward improving consumer care and services are important priorities of ADHS and all service providers.**

| | |
|---|---|
| PQR - 2QMP04G | Written Med Rec policy&procedure: Individual Service Plan/Treatment Plan |
| PQR - 2QMP04H | Written Med Rec policy&procedure: Letter of Authorization/Service Authorization Form |
| PQR - 2QMP04I | Written Med Rec policy&procedure: ALFA or CAFAS |
| PQR - 2QMP04J | Written Med Rec policy&procedure: Progress Notes |
| PQR - 2QMP04K | Written Med Rec policy&procedure: Discharge Summary |
| PQR - 2QMP04L | Written Med Rec policy&procedure: Medication and lab sheet |
| PQR - 2QMP04M | Written Med Rec policy&procedure: Results of all diagnostic testing and consultations |
| PQR - 2QMP04N | Written Med Rec policy&procedure: Written policy/procedure for treatment plan reviews in accordance with SMI rules |
| PQR - 4POS01A | Provider has active QM Program: written Quality Management Committee Minutes |

**Principle 6** **Identification and resolution of problems and concerns in the service delivery system, as well as other proactive efforts toward improving consumer care and services are important priorities of ADHS and all service providers.**

**6.02** **ADHS will ensure ;that the quality management system involves an array of quality improvement activities and assessments, whereby consumers, family members and/aor other representatives, treatment staff, and agency and ADHS administrators all participate and contribute valued perspectives on needed improvements and new priorities for the service delivery system.**

| | |
|---|---|
| PQR - 3PAR01 | Intakes are performed within 7 days of the date of referral |
| PQR - 3PAR02 | Intake to first service time frame does not exceed 30 days |
| PQR - 3PAR03 | Delay reasons for intakes performed beyond the 7 calendar day standard are reported to COMCARE as evidenced by the content of the Member Accessibility Report |
| PQR - 3PAR04 | Failure reasons for intakes not conducted are reported to COMCARE as evidence by the content of the Member Accessibility Report |
| PQR - 3PAR05 | Delay reasons for the first services provided beyond the 30 calendar day standard are reported to COMCARE as evidenced by the content of the Member Accessibility Report |
| PQR - 3PAR06 | Incident/accident reports submitted within 5 days |
| PQR - 3PAR07 | Written reports of abuse, neglect, mistreatment, denial of rights, or exploitation are submitted within 5 days (SMI only) |
| PQR - 3PAR08 | Written reports for each restraint or seclusion are submitted by the 10th of each month for the previous month |

**Principle 6** **Identification and resolution of problems and concerns in the service delivery system, as well as other proactive efforts toward improving consumer care and services are important priorities of ADHS and all service providers.**

| | |
|---|---|
| **PQR - 3PAR09** | Incident and restraint/seclusion reports are accurate and complete |
| **PQR - 3PAR10** | Restraint/seclusions are used only when an individual presents as a serious physical danger to self or others and only when other reasonable less restrictive alternatives have been tried and/or determined inappropriate |
| **PQR - 3PAR11** | Restraint/seclusion is only used when authorized by a physician and with orders which do not extend beyond three hours |
| **PQR - 3PAR12** | Response/action to requests for follow up on incident and restraint/seclusion reports is appropriate and timely |
| **PQR - 3PAR13** | Copies of grievances and grievance resolutions are submitted to COMCARE (SMI only) |
| **PQR - 3PAR14** | Action taken on grievance resolutions is appropriate and timely |
| **PQR - 3PAR15** | Mortality reports are phoned in within 24 hours and written report is received within 5 days |
| **PQR - 3PAR16** | Provider participates in ADHS/BHS and COMCARE member satisfaction surveys annually. Note score: ____ % |
| **PQR - 4POS01B** | Provider has active QM Program: written performance indicators |
| **PQR - 4POS01C** | Provider has active QM Program: written outcome measures |
| **PQR - 4POS01D** | Provider has active QM Program: results of performance indicators and outcome measures have been used to improve care, service, and programs |
| **PQR - 4POS01E** | Provider has active QM Program: provider management team awareness of the QM activities of the agency |

**Principle 6** **Identification and resolution of problems and concerns in the service delivery system, as well as other proactive efforts toward improving consumer care and services are important priorities of ADHS and all service providers.**

| | |
|---|---|
| PQR - 4POS01F | Provider has active QM Program: QM activities are integrated into every layer in the organization |
| PQR - 4POS01G | Provider has active QM Program: Responsiveness to concerns/problems cited by Office of Legal Counsel, COMCARE Provider Reviews, Member/Family Satisfaction Surveys |

**Principle 6** **Identification and resolution of problems and concerns in the service delivery system, as well as other proactive efforts toward improving consumer care and services are important priorities of ADHS and all service providers.**

**6.03** **The quality management system will strive to promote continued improvement of service delivery to individuals and measure and seek to achieve substantial compliance of all service providers with Title9, Chapter21, Mental Health Services for Persons with a Serious Mental Illness.**

PQR - 2QMP01 An active Quality Management Committee

**Principle 6** **Identification and resolution of problems and concerns in the service delivery system, as well as other proactive efforts toward improving consumer care and services are important priorities of ADHS and all service providers.**

**6.04** **Periodically, but at least annually, ADHS, BHS, and the Regional Behavioral Health Authorities will assess the effectiveness of their quality management systems in promoting positive change in the quality of service delivery to individuals. As warrented, based on these assessments, ADHS,BHS, and the Regional Behavioral Health Authority will make needed revisions in their quality management systems.**

| | |
|---|---|
| PQR - 3PAR01 | Intakes are performed within 7 days of the date of referral |
| PQR - 3PAR02 | Intake to first service time frame does not exceed 30 days |
| PQR - 3PAR03 | Delay reasons for intakes performed beyond the 7 calendar day standard are reported to COMCARE as evidenced by the content of the Member Accessibility Report |
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| PQR - 3PAR07 | Written reports of abuse, neglect, mistreatment, denial of rights, or exploitation are submitted within 5 days (SMI only) |
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# Arizona Department of Health Services
## Division of Behavioral Health Services

**DRAFT ONLY**
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Quality Management System

**Cross Reference of Principles and Performance Outcomes to Data Elements**

**Principle 6** **Identification and resolution of problems and concerns in the service delivery system, as well as other proactive efforts toward improving consumer care and services are important priorities of ADHS and all service providers.**

| | |
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| PQR - 3PAR16 | Provider participates in ADHS/BHS and COMCARE member satisfaction surveys annually. Note score: ____ % |

## ATTACHMENT I

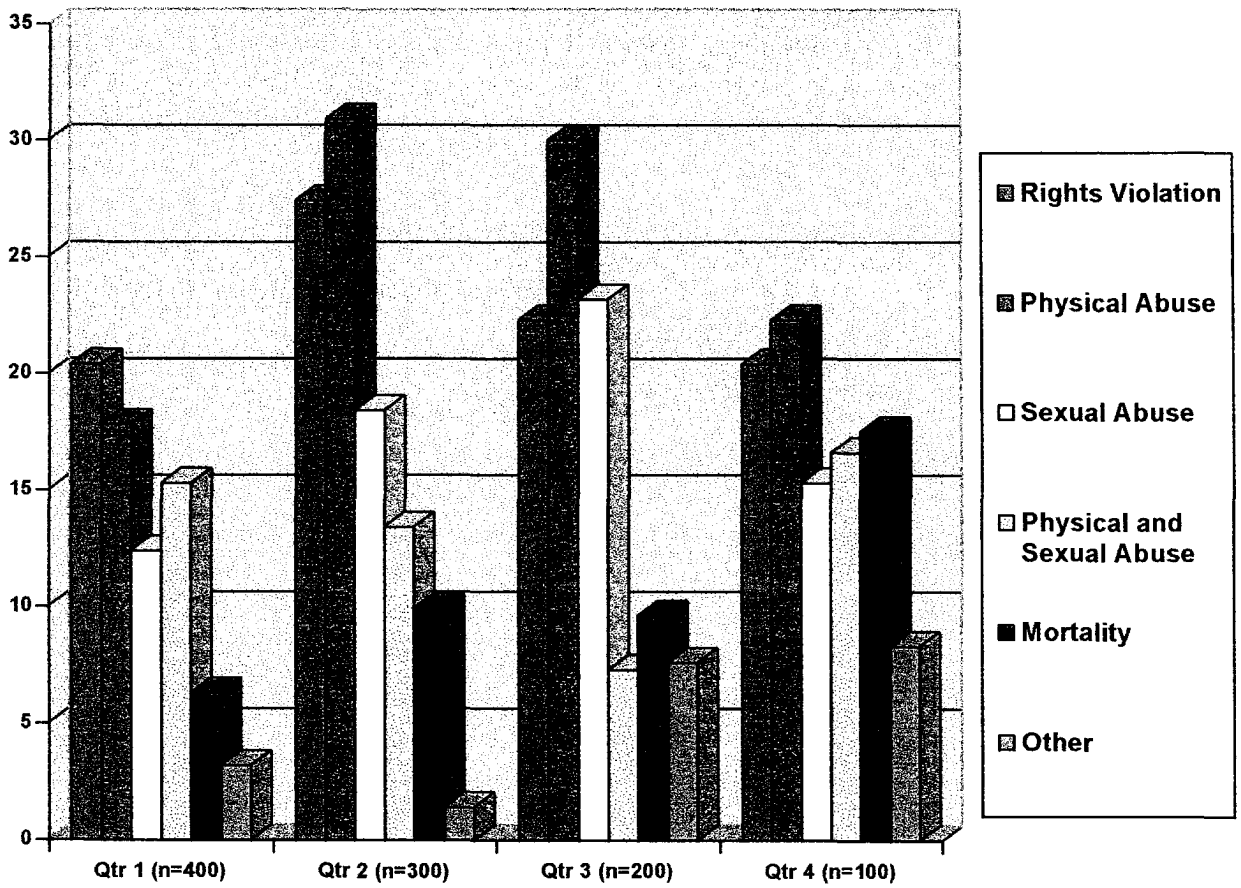
## TRENDING REPORT FORMATS

Prospective examples of trending reports are provided indicating the comparative experience quarter to quarter of the nature and outcome of both treatment appeals and grievances/requests for investigations.

## NATURE OF GRIEVANCES AND REQUESTS FOR INVESTIGATION FOR CLASS MEMBERS

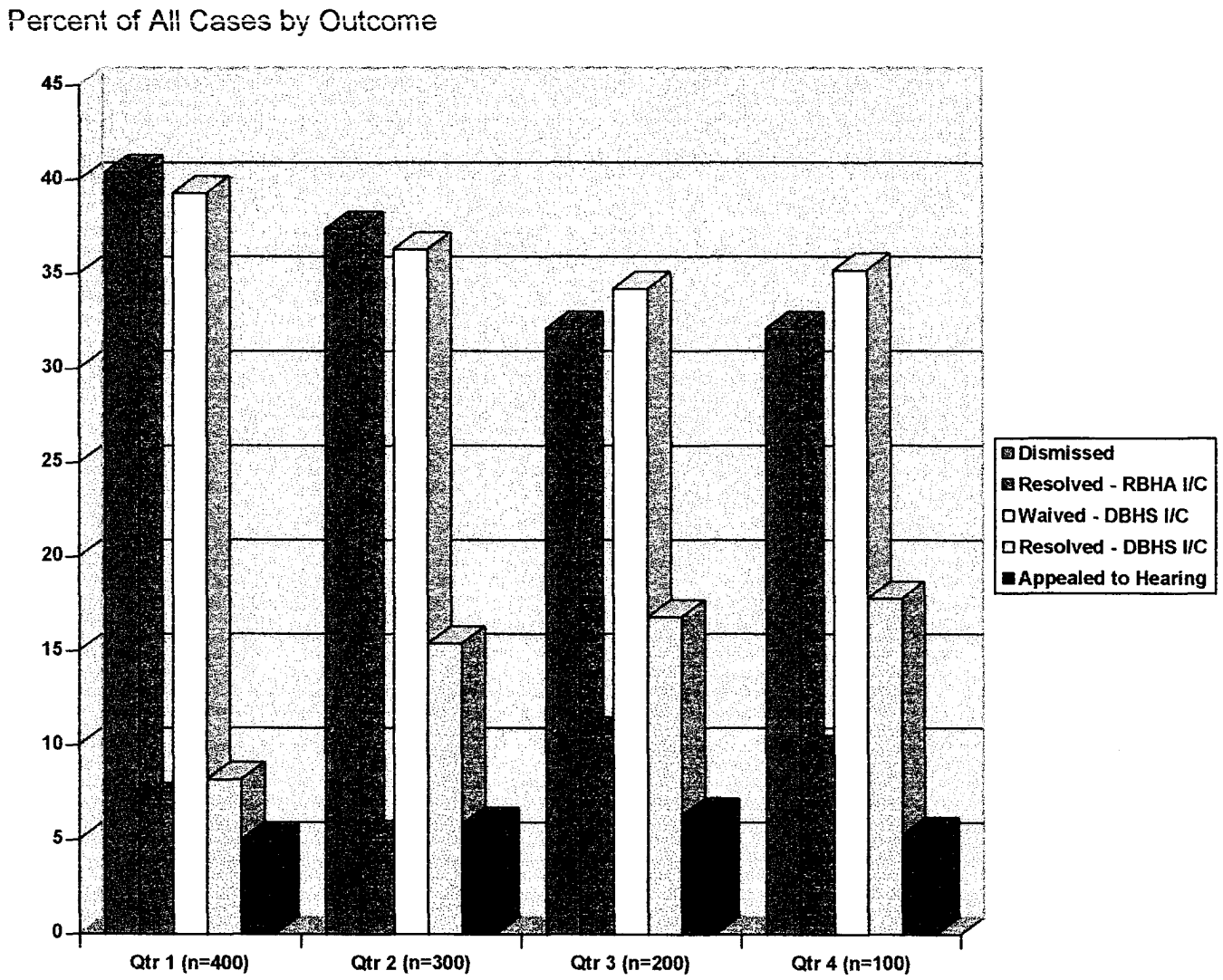
*All data are artificial and for illustrative purposes only*

Percent of all Cases by Type



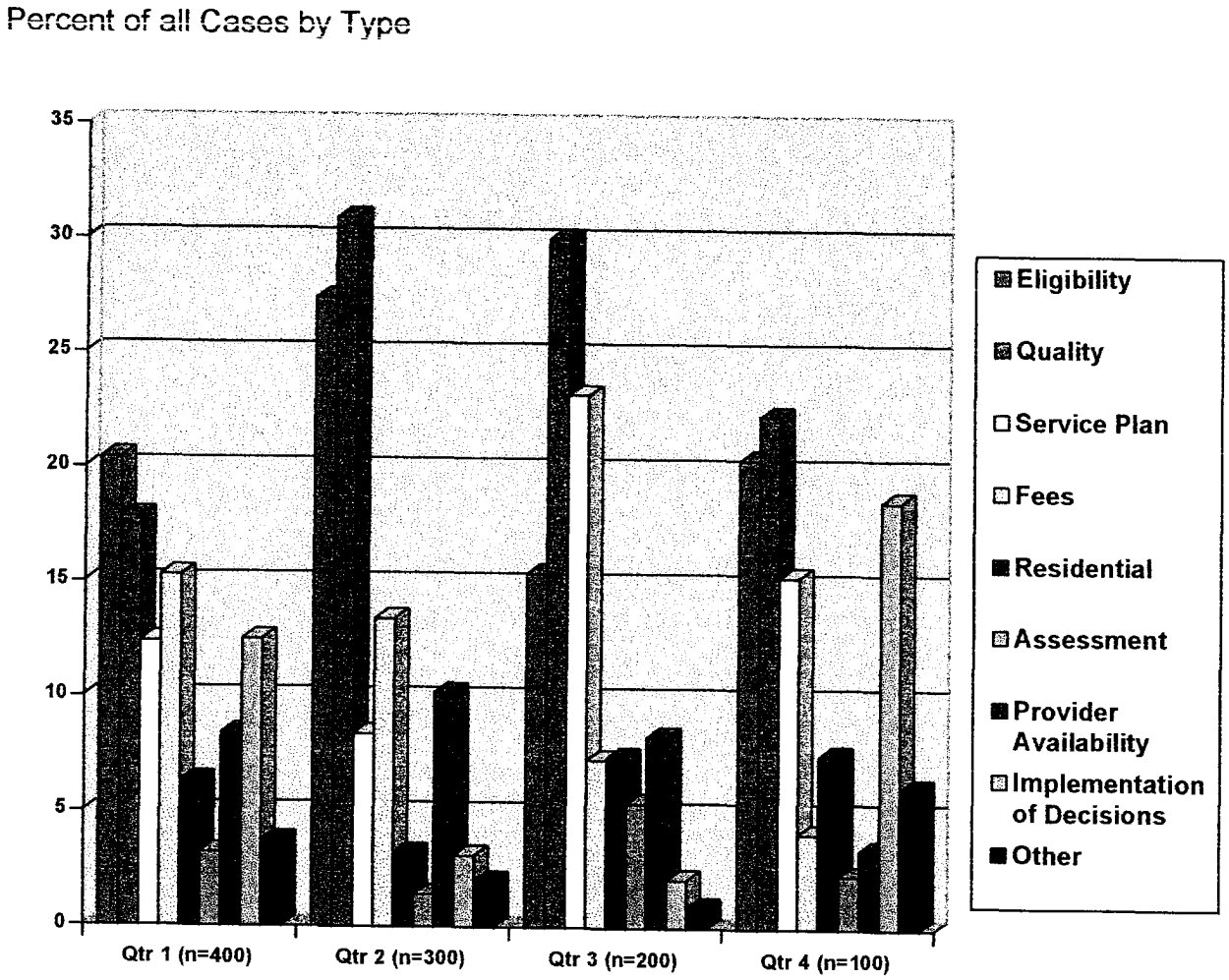
## OUTCOME OF TREATMENT APPEALS FOR CLASS MEMBERS

*All data are artificial and for illustrative purposes only*

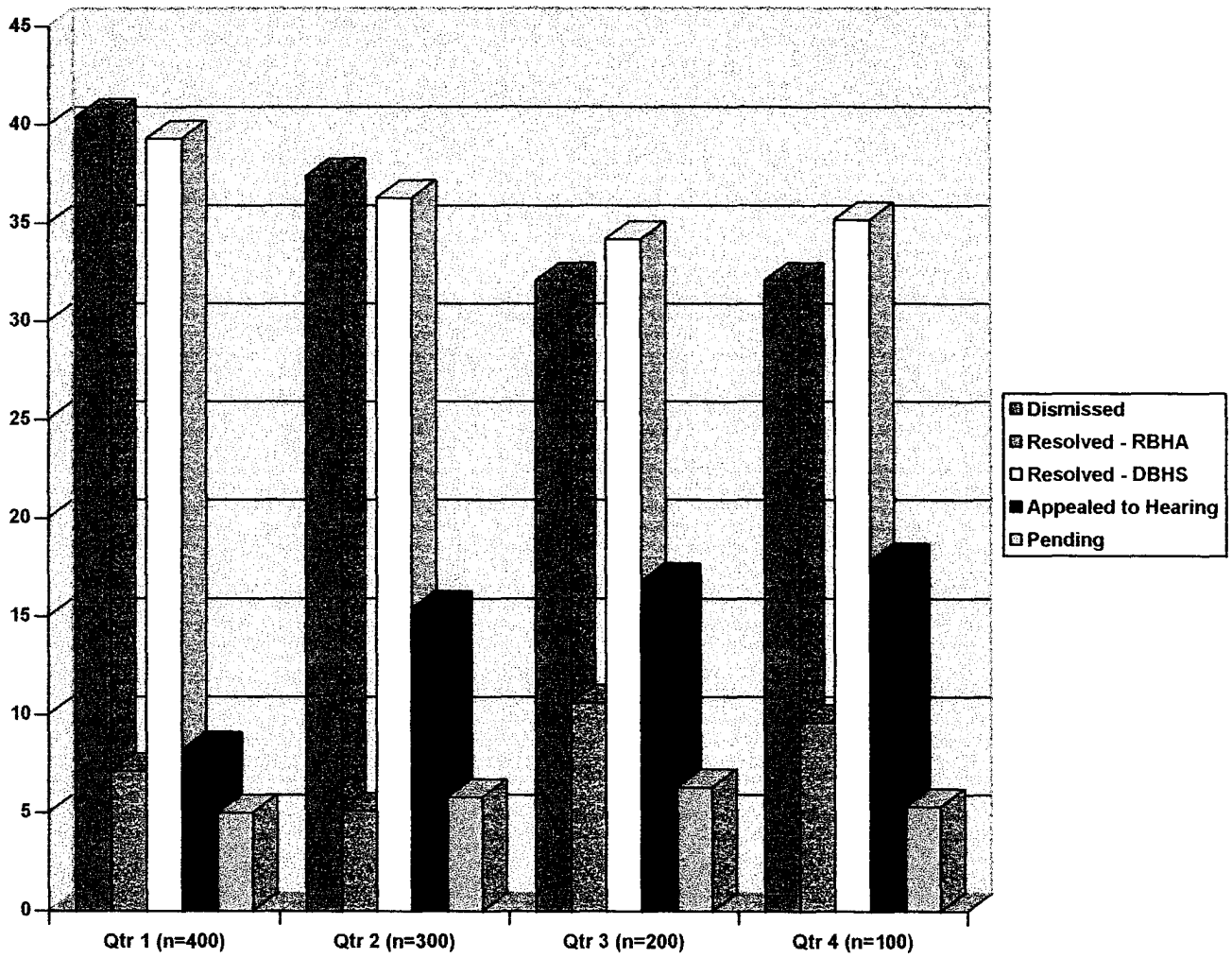


## NATURE OF TREATMENT APPEALS FOR CLASS MEMBERS

*All data are artificial and for illustrative purposes only*



## OUTCOME OF GRIEVANCES AND REQUESTS FOR INVESTIGATION FOR CLASS MEMBERS

*All data are artificial and for illustrative purposes only*

Percent of All Cases by Outcome