



Cenpatico Behavioral Health of Arizona

2008 Quality Management / Utilization Management Plan

(January 1, 2008 through December 31, 2008)

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Cenpatico Behavioral Health of Arizona

2008 Quality Management and Utilization Management Plan Overview

I. Introduction

Cenpatico Behavioral Health of Arizona (CBH AZ) contracts with the Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS) to serve as the Regional Behavioral Health Authority (RHBA) for Geographic Service Areas (GSAs) 2 and 4. CBH AZ has prepared this Quality Management/Utilization Management (QM/UM) Plan to outline the methodology it uses to meet or exceed the standards and requirements defined by the Arizona Department of Health Services, Division of Behavioral Health Services and to improve the overall quality of care and service delivery for enrolled members.

CBH AZ has developed this program to be consistent with the focus areas and strategies established by ADHS/BHS for this time period and works in tandem with ADHS/DBHS in order to successfully accomplish those goals. The CBH AZ performance improvement activities include those initiated internally as well as those shared with ADHS/DBHS and is consistent with the 2008 ADHS/DBHS Quality Management and Utilization Management Program goals. CBH AZ process improvement activities are focused on providing a consumer-driven, collaborative, recovery-oriented, and outcome centered system of care that provides excellent service as it continually strives for system improvement.

A. Mission

The CBH AZ QM/UM programs are designed and implemented to reflect the organization's mission statement and organizational values. Our Mission Statement is "Together we can inspire hope for a better life." The overarching CBH AZ's values and philosophy are summarized in the following principles:

- Respect: We treat all individuals as they would like to be treated.
- Voice and Choice: We listen and hear all voices and respect all choices.
- Integrity: We say what we mean and mean what we say.
- Collaboration: We build better systems through positive relationships.
- Accountability: We take personal responsibility for our successes and take steps to find solutions for our mistakes.
- Efficiency: We creatively pursue cost-effective solutions.

- Responsible Stewardship: We maximize resources to meet and/or exceed our commitments.
- Quality: We create excellence through continuous improvement.

B. Principles

This document is structured to provide an overview of the QM/UM Program and describes the scope of the program, administrative structure that supports the QM/UM Program, goals and measurable objectives for the 2008 QM/UM Program, the methods CBH of AZ uses to monitor and evaluate the service delivery system, and the methods used to evaluate the QM/UM Program. This Plan also includes the Annual Work Plan which describes in detail the areas of focus along with performance measures as they relate to the needs of consumers as well as the goals defined by ADHS/DBHS.

The overarching principles that form the basis for Arizona’s behavioral health service delivery system and foundation for CBH AZ’s quality management activities are:

- Easy Access to Care;
- Behavioral Health Recipient and Family Member Involvement;
- Collaboration with the Greater Community;
- Effective Innovation;
- Expectations for Improvement;
- Cultural Competency.

To further articulate expectations for the children’s system of care, CBH AZ continually strives to adhere to the Arizona 12 Principles. CBH AZ identifies problems and/or concerns that might limit members’ equitable access to behavioral health care and provides recommendations for improvement. The 12 Principles are as follows:

- Collaboration with the child and family
Respect and active collaboration with the child and parents is the cornerstone to achieving positive behavioral health outcomes.
- Functional outcomes
Behavioral health services are designed and implemented to aid children to achieve success in school, live with their families, avoid delinquency, minimize safety risks, stabilize the child’s condition, and become stable and productive adults.
- Collaboration with others
When children have multi-agency, multi-system involvement, a joint assessment is developed and a jointly established behavioral health services plan is collaboratively implemented.
- Accessible services
Children have access to a comprehensive array of behavioral health services, sufficient to ensure that they receive the treatment they need.
- Best practices

Competent individuals who are adequately trained and supervised to provide behavioral health services that are delivered according to best practices.

- Most appropriate setting
Children are provided behavioral health services in their home and community to the extent possible.
- Timeliness
Children identified as needing behavioral health services are assessed and served promptly.
- Services tailored to the child and family
Unique strengths and needs of children and their families dictate the type, mix, and intensity of behavioral health services.
- Stability
Behavioral health service plans strive to minimize multiple placements.
- Respect for the child and family's unique cultural heritage
Behavioral health services are provided in a manner that respects the cultural tradition and heritage of the child and family.
- Independence
Behavioral health services include support and training for parents in meeting their child's behavioral health needs, and support and training for children in self-management.
- Connection to natural supports
The behavioral health system identifies and appropriately utilizes natural supports from the child and parent's own network of supports.

CBH AZ also subscribes to the six principles which capture ADHS/DBHS' commitment to the behavioral health service delivery system for individuals with a serious mental illness as follows:

- Treatment with dignity
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.
- Value of individuals
Consumers, family members, and treatment staff are valued, responsible partners in the delivery of services.
- Self-sufficiency
People are able to achieve the highest level of self-sufficiency possible, with assistance in the development and maintenance of a healthy lifestyle.
- Accessibility
Services are accessible, timely, and in the least restrictive setting necessary to meet the clinical needs of the individual.
- Continual improvement

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

➤ **Service Delivery System**

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 CBH AZ and all service providers.

C. Partnership with ADHS/DBHS

CBH AZ works in partnership with ADHS/DBHS to obtain its goals of ensuring a comprehensive unified behavioral health system within CBH AZ's contracted geographical boundaries and according to applicable strategies of the ADHS/DBHS Strategic Plan which include:

- To promote recovery, psychosocial rehabilitation, safety, and hope for persons receiving services;
- To collaborate with community partners and public health agencies in the design and delivery of behavioral health services;
- To obtain and maintain a viable workforce;
- To enhance technology to support the behavioral health system.

D. Policies and Procedures

Policies and Procedures: This plan is supported by CBH AZ policies and procedures, position descriptions, the ADHS/DBHS Provider Manual, CBH AZ Provider Manual, the ADHS/DBHS Policies and Procedures Manual, and the AHCCCS Medical Policy Manual. CBH AZ maintains policies and procedures as required by ADHS/DBHS and AHCCCS. These documents are available upon request.

II. Quality Management Plan Cycle

Quality improvement activities emerge from a systemic and organized framework for improvement. This framework, is understood, accepted and utilized throughout the organization, as a result of continuous education and involvement of staff at all levels in the performance improvement process. CBH AZ has adopted the Deming Cycle of Plan, Do, Check, Act (PDCA). This cyclical approach to quality improvement, repeating the PDCA cycle, brings us closer to our goal of achieving defined benchmarks in all performance improvement initiatives. The Deming Cycle of quality improvement is further explained below:

- **Plan:** The Quality Management Team works in tandem with ADHS/DBHS to identify meaningful performance indicators and benchmarks to measure critical aspects of patient care and organizational operations in order to identify performance opportunities.
- **Do:** The Quality Management and Clinical Operations Teams implement performance improvement activities, in such a manner that assures integrated, unified monitoring of quality improvement initiatives. Appropriate staff trainings are conducted as needed.
- **Check:** The Quality Management and Clinical Operations Teams collect and review data for accuracy, completeness, logic and consistency and compares results to measure the effectiveness of the performance improvement activities.
- **Act:** The Executive Management Team adopts successful solutions and implements new practices. Each performance indicator continues to be measured/monitored throughout the year to ensure that benchmarks are continuously being maintained.

III. Scope of the Quality Management/Utilization Management Plan

The CBH AZ QM/UM Plan encompasses services provided to Enrollees in GSA 2 and 4 by CBH AZ contracted providers. CBH AZ contracts with agencies and individual independently licensed practitioners who hold appropriate state licenses and AHCCCS provider identification numbers, meet the requirements of the Covered Services Guide, and agree to the terms of the CBH AZ Contract.

Specific services monitored include all services under contract and as defined in the ADHS/DBHS Covered Services Guide. Specific sites monitored include all service provider types identified in the ADHS/DBHS Covered Services Guide.

The following services are included in CBH AZ's monitoring activities:

- Behavioral Management (behavioral health personal assistance, family support, peer support);
- Case Management Services;
- Emergency/Crisis Behavioral Health Services;
- Emergency Transportation;
- Evaluation and Screening (initial and ongoing assessment);
- Group Therapy and Counseling;
- Individual Therapy and Counseling;
- Family Therapy and Counseling;
- Inpatient Hospitalization;
- Inpatient Psychiatric Facilities (residential treatment centers, acute, and sub-acute facilities);
- Institutions for Mental Diseases;

- Laboratory and Radiology Services;
- Non-emergency Transportation;
- Nursing;
- Opioid Agonist Treatment;
- Partial Care (supervised day program, therapeutic day program, and medical day program);
- Peer Support Services;
- Psychosocial Rehabilitation;
- Psychotropic Medication;
- Psychotropic Medication Adjustment and Monitoring;
- Respite Care;
- Therapeutic Foster Care Services.

The following service sites are included in CBH AZ's monitoring activities:

- Behavioral Health Outpatient Clinics;
- Hospital (if it includes a distinct behavioral health or detoxification unit);
- Level I Facility (i.e., psychiatric hospital, RTC, sub-acute);
- Level II Facility;
- Level III Behavioral Health Facility;
- Community Service Agency;
- Rural Substance Abuse Transitional Center;
- Adult Therapeutic Foster Care Home;
- Child Professional Foster Care Home.

Special emphasis will be placed on monitoring generalist and specialists intake providers in the Meet Me Where I Am Program.

Quality Management and Utilization Management activities evaluate and monitor Best Practices and outcomes for acute and chronic psychiatric and substance abuse disorders as referenced in the most recent Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) of the American Psychiatric Association.

IV. Structural Framework and Communication

In order to effectively provide oversight of the QM/UM Program, CBH AZ maintains a comprehensive administrative structure that includes a governing body, an executive management team, and QM/UM program staff that are dedicated to the activities set forth in this Plan. In addition, CBH AZ has formed a dynamic network of QM/UM related committees and subcommittees whose sole function is to implement, monitor and regulate QM/UM activities in such a manner that affords CBH AZ the opportunity to meet and/or exceed the goals outlined in this document. Committees are interdisciplinary representing functional areas within CBH AZ, its providers and consumers to maximize communication and collaboration among the entities involved.

A. Governing and Policy Making Body

Board of Directors: The Board of Directors delegates oversight of all Quality management activities to the Executive Management Team.

B. Executive Management Team (EMT)

Chief Executive Officer (CEO): The CEO has overall responsibility for the delivery of care and services provided by CBH AZ. The CEO chairs the Executive Management Team meetings.

Chief Medical Officer (CMO): The CMO is the senior clinical person responsible for the operation of the QM/UM program. This physician maintains a current, unrestricted license and is board-certified in Psychiatry. The CMO provides leadership, direction, and guidance for the Quality Management Program and Utilization Management Program. The CMO is responsible for ensuring that all clinical services are administered in a manner consistent with accepted standards of care, and provides direction and oversight for all clinical quality management activities. The CBH AZ CMO also interacts with Medical Directors at contracted CBH AZ agencies to coordinate behavioral health care with other aspects of medical care, and with the ADHS/DBHS Medical Director to ensure that CBH AZ's Quality Management program is in compliance with state requirements.

Chief Operating Officer (COO): The COO has overall responsibility for the management of the CBH AZ Network (Network Operations), including Program Development, Network Adequacy, Contracting, Community Coordination, and Inter-agency Coordination.

Chief Financial Officer (CFO): The CFO is responsible for the financial operations of CBH AZ and for ensuring that these operations are in compliance with ADHS/DBHS regulations and requirements. The CFO serves as the principle financial resource for satisfying local stewardship and fiduciary responsibilities for the integrity of our financial plans and historical results. In addition, this position provides finance, accounting and analytical expertise to help achieve our goals.

Chief Officer of Community and Consumer Affairs/Cultural Expert: The Chief Officer of Community and Consumer Affairs is responsible for ensuring that services are provided in a culturally competent and sensitive manner and directs consumer and family input into the QM/UM programs.

Chief Administrative Officer (CAO): The CAO has the responsibility for the integrity of the data systems, including claims, encounters, enrollments, demographics and closures. In addition, this position provides guidance to contracted provider agencies in submitting data to the RHBA.

Chief Compliance/Grievance and Appeals Officer: The Chief Compliance/Grievance and Appeals Officer is responsible for monitoring compliance with all State, Federal, and other appropriate regulatory requirements as they affect the provision of behavioral health services to consumers served by CBH AZ.

Human Resources Manager (HRM): The HRM oversees the recruiting function of CBH AZ, employee relation issues, reporting for Human Resources as well as acting as a liaison for compensation and benefits.

C. QM/UM Program Staff

QM Administrator: The QM Administrator is responsible for operating, maintaining and updating the overall structure of the QM programs, and for ensuring that measurement, evaluation, and performance improvement activities are implemented in a way that is statistically, methodologically, and clinically sound. The QM Administrator is responsible for the timely submission of all QM reports per the ADHS/DBHS contract with CBH AZ.

UM Manager: The UM Manager is responsible for operating, maintaining and updating the overall structure of the UM functions, and for ensuring that all UM activities are implemented in an accordance with ADHS/DBHS utilization benchmark guidelines. The UM Manager is responsible for meeting all UM timelines as outlined in the ADHS/DBHS contract with CBH AZ.

Provider Representation: External providers from each GSA serve on the QM/UM, Credentialing, and the Pharmacy and Therapeutics Committees in order to effectively convey the needs of contracted providers and provider agencies, to ensure that the standards of care adhered to by CBH AZ conform to accepted community standards of practice and to serve as peer reviewers when indicated.

Recovery and Resiliency Advisor: The Recovery and Resiliency Advisor is responsible for ensuring that the “voices” of individuals receiving behavioral health services are reflected in the design, development and implementation of behavioral health programs throughout CBH AZ’s geographical service areas.

Family Support Specialist: The Family Support Specialist is responsible for ensuring family members have a voice in the design, development and implementation of behavioral health programs. The Family Support Specialist encourages the development of Family Support Specialists throughout the network.

Provider Services and Contract Manager: The Provider Services and Contract Manager is responsible for provider recruitment and contracting activities to ensure network adequacy and availability.

Clinical Operations Administrator: The Clinical Operations Administrator is responsible for network services and program development. This position works with the provider network to implement best practices and to increase skills within the provider network staff and provides oversight of housing and employment programs.

Training Administrator: The Training Administrator is responsible for ensuring that CBH AZ and all network providers and provider agencies, receive the appropriate training necessary for behavioral health staff to fulfill their job functions, deliver care and services that meet and exceed community standards and ADHS/DBHS requirements.

Manager of Community Services: The Manager of Community Services is responsible for the day-to-day clinical management of consumer service coordination, community coordination and problem resolution.

Manager of Program Development: The Manager of Program Development is responsible for program oversight of the Children's System of Care and Adult System of Care planning.

Pharmacy Administrator: The Pharmacy Administrator is responsible for oversight of all pharmacy operations within the provider network. This position monitors the quality of prescribing patterns and implements best practice methodologies to ensure that the CBH AZ formulary reflects the provision of pharmaceutical agents that are safe, efficacious, cost effective, reflective of best practice, and consistent with the minimum requirements set forth by the ADHS/DBHS medication formulary.

Children's Medical Administrator: The Children's Medical Administrator is a Child and Adolescent Psychiatrist responsible for providing leadership within the CBH AZ children's team regarding the provision of services to children, and for monitoring compliance with all regulatory and ADHS/DBHS requirements.

Data Analyst/Business Analyst: CBH AZ maintains three data analyst positions which are responsible for collecting, validating and tabulating data in a manner that is consistent with ADHS/DBHS regulations, HIPAA, and best practice quality management standards. Data is assimilated for review by the QM/UM Committee and Subcommittees.

Inter-Agency Liaison: Inter-Agency Liaisons coordinate efforts with State agencies, represent the needs and issues identified by state agencies and health plans and ensure that the agencies have the adequate support/assistance/knowledge to assist CBH AZ consumers. These positions (three at present) work closely with the COOL Program, SAPT, Tribals, Arizona State Hospital (ASH), ADJC, CPS, health plans, and vocational-rehabilitation service agencies.

Provider Mentors & Coaches: The four Provider Mentors provide education and training to providers. They serve as the liaison between Clinical Operations and the CHB AZ QM program. They also advise providers on best practices and quality improvement interventions.

D. CBH AZ QM Committee Structure and Responsibilities

The CBH AZ Board of Directors has accountability for the QM/UM Plan. The Board of Directors has delegated direct oversight of QM/UM functions to the CBH AZ Executive Management Team. The Executive Management Team (EMT) delegates authority for the QM/UM program to the Quality Improvement Committee (QIC), which serves as the oversight body and has ultimate responsibility for implementation of the QM/UM Plan. The corporate structure of CBH provides the credentialing function for CBH AZ Behavioral Health of Arizona.

1. Quality Improvement Committee

The CBH AZ Quality Improvement Committee (QIC) meets at least 10 times a year and maintains detailed minutes of its meetings including discussions and analysis of performance data, interventions to improve performance, recommendations, and a remeasurement schedule. Evaluation and planning are ongoing as the data sets are reviewed. The activities of the QM/UM Plan are submitted to the QI Committee on a quarterly basis and include actual performance data as well as actions taken by the QIC and all sub-committees.

The QIC is Co-chaired by the Chief Medical Officer (CMO) and the Chief Executive Officer (CEO). The QM Administrator works closely with the chairpersons to ensure that activities detailed in the Work Plan are presented through the committee's reporting process.

Functions of the QIC:

- Develop and update procedures for QM responsibilities and clearly document the processes for each QM activity. This includes conclusions, recommendations, and actions taken by the responsible party (ies);

- Develop and implement procedures to ensure that CBH AZ staff and providers are informed of the most current QM requirements, policies and procedures and new and ongoing QM initiatives;
- Develop and implement procedures to ensure that providers are informed of their performance;
- Reviews and recommends approval of the annual QM/UM Plan, QM/UM Work Plans and annual QM/UM Program Evaluation;
- Oversees the collection, tracking, analysis and review of all data related to QM/UM program objectives;
- Tracks activities and studies in progress and makes recommendations to staff and management as needed;
- Reports results of QM activities to staff and to applicable practitioners and consumer organizations;
- Provides feedback to the Credentialing Committee of any trends identified related to a provider's performance for consideration in the re-credentialing process;
- Oversees Performance Improvement Teams, and all ad-hoc work groups and task forces arising from the QM/UM program;
- Reviews, approves and monitors all structured performance improvement projects;
- Reviews and addresses complaints;
- Monitors ADHS/DBHS deliverables;
- Assesses key performance indicators; and
- Promotes use of the PDCA methodology.

The QIC membership includes the following:

Chief Executive Officer, Terry Stevens, MS

Chief Medical Officer, Vernon Barksdale, MD

Chief Operating Officer, Jay Gray, Ph.D.

QM Administrator, Lorraine Harrington, MS

UM Manager, Heather Koch, LPC

Provider Services and Contract Manager, Pat Weidman

Pharmacy Administrator, Jeanette Lau, Pharm.D., MBA

Clinical Operations Administrator, Emily Wetter, MA, LPC

Training Administrator, Rodney Staggers, CTT

Manager of Community Services, Laurel Rettle, LPC, LISAC

Manager of Program Development, Michele Flatbush

Recovery and Resiliency Advisor, Larry Belcher, MA, CAGS, CPRP

Family Support Specialist, Diane Taylor

Provider Representatives for both GSA 2 and 4

2. Utilization Management Committee

The Utilization Management Committee (UMC) meets at least six times per year. This committee is tasked with the review, analysis and management of utilization data in order to identify trends and outliers

of over and under utilization. The UMC implements medical necessity criteria as established by ADHS/DBHS, adopts, disseminates, and provides evidence-based practice guidelines, provides oversight of care coordination and implements and reviews provider Medical Care Evaluations (MCE). Detailed minutes are maintained to document the committee's discussions, actions and follow-up items.

The UMC is chaired by the Chief Medical Officer. In the CMO's absence, a CBH psychiatrist will chair the committee meeting.

Functions of the Utilization Management Committee:

- Tracks trends in utilization of services to identify patterns of over or under utilization;
- Reviews and implements medical necessity guidelines as established by ADHS/DBHS;
- Implements and reviews MCE studies;
- Provides utilization management data to the EMT and providers through the Network department;
- Oversees compliance with federal, state and local regulation related to Utilization Management.

The UMC membership includes the following:

Chief Medical Officer, Vernon Barksdale, MD

UM Manager, Heather Koch, LPC

QM Administrator, Lorraine Harrington, MS

Clinical Operations Administrator, Emily Wetter, LPC

Manager of Emergency Services, Laurel Rettle, LPC, LISAC

Recovery and Resiliency Advisor, Larry Belcher, MA, CAGS, CPRP

Provider Representation

3. Pharmacy and Therapeutics Committee

The Pharmacy and Therapeutics Committee (PTC) meets quarterly to analyze the CBH AZ formulary, conduct drug utilization studies and to oversee Performance Improvement Projects related to pharmacy.

The chair of the PTC is the Chief Medical Officer.

Functions of the Pharmacy and Therapeutics Committee:

- Drug Utilization Review to include systematic prospective and retrospective review of prescribing patterns;
- Recommends outreach and/or other efforts to promote enhanced best practice prescribing;
- Performs pattern analysis for evaluation of therapeutic appropriateness;
- Monitors for over-utilization and under-utilization of drugs;

- Monitors therapeutic duplication and poly-pharmacy;
- Evaluates requests for additions/deletions to the Formulary reflective of safe, efficacious and cost effective medication availability;
- Promotes efforts to support quality prescribing within the CBH AZ Provider network;
- Promotes cost-effectiveness of medications available, monitors new developments in psychopharmacology and pharmaceutical agents and makes recommendations for incorporation into best practice recommendations and/or formulary;
- Evaluates new technology and new uses of existing technologies; and
- Works toward meeting quality of care goals, such as consent for psychotropic medication.

The PTC membership includes the following:

Chief Medical Officer, Vernon Barksdale, MD

Pharmacy Administrator, Jeanette Lau, Pharm.D., MBA

Recovery and Resiliency Advisor, Larry Belcher, MA, CAGS, CPRP

Provider Representatives for GSA 2 and 4

4. Children and Adult Systems of Care Committee

The Children and Adult Systems of Care Committee (CASCC) meets monthly to review the quality of programs and services in the CBH AZ network. This committee is responsible for identifying and implementing program development initiatives and activates behavioral health program quality improvement activities.

The CASCC is co-chaired by: The Clinical Operations Administrator and the Manager of Program Development.

Functions of the Children and Adult Systems of Care Committee:

- Recommends new programs and services to the Network Operations Department;
- Identifies and oversees Clinical Best Practice Activities;
- Recommends new provider mentoring and training programs;
- Reviews data to determine efficacy and quality of the service delivery system;
- Identifies and addresses impediments to achieving outcome measurement standards and demonstrating continuous improvement;
- Oversees the development and quality of new programs and services.
- Monitors implementation of the Children's System of Care Plan and the Adult System of Care Plan.

- Provides a report to the QIC and EMT at least quarterly.

The Child and Adult Systems of Care Committee membership includes the following:

Clinical Operations Administrator, Emily Wetter, MA, LPC

Chief Operating Officer, Jay Gray, Ph.D.

Provider Services and Contract Manager, Pat Weidman

Provider Mentors: Chris Haddad, MA, LSW; Mileibys Schroeder, MA, LISAC; Valerie Oatis, MA, LSW

Inter-agency Liaisons: Kevin Hoy and Mary Beardsley

QM Administrator, Lorraine Harrington, MS

UM Manager, Heather Koch, LPC

Training Administrator, Rodney Staggers, CTT

Manager of Community Services, Laurel Rettle, LPC, LISAC

Manager of Program Development, Michele Flatbush

Recovery and Resiliency Advisor, Larry Belcher, MA, CAGS, CPRP

Family Support Specialist, Diane Taylor

5. Risk Management Committee

The Risk Management Committee (RMC) meets quarterly to review and address issues that may pose a risk for the organization.

The RMC is chaired by the Chief Medical Officer.

Functions of the Risk Management Committee:

- Reviews issues and reports related to Incidents/Accidents;
- Reviews consumer deaths;
- Reviews issues related to seclusion and restraint;
- Reviews issues related to consumer quality of care.

The Risk Management Committee includes the following:

Chief Medical Officer, Vernon Barksdale, MD

Chief Compliance/Grievance and Appeals Officer, Wendy Prince, MBA

QM Administrator, Lorraine Harrington, MS

UM Manager, Heather Koch, LPC

Clinical Operations Administrator, Emily Wetter, MA, LPC

Manager of Community Services, Laurel Rettle, LPC, LISAC

6. Peer and Family Advisory Council

The Peer and Family Advisory Council (PFAC) was formed to ensure that consumers have a voice within CBH AZ's Quality Management Program. The council meets quarterly to provide a forum for consumers and their family members to provide input on a variety of topics.

The PFAC is chaired by the Recovery and Resiliency Advisor.

Functions of the Peer and Family Advisory Council include:

- Reviews programs to assess cultural competency;
- Recommends addition of programs and improvements to communication;
- Reviews and provides feedback regarding consumer communications prior to their dissemination to consumers;
- Voices concerns and issues with system and provider network/access;
- Brainstorms ideas for improvement, and makes recommendations for change and improvement;
- Reviews access to care data, service delivery data, consumer satisfaction, provider agency profiling data, and Arizona principles service delivery data.

The PFAC membership includes the following:

*Chief Officer of Community and Consumer Affairs/Cultural Expert,
Melinda Vasquez*

*Recovery and Resiliency Advisor, Larry Belcher, MA, CAGS, CPRP
CBH AZ Consumers*

7. Corporate Credentialing Committee

Credentialing and re-credentialing functions are performed by the Credentialing Committee (CC). The CC reviews provider and facility credentials, makes determinations regarding practitioners' and facilities' participation in the provider networks for each business unit. The CC is responsible for ensuring that the credentialing program meets appropriate timeliness guidelines for review of applications from prospective network practitioners, communicating appropriately with prospective and current practitioners about any change in network status, and facilitating completion of site visits to the offices of new potential high-volume providers as part of the initial credentialing process. The CC provides quarterly activity reports to the QIC. The CC also conducts peer review activities related to the credentialing and re-credentialing processes. The committee meets at least 10 times a year and maintains detailed minutes of its meetings.

The CC committee is chaired by: The Vice President of Medical Affairs.

Functions of the Credentialing Committee include:

- Applying established criteria to provider's professional information for both initial credentialing and recredentialing;
- Working with Network Development staff to consider network development needs or network adequacy in making any recommendations to expand the network;
- Ensuring that QI information is integrated into decision-making regarding credentialing and recredentialing;
- Exploring practitioner or provider concerns as they relate to CBH AZ's credentialing and recredentialing criteria; and
- Recommending changes in the credentialing and recredentialing criteria to ensure compliance with changes in federal, state, professional, accreditation, and payor guidelines.

The CC includes the following:

Vice President of Medical Administration, Chair, Thomas Hamlin, MD
Chief Medical Officer, Vernon Barksdale, MD
Corporate Credentialing Manager, Mona Schroeder,
Network Providers

8. Peer Review Committee

CBH AZ conducts peer reviews to improve the quality of medical care provided to consumers by providers in the network. The peer review process compares the provider's performance with that of peers within the community. Peer reviews are conducted by providers from the same discipline, or with similar qualifications, as the professional under review and who are not in direct economic competition. The scope of the peer review includes cases where there is evidence of a quality deficiency in the care of service provided or the omission of care or service by a provider. This committee meets quarterly.

Functions of the Peer Review Committee include:

- Evaluate referred cases;
- Makes recommendations for action, if any;
- Makes recommendations to report conduct to appropriate state regulatory agencies, when indicated.

The Peer Review Committee is chaired by the Chief Medical Officer.

The Peer Review Committee includes the following members:

Chief Medical Officer, Vernon Barksdale, MD

Physicians from provider agencies in GSAs 2 and 4

9. Barriers Committee

The Barriers Committee meets monthly to identify potential barriers to care. One meeting a quarter includes stakeholders and community members. This committee is responsible to review complaints, access to care data, network issues, satisfaction data and stakeholder feedback to identify potential barriers to care. Data are analyzed to determine the extent, and pervasiveness of identified alleged barriers to determine impact on the delivery of services. Recommendations are reported to QIC and the Network Sufficiency Committee. The Barriers Committee provides a report to QIC on at least a quarterly basis.

The Barriers Committee is chaired by the Inter-agency Liaison.

The Barriers Committee includes the following members:

Inter-agency Liaison, Mary Beardsley
QM Administrator, Lorraine Harrington, MS
UM Manager, Heather Koch, LPC
Manager of Community Services, Laurel Rettle, LPC, LISAC
Recovery and Resiliency Advisor, Larry Belcher, MA, CAGS, CPRP
Family Support Specialist, Diane Taylor
Chief Officer of Community and Consumer Affairs/Cultural Expert,
Melinda Vasquez
Manager of Customer Service, Cheryl Morrison
Manager of Program Development, Michele Flatbush
Provider Services and Contract Manager, Pat Weidman.

10. Network Sufficiency Committee

The Network Sufficiency Committee meets monthly to identify network gaps and review requests from providers to join the Cenpatico Network. The committee reviews network adequacy data, requests to join the network and makes recommendations to EMT to add providers to the Network. The Network Sufficiency Committee provides a report to QIC at least quarterly.

The Network Sufficiency Committee is chaired by the Provider Services and Contract Manager

The Network Sufficiency Committee includes the following members:

Inter-agency Liaisons, Kevin Hoy and Mary Beardsley
QM Administrator, Lorraine Harrington, MS
UM Manager, Heather Koch, LPC
Manager of Community Services, Laurel Rettle, LPC, LISAC

*Recovery and Resiliency Advisor, Larry Belcher, MA, CAGS, CPRP
Family Support Specialist, Diane Taylor
Chief Operating Officer, Jay Gray, Ph.D.
Provider Services and Contract Manager, Pat Weidman*

11. Provider Documentation Conformance Committee

The Provider Documentation Conformance Committee meets monthly to review provider Contract Performance Plans, corrective action letters, and audit results. The Provider Documentation Conformance Committee provides a report to QIC at least quarterly.

The Provider Documentation Conformance Committee is co-chaired by the QM Administrator and the Clinical Operations Administrator.

The Provider Documentation Conformance Committee includes the following members:

*QM Administrator, Lorraine Harrington, MS
Clinical Operations Administrator, Emily Wetter, MA, LPC
Manager of Community Services, Laurel Rettle, LPC, LISAC
Chief Operating Officer, Jay Gray, Ph.D.
Provider Services and Contract Manager, Pat Weidman*

12. Training Advisory Committee

The Training Advisory Committee meets monthly to review the training plan and training needs of the Cenpatico Network. The Training Advisory Committee provides a report to QIC at least quarterly.

The Training Advisory Committee is chaired by the Training Administrator

The Training Advisory Committee includes the following members:

*Recovery and Resiliency Advisor, Larry Belcher, MA, CAGS, CPRP
Family Support Specialist, Diane Taylor
Chief Operating Officer, Jay Gray, Ph.D.
Training Administrator, Rodney Staggers
Manager of Program Development, Michele Flatbush
Provider Services and Contract Manager, Pat Weidman.*

13. ADHS/DBHS Committees

To ensure ongoing communication and collaboration with ADHS/DBHS, CBH AZ staff participates in structured ADHS/DBHS committees operating as part of the ADHS/DBHS QM/UM program.

14. Description of Staff Qualifications – (Listed in alphabetical order by Title)

Chief Compliance/Grievance and Appeals Officer, Wendy Prince, MBA

Ms. Prince has over 16 years of compliance experience in the managed health care industry. Ms. Prince received her master's degree in business administration from Ottawa University. She received bachelor degrees in Psychology and Human Services from Ottawa and is currently pursuing her master's in professional counseling.

Chief Executive Officer, Terry Stevens, MS

Ms. Stevens has over 30 years of behavioral health experience in both public and commercial managed care. She received her master's degree from the University of Illinois in Clinical Psychology. She began her career as a child and family therapist in a rural community mental health center in central Illinois. Before coming to Cenpatico, Ms. Stevens was the Chief Operation Officer for a behavioral health crisis network and the operations manager for Medical Professionals of Arizona-Department of Psychiatry. Ms. Stevens is a licensed counselor, a certified coach and a certified focus director.

Chief Medical Officer, Vernon Barksdale, MD

Dr. Barksdale has practiced Adolescent, Adult and Addiction Psychiatry in Arizona since 1989. His work experience includes Medical Director of inpatient care, as well as outpatient treating Psychiatrist for community based mental health clinics. He has extensive experience in research, and management of socially complicated Psychiatric patients. Dr. Barksdale received his Psychiatric training from The Johns Hopkins University, after graduating from their joint degree program in Medicine and Public Health. He is Board Certified in Psychiatry and ASAM certified in Addiction Medicine.

Chief Officer of Community and Consumer Affairs/Cultural Expert, Melinda Vasquez

The Chief Officer of Community and Consumer Affairs/Cultural Expert has extensive experience with various Medicare, Medicaid and Commercial health plans.

Clinical Operations Administrator, Emily Wetter, MA, LPC

The Clinical Operations Administrator has 30 years of experience in the human services field. She is a licensed professional counselor with many years of experience with behavioral health services for children and families.

Chief Operating Officer, Jay Gray, Ph.D.

Dr. Gray has over 20 years experience developing and managing behavioral health programs and services for all populations. He received his PhD from Kansas State University, completed a Predoctoral Internship in Professional Psychology through

Arizona State University, and received a Professional Certificate in Organizational Development from George Williams College. He has extensive experience leading organizational growth and developing new programs to enhance the quality and positive outcomes.

Corporate Credentialing Manager, Mona Schroeder,

The Corporate Credentialing Manager has over 17 years experience in managed care, and has held positions in both quality and risk management before assuming her current credentialing manager duties. Additionally, Mona is a clinical certified nurse in ICCU/ICC.

Chief Financial Officer, Randy Ek, CPA

The Chief Financial Officer has over 15 years experience working in the healthcare accounting field as well as public accounting. Randy is a Certified Public Accountant in Arizona and a member of both the American Institute of Certified Public Accountants and the Arizona Society of Certified Public Accountants. Randy holds Bachelor of Science degrees from the University of Arizona and Arizona State University.

Children's Medical Administrator, Bruce R. Holzman, M.D.

Dr. Holzman is Board Certified in both Psychiatry and Child and Adolescent Psychiatry. He has broad clinical experience, and a wide range of experience in administration and training. Dr. Holzman has practiced in Arizona since 1978. He has consulted several years at the Phoenix South Comprehensive Mental Health Center, been the Consultant/Director of the Adolescent Inpatient Unit at Arizona State Hospital, a physician consultant at Maricopa County Hospital, medical director the Adolescent Inpatient Unit, and Associate Medical Director for Children and adolescents at CODAMA/ComCare.

Inter-agency Liaisons: Kevin Hoy and Mary Beardsley

The Inter-Agency Liaisons for CBH AZ are paraprofessionals with experience in interacting with State and local agencies and stakeholders.

Manager of Community Services, Laurel Rettle, LPC, LISAC

The Manager of Community Services has over 20 years of behavioral health experience in both public and commercial managed care. Ms. Rettle is a licensed professional counselor as well as a licensed substance abuse counselor.

Manager of Program Development, Michele Flatbush

The Manager of Program Development has over 15 years of experience with provider services and program development.

Pharmacy Administrator, Jeanette Lau, Pharm.D., MBA

The Pharmacy Administrator holds a doctorate in pharmacy. She has several years experience in psychiatric pharmacy, medication management experience and outcomes research experience.

Provider Mentors: Chris Haddad, MA, LSW; Mileibys Schroeder, MA, LISAC; Valerie Oatis, MA, LSW

The Provider Mentors are licensed behavioral health professionals with several years of experience serving providers and consumers.

Provider Services and Contract Manager, Pat Weidman

The Provider Services and Contract Manager has 15 years of experience with provider services, network development and contract management.

QM Administrator, Lorraine Harrington, MS

The QM Administrator has a bachelor's degree in Social Work and a master's degree in Healthcare Information Management. Ms. Harrington has over 20 years of experience in the behavioral healthcare industry including direct service, utilization management and the implementation of electronic medical records.

Recovery and Resiliency Advisor, Larry Belcher, MA, CAGS, CPRP

The Recovery and Resiliency Advisor has over 17 years of experience in recovery practices, programs and networking in both the public and private behavioral health systems throughout the US. He is currently working with Cenpatico to instill recovery philosophies and practices to not only the people we serve, but providers and staff as well.

Training Administrator, Rodney Staggers, CTT

The Training Administrator holds Certified Technical Training (CTT+) certification, a credential that recognizes excellence in instruction and preparation of training. He is a certified Six Sigma Green Belt and has over 20 years of experience in training and business operations.

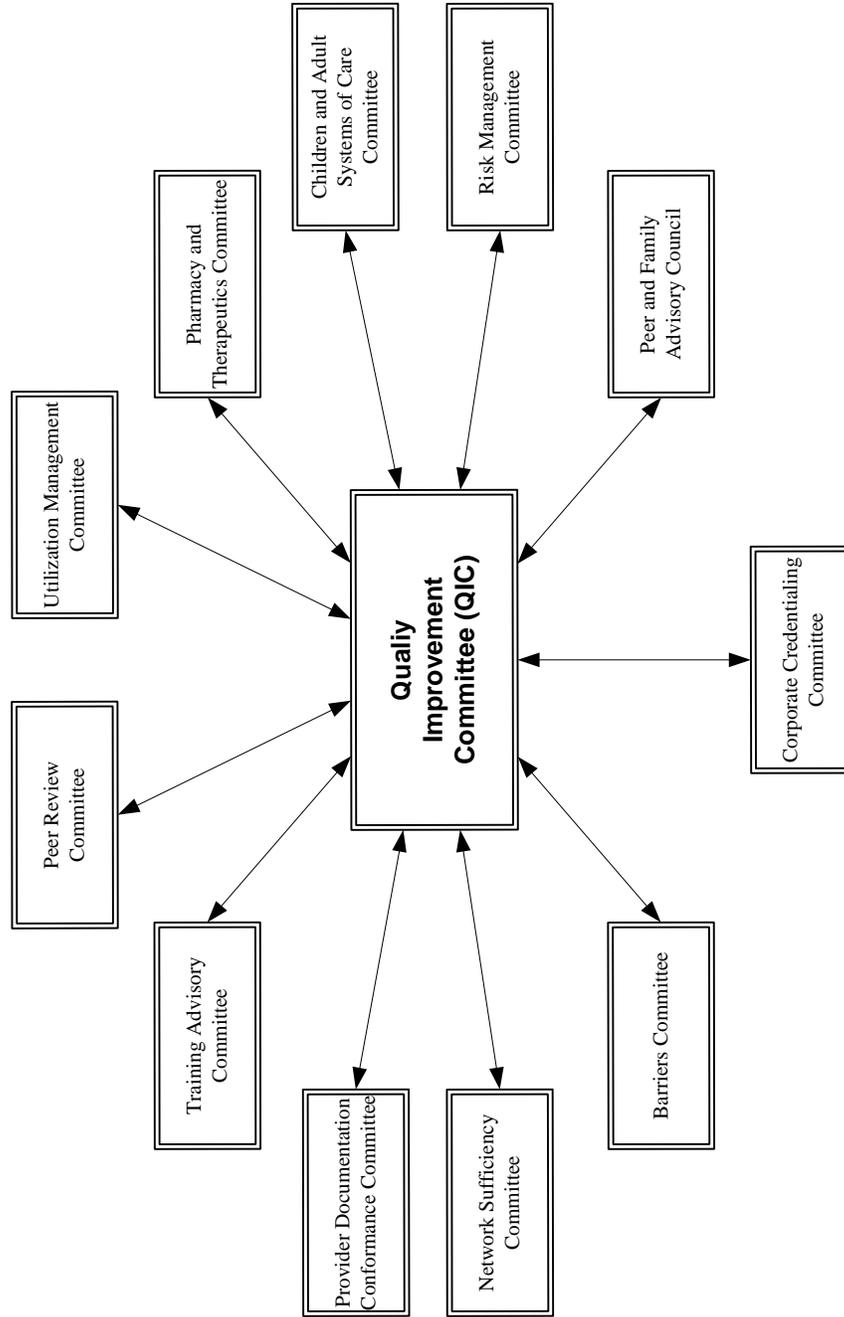
UM Manager, Heather Koch, LPC

The UM Manager is a licensed professional counselor with 16 years of behavioral health experience with 11 years of utilization management experience in the managed behavioral health arena.

Vice President of Medical Administration, Chair, Thomas Hamlin, MD

Dr. Hamlin is responsible for clinical oversight of the complete book of business of CBH AZ. He also focuses on Medical Policy and Quality for the organization. Dr. Hamlin is an Assistant Clinical Professor of the Department of Psychiatry for the University of Texas Medical School at Houston and a member of the Texas Medical Association. Dr. Hamlin has over 15 years of experience in the managed care industry and has been a member of several large commercial health plan quality and pharmacy committees. He is particularly interested in the development of functional outcome measures for children and adolescents. Dr. Hamlin graduated from the University of Texas Southwestern Medical School in Dallas, Texas. His residency in Psychiatry was at New York University Bellevue Medical Center and at the Austin State Hospital Children's Psychiatric Unit.

Cenpatico Behavioral Health of Arizona Quality Management Committee Structure



Quality Management Plan

I. Introduction

The overall goal of the Quality Management Program is to promote the quality of care provided to enrolled members through the implementation of established processes including the monitoring of providers within the service delivery system, implementing activities to correct deficiencies and/or increase the quality of care, and initiating performance improvement projects to address trends identified through monitoring activities. Performance improvement activities initiated by CBHZ AZ are aligned with the ADHS/DBHS strategic plan, the court approved Arnold QM Plan, the Annual Children's System of Care Plan, and other objectives as defined by ADHS/DBHS and internal goals of CBH AZ. The following CBH AZ QM/UM Plan outlines the monitoring and evaluation activities that serve as the direction and focus of the QM Program. This affords CBH AZ the opportunity to identify areas in need of performance improvement.

CBH AZ has identified key performance indicators in clinical, non-clinical and operational areas. Measurements for each key indicator are valid and reliable. Results are compared to historical data, ADHS/DBHS performance expectations, industry benchmarks and/or CBH AZ internal benchmarking data. When appropriate, CBH AZ uses quality indicators accepted nationally; for example, HEDIS access to care and effectiveness of care measures and the Mental Health Statistics and Improvement Program (MSHIP). The annual work plan provides additional detail about monitoring and assessment of key performance indicators. In addition to the QM/UM Plan and Work Plan, CBH AZ maintains policies and procedures that are congruent with ADHS/DBHS requirements.

II. Monitoring and Evaluation Activities

A. Provider Monitoring

In keeping with CBH AZ's mission, "Together we can inspire hope for a better life", CBH AZ works collaboratively with providers to monitor and evaluate the services provided to enrolled persons. All providers are required to meet ADHS/DBHS performance standards and reporting requirements. Providers are informed about these requirements through: the CBH AZ Provider Contract; CBH AZ QM/UM Plan; the CBH AZ Provider Manual; CBH AZ Provider Notices; CBH AZ Provider Forums; Quality Management Coordinators Meetings; provider CEO Meetings and CBH AZ Training Programs. Providers may also request technical assistance from the CBH AZ Quality Management Department.

ADHS/DBHS and CBH AZ's monitoring activities are performed by an interdepartmental team that includes various CBH AZ departments; this includes but is not limited to Network Services, Clinical Operations, Data Validation, Finance, and Quality Management. Provider monitoring activities

are designed to promote provider accountability as well as to improve the care and services delivered to Enrollees.

Provider monitoring is conducted through a combination of on-site visits, desk audits and Medical Care Evaluation Studies (for Level 1 Providers) to ensure they are keeping within the established performance measures set forth by ADHS/DBHS. Results of the site visits are shared with providers during an exit interview at the conclusion of the visit. CBH AZ staff invites all invested parties of the provider agency to the exit interview and encourages them to discuss the results of the audit as well as exchange suggestions and ideas that improve consumer care. The results of desk audits are submitted to the provider in writing. CBH AZ is available to meet with the provider to discuss the results of the desk audit, if requested.

All audit findings are presented to the QIC for review and analysis. When problems or areas in need of improvement are identified as a result of a provider monitoring activity, CBH AZ takes action to address the deficiencies and improve provider performance. As a result of the QIC analysis, CBH AZ may request a Performance Improvement Plan to address issues that were found in need of improvement. Performance Improvement Plans define action(s) to be taken, which may include: education; follow-up monitoring/evaluation of improvement; sanctions; and/or terminating the affiliation with the provider. CBH AZ provides technical assistance as needed and tracks and monitors provider's improvement activities. Information relating to this process is included in the providers next monitoring cycle. CBH AZ reserves the right and has processes in place to perform an ad hoc site visit in the event that a focused audit is necessary as a result of concerns identified in a regularly scheduled audit.

CBH AZ conducts regular on site audits of provider performance following a rotating schedule that ensures each provider is audited at least twice per calendar year. A provider audit schedule is attached. CBH AZ considers risk factors and data from previous monitoring, service utilization, problem resolution and other sources when proposing on site monitoring activities and schedules.

1. On-Site Reviews

Medical Record Reviews

The medical record review is performed on-site at provider locations by CBH AZ's QI Specialists and Clinical Operations Licensed Clinicians under the oversight of the QM Administrator and Chief Medical Officer. The review addresses access to care activities, coordination of care with the PCP, the comprehensiveness of assessments, consumer engagement

and re-engagement, service planning and medication management and other topics as defined by ADHS/DBHS and CBH AZ.

The sample size is determined based on the individual provider's monthly enrollment data. The sample size ensures a maximum error rate of less than 10 percent with an 80 percent confidence level. A medical record monitoring tool, based on requirements outlined by ADHS/DBHS, is used to score the required elements in each record audited.

Upon completion of the medical record review, the provider receives a comprehensive "Report Card" that reflects the provider's cumulative score in adhering to the required medical record and documentation practices. The report card indicates specific requirements that met the standards as well as those areas that are in need of improvement. A Provider Mentor Team follows-up with each provider to offer technical assistance to ensure sustained improvement. The Provider Mentor Teams routinely visit provider sites two times per month to provide this focused technical assistance.

Administrative Reviews

This audit is performed on-site to ensure that providers are maintaining compliance with contractual requirements. Documents such as the QM Plan, Cultural Competency Plan, Training Plan and requirements, Disaster Recovery Plan, Heat Plan, Compliance Plan, Dashboard Reports, Corrective Action Plans (if any), and Policies and Procedures are reviewed to ensure they meet the requirements specified in the provider contract.

Upon completion of this review, the provider receives a written report that clearly defines the providers' strengths, areas in need of improvement, and recommendations for provider improvement.

Provider Documentation Conformance Plan Reviews

The Provider Documentation Conformance Review is performed on-site to generate provider ownership of quality improvement processes and is designed to ensure providers have effective processes in place to meet contractual obligations/requirements. The organization's policies and procedures and other applicable documents are reviewed to ensure they meet the standards identified by ADHS/DBHS.

2. Desk Audits

CBH AZ performs desk audits at least annually to ensure that providers are conforming to ADHS/DBHS established performance measures. The desk audit contains a review of information submitted to CBH AZ

including incident accident reports, seclusion and restraint reports, complaint resolutions, satisfaction surveys, morbidities, mortalities, and other information relevant to the provider.

3. Medical Care Evaluation Studies

Medical Care Evaluation (MCE) Studies are used to promote the best use of facilities and services to provide optimum care for persons receiving services. All OBHL Licensed Level 1 providers are required to participate in a Medical Care Evaluation Study. All study topics selected by providers in GSA 2 and 4, are reviewed and approved by the QIC to ensure that the study topic and methodology are valid and meaningful to the population served. The CBH AZ Chief Medical Officer provides assistance and feedback to provider responses to the study.

4. Data Validation Reviews

CBH AZ conducts Data Validation Reviews to ensure that data submitted by providers is accurate and submitted in a timely manner consistent with requirements set forth by ADHS/DBHS and CBH AZ standards. CBH AZ monitors accurate and prompt payment of claims.

III. Performance Measures

CBH AZ is committed to performing quality management activities that are meaningful to consumers, ADHS/DBHS and its contracted providers. In addition to the activities outlined in this plan, CBH AZ partners with ADHS/DBHS in the implementation of its defined performance improvement projects. 2008 ADHS/DBHS performance improvement projects are listed below. Some of these strategies may be modified or enhanced throughout the year to reach the goal of measurable improvement.

A. ADHS/DBHS Performance Improvement Measures

Title XIX/XXI Quarterly Performance Improvement Measures:

- Access to Care/Appointment Availability: For routine assessments and routine appointments. 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).
- Coordination of Care with Acute Contractors/PCP's: The disposition of the referral is communicated to the PCP/ Health Plan within 30 days of referral. Behavioral health service providers communicate with and attempt to coordinate care with the consumer's PCP in compliance with ADHS/DBHS contract requirements.

- Appropriateness of Services: The types and intensity of services, including case management, are provided based on the member's assessment and treatment recommendations.
- Sufficiency of Assessments: Assessments are sufficiently comprehensive for the development of functional treatment plans.

Title XIX/XXI Annual Performance Improvement Measures:

- Member/family involvement: Staff actively engages consumers/families in the treatment planning process.
- Cultural Competency: Consumers'/families' cultural preferences are assessed and included in the development of the treatment plans.
- Symptomatic Improvement: There is evidence of positive clinical outcomes for members receiving behavioral health services.
- Informed Consent: Members and/or parents/guardians are informed about and give consent for prescribed medications.
- Initial/Annual Assessments and Treatment Plans
- Outreach/Follow-up After Missed Appointments

In addition to the performance improvement measures listed above, ADHS/DBHS has requested that CBH AZ monitor the following performance measures:

- Provision of Services in the Recipients Primary Language
- Medication Practices

Children's System of Care Monthly Performance Improvement Measures:

- Collaboration with the Child and Family: Respect and active collaboration with the child and parents is the cornerstone to achieving positive behavioral health outcomes.
- Functional Outcomes: Behavioral health services are designed to aid children to achieve success in school, live with their families, avoid delinquency, minimize safety risks, stabilize the child's condition, and become stable and productive adults.
- Collaboration with Others: When children have multi-agency, multi-system involvement, a joint assessment is developed and a jointly established behavioral health services plan is collaboratively implemented.
- Accessible Services: Children have access to a comprehensive array of behavioral health services, sufficient to ensure that they receive the treatment they need.
- Best Practices: Competent individuals who are adequately trained and supervised to provide behavioral health services that are delivered according to best practices.
- Most Appropriate Setting: Children are provided behavioral health services in their home and community to the extent possible.
- Timeliness: Children identified as needing behavioral health services are assessed and served promptly.

- Services Tailored to the Child and Family: The unique strengths and needs of children and their families dictate the type, mix, and intensity of behavioral health services.
- Stability: Behavioral health service plans strive to minimize multiple placements.
- Respect for the Child and Family's Unique Cultural Heritage: Behavioral health services are provided in a manner that respects the cultural tradition and heritage of the child and family.
- Independence: Behavioral health services include support and training for parents in meeting their child's behavioral health needs, and support and training for children in self management.
- Connection to Natural Supports: The behavioral health system identifies and appropriately utilizes natural supports from the child and parent's own network of supports.

CBH AZ incorporates the Arizona 12 Principles and Wraparound Processes when developing and implementing performance improvement measures connected to the Children's System of Care:

- Family Voice and Choice
- Collaboration with child and family
- Outcome Based
- Functional outcomes
- Collaboration
- Collaboration with others
- Community-based
- Accessible services
- Most appropriate setting
- Timeliness
- Strengths based
- Best practices
- Team based
- Collaboration with the child and family
- Collaboration with others
- Best practices
- Individualized
- Services tailored to the child and family
- Persistence
- Stability
- Independence
- Culturally Competent
- Respect for the child and family's unique cultural heritage
- Natural supports
- Connection to natural supports

B. Consumer Satisfaction

Consumer and provider satisfaction is monitored using multiple data sources to include:

- Evaluation of results of the MHSIP consumer survey conducted by ADHS/DBHS;
- Evaluation of results of the provider survey managed by ADHS/DBHS;
- Evaluation of results of the CBH AZ provider survey;
- Evaluation of results of the Structured Interviews as part of Medical Record Reviews;
- Assessment of trends or patterns of consumer complaints processed by CBH AZ.

C. Safety

Evaluation of issues at both the individual consumer level and at the system level to identify patterns or trends to include:

- Assess investigations of significant incidents and quality of care concerns for individuals to determine if the issue was avoidable; and
- Trend data collected, analyzed and collated in the Morbidity and Mortality Reviews for identification of opportunities for system level improvement.

D. SMI Determination and Notification Process

Determination of SMI designation is a time sensitive process outlined in the Provider Manual, section 3.10. To evaluate and monitor this process, CBH AZ uses several indicators that are routinely monitored. They include:

- Requests for determinations are completed within 3 days of receipt;
- Timeframes for extensions when requested and appropriate;
- Timeliness of processing appeals to include appeal notification; and
- Timeliness of all communications within the process.

E. Financial Operations Performance Measures

CBH AZ monitors claim submissions to ensure the complete, timely, reliable, and accurate encounter submission of claims by providers. The Finance Department monitors the claim/encounter submissions and calculates compliance at regular intervals. Providers who do not meet the requirements set for claim/encounter submissions may be subject to possible sanctions and/or financial withholds.

IV. Potential Quality of Care Concerns

A structured process that includes monitoring and evaluation of potential quality of care concerns is utilized. Elements assessed as part of this process include:

- Identification and routing of potential quality of care concerns;

- Based on the issue, a review that includes internal documentation and medical records when indicated, is conducted by a licensed clinical staff and/or the CBH AZ CMO or designee;
- Using established criteria, the reviewer rates the severity of the issue on a scale of 0,1,2, or 3;
- Suggested actions to be initiated in response to the assigned severity code are listed in the policy up to and including peer review and/or immediate suspension from network participation if there is imminent danger to consumers;
- Potential quality of care issues are tracked in a database;
- Potential quality of care issues are trended with review by the QIC on a quarterly basis;
- Potential quality of care issues are considered in the re-credentialing process.

V. Performance Improvement Activities

CBH AZ participates in performance improvement activities as identified by ADHS/DBHS. These activities include performance improvement projects, consumer surveys, complaint trending, and proxy calls. In addition to these performance improvement activities, CBH AZ also takes action to ensure that its contracted service providers have the necessary education/training/technical assistance, follow up monitoring of performance standards as needed, notification of changes in process or forms, informal counseling when needed to ensure success within each providers quality management programs. CBH AZ assesses the effectiveness of actions taken and maintains formal processes to effectively communicate performance improvement information.

A. Performance Improvement Projects (PIPs)

CBH AZ participates in PIPs identified by ADHS/DBHS that utilize structured methodology and target specific areas for improvement. Projects are considered complete when a year of sustainable improvement has been demonstrated. CBH AZ participates in any and all activities, including interim monitoring, related to the completion of the following PIPs:

- Psychotropic Medication (Poly-pharmacy) - This project was developed to improve psychiatric services provided to consumers in the behavioral health system by increasing the quality of documentation used to justify the use of multiple medications (poly-pharmacy). A product of this project was the “Poly-pharmacy Use: Assessment of Appropriateness and Importance of Documentation” Technical Assistance Document 9, released in May, 2006. ADHS/DBHS and Contractor Medical Directors are responsible for outlining performance improvement activities related to this topic through the Contractor Medical Director’s meetings. Definitions for poly-pharmacy are found in Provider Manual Section 3.15, Psychotropic Medication:

Prescribing and Monitoring. This project is in its third year and remeasurement of performance will be conducted to determine demonstrable improvement as indicated in ADHS/DBHS' initial proposal.

- Child and Family Team (Proposal) - As the use of Child and Family Team practice is key in assisting children and families in the recovery process, this performance improvement project is designed to assist RBHAs in increasing the number of TXIX children served through the CFT process thereby increasing the number of children and families reporting positive outcomes through fidelity to CFT practice and ongoing monitoring and evaluation of CFT implementation.
- Access to Care Standards – 23 day access to care standards are monitored to ensure that standards are being met as required.

B. Consumer Surveys

Mental Health Statistics Improvement Program (MHSIP) Statewide Consumer Survey

Annually, CBH AZ partners with ADHS/DBHS to conduct the Statewide Consumer Surveys (i.e., the Adult Consumer Survey and the Youth Services Survey for Families) incorporating, at a minimum, the MHSIP survey questions. The purpose of the survey is to assess consumer perception of (1) access to services, (2) the quality and appropriateness of services, (3) the outcomes of services, (4) participation in treatment planning, (5) cultural sensitivity, and (6) general satisfaction with services received, in a format that facilitates benchmarking with other states. The results of the survey are used to initiate performance improvement efforts and activities throughout CBH AZ's geographic service areas.

CBH AZ performs activities pertaining to regional survey administration, data collection, data aggregation, and the development of a regional report of survey results. CBH AZ's survey responsibilities include:

- Full participation in all survey focus group meetings coordinated by ADHS/DBHS before, during, and after survey administration.
- Making necessary preparations for survey implementation within GSA 2 and 4 including:
 - Creation of a CBH AZ staffing and implementation plan for the administration of the survey;
 - Communication with subcontracted providers to ensure awareness and active participation in survey activities; and
 - Overseeing logistical arrangements (e.g., copies of surveys and return envelopes) necessary for the administration of the survey.

- Participation in the survey sample selection process through:
 - Provision to ADHS/DBHS of a population data report, summarized according to the parameters agreed upon by survey focus group participants;
 - Random selection of the sample population, according to the sampling protocol;
 - Submission to ADHS/DBHS of the sample population data.
- Distribution of surveys and other relevant material to sample population according to survey protocol.
- Training of the participating subcontracted providers about their role in the administration of the survey and ensuring consistent and correct interpretation of the survey protocol.
- Overseeing consistent implementation of the survey protocol across the participating subcontracted providers.
- Providing periodic updates to ADHS/DBHS on the progress of the survey implementation and discuss administration issues in a timely manner.
- Submitting to ADHS/DBHS the required data files and report updates as follows:
 - Data file on the survey sample frame;
 - Data file of the survey population;
 - Results of the statistical test of representativeness;
 - Mid-term evaluation of the progress of survey administration;
 - Data file containing survey results; and
 - Summary statistics on survey participation.
- Collection of completed surveys, review, and analysis of survey data according to ADHS/DBHS specifications, and development of a CBH AZ survey report that provides a description and analysis of CBH AZ specific results, following the report outline agreed upon with ADHS/DBHS.
- Provision of a survey data file containing survey results to ADHS/DBHS according to a specified format.
- Collaboration with ADHS/DBHS to plan and prepare for future survey cycles.
- Report on the results of the survey to local stakeholders (e.g., consumers, providers, family members).
- Identify patterns, problems, or other issues related to survey results and take corrective action to initiate quality improvement actions as necessary to achieve enhanced consumer satisfaction.

ADHS/DBHS shall compile survey data submitted by CBH AZ, complete a statewide analysis of survey results, and develop a statewide survey report containing MHSIP Consumer Survey results and corrective actions, based on this analysis. The results of the MHSIP Statewide Consumer Survey will become public information and will be available upon request to all interested parties.

ADHS/DBHS will submit the statewide survey report to AHCCCS annually per the AHCCCS contract.

Other Consumer Surveys

In addition to the annual MHSIP Statewide Consumer Survey, CBH AZ providers may perform their own general or focused survey; however, all such surveys must be approved in advance by CBH AZ.

At the direction of ADHS/DBHS, CBH AZ will participate in any additional survey activities as may be required in association with legislative or other special initiatives. CBH AZ shall ensure that subcontracted providers fully cooperate with any such survey activities.

C. Member Services Report

CBH AZ continues to track and trend complaint data on a quarterly basis. Data is stratified by category and subcategories. Data is also analyzed by age range: adult 21 and over, adult 18-20, and child. The complaints are analyzed to identify trends and outliers as they occur. This report is reviewed by the QIC and submitted to ADHS/DBHS as required. The QIC utilizes the complaint information to improve performance within the provider network.

D. Proxy Calls

CBH AZ participates with ADHS/DBHS in proxy calls to a sampling of providers in each GSA. These calls are made by ADHS/DBHS to a sampling of providers to assess the accessibility of service within the provider network. CBH AZ utilizes the results of these calls to improve services within the contracted areas.

E. Outcome Measures

ADHS/DBHS collects data related to outcomes for the child population through its Client Information System. CBH AZ assists in this process by ensuring the required data collection is provided to ADHS/DBHS in a timely manner. The following outcomes are being monitored as a result of this data collection:

Children ages 0-4

- Acceptable emotional regulation
- Is (becoming) ready to learn
- Developing appropriate environmental exploration and adaptation
- Appropriate level of parent child interaction
- Improving family stress level

Children ages 5-17

- Avoid delinquency
- Achieve success in school

- Become stable and productive adults
- Lives with family
- Increased stability
- Decrease in safety risks

National Outcome Measures

CBH AZ reports to ADHS/DBHS on the following outcome measures for all individuals receiving behavioral health services at intake, during the annual anniversary months of the intake date, when changes in the consumer's condition are noted, and at disenrollment. ADHS/DBHS and CBH AZ utilizes this data to improve and enhance the behavioral health delivery system. Outcome measures in the following domains are included in this study:

- Reduced morbidity
- Employment/education
- Crime and criminal justice
- Stability in housing
- Access/capacity
- Retention
- Social connectedness
- Perception of care
- Cost effectiveness
- Evidence-based practices

Prevention Programs

CBH AZ collects, monitors and submits the following data to ADHS/DBHS to assist them in the monitoring of prevention programs. Data is collected in the following areas:

Participants

- Number and demographics of persons served per age, ethnicity, and gender;
- The target population of each program;
- Estimated number and ethnicity of indirect program participants.

Workforce Development

- Number of staff providing prevention services;
- How many have completed requirements for beginning staff;
- How many have completed requirements for advanced staff;
- How many have completed requirements for administrative staff;
- Training workshops offered by CBH AZ for prevention staff.

Program Methodology

- Amount of funds spent in each strategy area per program, using ADHS/DBHS strategy categories;
- Strategies used by each program;

- Bibliographical list of literature informing the program or name of the Nationally Recognized best practice or Model program.

VI. Performance Improvement Strategies

Using the structure described to address the program goals, CBH AZ utilizes multiple performance improvement strategies to improve the quality of services to consumers. Examples of strategies implemented are listed below:

A. Provider Contracting

CBH AZ has structured its provider contracts to include provider compliance with all sections of the Provider Manual. CBH AZ also contractually requires providers to maintain a monitoring process related to the accurate and effective documentation of medical information in consumer's medical records. To maximize provider participation in performance initiatives related to timely access to services, all Intake Agencies are contractually bound to offer evening appointment availability to consumers. CBH AZ routinely conducts administrative audits to monitor providers' level of compliance with contractual obligations.

B. Provider Education and Feedback

Contracted providers routinely interface with consumers and therefore impact all facets of consumer perception: such as access and availability of care and services, awareness of cultural sensitivity, participation in treatment planning, and appropriateness of treatment options. Provider education regarding CBH AZ performance expectations is ongoing. This is accomplished through provider mentoring as well as more structured training programs provided by CBH AZ's Training staff. Provider and system level feedback is provided as part of the ongoing interface between CBH AZ and the provider.

C. ADHS/DBHS Initiatives

Issues identified by CBH AZ as needing performance improvement initiatives may be consistent with system level issues identified by ADHS/DBHS. When this occurs, CBH AZ works in collaboration with ADHS/DBHS and other contracted RBHAs to develop appropriate performance improvement strategies.

D. Consumer Education

CBH AZ participates in consumer education activities through health fairs, community education projects, and other similar activities. Through its consumer advisory groups, CBH AZ solicits and incorporates feedback from community members, and provides education about the system and community resources. Quality concerns and input into the QM program from these forums are provided to the QIC by the Chief Officer of Community and Cultural Affairs/Cultural

Expert for discussion and potential action. CBH AZ maintains offices in Yuma and Florence to better serve consumers in their home areas. CBH AZ also funds prevention activities that include community education that serve to enhance communities.

E. Best Practice/Benchmarking

Evaluation of data requires comparison over time, comparison with ADHS/DBHS established performance targets, and comparison with recognized best practices. CBH AZ utilizes data provided by ADHS/DBHS for comparison as the key-benchmarking tool at this stage of the QM/UM program development.

F. Corrective Action Plans

CBH AZ establishes targeted levels of performance based on historical data and/or best practices or industry benchmarks. After the measurement is completed and results have been compared to the selected performance target, a corrective action process is implemented if the performance goal has not been met. Corrective action plans include assessment of root causes for not meeting the target level of performance, steps planned to implement corrective actions with implementation timeframes and completion dates, and interim goals. Corrective Action Plans follow the PDCA quality improvement structure to ensure performance improvement goals are met, tracked and trended.

G. Mortality and Morbidity Reviews

CBH AZ investigates all incidents resulting in the death of an enrolled member in GSA 2 and 4. During this investigation, CBH AZ identifies the cause of death and other issues that may have been preventable. CBH AZ utilizes its Peer Review Committee to address quality of care concerns that may exist as a result of the investigation. Necessary action is taken when appropriate. CBH AZ also tracks and trends the cause of death in order to identify any areas that may be of concern within the system. CBH AZ works in tandem with ADHS/DBHS to identify and track trends in morbidities and mortalities through a quarterly analysis of incidents/accidents/morbidities/mortalities data. CBH AZ discusses any trends in the QIC in order to determine the best possible performance improvement solutions.

VII. Delegation

CBH AZ may elect to delegate performance of specific activities to qualified entities. When activities are delegated, CBH AZ retains responsibility and accountability for performance of delegated functions. CBH AZ currently delegates credentialing responsibilities to its corporate headquarters.

VIII. Member Rights and Responsibilities

Member rights and responsibilities are defined by ADHS/DBHS and published in the CBH AZ Consumer Handbook. Updates to the Consumer Handbook are submitted to ADHS/DBHS for approval on an annual basis. Distribution occurs as part of the Consumer Handbook distribution process annually. The ADHS/DBHS Rights and Responsibilities document and the Consumer Handbook are also accessible on the CBH AZ web site, www.cenpaticoaz.com. To foster compliance with member rights and responsibilities, CBH AZ evaluates and monitors distribution, potential violations and participates in investigations.

Distribution: Monitoring of receipt of Rights and Responsibilities by consumers is conducted by CBH AZ through regularly scheduled chart audits. The handbook distribution process includes provision of a handbook by the provider when the consumer enrolls. Annual updated versions are distributed to CBH AZ contracted providers and consumers. Using a specified form, the consumer acknowledges receipt of the handbook. Documentation of receipt becomes part of the clinical record. Chart audits conducted by QI Specialists document the presence or absence of the signed acknowledgment.

Identification of Potential Violations: CBH AZ uses multiple processes to identify issues that may be in violation of a consumer's right and responsibilities. Activities include monitoring of complaints in the Client Rights category, monitoring of rights violations/allegations as reported on the Incident/Accident Death Report Form, violations reported via GSA-specific Human Rights Committees, and chart audits regarding consumer notification of their rights and responsibilities.

Investigations: Investigations may occur under the purview of CBH AZ or in collaboration with provider initiating the Incident/Accident Death Report Form, or in collaboration with GSA specific Human Rights Committees.

IX. Medical Records

Maintenance of adequate medical records is essential to delivery of coordinated care. CBH AZ Provider Mentors provide technical assistance to providers to assure compliance with Medical Records Standards for Behavioral Health as documented in the Provider Manual, Section 4.2. Audits conducted by CBH AZ Staff assess provider compliance with non-clinical components of the Medical Records standards such as record format, policies for record retention, storage and release of information.

CBH AZ also takes the necessary steps to respond to a consumer's request to access their protected health information. CBH AZ's process for this activity is based on the specifics outlined in Title 45 of the Code of Federal Regulations (CFR) 164.524 and the AHCCC Chapter 900, Policy 930.

X. Data Quality

CBH AZ has processes in place to verify the accuracy and timeliness of reported data; screens the data for completeness, logic and consistency, and collects service information in standardized data quality formats as part of our provider monitoring programs. Data collected includes elements such as consumer demographics, service utilization, provider characteristics, enrollment/disenrollment, outcome measures, and diagnosis. CBH AZ also complies with the ADHS/DBHS Performance Improvement Specifications Manual which outlines reporting requirements for all QM related data submitted to ADHS/DBHS for calculating performance and other key measures.

To adequately collect, integrate, analyze and report the monitoring components of the QM/UM Plan, CBH AZ uses a variety of software products for data collection and reporting. At a minimum, data collection must capture demographics, provider characteristics, services provided to consumers and other information necessary to guide the selection of and meet the data collection requirements for Performance Improvement Projects (PIPs) and QM oversight. Systems used include but are not limited to the following:

- **AMISYS:** This application is an Oracle-based, transactional database for adjudicating claims, claims processing and encounter determination. It contains modules for storage of provider credentialing and re-credentialing data, provider characteristics, services provided to Enrollees, and limited Enrollee demographic information.
- **ODS:** This Operational Data Storage (ODS) database is a non-transactional data-base and is a replication of data housed under AMISYS in a manner similar to traditional data warehouses. Reports can be generated against this data utilizing tools such as Cypress and/or Business Objects.
- **CCMS:** This Clinical Care Management System (CCMS) is a McKesson product used to process and store requests for authorization of Level 1 services; maintain clinical notes during prior authorization, concurrent and retrospective review processes, and track the receipt, acknowledgment and resolution of complaints. Care Coordinators and complaint coordinators have the ability to trigger the system for performance of subsequent reviews at the time frame identified by the coordinator. Written correspondence can be linked to a record and stored in the CCMS system. Standardized and custom reports can be extracted from this system for all functions performed through the system.
- **CECC:** This CareEnhance Call Center (CECC) system tracks and documents both inbound and outbound calls to the CBH AZ customer care call center and the NurseWise crisis center. The application contains modules to aid NurseWise personnel in the triage of crisis calls.

- ACCESS/EXCEL: These software products are used to maintain data collected for a variety of performance improvement activities; such as, chart reviews, provider office visits, corrective action plans. The QM module in EXCEL is used to create process control charts for improved systematic evaluation of data monitored in the QM/UM plan.
- AVAYA: This software functions as a call distribution system with the capability to produce telephone activity reports, for example: quantity of incoming and outbound calls, average speed of answer and number of callers selecting specific language prompts.
- Centene Intranet: CBH AZ's parent company, Centene, maintains an intranet site available to all employees. This site houses all organizational policies and procedures, information about the corporate ethics policy including the process for reporting potential violations, and policies specific to HIPAA.
- Cenpatco Internet Website: CBH AZ maintains a local website that provides critical information for Consumers and Providers. The website provides a full array of information to assist consumers in obtaining services and providers in the delivery of services. The website also offers providers a secure portal to provide and obtain claims and clinical data to assist the management of services.

XI. Confidentiality and Data Security

Confidentiality and data security extend to written documentation and storage of meeting minutes, Enrollee identifiable protected health information (PHI), and general business information.

Committee Meeting Discussion and Documentation

Quality Improvement Committee activities and related committee documents and data are privileged and confidential information. QIC minutes may be reviewed by outside entities as required by contract or regulatory requirements. Minutes and related documents are distributed only to staff, providers, consumers and family directly involved in specific QM/UM or UM activities or processes. All printed documents except originals are destroyed after the committee meeting, and all minutes and related committee documents and data are maintained in a secured area.

All committee consumers and staff are required to review and sign a confidentiality agreement annually. Provider information reviewed by the Credentialing Committee and the Risk Management Committee is considered privileged and confidential, and this information is maintained in a secure area and is accessible only to staff with a direct need to access this information.

Protected Health Information (PHI)

CBH AZ complies with the requirements of HIPAA, and all CBH AZ staff attend an annual mandatory training on HIPAA regulations and the need to protect confidential protected health information (PHI) pertaining to CBH AZ consumers. CBH AZ's Compliance Department also conducts audits to assure compliance and maintains a PHI Disclosure Log.

Materials presented to and used by committee members do not contain consumer-specific information that would lead to the identification of individual consumers in our system. Data are presented in the aggregate without Enrollee identifiers. When it is necessary to review specific Enrollee information, information is blinded.

Electronic Data Security

Any electronic copies of consumer PHI, provider information, or Quality Management documents are maintained in a secure computer network, where access privileges are linked to a specific username and password. CBH AZ staff are assigned a specific set of access privileges upon hiring, based on their job responsibilities and need for access. Any additional access requires that the employee's supervisor submit a signed access form to the IT department with documentation of the employee's need for access. User access privileges are deleted whenever an employee ceases to be employed by CBH AZ, and any old or outdated CBH AZ computer equipment is memory-wiped prior to being donated or destroyed.

General Security Processes

All employees and contractors are required to sign a confidentiality agreement at the start of their employment, as a condition of their employment. The signed agreement is maintained in their personnel file.

CBH AZ maintains a business continuity plan to guard against any catastrophic loss of data and to ensure data integrity.

XII. Credentialing Program

Credentialing functions are performed by CBH Austin. Credentialing activities are conducted in a manner consistent with AHCCCS Medical Policy 950 and CBH AZ credentialing policies. Individual and organizational providers within the scope of the credentialing program are credentialed prior to the execution of their contract for network participation and every three years thereafter. The Credentialing Program does not discriminate against a health care professional solely on the basis of license or certification or who serves high-risk populations specializing in the treatment of costly conditions.

To enhance Enrollee access to providers who have not completed the credentialing process, CBH AZ follows the ADHS/DBHS and AHCCCS guidelines for Temporary/Provisional Credentialing.

To assure ongoing quality of the network of contracted providers, CBH Austin monitors sanction activity reports produced by Medicare/Medicaid, the Office of Inspector General and the specific licensing board for the provider. If sanctions are identified, the issue is referred to the Chief Medical Officer for review and determination of action steps. Assessment of provider-specific Quality Management data is a component of the re-credentialing process.

Timeliness is a key quality indicator related to the credentialing process. CBH AZ monitors timeliness for completion of initial credentialing; re-credentialing and credentialing for those providers granted Temporary/Provisional Credentialing.

Electronic and paper files are maintained for each provider as part of the credentialing and re-credentialing program.

XIII. Required Reporting Deliverables

CBH AZ creates and analyzes data required to be reported to ADHS/DBHS. CBH AZ incorporates the methodologies, performance standards, reporting frequencies, and quality control measures outlined in the ADHS/DBHS Performance Improvement Specification Manual in all required reporting. To accomplish this task and to assure timely reporting, deliverables have been entered into CBH AZ's reporting software program Compliance 360. Prior to submission of these reports to ADHS/DBHS, reports are reviewed for accuracy, data are analyzed and internal follow-up actions identified and assigned.

CBH AZ prepares reports and deliverable documents according to requirements and timelines defined in ADHS Contract No. HP532003-002 RHBA Services.

XIV. Policies and Procedures

CBH AZ maintains policies and procedures that relate to all aspects of the Quality Management Program. The QM Policies and Procedures include:

- CBH.AZ.QI.001 QI Evaluation of Consumer Satisfaction
- CBH.AZ.QI.002 QI Evaluation of Accessibility of Services
- CBH.AZ.QI.003 QI Evaluation of Provider Satisfaction
- CBH.AZ.QI.004 QI Action Plan Development
- CBH.AZ.QI.005 QI Documentation Cycle
- CBH.AZ.QI.006 Performance Improvement Activities/Projects
- CBH.AZ.QI.007 Incidents, Accidents and Deaths
- CBH.AZ.QI.008 Monitoring Medical Record Keeping
- CBH.AZ.QI.009 Adverse Events/.Occurrences, Quality of Care

- CBH.AZ.QI.010 Consumer Enrollee Complaint Process
- CBH.AZ.QI.011 Provider Investigations
- CBH.AZ.QI.012 Peer Review Corrective Action
- CBH.AZ.QI.013 Urgent Response to Consumer Safety Issues
- CBH.AZ.QI.014 Monitoring Seclusion and Restraint Use
- CBH.AZ.QI.015 Mortality Review

XV. Annual Evaluation of the Quality Management Plan

To conduct the monitoring and evaluation activities listed above, CBH AZ uses a variety of data collection tools and processes. Examples of the tools and processes used are listed below. Additional data collection methodologies may be developed that are activity specific.

File/Medical Record Audits

File and medical record audits are conducted to:

- Review CBH AZ sub-contracted agencies' compliance with overall delivery of care and services consistent with identified performance indicators contained in the HSAG Independent Chart Review;
- Measure fidelity to the 12 Principles using the Child and Family Team Process Measurement;
- Measure compliance with requirements outlined in Chapter 940 in AHCCC's Medical Policy Manual and CBH AZ policy;
- Measure compliance with specific areas; such as, informed consent.

ADHS/DBHS Structured Reports

CBH AZ receives reports from ADHS/DBHS to include results of the Administrative Review, MHSIP, and Children's System of Care Review. On receipt of results, the QIC and EMT evaluate reported performance, compare performance to benchmarks and establish a plan of action to include measurable performance improvement strategies, implementation steps, and timeframes. Interim performance improvement goals may be established where indicated.

CBH AZ submits contractually required reports, including showing reports, member services reports (quarterly trending of consumer complaints), evaluations of medical care evaluation studies, and other reports that may be required including analyses of Child and Family Team Process. CBH AZ also collects and reviews prevention data monitoring and collection activities to ensure the efficacy and accountability of prevention programming. Before delivery, reports are evaluated for content and accuracy. Delivery dates and report specifications required by ADHS/DBHS are tracked in the QM and Compliance departments to assure timely delivery of correctly constructed reports.

Internal Operational Reporting

CBH AZ has developed reporting templates to assist in the ongoing monitoring of operational activities. The QIC or the designated sub-committee reviews these dashboard reports. Reports include comparative data to improve identification of issues that require further analysis or corrective action plan development.

Internal Tracking Logs

Tracking logs are tools utilized by ADHS/DBHS to collect data that is time sensitive and/or track processes having multiple sequential steps. CBH AZ submits these logs as requested. When a tracking log is requested by ADHS/DBHS relating to quality improvement measures, CBH AZ includes the results of these logs in their annual QM Plan review.

Utilization Management Plan

I. Introduction

The Utilization Management (UM) program is designed to make informed clinical decisions based on UM data, implement behavioral health service initiatives through oversight of system trends, and monitor and manage over- and under-utilization of covered behavioral health services in Arizona's public behavioral health system.

Structure for the CBH AZ UM Plan is defined by CBH AZ Policies and Procedures as outlined in the ADHS/DBHS Provider Manual - CBH AZ Edition, the ADHS/DBHS Policies and Procedures, the AHCCCS Medical Policy – Chapter 1000 Utilization Management, the CBH AZ Contract with ADHS/DBHS, and the Covered Services Guide. An overview of CBH AZ administrative activities relating to Utilization Management is outlined below.

II. Administrative Oversight

UM activities are administered through a clear and appropriate administrative structure. The EMT oversees all actions of the UM Program. The Chief Medical Officer is charged with implementation and management of UM activities and improvement initiatives. In order to effectively communicate UM related activities, UM functions are discussed in the QIC as defined in the QM Plan. The UM Committee reviews and analyzes utilization data and reports to the QIC.

Utilization Management Staff

The UM Plan is under the direction of the Chief Medical Officer. Credentials required for decision-making staff are specified in the CBH AZ Position Descriptions. Position Descriptions outline requirements for education, experience and training. Decisions to deny, reduce or terminate services are made by a physician.

The UM Manager and CBH AZ Care Managers work with Level 1 facilities. They are licensed behavioral health professionals, at the independent practice level, in Arizona. Each has extensive experience in various behavioral health treatment services and settings. The Care Coordinator is an unlicensed staff person that supports the UM Department with various needs.

CBH AZ employees who conduct utilization management activities are compensated through hourly fees or salaried positions. CBH AZ does not permit or provide compensation or incentives to employees or agents based on the amount or volume of adverse determinations, reductions, or limitations on lengths of stay, benefits, services, or frequency of contacts with health care providers or members.

UM staff and physician advisors sign an attestation upon hire/contract stating they understand conflict of interest policies such as no incentives for UM decisions.

As part of the annual performance evaluation of all staff members, UM staff is evaluated on functions relevant to their job responsibilities. For UM decision-making staff, these functions include timeliness of UM decisions and notifications, accuracy and consistency of UM decision-making based on the appropriate medical necessity criteria

Utilization Management Committee

The CBH AZ UM Committee (UMC) meets monthly and is tasked with the review, analysis and management of utilization data in order to identify trends and outliers of over and under utilization. The UMC implements medical necessity criteria as established by ADHS/DBHS, adopts and disseminates evidence-based practice guidelines, provides oversight of care coordination and implements and reviews provider Medical Care Evaluations (MCE). The UMC reviews program objectives and UM Policies and Procedures annually and recommends revisions based on ADHS/DBHS policy changes, provider manual revisions, or updates to the CBH AZ UM Plan and/or Work Plan. The UMC takes an active role in the implementation of any new UM procedures to ensure key staff and providers are informed of the most current requirements. Detailed minutes are maintained to document the committee's discussions, actions and follow-up items.

The UMC is chaired by the Chief Medical Officer. In the CMO's absence, a CBH psychiatrist will chair the committee meeting.

Functions of the Utilization Management Committee:

- Tracks trends in utilization of services to identify patterns of over or under utilization,
- Reviews and implements medical necessity guidelines as established by ADHS/DBHS,
- Implements and reviews MCE studies,
- Provides utilization management data to the EMT and providers through the Network department, and
- Oversees compliance with federal, state and local regulation related to Utilization Management.

UMC membership includes the following:

Chief Medical Officer, Vernon Barksdale, MD

Dr. Barksdale has practiced Adolescent, Adult and Addiction Psychiatry in Arizona since 1989. His work experience includes Medical Director of inpatient care, as well as outpatient treating Psychiatrist for community based mental health clinics. He has extensive experience in research, and management of socially complicated

Psychiatric patients. Dr. Barksdale received his Psychiatric training from The Johns Hopkins University, after graduating from their joint degree program in Medicine and Public Health. He is Board Certified in Psychiatry and ASAM certified in Addiction Medicine.

UM Manager, Heather Koch, LPC

The UM Manager is a licensed professional counselor with 16 years of behavioral health experience and 11 years of utilization management experience in the managed behavioral health arena.

QM Administrator, Lorraine Harrington, MS

The QM Administrator has a bachelor's degree in Social Work and a master's degree in Healthcare Information Management. She has over 20 years of experience in the behavioral healthcare industry including direct service, utilization management and the implementation of electronic medical records.

Clinical Operations Administrator, Emily Wetter, LPC

The Clinical Operations Administrator has 30 years of experience in the human services field. She is a licensed professional counselor with many years of experience with behavioral health services for children and families.

Manager of Emergency Services, Laurel Rettle, LPC, LISAC

The Manager of Emergency Services has over 20 years of behavioral health experience in both public and commercial managed care. She is a licensed professional counselor as well as a licensed substance abuse counselor.

Recovery and Resiliency Advisor, Larry Belcher, MA, CAGS, CPRP

The Recovery and Resiliency Advisor has over 17 years of experience in recovery practices, programs and networking in both the public and private behavioral health systems throughout the US. He is currently working with Cenpatco to instill recovery philosophies and practices to not only the people we serve, but providers and staff as well.

Provider Representation

CBH AZ has begun recruiting efforts for provider representation for the Utilization Management Committee. Our goal is to have representation from several agencies in both geographical service areas.

III. Utilization Management Records and Documentation

CBH AZ keeps records reports and data to document the UM activities. UM activities are documented in various formats. The UM Committee's agenda's, meeting minutes, Summary Reports, and reports to the QIC are all kept in online folders as are the UM Team agendas. UM Policy and Procedures are housed in CNET, corporate intranet file, as well as in a CBH shared drive. UM review

activities are stored electronically in the CBH CCMS online information system. All of these processes are made available to ADHS/DBHS upon request. Documentation includes at minimum:

- A. Policies and Procedures;
- B. Reports;
- C. Practice guidelines;
- D. Standards for authorization decisions;
- E. Work products resulting from clinical reviews (e.g. clinical concurrent review notes, PA reviewer notes if applicable);
- F. Meeting minutes including analysis, conclusions and actions required;
- G. Corrective action plans resulting from the evaluation of a component of the UM program such as interater-reliability;
- H. Other information and data appropriate to support changes made to the scope of the UM Plan and program.

IV. Policies and Procedures

CBH AZ maintains policies and procedures that relate to all aspects of the UM Program. The UM Policies and Procedures include:

- CBH.AZ.UM.001 Behavioral Health Services Authorization
- CBH.AZ.UM.002 Qualifications of UM Personnel
- CBH.AZ.UM.003 Coordination of Care
- CBH.AZ.UM.004 Inter-Rater Reviewer Reliability: Consistency of UM Guideline Application
- CBH.AZ.UM.005 Concurrent Review
- CBH.AZ.UM.006 Post-Service Review
- CBH.AZ.UM.007 Denial of Request for Service Authorization
- CBH.AZ.UM.008 Notice of Action for Denial of Request for Service Authorization
- CBH.AZ.UM.009 Appeal Review and Timeframes
- CBH.AZ.UM.010 UM Information Management
- CBH.AZ.UM.011 Standards for Discharge Planning
- CBH.AZ.UM.012 Utilization Management Audits
- CBH.AZ.UM.013 IMD Monitoring

V. Scope and Components of the UM Plan

CBH AZ develops and implements processes to collect, monitor, analyze, evaluate and report utilization data. The UM Committee reviews and analyzes data, interprets the variances, reviews outcomes and develops and approves interventions based on findings in GSA 2 and 4. The following activities are implemented to ensure the efficient utilization of services:

A. Concurrent Review

The UM care managers conduct telephonic concurrent reviews on all Level I admissions. UM reviews are conducted on the last covered day of service, except for RTC where reviews are conducted 1 day prior to the last covered day. Data relevant to utilization review is requested and reviewed for continued stay determinations. The complete concurrent review process is documented in CCMS.

CBH AZ has UM policies and procedures in place for each phase of the utilization review process. The UM team adheres to the UM determination timelines outlined in the ADHS/DBHS Provider Manual, Section 3.14 or as may be amended by ADHS/DBHS. Admission reviews are conducted within one business day of the initial notification from the Level I facility.

Discharge planning is addressed at the point of admission and the UM Team actively communicates with the appropriate agencies and key provider staff to ensure that this process is being pro-actively pursued. CBH AZ inter-agency liaisons are utilized as warranted to increase productivity and reduce delays in the discharge planning process.

The UM team diligently tracks the submitted certifications of need and re-certifications of need for timeliness and comprehensiveness. CBH AZ also generates a quarterly Showing Report that logs the submission of these documents, per the ADHS/DBHS guidelines. Facilities and providers that indicate a trend of late submission of either CONs or RONs receive technical assistance from the UM team.

Inter-Rater Reliability

Inter-rater reliability assesses consistency in application of approved clinical guidelines. CBH AZ utilizes a multi-level approach to promote inter-rater reliability. Steps in the oversight process are both formal and informal. They include:

- New employee orientation to written criteria consistent with ADHS/DBHS requirements;

- Ongoing employee education at weekly collaboration meetings with utilization management care managers, medical directors, and clinical operations staff to discuss outlier cases and to identify system barriers to effective and safe discharge;
- Ad-hoc consultative reviews of problem/complex cases by UM clinicians with the medical directors; and
- Annual measurement of the level of agreement among utilization management staff with regard to the consistent application of utilization management medical necessity criteria.

B. Prior Authorization and Service Authorization

Prior authorization is applied to planned Level I admission requests and conducted by the UM Care Managers. There is no prior authorization for emergency services. Since this process is only applied to Level I services, the timelines appropriate for urgent service needs, as outlined and described in the ADHS/DBHS Provider Manual, Section 3.14 or as may be amended by ADHS/DBHS are adhered to.

CBH AZ requires the provider who is requesting the Level I service, on behalf of a consumer, telephonically discuss the medical necessity of the admission with the UM Team. The criteria for decisions on coverage and medical necessity are based on reasonable medical evidence or a consensus of relevant behavioral health care professionals and are fully documented in CCMS with the corresponding CON attached to the consumer's file.

C. Retrospective Review

Retrospective review is applied in two instances: after emergent Level I admissions have occurred to ensure that prudent layperson medical necessity guidelines were met; and when a facility submits a complete Level I record for review due to lack of timely contact from the facility or when the consumer did not initially have Level I benefits during the course of an admission.

Retrospective review of emergent admissions occurs within one business day of the initial contact from the Level I facility. Retrospective record-review determinations are concluded within 30 calendar days of the date-stamped receipt of the medical record at CBH AZ.

D. Adoption and Dissemination of Practice Guidelines

CBH AZ adopts and disseminates as needed, evidence based clinical practice guidelines and Clinical Guidance Documents as published and distributed by ADHS/DBHS. If/when CBH AZ identifies the need for adoption of additional evidence based clinical guidelines to better serve the

Enrollee population, CBH AZ works with ADHS/DBHS in the adoption and dissemination of these additional guidelines. CBH AZ adopts practice guidelines that:

- Are based on reliable clinical evidence or a consensus of health care professionals in the behavioral health field;
- Are consistent with the needs of the population served;
- Are adopted in consultation with contracting health care professionals and National Practice Standards;
- Are disseminated to all affected providers; and
- Provide a basis for consistent decisions for utilization management, member education, and coverage of services.

E. Medical Technologies

CBH AZ's UMC reviews and evaluates the use of new technologies and new uses for existing technology from a systemic view point as well as provisions for a case by case basis. These evaluations are based on peer-reviewed literature from well-designed investigations reproduced by nonaffiliated authoritative sources. Evaluations for the use of medical technology have measurable results and come with positive endorsements by national medical bodies or panels regarding scientific efficacy and rationale. CBH AZ maintains policies and procedures that establish coverage rules, practice guidelines, payment policies, utilization management, and oversight to ensure consumer's needs are met when adopting new medical technology.

In addition, the CBH AZ Pharmacy and Therapeutics Committee is charged with ongoing identification and evaluation of new and approved psychotropic medications to add to the CBH AZ Formulary (upon appropriate approval). This committee is also responsible for identification and resolution of barriers that would prohibit or limit access to these medications.

F. Care Coordination

Care facilitation and post-discharge includes outbound telephonic outreach to members and/or practitioners at routine intervals to assist with referrals, schedule appointments, monitor compliance with the after care plan and to ascertain whether appointments are kept. Care facilitation is conducted by NurseWise who tracks consumers in need of additional support after discharge. Care management staff provide the initial consumer specific information to NurseWise on or before the day of discharge to maximize a successful transition of care.

Consistent with the requirements outlined in AHCCCS Medical Management Plan, Chapter 1000, CBH AZ staff facilitates care for consumers by assisting them access appropriate services. During this process, CBH AZ staff considers the unique needs of the consumer including any special care needs, risk factors or chronic conditions that may have an effect on placement.

Disease and Chronic Illness Management

CBH AZ partners with ADHS/DBHS to assist them in providing oversight of services offered in situations related to Disease and Chronic Illness Management. The following programs involve services provided to special populations:

- Specialty Programs/Services for Women and Children;
- Children Under the Care of the State; and
- Special Assistance for Persons Determined to have a Serious Mental Illness.

G. Drug Utilization Review

CBH AZ's Pharmacy Administrator works in tandem with the Chief Medical officer to review the prescribing, dispensing and use of medications. This process assures that all medications are clinically appropriate, safe, and cost effective. Criteria for decisions relating to coverage and medical necessity of prescribed medications are documented and based on the strength of scientific evidence and standards of practice that include but are limited to peer reviewed medical literature; outcomes research data, official compendia, or published guidelines developed by and evidenced-based process.

The Pharmacy Administrator conducts a retrospective drug use review to detect patterns in prescribing, dispensing, or administering drugs to prevent inappropriate use or abuse and to serve as a means of developing prospective standards and target intervention. Therapeutic appropriateness, over and under utilization patterns, use of generic products, therapeutic duplication, contraindication, drug-drug interaction, incorrect duration of drug treatment, clinical abuse or misuse are also trended. When negative or adverse trends are discovered, the Pharmacy Administrator and the Executive Management Team take appropriate action(s) as necessary. CBH AZ educates providers and contracted professionals on common drug therapy problems based on utilization patterns.

Drug utilization monitoring is incorporated in various reports and reported up to the Cenpatico Pharmacy and Therapeutics Committee. The Cenpatico Dosing Report is a monthly report that identifies a prescriber with consumers that are dosed with over or under or within FDA daily

dosing requirements. The prescribers are reviewed by the Cenpatico P&T Committee regarding their utilization trends. In addition, an expanded report detailing the consumers written by the prescriber that fall outside the daily dosing limits are examined by the Cenpatico P&T Committee. These two reports work in tandem to understand prescriber utilization and to document a process to address over and under utilization with the prescriber. A prescriber dashboard report was developed to assist and identify prescribers with utilization in the atypical antipsychotic categories as well as high dollar medication utilization. A polypharmacy and generic drug utilization report is provided to the provider on a quarterly basis. A summary report is provided to the Cenpatico P&T for review and any further follow up.

CBH AZ complies with all requirements regarding drug utilization and review as documented in the ADHS/DBHS Provider Manual, Sections 3.15, 3.11, and 9.0.

VI. Utilization Management Activities

In addition to the UM Plan components described above, CBH AZ also implements the following processes to monitor UM activities.

A. Assessment of Over-Utilization and Under-Utilization

Through analysis of monitoring reports, CBH AZ assesses potential over-utilization or under-utilization. Comparison of utilization data for populations in GSAs 2 and 4 with comparable populations and with historical utilization data assists in targeting specific levels of care, diagnoses or network providers for further analysis. CBH AZ will review delivery of direct support services, support and rehabilitation services and compare these data to the utilization of treatment services. In addition, CBH AZ will monitor the use of congregate care. As additional data are collected, CBH AZ utilizes internally generated reports and data sheets to produce trending reports that have the capacity to identify normal variances in the process and those variances that indicate a potential system level issue.

B. Notification Timelines

CBH AZ adheres to decision-making and decision notification timeframes as outlined in the Provider Manual, Section 5.1. The Notice of Action form, PM 5.1.1, is available in appropriate languages and is available in alternative formats, when required, to include; Braille, large print, and enhanced audio. Detailed data to demonstrate compliance with routine and expedited authorization processes are maintained in the medical management department with a summary report provided to the QIC.

When timeframes have not been met, the medical management department submits a corrective action plan for QIC review.

Timeframes tracked by Grievance and Appeals staff for notices of action sent by CBH AZ include:

- For standard requests: 14 days;
- For expedited requests: timeframe consistent with the urgency of the request but not to exceed three working days of the request;
- If requested, a 14 day extension is granted with notification to the requestor and the consumer that the extension was granted;
- When an expedited appeal is received, the timeframe for resolution of the appeal is 3 working days;
- When a request for an expedited appeal is denied: written notice within 2 calendar days;
- The 3 day timeframe for processing an expedited appeal may be extended up to an additional 14 days if additional information is needed or the extension is the best interest of the consumer;
- Requests for a State Fair Hearing must be received in writing no later than 30 days after the date the person received the Notice of Appeal Resolution.

If service is terminated, suspended or reduced, the Notice of Action or Decision is sent at least 10 days in advance of the date of the action unless criteria specified in the Provider Manual are met. Service continuation during the State Fair Hearing process follows guidelines outlined in the Provider Manual. Special consideration is given for consumers with SMI.

Additional indicators include provision of appeal notices when a non-covered service results in a claims denial. Chart audit reviews are conducted to monitor the filing of a copy of the notice in the clinical record of the person requesting or receiving services.

C. Appeals of Actions

CBH AZ Grievance and Appeals department processes appeals in strict accordance with procedures in the Provider Manual outlining the ADHS/DBHS requirements. The CBH UM department works closely with the Grievance and Appeals team to resolve and render determinations on appeals related to UM determinations.

As part of the appeals process, the Enrollee, provider, or facility rendering service has the opportunity to submit written documentation, comments, records, and other information relating to the case. The individuals considering the appeal take into account all information regarding the case whether or not the information was available at the time of the original determination. CBH AZ maintains a record of all appeals activity,

including information about the Enrollee, the provider, the service in question, and the dates of appeal reviews, documentation of actions taken and final resolution.

Written notifications of appeal determinations include an explanation of the reason for the determination and information about appeal initiation process and rights

D. Claims and Encounter Data Validation Reviews

Oversight of the accuracy of claims and encounter data is monitored through data validation activities. Data validation audits to ensure that services that were encountered were in fact, provided to consumers are conducted. When concerns are discovered, providers receive technical assistance and training if needed. Outliers are reported through the Compliance Committee for potential follow-up activities.

E. Medical Care Evaluation Studies

Medical Care Evaluation (MCE) Studies are used to promote the best use of facilities and services to provide optimum care for persons receiving services. All OBHL Licensed Level 1 providers are required to participate in a Medical Care Evaluation Study. All study topics selected by providers in GSA 2 and 4, are reviewed and approved by the QIC to ensure that the study topic and methodology are valid and meaningful to the population served. The CBH AZ Chief Medical Officer provides assistance and feedback to provider responses to the study.

F. Urgent and Emergent Triage Services

NurseWise clinical staff provides appropriate telephonic evaluation, referral, and triage services for members who call with an urgent or emergent need for behavioral health care. Standardized procedures are used by Customer Service Representatives (CSRs), who are trained to identify situations where a caller is in need of urgent or emergent consultation with a mental health professional. Based upon completion of training for their job function, CSRs are qualified to determine that a caller needs to speak with a mental health professional and to immediately transfer the caller to an appropriate clinical staff member. The staff member does not attempt to provide a full diagnostic assessment or intervention over the telephone. The goal is crisis management, de-escalation, and referral of the member to an appropriate level of care in a timely manner. The clinical staff member is trained to keep the caller on the line while providing crisis management, to evaluate the appropriate level of care (e.g., inpatient vs. outpatient) based on the caller's

presentation, and to arrange for the caller to receive services in a timely manner.

G. Level 1 Service Reviews

The CBH UM team conducts all Level I service reviews which include prior authorization, concurrent review, discharge planning, and retrospective review. The UM team is comprised of the UM Manager, care managers, and behavioral health coordinators. The CBH UM team involves a medical director, or designee, when the clinical data provided to support a Level I service does not appear to meet the ADHS/DBHS medical necessity criteria. Reconsiderations are offered whenever a medical director, or the designee, determines the medical necessity criterion is not met.

H. Medical Necessity Determinations

A Notice of Action is issued when CBH AZ does not authorize a requested service, requiring prior authorization, for Title XIX or XXI members. A Notice of Decision is issued when CBH AZ does not authorize a requested service, requiring prior authorization, for a member determined to have a serious mental illness (SMI). Only the CBH AZ Chief Medical Officer or his/her appropriately qualified and licensed designee can issue a notice of action (denial) for lack of medical necessity. Providers have access to consultation with peer reviewers for any non-certification decision; if the original peer reviewer is not available, CBH AZ will make another peer reviewer available for consultation. When a determination to deny coverage is made, CBH AZ sends a written notice, which includes the principal reason for the action, a written description of the appeals procedure by which an Enrollee has the right to appeal the utilization review determination, and the toll free telephone number to request a review of the determination or obtain further information about the right to appeal.

UM staff may issue administrative denials in certain instances including but not limited to: if/when a requested service is outside the scope of benefits, or the Enrollee is not eligible for services. This process is outside that for Notices of Actions or Decisions and an ADHS/DBHS approved Provider Notification letter is issued.

I. Medical Necessity Criteria

CBH AZ uses explicit, written clinical review criteria and review procedures outlined and described in the ADHS/DBHS Provider Manual, Section 3.14 or as may be amended ADHS/DBHS, to conduct utilization review activities for admission to inpatient and residential care. CBH AZ

complies with all applicable Medicare and Medicaid regulations. Appropriate guidelines are shared with CBH AZ staff as part of their training and orientation, and with practitioners and facilities through the Provider Manuals. CBH AZ staff has copies of the appropriate criteria sets readily available for reference during the course of day-to-day utilization management activities.

J. Discharge Planning and Referral Management

CBH AZ conducts discharge planning and referral management in accordance with the ADHD/DBHS Provider Manual, Section 3.3, *Referral Process*. CBH AZ monitors providers in GSA 2 and 4 to ensure discharge planning and referral services are performed in compliance with ADHS/DBHS requirements. The result of this review is discussed with provider staff and recommendations are given to those providers who do not meet the required standards in this area. CBH AZ also monitors complaints, grievance/appeals, morbidity and mortality reviews to ensure provider compliance. Appropriate follow up actions are taken when necessary.

K. Utilization Data Analysis and Data Management

The UM Data Analyst gathers and organizes all UM data elements into usable UM reports for each GSA. A monthly summary analysis is conducted and shared with the monthly UM Committee meetings along with the UM Datasheets.

A quarterly analysis of outlier data is conducted to better identify any under- and/or over- utilization trends so that appropriate interventions can be developed with UMC oversight.

VII. Conflict of Interest

CBH AZ defines conflict of interest as participation in any review of cases when objectivity may not be maintained. No individual may participate in a quality of care or medical necessity decision regarding any case in which he or she has been professionally involved in the delivery of care. No individual may make denial determinations if he or she has or is perceived to have a conflict of interest such as having participated in developing or executing that Enrollee's treatment plan or being a member of the Enrollee's family. Physician reviewers may not participate in decisions on cases where the physician reviewer is the consulting physician or where the physician reviewer's partner, associate or relative is involved in the care of the Enrollee, or initial first level review. In addition, physician reviewers may not participate in any case where a financial incentive may be involved.

VIII. Utilization Management Plan Annual Evaluation

A comprehensive Utilization Management Program requires ongoing oversight and active management of the appropriateness and utilization of services delivered by network providers. As part of the Utilization Management program, CBH AZ completes an annual evaluation of the previous year's activities. This information is used to establish performance benchmarks for upcoming years, identify activities that should be completed and bring action items forward to the next year. These activities are outlined in the QM/UM Plan Evaluation and include the following components at minimum:

- A.** A summary of activities performed throughout the year with:
 - The title/name of each activity;
 - The goal and/or objective related to each activity;
 - Departments and staff positions involved in the activities;
 - A statement describing whether or not the goals/objective were met completely, partially, or not at all; and
 - Actions to be taken for improvement.

- B.** Trends identified through UM activities and resulting actions taken for improvement.

- C.** Rationale for changes in the scope of the UM Plan.

- D.** Review, evaluation and approval by the UM Committee of any changes to the UM Plan;

- E.** Necessary follow up with targeted timelines for revisions made to the UM Plan.

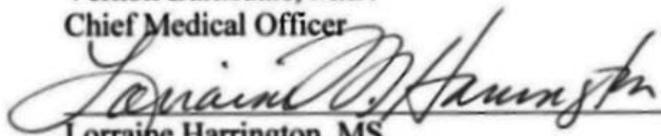
A Note from the Quality Management Administrator:

I accepted the position of Quality Management Administrator for Cenpatico Behavioral Health of Arizona (CBH AZ) in early November 2007. I am committed to meeting the challenges and am excited to be a part of the Team incorporating quality at every level at CBH AZ. I have confidence that the Executive Management Team is genuinely dedicated to delivering quality services to the people we serve and are, in fact, doing so. I am certain that in the coming year the CBH AZ Quality Management Department will be able to demonstrate this commitment and exceed expectations. I look forward to administering our 2008 Quality Management/Utilization Management Plan.

Lorraine Harrington, MS
Quality Management Administrator

CBH AZ APPROVALS

The CBH AZ QM/UM Plan was reviewed and approved by the QIC Committee as follows:

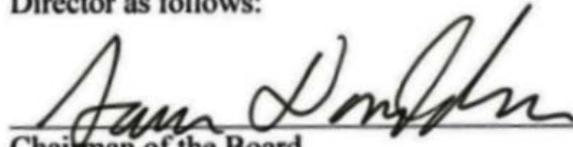
Vernon Barksdale, M.D.
Chief Medical Officer


Lorraine Harrington, MS
Quality Management Administrator

Date
11/28/07

Date

The CBH AZ QM/UM Plan has been reviewed and approved by the CBH AZ Board of Director as follows:



Ann Douglas
Chairman of the Board

11/28/07

Date

Cenpatico Behavioral Health of Arizona

2008 Administrative & Clinical Chart Review Schedule

Agency	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
PROVIDENCE GSA 2 & 4	Week of 1.7 GSA 4						Week of 7.7 GSA 2					
ACTS Yuma			Week of 3.10						Week of 9.8			
CORAZON Casa Grande				Week of 4.28						Week of 10.20		
HORIZON Casa Grande				Week of 4.7						Week of 10.6		
CPLC GSA 2 & 4			Week of 3.3 GSA 2						Week of 9.15 GSA 4			
CRM Yuma					Week of 5.26						Week of 11.17	
CIA Yuma					Week of 5.12						Week of 11.3	
EXCEL Yuma/Parker	Week of 1.15 Yuma						Week of 7.14 Parker					
AZCA GSA 2 & 4			Week of 3.31 GSA 2						Week of 9.22 GSA 4			
SMMHC Apache Junction		Week of 2.11								Week of 8.11		
YTC Yuma		Week of 2.18								Week of 8.18		

Cenpatico Behavioral Health of Arizona

2008 Administrative & Clinical Chart Review Schedule

Agency	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
PHC Coolidge		Week of 2.4						Week of 8.4				
HELPING ASSOC Casa Grande			Week of 3.24						Week of 9.29			
SWBH- RIM Payson						Week of 6.16						Week of 12.8
MIKID Phoenix				Week of 4.21						Week of 10.13		
Child & Family Svcs Yuma	Week of 1.28						Week of 7.21					
Park Place AZ City		Week of 2.25						Week of 8.25				
Triple R Phoenix					Week of 5.5						Week of 11.10	
Red Mtn Respite Mesa						Week of 6.9						Week of 12.15