

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



**Quality Management/Utilization Management Program Evaluation
(AHCCCS Contract Year October 1, 2008 – September 30, 2009)**

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I. Introduction

The Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) conducts ongoing analysis of its Quality Management (QM) and Utilization Management (UM) Programs. The analysis is completed by the ADHS/DBHS QM Committee through quarterly status reviews of the ADHS/DBHS QM Work Plan and by the ADHS/DBHS UM Committee through quarterly status reviews of the ADHS/DBHS UM Work Plan. The QM/UM Plan evaluation assists ADHS/DBHS in the formal assessment of the effectiveness of the previous year's QM/UM program strategy and activities and in prioritizing QM/UM activities for the current year's QM/UM Plan and Work Plan. The ADHS/DBHS QM/UM Plan Evaluation findings are used to:

- Establish performance measures for subsequent years;
- Identify completed activities;
- Identify whether plan goals are met completely, partially, or not at all;
- Identify if any plan goals or interventions need expanded or retired; and
- Bring action items forward to the next year.

The ADHS/DBHS Fiscal Year 2009 (FY09) QM/UM Plan focused on improving the quality of data reported by ADHS/DBHS Contractors, improving statewide performance on Arizona Health Care Cost Containment System (AHCCCS) performance measures and improving practice in the Children's System of Care (CSOC). ADHS/DBHS continued to refine both its internal and external reporting structures and developed standardized report templates for use by ADHS/DBHS Contractors in all QM/UM reporting. ADHS/DBHS ensured QM/UM data is shared and utilized by all ADHS/DBHS functional areas through the ADHS/DBHS QM Committee structure and internal feedback loops to promote data driven, systemic, outcomes focused decision making.

The following sections describe the final evaluation and summary of the ADHS/DBHS FY09 QM/UM Plan and Work Plan, as agreed upon by the ADHS/DBHS QM Committee, ADHS/DBHS UM Committee and the ADHS/DBHS Executive Team. Specific findings related to each QM/UM Work Plan activity can be found on the accompanying ADHS/DBHS FY09 QM/UM Work Plan Evaluation. The Work Plan Evaluation includes:

- The title of each QM/UM activity;
- Description of the measurable goals and/or objectives related to each activity;
- The responsible party(ies) for each activity;
- A description of communication and feedback related to QM/UM data and activities;
- Trends identified through monitoring of QM/UM activities;
- Any actions taken for improvement; and
- Task items brought forward to the new plan year.

Any changes to the scope of the ADHS/DBHS Fiscal Year 2010 (FY10) QM Plan and UM Plan are explained in each section of the QM/UM Program Evaluation Summary. ADHS/DBHS provides a rundown of the overall changes to the scope of the FY10 QM Plan in the summary section of this document.

II. AHCCCS Performance Measures

The following table presents the AHCCCS/ADHS/DBHS FY09 Performance Measures. Included in the table are the ADHS/DBHS FY09 QM Work Plan Goals for each measure, the year-end statewide performance scores and whether the goal was met completely, partially or not at all. Performance data is stratified by Adult and Child behavioral health recipient program types.

Performance Measure	ADHS/DBHS 2008-2009 Work Plan Goal	CYE09 Annual Performance
Quarterly Measures		
<p>Access to Care/Appointment Availability: for routine assessments and routine appointments.</p> <p>Appointments are available to individuals referred for/requesting services within the contractually required timelines (routine assessments within 7 days of referral; and routine appointments for ongoing services within 23 days of initial assessment).</p>	90%	<p>7 Day Indicator: Adult: 93% Child: 94%</p> <p>23 Day Indicator: Adult: 92% Child: 84%</p> <p>Goal met completely for 7 Day Indicator.</p> <p>Goal not met completely for the 23 Day Indicator.</p>
<p>Coordination of care with acute Contractors/PCPs:</p> <p>The disposition of the referral is communicated to the PCP/Health Plan within 30 days of initial assessment. If a consumer declines behavioral health services, the disposition shall be communicated to the referral source within 30 days of referral.</p>	80%	<p>Adult: 80% Child: 88%</p> <p>Goal met completely.</p>

Coordination of care with acute Contractors/PCPs: Behavioral health service providers communicate with and attempt to coordinate care with the consumer's PCP in compliance with ADHS/DBHS contract requirements and Provider Manual section 4.3.	70%	Adult: 72% Child: 73% Goal met completely.
Sufficiency of assessments: Assessments are sufficiently comprehensive for the development of functional treatment plans.	85%	Adult: 99% Child: 99% Goal met completely.
Appropriateness of services: The types and intensity of services, including case management, are provided based on the member's assessment and treatment recommendations.	85%	Adult: 74% Child: 65% Goal not met completely.
Annual Measures		
Member/family involvement: Staff consumers actively engage consumers/families in the treatment planning process.	85%	Adult: 67% Child: 87% Goal not met completely.
Cultural competency: Members'/families' cultural preferences are assessed and included in the development of the treatment plans.	70%	Adult: 55% Child: 85% Goal not met completely.
Informed consent: Members and/or parents/guardians are informed about and give consent for prescribed medications.	85%	Adult: 84% Child: 84% Goal not met completely.
Quality clinical outcomes: There is evidence of positive clinical outcomes for consumers receiving behavioral health services.	85%	Adult: 63% Child: 56% Goal not met completely.

ADHS/DBHS met the Work Plan goals completely for four out of the six quarterly performance measures. ADHS/DBHS did not meet the goals completely for any of the annual performance measures. ADHS/DBHS placed Contractors on Corrective Action Plans (CAPs) for measures falling below the performance goals. The following are ADHS/DBHS Contractor CAPs implemented and monitored in FY09:

- Coordination of Care
- Appropriateness of Services

- Cultural Competency
- Member and family Involvement
- Quality Clinical Outcomes

ADHS/DBHS saw statewide performance scores increase significantly over the review year in the Coordination of Care and Appropriateness of Services measures, as reported in the [ADHS/DBHS Quarter 4, Fiscal Year 2009 \(Q409\) Quarterly Performance Improvement Reports](#). ADHS/DBHS requires that all CAPs developed by Contractors use the [ADHS/DBHS QM CAP Template](#) and are approved by ADHS/DBHS before implementation. ADHS/DBHS Contractors must report CAP data quarterly. Performance measures scores, trends, barriers and system wide interventions are discussed and monitored through the ADHS/DBHS Bureau of Quality Management Operations (BQMO) Office of Performance Improvement (OPI), the ADHS/DBHS QM Committee and the ADHS/DBHS Compliance Committee.

Changes to the Scope of the Plan:

ADHS/DBHS and AHCCCS revised the ADHS/DBHS performance measures for FY10. The current ADHS/DBHS performance measures can be found in the ADHS/DBHS FY10 QM Plan and Work Plan. All performance measures will be reported to AHCCCS semi-annually according to the AHCCCS/ADHS/DBHS Contract. ADHS/DBHS will collect performance measures data quarterly from its Contractors. New performance measures will be considered baseline and not compared to previous years' performance due to changes in scope and method. Performance measures that were assessed annually will no longer be considered performance measures but indicators that must be incorporated into ADHS/DBHS' and its Contractors' ongoing monitoring activities. All FY10 ADHS/DBHS Performance Measures are included in the ADHS/DBHS FY10 Work Plan.

III. Children's System of Care

Please see the ADHS/DBHS Work Plan Evaluation for the year end results of the CSOC goals and objectives.

Changes to the Scope of the Plan:

The scope of the ADHS/DBHS FY10 QM Plan and Work Plan covers all behavioral health recipients and includes task items applicable to all behavioral health program types and levels of need. Therefore, The ADHS/DBHS FY10 QM Plan and Work Plan does not include task items specific only to the CSOC. Rather, those items will be monitored through the ADHS/DBHS Children's System of Care Network Development Plan. The ADHS/DBHS CSOC reports are data feeds into the ADHS/DBHS QM Committee and used in ADHS/DBHS' oversight and monitoring activities.

IV. Oversight and Monitoring Activities

The goals included in the ADHS/DBHS FY09 QM Work Plan pertaining to oversight and monitoring activities primarily focused on the frequency by which ADHS/DBHS QM would review Contractor data, conduct on site reviews and implement corrective actions. To that end, ADHS/DBHS successfully completed the Annual Administrative Review of all ADHS/DBHS Contractors and implemented CAPs for Contractors falling below the established performance standards for the Administrative Review Standards.

ADHS/DBHS developed standardized report templates for all Quality Management submitted by ADHS/DBHS Contractors, including a standardized report template for CAP development and tracking. The templates are included as part of the ADHS/DBHS QM/MM/UM PI Specifications Manual that is attached to this evaluation (Attachment). The standardization of reporting assisted ADHS/DBHS in the ongoing monitoring and tracking of its Contractors as well as Contractors' adherence to their QM Plans. ADHS/DBHS BQMO shared performance data across Contractors and aggregated on a statewide level within ADHS/DBHS through the ADHS/DBHS QM, UM, Compliance Committees and Executive Team meetings. ADHS/DBHS BQMO ensured Contractors received ADHS/DBHS performance data through data sharing in the ADHS/DBHS/RBHA QM Coordinators' Meeting and published quarterly and annual reports to the ADHS/DBHS website for stakeholder and member access.

ADHS/DBHS successfully reviewed and revised all ADHS/DBHS QM related policies and procedures through membership on the ADHS/DBHS Policy Committee. ADHS/DBHS BQMO has prioritized the development and monitoring of QM Policies by the ADHS/DBHS QM Committee, including the development and implementation of policies for Peer Review and Quality of Care (QOC). These tasks are included in the ADHS/DBHS FY10 QM Work Plan.

ADHS/DBHS successfully incorporated member and family input into the QM program via ongoing synthesis of member complaint and QOC data with performance measures and data validation activities to drive decision making. ADHS/DBHS OPI also incorporated complaint analysis into the standardized report template utilized by Contractors in quarterly reporting to further strengthen the use of this data in the Contractor QM programs.

ADHS/DBHS successfully administered the Annual Consumer Survey for adults and families of children receiving behavioral health services. Please see the [ADHS/DBHS Annual Consumer Survey Report](#) submitted to AHCCCS on June 30, 2009. As reported in the AHCCCS performance measures section above, none of the annual performance measures evaluated through the Consumer Survey met the Minimum Performance Standards (MPS) established by ADHS/DBHS. ADHS/DBHS mandated Contractors develop CAPs to address performance below the MPS on these standards. Contractors must incorporate ongoing monitoring of

Consumer Survey indicators into their provider monitoring processes to improve performance. Also, ADHS/DBHS will include the ADHS/DBHS Office of Individual and Family Affairs (OIFA) in the planning, development and implementation of the Consumer Survey for all future survey administrations in order to more effectively solicit member and family input and participation in the survey process.

Changes to the Scope of the Plan:

ADHS/DBHS revised the Monitoring and Oversight section of the FY10 QM Plan. This section addresses the monitoring and oversight activities conducted by the ADHS/DBHS BQMO offices. Monitoring activities conducted by other ADHS/DBHS functional areas are treated as data feeds into the QM Committee and utilized in conjunction with ADHS/DBHS BQMO data in the development of QM activities. ADHS/DBHS narrowed the scope of its monitoring and oversight activities to focus on the requirements of the AHCCCS Medical Policy Manual (AMPM) in order to improve the core business activities of the ADHS/DBHS BQMO and enable ADHS/DBHS to systematically review data and prioritize QM activities as informed by data analysis.

V. Prevention Measures

ADHS/DBHS successfully evaluated the effectiveness of prevention programs statewide. The annual Prevention report was presented in the ADHS/DBHS QM Committee.

Changes to the Scope of the Plan

The collection and analysis of Prevention data will be conducted by the ADHS/DBHS Prevention Office and reported annually as a data feed into the QM Committee.

VI. Outcome Measures

ADHS/DBHS did not meet the goal of analyzing and trending National Outcome Measures (NOMs) for all behavioral health recipients quarterly. ADHS/DBHS reviewed the NOMs, as captured through the ADHS/DBHS Client Information System (CIS) annually and outcome indicators for Title 19 (T19) children as specified on the QM Work Plan. ADHS/DBHS BQMO and CSOC utilized the children's outcome data in analysis conducted on the performance of the CSOC within the [ADHS/DBHS Quarterly Performance Improvement Report for the CSOC](#).

Changes to the Scope of the Plan

ADHS/DBHS developed performance measures and work plan task items that incorporate specific functional and treatment outcomes into their methodologies. The ADHS/DBHS Acting Deputy Director has prioritized the monitoring, evaluation and improvement of outcomes for behavioral health recipients as a goal of ADHS/DBHS and incorporated that expectation into the day to day functions of ADHS/DBHS. To that end, the ADHS/DBHS Office of Psychosocial Rehabilitation is collecting outcomes data across adult program types quarterly and will report the data quarterly

in the ADHS/DBHS BQMO committees. ADHS/DBHS BQMO will also use the Annual Consumer Survey as another means of capturing outcomes data.

VII. Morbidity and Mortality Measures

ADHS/DBHS successfully reviewed and trended Contractor morbidity and mortality reports and presented statewide data in the ADHS/DBHS Morbidity and Mortality Committee (M&M) and the ADHS/DBHS QM Committee. ADHS/DBHS will continue the tracking and trending of mortality and morbidity data in Fiscal Year 2010 (FY10).

ADHS/DBHS successfully collected, tracked and analyzed QOC data as well as monitored the Contractors' compliance with the ADHS/DBHS QOC Desktop Protocol. ADHS/DBHS Office of Medical Management (OMM) reported trends in QOC data within the QM and Utilization Management (UM) Committees. QOC data was used in the triangulation of complaint and performance measures data within the ADHS/DBHS Quarterly Performance Improvement Reports submitted to AHCCCS. ADHS/DBHS did not meet its plan goal of developing QOC training for its internal customers per the AHCCCS AMPM Chapter 900. As such, this task has been prioritized for the FY10 QM Plan.

Changes to the Scope of the Plan

Morbidity and mortality data are no longer stand alone work plan items but will be utilized as data feeds in the monitoring, oversight and review activities conducted by the ADHS/DBHS BQMO. ADHS/DBHS included the QOC process in the Tracking and Trending of Member and Provider Issues section of the ADHS/DBHS FY10 QM Plan and included specific work plan tasks to further strengthen the QOC process internally as well as with ADHS/DBHS Contractors.

VIII. Utilization Management Measures

ADHS/DBHS successfully complied with the requirements of the 42 CFR and evaluated the Contractors' compliance with all 42 CFR, federal and state prior authorization requirements via the annual Administrative Review. ADHS/DBHS continued to conduct the prior authorization activities for its Tribal Contractors (TRBHAs) and conducted prior authorization training with TRBHA staff.

ADHS/DBHS implemented the standardized collection and reporting of UM data elements and used the data in the development of UM reporting requirements and performance measures for FY10. The ADHS/DBHS Office of Medical Management (OMM) shared UM data within the ADHS/DBHS UM Committee, ADHS/DBHS Pharmacy and Therapeutics Committee, and the ADHS/DBHS/RBHA UM Coordinators' Meeting.

ADHS/DBHS successfully monitored RBHA encounter submissions through monthly data validation audits conducted by the ADHS/DBHS Office of Program Support.

Results of the audits were reported quarterly in the ADHS/DBHS UM Committee and in the bi-monthly ADHS/DBHS Compliance Committee.

ADHS/DBHS successfully monitored the provision of Substance Abuse, Prevention and Treatment (SAPT) funds across the behavioral health system and monitored the Contractors' adherence to SAPT program guidelines for Special Populations, which include women needing substance use services with children, via the quarterly SAPT Wait List report.

ADHS/DBHS' Interagency Services monitored Contractors' compliance with response rates to Child Protective Services (CPS) removals in need of behavioral health assessments. ADHS/DBHS Office of Human Rights monitored the Contractors' provision of Special Assistance to those behavioral health recipients in Seriously Mentally Ill (SMI) programming.

ADHS/DBHS evaluated its Practice Protocols and prioritized those that include required service expectations. ADHS/DBHS developed fidelity indicators for these best practices and mandates that all Contractors incorporate fidelity review into their ongoing provider monitoring activities in the ADHS/DBHS FY10 Medical Management/Utilization Management Work Plan.

ADHS/DBHS BQMO continued its efforts to improve the integrity of the data received by its Contractors and reported externally via membership on the ADHS/DBHS Data Committee, the standardization of data collection and reporting tools, the systematic review of data for logic and consistency, the calculation of error rates for applicable data sets and increased data validation activities conducted by the ADHS/DBHS Office of Monitoring and Oversight (OMO). Data validation activities conducted by other ADHS/DBHS offices were shared within the ADHS/DBHS Compliance Committee meetings and Contractor specific meetings. ADHS/DBHS is dedicated to ensuring the quality of the data it collects and reports and will continue data integrity and validation activities in the coming plan year.

Changes to the Scope of the Plan

ADHS/DBHS developed a comprehensive MM/UM Program and as such, produced a stand alone MM/UM Plan and Work Plan for FY10. The scope of the ADHS/DBHS MM/UM Plan follows the requirements of the AMPM Chapter 1000 and prioritizes the UM data elements that will be reviewed and monitored quarterly by ADHS/DBHS and its Contractors. As with the ADHS/DBHS QM Plan, monitoring activities specific to federally funded grant programs and other ADHS/DBHS functional areas will not be stand alone MM/UM Work Plan items but regular data feeds into the ADHS/DBHS MM/UM Committee.

IX. Summary

ADHS/DBHS was successful in completing many of the work plan task items attached to the ADHS/DBHS FY09 QM Plan. However, evaluation of the

ADHS/DBHS QM Program and its function within ADHS/DBHS resulted in an overall revision to the scope of the ADHS/DBHS FY10 Q M Plan. In order to meet the goal of successfully conducting core QM business functions as delineated by the AMPM and to improve its role as the quality expert office of ADHS/DBHS, the following changes have been made to the scope of the QM Program:

- The ADHS/DBHS QM and MM/UM Plans are separate, living documents designed to direct the core business activities of the ADHS/DBHS BQMO;
- The ADHS/DBHS QM and MM/UM Plans' core business activities follow the requirements of the AMPM Chapters 900 and 1000;
- The ADHS/DBHS QM and MM/UM Plans no longer duplicate the plans and monitoring activities of other ADHS/DBHS functional areas. Rather, the QM and MM/UM Plans utilize all applicable ADHS/DBHS plans as data feeds into the BQMO program to assist in data driven decision making;
- ADHS/DBHS BQMO has prioritized QM and MM/UM work plan items required by the AMPM Chapters 900 and 1000; and
- AHCCCS and ADHS/DBHS revised the ADHS/DBHS performance measures.

ADHS/DBHS believes that the changes to the scope of the QM and MM/UM Plans will not only strengthen the role of the BQMO within ADHS/DBHS, but also enable ADHS/DBHS to more accurately and effectively evaluate system wide data to develop QM activities designed to apply to all behavioral health recipients and improve outcomes.

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Goal	Action/Measure	Data Source	Responsibility	Frequency	Date of Completion
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AHCCCS Performance Measures					
Assess Contractor Performance on Appointment Availability to Improve Member Access to Care	Evaluate RBHA compliance to ensure assessment appointments are available within 7 days of referral at a minimum of 90% of the time.	RBHA referral logs	Quality Management Operations/Adult Network	Quarterly	<p style="text-align: right;"><u>Q109</u> Child Statewide 95% Adult Statewide 91% Trends: Performance remains above the MPS of 90%. Work toward Goal of 95%.</p> <p style="text-align: right;"><u>Q209</u> Child - Statewide 93% Adult - Statewide 96% Trends – Performance remains above the MPS of 90%. Work toward Goal of 95%.</p> <p style="text-align: right;"><u>Q309</u> Child - Statewide 95% Adult - Statewide 98% Trends – Achieved the Goal of 95%.</p> <p style="text-align: right;"><u>Q409</u> Child – Statewide 93% Adult – Statewide 87%</p> <p style="text-align: right;"><u>FY09</u> Child – 94% Adult – 93% Goal met. Discontinue as performance measure. Track in FY10 through monthly referral log submissions and calculations of error rates.</p>

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	Evaluate RBHA compliance to ensure routine appointments are available within 23 days after the assessment at a minimum of 90% of the time.	Encounter data/CIS	Quality Management Operations/Adult Network	Quarterly	<p style="text-align: right;"><u>Q109</u></p> <p>Child Statewide 95% Adult Statewide 91% Trends – MPS of 90% met. Identified barrier to improved performance: RBHAs not submitting encounter data in timely fashion to meet performance specs. Need to sustain improvement over FY08 and meet Goal</p> <p style="text-align: right;"><u>Q209</u></p> <p>Child Statewide 84% Adult Statewide 91% Trends – Adult performance sustained. Child performance decreased. CPSA and Magellan on CAP.</p> <p style="text-align: right;"><u>Q309</u></p> <p>Child Statewide 83% Adult Statewide 92% Trends – Trends – Adult performance increased. Child performance decreased. CPSA and Magellan on CAP.</p> <p style="text-align: right;"><u>Q409</u></p> <p>Child – Statewide 84% Adult Statewide 92% Requested root cause analysis</p> <p style="text-align: right;"><u>FY09</u></p> <p>Child – 84% Adult – 92% Goal met for Adults. Goal not met for Children. Continue FY10.</p>

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	Report access to care findings to Contractor and ADHS/DBHS QM Committee.	Quarterly Performance Improvement Reports	Quality Management Operations	Quarterly	<p style="text-align: right;"><u>Q109</u> Emailed 12/08/08 to RBHA QM Coordinators; discussed at 12/10/08 RBHA QM Coordinators Meeting and at 11/19/08 QM Committee meeting. Technical assistance provided to RBHAs.</p> <p style="text-align: right;"><u>Q209</u> Emailed 03/02/09 to RBHA QM Coordinators; discussed at 03/04/09 RBHA QM Coordinators Meeting and 02/18/09 QM Committee meeting. Technical assistance provided to RBHAs.</p> <p style="text-align: right;"><u>Q309</u> Emailed 03/02/09 to RBHA QM Coordinators; discussed at 6/03/09 RBHA QM Coordinators Meeting and 05/20/09 QM Committee meeting. Technical assistance provided to RBHAs.</p> <p style="text-align: right;"><u>Q409</u> TBD</p>
	Take action, as necessary to address Contractor non-compliance with access to care measures	Quality Management Committee meeting minutes	Quality Management Operations/Compliance/Adult Network	Quarterly	<p style="text-align: right;"><u>Q109</u> Magellan and CPSA on CAP to improve performance.</p> <p style="text-align: right;"><u>Q209</u> Magellan and CPSA CAPs approved. No further action taken at this time.</p> <p style="text-align: right;"><u>Q309</u> Magellan and CPSA CAPs approved. No further action taken at this time.</p> <p style="text-align: right;"><u>Q409</u> Requested root cause analysis (Magellan)</p>

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<p>Monitor Contractor Communication with Members' acute health plans/PCPs to improve Coordination of Care across health systems.</p> <p style="text-align: right; margin-top: 20px;">Rev. 03/11/09 Updated 7/15/09 Updated 08/19/09</p>	<p>Evaluate RBHA compliance to ensure the referral disposition is communicated to the PCP/Health Plan within 45 days of the referral at a minimum of 80% of the time when the referral is generated by the PCP/Health Plan.</p>	<p>RBHA referral logs RBHA-submitted documentation</p>	<p>Quality Management Operations/Clinical and Recovery Services</p>	<p>Quarterly</p>	<p style="text-align: right;"><u>Q109</u></p> <p>Child : 74% Adult: 63% MPS not met. Trends Communication of disposition not completed in timely fashion; inaccurate coding of referral source by Providers; RBHAs/Providers not communicating disposition back to Health Plan /PCP if referred person does not show up for appointments.</p> <p style="text-align: right;"><u>Q209</u></p> <p>Child - 81% Adult - 81% MPS met. Trends – Evaluate/monitor CAP interventions to drive sustained/improved performance.</p> <p style="text-align: right;"><u>Q309</u></p> <p>Child: 100% Adult: 94% MPS met.</p> <p style="text-align: right;"><u>Q409</u></p> <p>Child: 96% Adult: 96% CAP lifted</p> <p style="text-align: right;"><u>FY09</u></p> <p>Child: 88% Adult:80% Goal met. Continue FY10.</p>
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Goal	Action/Measure	Data Source	Responsibility	Frequency	Date of Completion
	Measure that behavioral health service providers communicate with and attempt to coordinate care with the member's PCP in compliance with the AHCCCS contract at least 70% of the time.	CIS, RBHA-submitted documentation	Quality Management Operations/Clinical and Recovery Services	Quarterly	<p style="text-align: right;"><u>Q109</u></p> Child : 73% Adult: 68% MPS met for Children Trends <ul style="list-style-type: none"> • Not meeting timeframes • Not complete • Front line staff is not trained on identification in changes of health status to trigger communication. <p style="text-align: right;"><u>Q209</u></p> Child - 61% Adult - 65% <p style="text-align: right;"><u>Q309</u></p> Child- 100% Adult – 94% MPS Met <p style="text-align: right;"><u>Q409</u></p> Child: 77% Adult: 79% CAP lifted <p style="text-align: right;"><u>FY09</u></p> Child: 73% Adult: 72%. Goal met. Continue under FY10 methodology.

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	Take action, as necessary to address Contractor non-compliance with coordination of care measures	Quality Management Committee meeting minutes	Quality Management Operations/Compliance	Quarterly	<p style="text-align: right;"><u>Q109</u> RBHAs revised CAPs and included improved interventions to target Providers negatively impacting performance. Sanctions applied to RBHAs not meeting the MPS on COC 1 and COC 2 over FY08 to Q109.</p> <p style="text-align: right;"><u>Q209</u> CAPs approved. RBHAs utilizing DBHS QM CAP Template to target barriers/root causes. Sanctions applied to RBHAs not meeting the MPS on both COC standards.</p> <p style="text-align: right;"><u>Q309</u> Evaluate/Monitor CAPs to sustain/drive performance.</p> <p style="text-align: right;"><u>Q409</u> Child Adult - CAP lifted</p>

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Ensure the sufficiency of assessments to improve member care.	Measure member assessments for sufficiency per developing functional treatment recommendations for a minimum of 85% compliance.	CIS	Quality Management Operations	Quarterly	<p style="text-align: right;"><u>Q109</u> Child: 97% Adult: 97% Trends: Performance remains above the MPS from Q108 to Q109.</p> <p style="text-align: right;"><u>Q209</u> Child - 99% Adult - 99% Trends – Performance continues positive trend.</p> <p style="text-align: right;"><u>Q309</u> Child – 98% Adult – 98% Trends – Performance continues positive trend.</p> <p style="text-align: right;"><u>Q409</u> Child: 99% Adult: 99%</p> <p style="text-align: right;"><u>FY09</u> Child: 99% Adult:99% Goal met. Discontinue as performance measure in FY10. Replace with Behavioral Health Service Plan Measure.</p>

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	Take action, as necessary to address Contractor non-compliance with the sufficiency of assessments.	Quality Management Committee meeting minutes	Quality Management Operations/Compliance	Quarterly	<p style="text-align: center;"><u>Q109</u> NA. No corrective action necessary.</p> <p style="text-align: center;"><u>Q209</u> NA. No corrective action necessary.</p> <p style="text-align: center;"><u>Q309</u> NA. No corrective action necessary.</p> <p style="text-align: center;"><u>Q409</u> No corrective action necessary.</p>

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<p>Improve the quality of assessments to improve member care.</p>	<p>Conduct chart reviews to evaluate if the required elements of member assessments are complete and clinically sound in at least 85% of charts reviewed.</p>	<p>Office of Monitoring and Oversight Record Reviews</p>	<p>Quality Management Operations/Office of Monitoring and Oversight/Clinical and Recovery Services</p>	<p>Quarterly</p>	<p style="text-align: right;"><u>Q109</u></p> <p>Child: 66% Adult: 88% MPS of 85% exceeded for Adults. Trends The required elements of the assessment are not being completed in their entirety/in a timely fashion. Assessments are not completed at all within the required timeframes and cannot be evaluated for compliance on this measure.</p> <p style="text-align: right;"><u>Q209</u></p> <p>Child - Statewide 66% Adult - Statewide 87% Trends – See above</p> <p style="text-align: right;"><u>Q309</u></p> <p>Child –90% Adult – 68% Trends – See above</p> <p style="text-align: right;"><u>Q409</u></p> <p>Child: 73% Adult: 86% Goal not met. Discontinue under current methodology. Will be measured in FY10 via the Behavioral Health Service Plan Measure.</p>

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Goal	Action/Measure	Data Source	Responsibility	Frequency	Date of Completion
	Take action, as necessary to address Contractor non-compliance with the quality of assessments.	Quality Management Committee meeting minutes	Quality Management Operations/Compliance	Quarterly	FY09 No compliance action taken at this time. Technical assistance provided to the RBHAs via chart review summary and discussion in the RBHA QM Coordinators' Meetings. Changes to scope of method provided to RBHAs via the RBHA QM Coordinators' Meeting.
Increase member and family involvement in the treatment planning process to ensure services provided are reflective of the member/family's health status and needs.	At least 85% of members/families surveyed report that they are actively involved in the treatment planning process.	Member Satisfaction Survey	Quality Management Operations/Office of Individual and Family Affairs/Clinical and Recovery Services	June 30, 2009	Child:87 % Adult:67%
	Take action, as necessary to address Contractor non-compliance with member and family involvement.	Quality Management Committee meeting minutes	Quality Management Operations/Compliance	June 30, 2009	Goal not met completely statewide. RBHAs not meeting the goal under CAP. Discontinue as performance measure in FY10. Work with OIFA to improve performance in FY10.

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Goal	Action/Measure	Data Source	Responsibility	Frequency	Date of Completion
<p>Improve the appropriateness of the services delivered to members and families.</p>	<p>Conduct chart reviews to evaluate if the types and intensity of services, including case management, provided to members is based on the member's acuity, assessment and treatment recommendations at least 85% of the time.</p>	<p>Office of Monitoring and Oversight Record Reviews</p>	<p>Quality Management Operations/Office of Monitoring and Oversight/Clinical and Recovery Services</p>	<p>Quarterly</p>	<p style="text-align: right;"><u>Q109</u></p> <p>Child : 85% Adult : 69% MPS met for Children. Trends –</p> <ul style="list-style-type: none"> • Service Plans not current. • Services provided to the member are not congruent with the assessment/treatment plan recommendations. <p style="text-align: right;"><u>Q209</u></p> <p>Child : 43% Adult : 70% MPS not met for either population reviewed. Trends – See above.</p> <p style="text-align: right;"><u>Q309</u></p> <p>Child : 74% Adult : 73%</p> <p style="text-align: right;"><u>Q409</u></p> <p>Child: 60% Adult: 78%</p> <p style="text-align: right;"><u>FY09</u></p> <p>Child: 65% Adult: 74%</p> <p>Goal not met. Discontinue measurement under current methodology. This data for FY10 will be measured via the Behavioral Health Service Provision measure.</p>

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	Take action, as necessary to address Contractor non-compliance with appropriateness of services.	Quality Management Committee meeting minutes	Quality Management Operations/Compliance	Quarterly	<p style="text-align: right;">Q109</p> <p>All RBHAs conducting barrier/cause analyses on this measure. All RBHAs developing CAPs to improve performance.</p> <p style="text-align: right;">Q209</p> <p>RBHA CAPs accepted. RBHAs implementing PI activities.</p> <p style="text-align: right;">Q309</p> <p>RBHA CAPs accepted. RBHAs implementing PI activities.</p> <p style="text-align: right;">Q409</p> <p>Child TBD Adult</p>
Improve the cultural competency skills of Contractor and Provider staff to improve member care.	At least 85% of surveyed members/families report that RBHA providers are assessing their cultural preferences and including them in the treatment plan.	Member Satisfaction Survey	Cultural Competency	June 30, 2009	Child: 88% Adult: 55%
	Take action, as necessary to address Contractor non-compliance with cultural competency.	Quality Management Committee meeting minutes	Quality Management Operations/Compliance	June 30, 2009	Goal not met completely. RBHAs not meeting goal under CAP. Discontinue as performance measure in FY10. Continue to monitor CAPs.
Ensure that members and families are informed about and give consent for psychotropic medication prescriptions.	At least 85% of members and/or parents/guardians are informed about and give consent for prescribed medications.	Member Satisfaction Survey	Medical Management/Clinical and Recovery Services	June 30, 2009	Child: 84% Adult: 84%
	Take action, as necessary to address Contractor non-compliance with informed consent.	Quality Management Committee meeting minutes	Quality Management Operations/Compliance	June 30, 2009	Goal not met completely. RBHAs not meeting Goal under CAP. Discontinue as performance measure in FY10. Continue to monitor via Consumer Survey in FY10.

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Goal	Action/Measure	Data Source	Responsibility	Frequency	Date of Completion
Increase the percentage of members reporting improved clinical quality outcomes.	At least 85% of members surveyed report a reduction in behavioral health symptoms as a result of services provided.	Member Satisfaction Survey	Quality Management Operations/Clinical and Recovery Services	June 30, 2009	Child: 56% Adult: 63%
	Take action, as necessary to address Contractor non-compliance with clinical quality outcomes.	Quality Management Committee meeting minutes	Quality Management Operations/Compliance	June 30, 2009	Goal not met. RBHAs under CAP. Discontinue as performance measure in FY10. Continue to monitor CAPs in FY10.
Children's System of Care					
Continue use of the statewide tools and processes that guide practice and fidelity to the Child and Family Team Practice and 12 Principles.	Fully implement the "gold standard" reviewer qualification process to qualify all existing and new reviewers to administer the Document Review Measure Process	ADHS/DBHS Master List of Qualified Reviewers	Clinical and Recovery Services/ Children's System of Care Planning and Development	Task Discontinued in Q2FY09	Goal not met completely. Refer to FY10 CSOC Plan for CSOC Goals and Tasks. Q1FY09: 4 of the 6 sample records have been reviewed for Gold Standard scoring and the answer key has been developed. ADHS/DBHS will provide the RBHAs with the sample records and rules of Gold Standard Certification Process at WFAS Steering Committee on 10/2/08 Q2FY09: Due to the complexity and subjectivity of the Document Review Measure "gold standard" cases, ADHS/DBHS made the decision to discontinue this task. An internal workgroup is working weekly to develop a new method for ensuring reviewer qualification for document reviews.

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Goal	Action/Measure	Data Source	Responsibility	Frequency	Date of Completion
	Maintain a list of qualified reviewers for the Wraparound Fidelity Assessment System (WFAS) including the Wraparound Fidelity Index (WFI) and Document Review Measure (DRM).	ADHS/DBHS Master List of Qualified Reviewers	Clinical and Recovery Services/ Children’s System of Care Planning and Development	Ongoing Completed 06/30/09	Goal met completely. Refer to FY10 CSOC Plan for CSOC Goals and Tasks. Q1FY09: On-going Q2FY09: On-going Q3FY09: On-going Q4FY09: Task completed. WFAS process ended.
	Oversee T/RBHA completion of WFI interviews for each child-serving agency using family organizations.	Completed WFI interview forms	Clinical and Recovery Services/ Children’s System of Care Planning and Development	Monthly Completed 06/30/09	Goal met completely. Refer to FY10 CSOC Plan for CSOC Goals and Tasks. Q1FY09: on-going Q2FY09: On-going Q3FY09: On-going Q4FY09: Task completed. WFAS process ended.

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Goal	Action/Measure	Data Source	Responsibility	Frequency	Date of Completion
	Oversee T/RBHA completion of Document Review Measure (chart reviews) for child-serving agencies.	Completed DRM Forms	Clinical and Recovery Services/ Children’s System of Care Planning and Development	Monthly Completed 06/30/09	<p>Goal met completely. Refer to FY10 CSOC Plan for CSOC Goals and Tasks.</p> <p>Q1FY09: Group that is pursuing developing “gold standards” for chart review are running into problems. The group has concluded that this is not a very good tool, and brought that along with other issues to the attention of senior leadership. Dr. Salek has been appointed to take a leadership role in identifying the best way to approach chart reviews along with staff from Network, QM and Clinical</p> <p>Q2FY09: The workgroup headed by Dr. Salek is developing a review process for moderate needs youth including a new file review tool. It is hoped that this new process can be utilized with high needs youth as well. In the meantime, T.A is being provided as needed for the DRM process.</p> <p>Q3FY09: See above</p> <p>Q4FY09: Task completed. WFAS process ended.</p>

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Goal	Action/Measure	Data Source	Responsibility	Frequency	Date of Completion
	Conduct data validation activities and inter-rater reliability checks.	Data validation and inter-rater reliability reports	Clinical and Recovery Services/ Children’s System of Care Planning and Development	Quarterly Completed 06/30/09	<p>Goal met partially. Refer to FY10 CSOC Plan for CSOC Goals and Tasks.</p> <p>Q1FY09: Data verification occurs monthly when Provider reports are generated. Inter-rater reliability checks have been delayed due to resource availability for creating a report.</p> <p>Q2FY09: 1st quarter update repeated. Ongoing</p> <p>Q3FY09: Data verification occurs with monthly reports. Inter-rater reliability checks delayed due to resource availability for creating a reporting mechanism. Inter-rater reliability checks are being built into the revised Practice Review Process currently being developed by internal workgroup that meets weekly. Revised process, with inter-rater reliability is anticipated to be rolled out July 1, 2009.</p> <p>Q4FY09: Completed. Use of the WFAS tools for Practice Reviews has been discontinued as of June 30, 2009. The Practice Reviews are continued in the CSOC FY10 plan using a different process. A process for Inter-rater checks will be included in the new process.</p>

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Goal	Action/Measure	Data Source	Responsibility	Frequency	Date of Completion
	Arrange for additional reviewer training, as needed.	Training agendas, sign-in sheets	Clinical and Recovery Services	As needed	Goal met completely. Refer to FY10 CSOC Plan for CSOC Goals and Tasks. Completed. Use of the WFAS tools for Practice Reviews has been discontinued as of June 30, 2009. The Practice Reviews are continued in the CSOC FY10 plan using a different process. Reviewer training will be scheduled when the work on the new review process is complete.
	Develop process for reviewing practice for low/moderate needs children.	Identified tool(s), process(es)	Quality Management Operations/Clinical and Recovery Services	February 1, 2009	Goal not met completely. Refer to FY10 CSOC Plan for CSOC Goals and Tasks. Q1FY09: Work group has been working on tools. Moderate needs tool almost done. Work remains to be done on the low needs tool. Sampling issues to be determined, with Dr. Salek's leadership. Q2FY09: New tool for moderate needs children should be completed by 1/31/09. The tool will be piloted in each RBHA after completion. Low needs tool Draft is completed and will be reviewed by Statewide Steering Committee on 1/13/09. Q3FY09: Low tool piloted in April 09. Process for moderate children ongoing in development. Q4FY09: The low (standard) needs tool was piloted in April and feedback on the process was conducted in May. The use of the tool will begin in FY10 with the start of the complex (moderate/high) needs reviews using the System of Care Practice Review (SOCPR) tool.

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Goal	Action/Measure	Data Source	Responsibility	Frequency	Date of Completion
	Develop sampling methodology for practice review of low/moderate needs children.	Defined Sampling Methodology	Clinical and Recovery Services/ Children’s System of Care Planning and Development	January 1, 2009	<p>Goal not met completely. Refer to FY10 CSOC Plan for CSOC Goals and Tasks.</p> <p>Q1FY09: Consultation with ASU determined use of CASII score to identify children as high/moderate/low needs. Sample method involves pulling sample from a pool of children in the applicable CASII score range.</p> <p>Q2FY09: Internal workgroup is developing a review process for low and moderate needs children. The sample method recommended by ASU in 1st quarter update will be considered along with other methods to best review this population.</p> <p>Q3FY09: Low needs sampling method revised in 3rd quarter 09 to include 10% of all children who were assessed as level 0 or 1 using the CASII. Moderate needs sampling is being reviewed as part of the revised Practice Review process and will occur with the sampling of high needs children. Proposed sampling methods include continuing with method of 2% or minimum of 5 per provider; or bands based on number of enrolled children.</p> <p>Q4FY09: Completed Q3FY09</p>

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	Conduct pilot of practice review process for low /moderate needs children.	Pilot briefing	Clinical and Recovery Services/ Children’s System of Care Planning and Development	April 1, 2009	<p>Goal not met completely. Refer to FY10 CSOC Plan for CSOC Goals and Tasks.</p> <p>Q1FY09: Moderate tools have been approved by the workgroup and are awaiting final approval by the Quality Management Committee. Low tool draft has been created and is being reviewed at the workgroup for approval on 9/30/08</p> <p>Q2FY09: Internal workgroup developing new process. Timeline created to complete tools and pilot process by start of 3rd quarter. Interview tools for low and moderate needs have been distributed to external Steering Committee members for feedback.</p> <p>Q3FY09: Low needs pilot will be conducted in April 2009. Samples were pulled by the RBHAs and distributed to the Family Agencies in March 2009 for preparation to begin pilot. Moderate needs process continues under development and will be conducted with pilot of revised high needs process. Anticipated pilot of revised process, including Moderate needs children is July 1, 2009</p> <p>Q4FY09: Low (standard) needs pilot was conducted in April 2009 and feedback from the process was conducted in May. Moderate needs process was combined with the high needs children and called complex needs. The process remains under development with an anticipated implementation to occur in Q1Y10.</p>

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	Begin review process for low/moderate needs children.	Review Data Reports	Clinical and Recovery Services/ Children’s System of Care Planning and Development	July 1, 2009	<p>Goal not met completely. Refer to FY10 CSOC Plan for CSOC Goals and Tasks. <u>Q1FY09:</u> See Task.1.1.9 update <u>Q2FY09:</u>See Task 1.1.9 update <u>Q3FY09:</u> Pilot of Low needs process to occur beginning of Q4FY09. Preparation, including sample pulls, occurred in March 2009. Moderate needs process anticipated to be piloted in July 2009 with process anticipated to begin September 2009 after results of pilot are reviewed and any needed modifications are completed. <u>Q4FY09:</u> Low (standard) needs process will be implemented at the same time as the complex (moderate/high) needs process. Anticipated implementation date is Sep 2009.</p>

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<p>Promote adherence to the Arizona 12 Principles and Child and Family Team practice through the use of Quality Management measures at the ADHS/DBHS, T/RBHA, and Provider levels.</p>	<p>Evaluate T/RBHA performance on Children’s System performance measures</p>	<p>CIS RBHA Quarterly Reports Chart Reviews</p>	<p>Quality Management Operations</p>	<p>Quarterly</p>	<p>Goal met completely. Refer to FY10 CSOC Plan for CSOC Goals and Tasks. FY10 QM Plan includes monitoring of Performance Measures for all populations. Q1FY09: On-going; T/RBHA submissions of Children’s performance measures and Structural Elements are reviewed and trended. Results are presented in the Quality Management Committees and in the Quarterly Performance Improvement Report submitted to AHCCCS and posted on the DBHS website Q2FY09: On-going Q3FY09: On-going Q4FY09: On-going; T/RBHA submissions of Children’s performance measures and Structural Elements are reviewed and trended. Results are presented in the Quality Management Committees and in the Quarterly Performance Improvement Report submitted to AHCCCS and posted on the DBHS website</p>

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Goal	Action/Measure	Data Source	Responsibility	Frequency	Date of Completion
	Ensure T/RBHA Quality Management Plans include the Wraparound Fidelity Assessment System (WFAS) measures and other children's system performance measures.	T/RBHA Quality Management Plans	Clinical and Recovery Services	January 1, 2009 Completed	<p>Goal met completely. Refer to FY10 CSOC Plan for CSOC Goals and Tasks.</p> <p>Q1FY09: Expected to receive T/RBHA QM plans 11/30/08</p> <p>Q2FY09: T/RBHA QM plans were submitted, with the exception of CPSA who requested and received an extension until 1/15/09. ADHS/DBHS is reviewing the QM Plans and is scheduling meetings with T/RBHA representatives to discuss the plans and any needed revisions.</p> <p>Q3FY09: All RBHA QM plans were approved, contingent on further development of the plans to monitor the practice protocols, per Brian Lensink. RBHAs are to work with CSOC in developing the monitoring plans.</p> <p>Q4FY09: Completed; continue next year</p>

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Goal	Action/Measure	Data Source	Responsibility	Frequency	Date of Completion
	Assess practice review findings and other children’s system performance measures in Quality Management Committee and make recommendations, as appropriate.	Quality Management Committee Meeting Minutes	Clinical and Recovery Services	Monthly	<p>Goal met completely. Refer to FY10 CSOC Plan for CSOC Goals and Tasks. Q1FY09: Bob Crouse and Jytte Methmann attend the QM Committee. The data is being presented and reviewed in a more comprehensive fashion. Q2FY09: Bob Crouse and Jytte Methmann continue to participate in the Children’s QM Committee and provide updates and recommendations as appropriate Q3FY09: See above Q4FY09: Bob Crouse and Jytte Methmann continue to participate in the Children’s QM Committee and provide updates and recommendations as appropriate</p>
	Require T/RBHAs and providers to develop performance improvement plans based on practice review results, as applicable.	Performance improvement plans	Clinical and Recovery Services	Ad Hoc	<p>Goal met completely. Refer to FY10 CSOC Plan for CSOC Goals and Tasks. Q1FY09: DBHS began requiring that performance improvement plans come to DBHS as they are developed. In one case, NARBHA’s plan was deemed too generic and NARBHA is being required to put together a more detailed plan for each of its RAs Q2FY09: T/RBHAs and providers are submitting plans as required. Q3FY09: Ongoing Q4FY09: Providers are submitting plans as required. The last plans based on WFAS results will be submitted, if necessary in July or August. Future improvement plans will be based on the SOCPR results.</p>

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	Monitor T/RBHA implementation of the Child and Family Team Practice Improvement.	Practice Improvement Project Update Reports	Clinical and Recovery Services	Ongoing	<p>Goal met completely. Refer to FY10 CSOC Plan for CSOC Goals and Tasks.</p> <p>Q1FY09: Katie and Bob sit in on the Feedback sessions for Practice Reviews. Katie and Kim provided training in the new CFT Protocol around the state. Bob hosted a meeting of CFT coaches in September where the coaches shared what works for them and what does not. This sharing around how to improve practice was helpful for the involved coaches.</p> <p>Q2FY09: Kim S. and Katie provided a TA session on the CFT Practice Protocol to White Mtn Apache TRBHA staff on 10/15/08. Kim S. reviewed NARBHA CAP and provided feedback for plan improvements specific to CFT practice. A TA session to address CFT Practice and the CASII has been scheduled for 1/16/09 with the Pascua Yaqui TRBHA and Tribal CPS staff and judges.</p> <p>Q3FY09: See task 1.2.6 update. Also, CPI staff monitors and provides feedback to the T/RBHA CSOC plan quarterly updates. CPI hosts Quarterly CFT Coaches meetings and Quarterly Transition meetings where CFT practice improvement is monitored and T.A. is provided base on needs disclosed during the meetings.</p> <p>Q4FY09: See Q3FY09 update.</p>

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Goal	Action/Measure	Data Source	Responsibility	Frequency	Date of Completion
Conduct ongoing network analysis of case manager capacity in order to provide case managers for all children with complex behavioral health needs.	Evaluate T/RBHA progress toward Case Manager expansion goals.	T/RBHA System of Care Quarterly Progress Updates and Case Management Inventory Reports	Children’s System of Care Planning and Development	Quarterly	<p>Goal met partially. Task continued in FY10 MM/UM Plan via Data Feed from CSOC; refer to FY10 CSOC Plan for CSOC Goals and Tasks.</p> <p>Q309: As of 4/30/09, there are 381.75 FTEs with caseloads less than 20 with at least 8 children with high needs. The state is 86.08% toward meeting with FY09 expansion goals.</p> <p style="text-align: center;">Q409</p> <p>CSOC referred out of compliance RBHAs to sanction committee</p>
Expand support and substance abuse services for T19 children.	Evaluate T/RBHA substance abuse and rehabilitation services expansion through utilization data.	Utilization Reports	Medical Management/ Clinical and Recovery Services/Children’s System of Care Planning and Development	Quarterly	<p>Goal met partially. Task continued in FY10 MM/UM Plan via Data Feed from Clinical and CSOC; refer to FY10 CSOC Plan for CSOC Goals and Tasks.</p> <p>Task was amended at start of year. Not able to identify substance abuse specific services through utilization data. However, tracked SA program expansion and conducted IOP program reviews.</p>

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Involve youth and families in improving the behavioral health system.	ADHS/DBHS will incorporate “Roles of Families in the Children’s Behavioral Health System”, developed by the Family Committee, into Practice Protocol and/or other guidance documents.	Family Committee Document	Office of Individual and Family Affairs	December 30, 2008	<p>Goal met completely.</p> <p>Q1FY09: Protocol is being formatted by Clinical and Children’s Planning and Development. Protocol will be distributed for public comment per Practice Protocol guidelines.</p> <p>Q2FY09: Clinical Practice Improvement formatted the protocol and it was distributed for public comment on 12/04/08</p> <p>Q3FY09: Family Involvement practice protocol is being further developed to expand Family involvement requirements throughout the system, including contractual language, policy/procedures, and provider manual.</p> <p>Q4FY09: Family & Youth Involvement Practice Protocol was published on the ADHS/DBHS website on June 18, 2009. Developing Family Roles inventory to collect role specific information at the Provider level.</p>

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Goal	Action/Measure	Data Source	Responsibility	Frequency	Date of Completion
	ADHS/DBHS will incorporate youth involvement into its QM system.	Family Committee meeting minutes	Office of Individual and Family Affairs	April 30, 2009	<p>Goal met completely. Task continued in FY10 QM Plan via Data Feed from CSOC; refer to FY10 CSOC Plan for CSOC Goals and Tasks.</p> <p>ADHS/DBHS continues to work with the Family Committee in incorporating youth involvement. Family Committee was tasked with increasing youth involvement and brainstormed ways to reach out to youth, including holding meetings on weekends and evenings.</p> <p>OIFA developing youth involvement protocol – go live data TBD.</p>
	The Family Committee will review quality management data and other systems information.	Family Committee Meeting Minutes	Children’s System of Care Planning and Development	Bi-monthly	<p>Goal met completely. Task continued in FY10 QM Plan via Data Feed from CSOC; refer to FY10 CSOC Plan for CSOC Goals and Tasks.</p> <p><u>Q1FY09:</u> Ongoing; Family Committee is provided Quality Management reports.</p> <p><u>Q2FY09:</u> Ongoing</p> <p><u>Q3FY09:</u> Ongoing</p> <p><u>Q4FY09:</u> Ongoing; Family Committee is provided Quality Management reports.</p>

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	Utilize recommendations from the Family Committee in the oversight of the children's system.	QM Committee meeting minutes. Family Committee meeting minutes	Children's System of Care Planning and Development	Quarterly	<p>Goal met completely. Task continued in FY10 QM Plan via Data Feed from CSOC; refer to FY10 CSOC Plan for CSOC Goals and Tasks. Q1FY09: Ongoing Q2FY09: Ongoing; Q3FY09: Ongoing; Family Committee recommendations provided to Children's Quality Management Committee Q4FY09: Ongoing; Family Committee recommendations provided to Children's Quality Management Committee</p>
	Review T/RBHA QM Plans to ensure incorporation of Family involvement.	T/RBHA QM Plans	Quality Management Operations	January 30, 2009	<p>Goal met completely. Q1FY09: Expected to receive T/RBHA QM plans 11/30/08. Q2FY09: QM Plans submitted by the T/RBHAs with exception of CPSA who requested and was granted an extension until 1/15/09. QM Plans are being reviewed and meetings are being scheduled with T/RBHA representatives to discuss plans and needed revisions. Q3FY09: All T/RBHA QM/UM plans accepted with contingency to meet with ADHS/DBHS CSOC regarding expectations for monitoring practice protocols. Q4FY09: All T/RBHA QM/UM plans accepted after Clinical and CSOC changed expectations for monitoring practice protocols. Continue in FY10 MM/UM Plan.</p>

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Oversight and Monitoring Activities					
Evaluate T/RBHA compliance with contractual requirements.	Complete onsite reviews utilizing a standardized tool to assess T/RBHA compliance with contractual requirements.	Administrative Review	All Bureaus in the Division of Behavioral Health Services	September 30, 2009	Goal met completely. Continue FY10. Continue data validation
	Review and approve T/RBHA performance improvement plans related to standards not in full compliance.	T/RBHA Plans	All Bureaus in the Division of Behavioral Health Services	Ongoing	Goal met completely. Continue FY10.
	Provide technical assistance and feedback to RBHAs regarding the sufficiency of their plans during implementation.	T/RBHA updates	All Bureaus in the Division of Behavioral Health Services	As needed	Goal met completely. Continue FY10.
Ensure adequate credentialing and re-credentialing.	Complete a chart review of T/RBHA subcontracted providers to ensure compliance with credentialing and re-credentialing.	Provider staff files, Administrative Review	Quality Management Operations	September 30, 2009	Goal met completely. Continue FY10.
	Require corrective action, as necessary, to correct deficiencies in credentialing.	Administrative Review	Quality Management Operations/Compliance	As Needed	Goal met completely. Continue FY10.
Ensure T/RBHA QM/UM Plans comply with federal and state requirements.	Review and approve T/RBHA QM/UM Plans.	T/RBHA QM/UM Plans	Quality Management Operations	January 30, 2009	Goal met completely. Continue FY10. January 30, 2009: RBHA first submissions reviewed by QM/UM. RBHA specific TA provided to each RBHA. March 1, 2009: All resubmissions received except for CPSA (on extension.) June, 2009: All T/RBHA Plans accepted.
Ensure T/RBHA adherence to QM/UM Plans	Evaluate T/RBHA quality activities for adherence to the T/RBHA QM/UM Plan.	PI Plans CAPs Quarterly Reports	Quality Management Operations	Ongoing	Goal met completely. Continue FY10.

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Goal	Action/Measure	Data Source	Responsibility	Frequency	Date of Completion
Ensure data is accurate, complete, and timely.	Calculate data error rates and provide formal feedback to T/RBHAs regarding compliance with error rates.	Error rate calculations	Quality Management Operations	Quarterly	Goal met completely. Error rate for Access to Care 7 Day performance measure <1% Q1 through Q4 FY09. Continue FY10.
Utilize current and effective Quality Management policies and procedures to govern QM activities.	100% of quality management policies and procedures are reviewed at least annually and revised as necessary.	ADHS/DBHS Provider Manual ADHS/DBHS Policies and Procedures Manual	Quality Management Operations	September 30, 2009	Goal met completely. Continue FY10.
Incorporate member input and feedback into the QM system.	Analyze member complaint data and incorporate successful resolutions into QM activities.	RBHA Reports RBHA Complaint Data Logs QM Committee meeting minutes	Customer Service/Quality Management Operations	Quarterly	Goal met completely. Continue FY10. Member complaint data received quarterly from RBHAs and analyzed as part of quarterly Performance Improvement Report.
	Utilize survey data in the development of QM activities.	Member Satisfaction Survey	Quality Management Operations	June 30, 2009	Goal met completely. Continue FY10. Member survey results presented in QM Committee.
	Maintain member and family involvement in ADHS/DBHS Committees.	Committee Meeting Minutes and Attendance Sheets	All ADHS/DBHS Functional Areas	Monthly	Goal met completely. Continue FY10. QM Committee received sub-committee report from Family Committee.
Promote recovery and resiliency.	Evaluate if ISPs contain psychoeducational goals at a rate of 90%.	Record Review	Bureau of Psychosocial Rehabilitation	September 30, 2009	Goal not met completely. Tasks not conducted in FY09. Discontinue as QM Work Plan goal. Data to be collected and reported through DBHS Psychosocial Rehabilitation quarterly reports in FY10.
	Take action, as necessary, to improve compliance with psychoeducational standards.	Record Reviews	Bureau of Psychosocial Rehabilitation	As Needed	Goal not met completely, as no data was collected for the measure. See above for action for FY10.

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Goal	Action/Measure	Data Source	Responsibility	Frequency	Date of Completion
Outcomes Measures					
Improve outcomes for behavioral health recipients.	Analyze and trend national outcome measures (NOMs) for all members.	CIS	Bureau of Psychosocial Rehabilitation	Quarterly	Goal met partially. Data collected annually for Adults and quarterly for Children. Discontinue as task item in FY10. Outcomes data will be measured through multiple sources in FY10 and prioritized for action via the DBHS QM Committee and Executive Team Meetings.
	Analyze and trend outcome indicators for T19 children.	CIS	Bureau of Psychosocial Rehabilitation/Children's System of Care Planning and Development	Semi-annually; January 2009, July 2009	Goal met completely. T19 and T21 children outcomes reviewed quarterly in Children's QM Committee and as part of quarterly Performance Improvement Report.
	Review outcomes data in the QM Committee for development of Quality Improvement activities.	CIS QM Committee meeting minutes	All ADHS/DBHS functional areas	Ad hoc	Goal met partially. Completed and ongoing for children's outcomes.
Prevention Measures					
Evaluate the effectiveness of prevention programs.	Collect and analyze prevention data.	T/RBHA data	Bureau of Prevention	August 31, 2009	Goal met completely.
	Report evaluation findings to QM Committee.	QM Committee meeting minutes	Bureau of Prevention	September 30, 2009	Evaluation findings reported to QM Committee for FY09. Continue to report findings in FY10 through QM Committee.
Mortality and Morbidity Measures					
Utilize Mortality/Morbidity data to minimize recipient risk of adverse	Review mortality and morbidity reports to determine trends and outliers.	T/RBHA reports	Medical Management	Quarterly and Annually	Goal met completely. Continue FY10. Mortality and Morbidity Committee reviews reports to identify trends and areas of needed improvement.

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Goal	Action/Measure	Data Source	Responsibility	Frequency	Date of Completion
occurrence.	Determine RBHA compliance with quality of care requirements.	QOC Reviews Administrative Review	Medical Management	Ad Hoc September 30, 2009	Goal met partially. Continue FY10. RBHA investigation of ADHS/DBHS referred QOC cases reviewed ongoing as part of QOC process. Review of other RBHA QOCs was not conducted.
	Utilize trends and outliers to provide RBHA-specific feedback related to quality of care.	T/RBHA reports M&M database	Medical Management	Ongoing	Goal met completely. Continue FY10. Quality of Care reports presented to the QM and UM committees to identify outliers and improvement opportunities. Trends also used to support findings of performance measures through the quarterly Performance Improvement Reports.
	Use trends to identify and address systems issues.	Annual and Quarterly Reports, Meeting minutes	Medical Management	Quarterly, and Annually	Goal met completely. Continue FY10. Trends in mortality data identified and used to propose Performance Improvement Project for FY10.
	Develop training related to how to report QOCs for all staff that has contact with recipients.	Training materials	Clinical and Recovery Services	July 30, 2009	Goal not met. Continue FY10.
Utilization Management Measures					
Increase the utilization of case management services by Adult and Child behavioral health recipients.	Monitor the number of children served by CFTs to assess Contractor adherence to caseload ratios for children with complex needs.	Case Manager Inventory	Medical Management/Children's System of Care Planning and Development	Bimonthly	Goal met partially. Task not continued in FY10 MM/UM Plan; refer to FY10 CSOC Plan for CSOC Goals and Tasks. Children's Structural Elements report presented quarterly in UMC. CM expansion at year-end FY09 at 410.75 additional FTEs added. CSOC referred all but GSA 6 for sanction due to not meeting goals.

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Goal	Action/Measure	Data Source	Responsibility	Frequency	Date of Completion
	Evaluate UM reports and Independent Case Review findings to assess Contractor adherence to caseload ratios for SMI adults in Maricopa County.	Monthly Report Quarterly Independent Case Review	Medical Management/Quality Management Operations	Monthly Quarterly	Goal met partially. Discontinue as QM task item in FY10. <u>As of July 2009</u> ACT:63.2% of case managers at or below 1:12 ratio SUPPORTIVE: 38% of case managers at or below 1:30 ratio CONNECTIVE: 93.1% of case managers at or below 1:70 ratio
	Evaluate UM reports to analyze utilization of case management services by Adult behavioral health recipients to determine areas for network development.	Annual Utilization Reports	Medical Management/Adult Systems of Care Planning and Development	July 30, 2009	Goal met completely. Continue FY10. UM reports reviewed quarterly by UMC.
Comply with 42 CFR utilization requirements.	Complete the Quarterly Showing Report.	T/RBHA Showing Reports	Quality Management Operations	Quarterly	Goal met completely. Continue FY10
Comply with federal and state prior authorization requirements.	Evaluate RBHA prior authorization and concurrent review processes to determine compliance with requirements.	Administrative Review	Medical Management	September 30, 2009	Goal met completely. Continue FY10
	Evaluate RBHA concurrent review processes to determine compliance with requirements.	Administrative Review	Medical Management	September 30, 2009	Goal met completely. Continue FY10
	Evaluate RBHA retrospective review processes to determine compliance with requirements.	Administrative Review	Medical Management	September 30, 2009	Goal met completely. Continue FY10
	Complete prior authorizations for T/RBHA members for Level I & II admissions.	PMMIS	Medical Management	On-going	Goal met completely. Continue FY10
	Assess inter-rater reliability.	M&M Staff meetings	Medical Management	Monthly	Goal met completely. Continue FY10

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Goal	Action/Measure	Data Source	Responsibility	Frequency	Date of Completion
	Conduct staff prior authorization training.	Training agenda Training Sign-in sheets	Medical Management	As needed	Goal met completely. Continue FY10 Gila River October 16, 2008 WMA October 22, 2008 Pascua Yaqui February 4, 2009 WMA March 6, 2009
Utilize UM data in the development of Quality Improvement Activities.	Report utilization data to UM and QM Committees for the development of quality improvement activities.	Encounter data RBHA reports Committee Meeting Minutes	Medical Management	Quarterly	Goal met completely. Continue FY10 Completed quarterly. Data reviewed in Committees, including Pharmacy & Therapeutics Committee (P&T) to identify quality issues. FY10 will add additional data collection points to expand UM program.
	Review RBHA pharmacy reports.	RBHA reports	Quality Management Operations/ Office of the Medical Director	January 30, 2009 and Quarterly thereafter	Goal met completely. Continue FY10 Reviewed quarterly in the P&T Committee
Utilize T/RBHA Medical Care Evaluation Studies to improve member care.	Review and approve MCE methodologies.	T/RBHA-submitted MCE studies	Clinical and Recovery Services	November 30, 2008	Goal met completely. Continue FY10 through ADHS/DBHS/ RBHA Contract Exhibit A. MCE studies reviewed by Clinical and approved
	Provide feedback and technical assistance to T/RBHAs.	Contractor Medical Directors Meeting minutes Letters/technical assistance	Clinical and Recovery Services	As Needed	Goal met completely. Ongoing as needed.
	Review and analyze MCE study results.	T/RBHA submitted study results	Clinical and Recovery Services	September 30, 2009	Goal met completely Results due Oct 1. Will be reviewed by Clinical upon submission and presented in MM/UM Committee for incorporation into systems improvement.

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Goal	Action/Measure	Data Source	Responsibility	Frequency	Date of Completion
	Assess T/RBHA use of MCE studies to improve quality of care to members.	Admin Review	Clinical and Recovery Services	September 30, 2009	Goal met completely. Ongoing currently
Increase RBHA encounter submission	Assess RBHA compliance with financial reporting guidelines.	CIS	Finance	Quarterly	Goal met completely. Data monitored and reported by DBHS Finance in FY10. Ongoing. Reports reviewed by Finance for accuracy and compliance with guidelines.
	Provide feedback to RBHAs.	Letters	Finance	As needed	Goal met completely. Data monitored and reported by DBHS Finance in FY10. Ongoing as needed.
Provide Special Assistance to recipients with SMI, as required.	Assess RBHA compliance with special assistance requirements.	RBHA Reports Independent Review	Office of Human Rights	Monthly and Quarterly	Goal met completely. Continue monitoring through DBHS FY10 MM/UM Plan. Ongoing. Monthly RBHA submitted special assistance reports are reviewed by Office of Human Rights.
	Take action , as necessary for Contractors that do not meet special assistance requirements.	Arnold QM Committee meeting minutes	Office of Human Rights/Compliance	Monthly, Quarterly	Goal met completely. Continue. Special Assistance reports reviewed and action taken as required.
Improve services for SAPT priority populations.	Assess the appropriateness of SAPT funded services.	Annual Report	Grants/ Clinical and Recovery Services	September 30, 2009	Goal met completely. Discontinue as QM Work Plan item in FY10. Data will be monitored and reported by DBHS Clinical in FY10. RBHAs submit quarterly waitlist reports, which are reviewed by Clinical. HSAG conducted independent review of outpatient substance abuse services for non-SMI members. Report being reviewed internally currently.

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Goal	Action/Measure	Data Source	Responsibility	Frequency	Date of Completion
	Take action, as necessary, to address utilization and quality issues with SAPT funded programs.	Meeting minutes	Grants/ Clinical and Recovery Services	As Needed	Goal met completely. Report will be shared with RBHAs and RBHAs will be asked to submit improvement plans for those areas where they scored poorly.
Improve access to services for children in state custody.	Calculate RBHA response rates for processing CPS referrals upon receipt of information from CPS.	CPS removals report	Quality Management Operations	Ad hoc	Goal met completely. Discontinue as QM Work Plan Task. Will be utilized as data feed into MM/UM Committee in FY10. CPS removals report completed and reviewed by Interagency Services. Clinical Guidance Document incorporated 24-hour response expectations for responding to children removed from the home by CPS.
	Take action, as necessary for Contractors that fall below the state mean for response rates.	UM Committee meeting minutes	Children's system of Care	Ad hoc	Goal met completely. As needed.
Utilize best practices in all aspects of the behavioral health service delivery system.	Review and develop Clinical Practice Guidelines at least annually.	Clinical Practice Guidelines.	Clinical and Recovery Services	Ongoing	Goal met completely. Continue in MM/UM Plan. Ongoing. ADHS/DBHS Clinical Leadership reviews Clinical Practice Protocols at least annually to ensure current best-practices are guiding practice.
	Disseminate Practice Guidelines to T/RBHAs, Providers and members.	ADHS/DBHS Website	Clinical and Recovery Services	Ongoing	Goal met completely. Ongoing as needed.
	Provide training/technical assistance on the use of Practice Guidelines.	Training schedules	Clinical and Recovery Services	As Needed	Goal met completely. Ongoing as needed.

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Goal	Action/Measure	Data Source	Responsibility	Frequency	Date of Completion
	Monitor RBHA implementation of Practice Guidelines.	Administrative Review	Clinical and Recovery Services	September 30, 2009	Goal not met. Task postponed until FY10 due change in Practice Protocols with required elements. FY10 will identify 4 Clinical Practice Protocols with required service expectations. Monitoring processes are being created by ADHS/DBHS for implementation by the RBHAs.
Improve data integrity.	Review data for logic and consistency.	CIS	Quality Management Operations	Quarterly	Goal met completely. Continue. Ongoing
	Complete data validation activities.	CIS Chart reviews	Office of Program Support	Monthly	Goal met completely. Continue. Ongoing
	Implement changes to demographic data system.	CIS	Data Committee	January 30, 2009, July 30, 2009	Goal met completely. 1/26/09 Demographics Field 52 AXIS-III: Added values 58-74 1/26/09 Demographics Field 52 AXIS-III: Changed values 01-04 & Added values 24-27 1/26/2009 Demographics Fields 83-88 & 92-96: Changed Functional Outcome Measures to allow value "O" for obsolete - Valid values: Y, N, X, O 1/26/2009 Pre-Processor Error: Added N287 for CASII intensity level field