LAKE COUNTY
BEHAVIORAL HEALTH

Quality Improvement Work Plan

Fiscal Year 2017-2018

FINAL 11/14/2017

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I. QUALITY IMPROVEMENT PROGRAM OVERVIEW

A. Quality Improvement Program Characteristics

The function of the Quality Improvement Work Plan is to plan and monitor compliance with the Lake County Behavioral Health (LCBH) program goals regarding access to services, improvements to service delivery, and enhancements to quality of care. This purpose is accomplished by following a planned and systematic process of collecting data, setting objectives, and monitoring progress.

Monitoring quality improvement, compliance activities, and consumer rights issues occurs through regular management oversight, as well as through Quality Improvement Committee (QIC) reviews. Feedback is also obtained through the following:

- Consumer, youth, and family surveys
- Utilization review activities
- Chart audits
- Medical peer review
- Regular QIC and Compliance Program Committee meetings
- Management meetings
- Mental Health Board (MHB) review
- Review of consumer and provider complaints
- Review of special incidents
- Periodic clinical training

The FY 2017-2018 Quality Improvement Work Plan includes activities as required by the Mental Health Plan (MHP) contract with the California Department of Health Care Services (DHCS). Quality improvement (QI) projects, whenever possible, incorporate the processes outlined in the contract between LCBH and DHCS. These processes include:

- Collecting and analyzing data to measure access, quality, and outcomes, against goals or identified prioritized areas of improvement,
- Identifying opportunities for improvement and determine which opportunities to pursue,
- Designing and implementing interventions to improve its performance,
- Measuring the effectiveness of interventions, and
- Integrating successful interventions in the service delivery system, as appropriate.

It is the goal of LCBH to build a structure that ensures the overall quality of services. This goal is accomplished by realistic and effective quality improvement activities and data-driven decision making; collaboration amongst staff, including consumers and family members; and utilization of technology for data analysis. Through data collection and analysis, significant trends are identified; and policy and system-level changes are implemented, when appropriate.

B. Quality Improvement Annual Work Plan Components

The Annual Work Plan for Quality Improvement activities of LCBH provides the blueprint for the quality management functions designed to improve both client access and quality of care. This Plan is evaluated annually and updated as necessary.

The LCBH Annual QI Work Plan includes at least the following components:

1. An annual evaluation of the overall effectiveness of the QI Program, utilizing data to demonstrate that QI activities have contributed to meaningful improvement in clinical care and client services;
2. Objectives and activities for the coming year;
3. Previously identified issues, including tracking issues over time via data analysis; and
4. Activities for sustaining improvement.

The QI Work Plan is posted on the LCBH website, and is available upon request. It is provided to the External Quality Review Organization (EQRO) during its annual review of the LCBH system. The QI Work Plan is also available to auditors during the triennial Medi-Cal review. This Quality Improvement Plan ensures the opportunity for input and active involvement of clients, family members, licensed and paraprofessional staff, providers, and other interested stakeholders in the Quality Improvement Program. The QI members participate in the planning, design, and execution of the QI Program, including policy setting and program planning. The Plan activities also serve to fulfill the requirements set forth by the California Department of Health Care Services, Behavioral Health Services Division, and LCBH Specialty Mental Health Services Contract requirements, as related to the LCBH's Annual Quality Improvement Program description. The LCBH QI Work Plan addresses quality assurance/improvement factors as related to the delivery of culturally-competent specialty mental health services.

C. Quality Management Committees and Sub-Committees

Essential to the performance of the QI program is a complete information feedback loop wherein information flows across clinical, programmatic, and administrative channels. LCBH has established two committees, the Quality Improvement Committee and the Compliance Program Committee, that include representation from the MHP (clinicians, management, etc.), organizational providers, consumers, family members, and stakeholders, to ensure the effective implementation of the QI Work Plan. These committees are involved in the following functions:

1. The Quality Improvement Committee (QIC) is charged with implementing the quality improvement activities of the agency. Quarterly, the QIC collects, reviews, evaluates, and analyzes data and implements actions that frequently involve handling information that is sensitive and confidential. The QIC also provides oversight to QI activities, including the development and implementation of the Performance Improvement Projects (PIPs). The QIC recommends policy decisions; reviews and evaluates the results of QI activities; and monitors the progress of the PIPs. The QIC documents all activities through dated and signed minutes to reflect all QIC decisions and actions.

   The QIC assures that QI activities are completed and utilizes a continuous feedback loop to evaluate ongoing quality improvement activities, including the PIPs. This feedback loop helps to monitor previously identified issues and provides an opportunity to track issues over time. The QIC continuously conducts planning and initiates new activities for sustaining improvement. Specific responsibilities of the QIC include, but are not limited to, the following:
   - Review quality of care concerns
   - Collect and analyze consumer survey responses

- Be a resource to individual programs
- Report data collection and outcome monitoring activities to Behavioral Health to improve system performance
- Formulate corrective action plans as necessary to improve consumer-driven care
- Plan, develop, and implement PIPs
- Review and update the LCBH Implementation Plan, as necessary
- Initiate corrective action plans adopted by the QIC to improve consumer access to services and quality of care
- Review and recommend action regarding issues involving:
    - High-risk and individuals with high utilization of services
    - Unresolved clinical issues
    - Unresolved complaints
    - Evidence of treatment that is not within professional or ethical standards
    - Denials of service
    - Treatment that appears to be inadequate or ineffective
    - Utilization of inpatient and IMD services
- Identify and address systems issues
- Monitor grievances and appeals
- Promote consumer and family voice to improve wellness and recovery
- Develop strategies to integrate health and behavioral health care throughout Lake County
- Review Katie A./CCR service activities and assess outcomes

Designated members of the QIC include the Quality Improvement Coordinator; management/supervisory staff; clinical staff; case management staff; clerical and support staff; clients; family members; and other stakeholders. Members sign a Confidentiality Statement to insure the privacy of protected health information. This confidentiality statement is integrated into the QIC sign-in sheet, which is collected at the beginning of each meeting.

LCBH procures contracts with individual, group, and organizational providers, and for psychiatric inpatient care. As a component of these contracts, these entities are required to cooperate with the QI program and allow access to relevant clinical records to the extent permitted by State and Federal laws.

The QIC ensures that QI activities are completed and utilizes a continuous feedback loop to evaluate ongoing quality improvement activities, including the PIPs. This feedback loop helps to monitor previously identified issues and provides an opportunity to track issues over time. The QIC conducts planning and initiates new activities on a quarterly basis for sustaining improvement.

QIC Sub-Committees

a. Cultural Competency Committee – This committee identifies cultural variations and satisfaction with/use of services across cultures; identifies culturally-relevant issues surrounding the design and delivery of services; develops staff cultural competency; develops and implements a Cultural and Linguistic Competency Plan; and provides quarterly reports to the QIC and BH Director. Meeting minutes are recorded and maintained.

b. Medication Monitoring – This committee meets quarterly and reviews a sample size of the medication services provided by the psychiatrist and/or other medical staff; maintains the medication room safety environment; and monitors medication practices. Results are directly reviewed with the contracted provider, psychiatrist, medication support staff, and the Compliance and QI Coordinator. A summary report is also shared with the QIC.

c. Special Incident Sub-Committee – This committee meets as needed to respond to requests for review of special incidents/unusual occurrences. The committee may initiate and/or conduct a peer review of the event. A Log of Unusual Occurrences is maintained by the QI Coordinator.

2. The Compliance Program Committee is charged with ensuring that Medi-Cal services are billed appropriately and in compliance with all state and federal regulations. Please refer to the LCBH Compliance Plan for the roles and responsibilities of this Committee.

II. QUALITY IMPROVEMENT PROGRAM COMPONENTS

A. Evaluation of Overall Effectiveness

Evaluation of the overall effectiveness of the QI program is accomplished routinely, as well as annually, to demonstrate that:

- QI activities have contributed to improvement in clinical care;
- QI activities have contributed to timely access to services;
- QI activities have contributed to improvement in client services;
- QI activities have been completed, or are in process; and
- QI activities have incorporated relevant cultural competence and linguistic standards to match clients' cultural and linguistic needs with appropriate providers and services.

B. Specific QI Evaluation Activities

1. Quality Improvement Committee (QIC): The quarterly QIC meetings may include, but are not limited to, the following agenda items:
    - Review reports to help identify trends in client care, in timeliness of medication treatment plan submissions, services, and trends related to the utilization review and authorization functions;
    - Review and evaluate summary results of QI activities, including progress on the development and implementation of the two (2) Performance Improvement Projects (PIP);
    - Review data from Access Logs showing responsiveness of the 24-hour access line; timeliness of appointments; and responses to urgent conditions;

- Review data from Inpatient/IMD/Residential programs relating to census, utilization, and lengths of stay;
- Review data regarding the number of Treatment Authorizations Requests (TARs), approvals, and denials;
- Review summary data on the medication monitoring process to assure appropriateness of care;
- Review Katie A/CCR services to show program implementation;
- Review number of children in placement, level of care, and changes in placement at least quarterly
- Review new Notices of Adverse Benefit Determination, focusing on their appropriateness and any significant trends;
- Review trends in change of provider requests;
- Review summary data from Utilization Review authorization decisions to identify trends in client care, timeliness of services, trends related to utilization review and authorization functions, and compliance with documentation requirements;
- Assess client satisfaction surveys results for assuring access, quality, and outcomes;
- Review any issues related to grievances and/or appeals. The QIC reviews the appropriateness of the LCBH response and significant trends that may influence policy- or program-level actions, including personnel actions;
- Review any requests for State Fair Hearings, as well as review of any results of such hearings;
- Review any provider appeals and satisfaction surveys;
- Review client- and system-level performance outcome measures for adults and children to focus on any significant findings and trends;
- Review other clinical- and system-level issues of concern that may affect the quality of service delivery. The information reviewed also allows the QIC to evaluate trends that may be related to culturally-sensitive issues and may require prescriptive action;
- Review potential or required changes in policy;
- Review the annual credentialing process to assure that all licensed staff follow their licensing requirements;
- Review annual reports regarding QI monitoring of licensure, exclusion lists, and status lists for staff and individual and organizational providers that deliver Medi-Cal services;
- Review HIPAA compliance issues or concerns;
- Review cultural competency issues or concerns; and
- Monitor issues over time and make certain that recommended activities are implemented, completing the Quality Improvement feedback loop.

2. Monitoring Previously Identified Issues and Tracking over Time: Minutes of all QIC meetings include information regarding:
    - An identification of action items;
    - Follow-up on action items to monitor if they have been completed;
    - Assignments (by persons responsible); and
    - Due date.

To assure a complete feedback loop, completed and incomplete action items are identified on the agenda for review at the next meeting. Chart reviews pending further action to implement plans of correction are identified for follow-up and reporting. LCBH has developed a meeting minute template to ensure that all relevant and required components are addressed in each set of minutes. Meeting minutes are also utilized to track action items and completion dates.

Due to the diverse membership of the QIC, information sharing will not breach client confidentiality regulations; consequently, information of a confidential nature will be provided in summary form only.

C. Inclusion of Cultural and Linguistic Competency in All QI Activities

On a regular basis, the QIC reviews collected information, data, and trends relevant to the National Standards for Culturally and Linguistically Appropriate Services in health and health Care (CLAS) to help address cultural competence and linguistic preferences.

III. Data Collection – Sources and Analysis

A. Data Collection Sources and Types

Data collection sources and types include, but are not be limited to:

1. Utilization of services by type of service, age, gender, race, ethnicity, and primary language
2. Access Log (Initial contact log)
3. Crisis Log
4. Test call logs
5. Compliance Log
6. Notice of Adverse Benefit Determination (NOA) Forms and Logs
7. Second Opinion requests and outcomes
8. Electronic Health Record Reports
9. Medication Monitoring forms and logs
10. Treatment Authorization Requests (TAR) and Inpatient Logs
11. Clinical Review QI Checklists (and plans of correction)
12. Peer Chart Review Checklists (and plans of correction)
13. Client Grievance/Appeal Logs; State Fair Hearing Logs
14. Change of Provider Forms and Log (aka: Transfer Log)
15. Special Reports from DHCS or studies in response to contract requirements
16. Annual EQR audit results
17. Triennial Medi-Cal audit results

B. Data Analysis and Interventions

Data analysis is conducted in several ways. Anasazi has a number of standard reports which managers and supervisors can utilize. LCBH uses an internal administrative analyst to analyze

client- and system-level data to track clients, services, outcomes and costs over time. If the subject matter is appropriate, clinical staff are asked to implement plans of correction. Policy changes may also be implemented, if required. Subsequent reviews are performed by the QIC.

New interventions receive input from individual staff, from committee meetings (including representatives of external agencies and consumers), and from management. Interventions have the approval of the Behavioral Health Director prior to implementation.

Effectiveness of interventions are evaluated by the QIC. Input from the QIC are documented in the minutes. These minutes document the activity, person responsible, and timeframe for completion. Each activity and the status for follow up are discussed at the beginning of each meeting.

IV. QUALITY IMPROVEMENT ACTIVITIES, GOALS, AND DATA

The Quality Improvement program for Fiscal Year 2017-2018 includes the following activities, goals, and baseline FY 2016-2017 data.

A. Ensure Service Delivery Capacity – Annually, the LCBH QI program monitors services to assure service delivery capacity in the following areas:

1. Utilization of Services
   - Activity: Review and analyze reports from the Cerner program. The data includes the current number of clients served each fiscal year and the types and geographic distribution of mental health services delivered within the delivery system. Data is analyzed by age, gender, ethnicity, primary language, veterans, LGBTQ, and diagnosis; it is compared to the goals set by the QIC for service utilization.
   - Goal: LCBH will increase the number of Transition Age Youth (TAY) who receive mental health services.
   - Data: There were 311 TAY clients who received mental health services in FY 2016-2017. We will review this data annually to assess improvement in the measure.

2. Service Delivery Capacity
   - Activity: Staff productivity is evaluated via productivity reports generated by the Cerner program. Managers/Supervisors receive periodic reports to assure service capacity.
   - Goal: Achieve a staff productivity rate of 70%.
   - Data: An average of 59.2% of services delivered by staff were billable services in FY 2016-2017.

These issues are also evaluated to ensure that the cultural and linguistic needs of clients are met.

B. Monitor Accessibility of Services – The LCBH QI program monitors accessibility of services in accordance with statewide standards and the following local goals:

1. Timeliness of routine mental health appointments
   - Activity: This indicator is measured by analyzing a random sample of new requests for services from the Access Log. This data is reviewed quarterly.
   - Goal: In 2017-2018, implement an electronic Access Log to track timeliness of routine mental health appointments.
   - Data: LCBH will add this data after the 2017-2018 baseline year.

2. Timeliness of services for urgent or emergent conditions during regular clinic hours
   - Activity: This indicator is measured by analyzing a random sample of urgent or emergent requests for services from the Crisis Log. This data is reviewed quarterly.
   - Goal: In 2017-2018, implement an electronic Access Log to track timeliness of crisis calls during regular clinic hours.
   - Data: LCBH will add this data after the 2017-2018 baseline year.

3. Access to after-hours Emergency services
   - Activity: This indicator is measured by analyzing a random sample of after-hour requests for services from the Crisis Log and/or the Access Log. Data is reviewed twice a year.
   - Goal: In 2017-2018, implement an electronic Access Log to track timeliness of after-hours crisis calls.
   - Data: LCBH will add this data after the 2017-2018 baseline year.

4. Responsiveness of the 24-hour, toll-free telephone number
   - Activity: During non-business hours, the 24/7 line is answered immediately by Triage workers immediately. If required, an interpreter and/or Language Line Solutions is utilized. This indicator is measured by conducting random calls to the toll-free number, both after hours and during business hours. At least two (2) test calls are made per month, split between English and Spanish. This data is reviewed at each quarterly QIC meeting.
   - Goal: Ensure that 70% of test calls are logged in the newly-implemented Access Log.
   - Data: LCBH will add this data after the 2017-2018 baseline year.

5. Provision of culturally- and linguistically-appropriate services
   - Activity: This indicator is measured by random review of the Access Log and/or the Crisis Log, as well as the results of test calls. The focus of these reviews is to determine if a successful and appropriate response was provided which adequately addressed the client's cultural and linguistic needs. In addition, requests for the need for interpreters are reviewed (via the Access Log) to assure that staff are aware of the need for an interpreter and that clients received services in their preferred language, whenever feasible. This information is reviewed quarterly.
   - Goal: Maintain 75% compliance in responding appropriately to test calls.

- Data: Five (5) of the 7 (71.4%) test calls were provided the appropriate response for the service(s) requested in FY 2016-2017.

6. Increasing client access
   - Activity: LCBH endeavors to improve client access to mental health services, targeting high-need populations. This indicator is measured through an analysis of clients who received FSP services in the fiscal year. This information is reviewed annually.
   - Goal: Increase FSP enrollment by 10% in FY 2017-2018.
   - Data: 78 clients received FSP services in FY 2016-2017.

C. Monitor Client Satisfaction – The QI program monitors client satisfaction via the following modes of review:

1. Monitor Client Satisfaction
   - Activity: Using the DHCS POQI instruments in threshold languages, clients and family members are surveyed twice each year, or as required. This indicator is measured by annual review and analysis of at least a one-week sample. Survey administration methodology meet the requirements outlined by the CA DHCS. This data is reviewed twice each fiscal year, after the surveys have been analyzed.
   - Goal: Maintain the percentage of consumers/families reporting that they are able to receive services at convenient locations in FY 2017-2018 at the same capacity as in FY 2016-2017.
   - Data: Ninety-six percent (95.7 %) of consumers/families reported that they were able to receive services at convenient locations in FY 2016-2017 (Fall 2016).

2. Monitor Youth and/or Family Satisfaction
   - Activity: Utilization of the DHCS POQI YSS and YSS-F measurement instruments assures the use of instruments that are accepted statewide as the basis for satisfaction surveys. The YSS and YSS-F are collected from youth ages 12 and older and the children's families. Survey administration methodology meet the requirements outlined by the CA DHCS. This data is reviewed after each survey administration.
   - Goal: Maintain the percentage of consumers/families reporting overall satisfaction with services provided in FY 2017-2018 at the same capacity as in 2016-2017, and continue year to year trending of the data.
   - Data: Eighty-three percent (82.6 %) of consumers/families reported overall satisfaction with services provided in FY 2016-2017 (Fall 2016).

3. Monitor Beneficiary Grievances, Appeals, and State Fair Hearings
   - Activity: All processed beneficiary grievances, expedited appeals, standard appeals, and fair hearings are reviewed at QIC meetings. Monitoring is accomplished by ongoing review of the Grievance Log for adherence to timelines for response. In addition, the nature of complaints and resolutions is reviewed to determine if significant trends occur that may influence the need for policy changes or other system-level issues. This review includes an analysis of any trends in cultural issues addressed by our clients. This information is reviewed monthly and annually.

- Goal: The MHP will respond in writing to 100% of all appeals from providers within 60 calendar days from the date of receipt of the appeal.
- Data: 100% (4) of FY 2016-2017 appeals at organizational providers were responded to within 60 calendar days from the date of receipt of the appeal.

4. Monitor Requests to Change Providers
   - Activity: Quarterly, patterns of client requests to change practitioners/providers are reviewed by the QIC. Measurement is accomplished by review of QIC minutes summarizing activities of the Access Team and through annual review of the Change of Provider Request forms.
   - Goal: Beneficiary Requests for Change of Provider are monitored annually, including reasons given by consumers for their Change of Provider requests.
   - Data: Beneficiary Requests for Change of Provider were reviewed in FY 2016-2017 to identify trends; no significant trends were identified.

5. Inform Providers of Survey Results
   - Activity: The results of client and family satisfaction surveys are routinely shared with providers. Monitoring is accomplished by review of the results of the POQI surveys as related to clients who have received services from contract specialty mental health service providers. Survey results are shared at the QIC meeting, and with providers, consumers, family members, the Mental Health Board, and the Children's System of Care Policy Committee. This information is distributed on an annual basis and in the form of cumulative summaries to protect the confidentiality of clients and their families. This process is reviewed annually.
   - Goal: Share survey results with identified stakeholders.
   - Data: Survey results were shared with the QIC, Compliance Manager, Deputy Administrator of Clinical Services, and BH Administrator.

6. Monitor Cultural and Linguistic Sensitivity
   - Activity: In conducting review in the above areas, analysis occurs to determine if cultural or linguistic issues may have influenced results. Surveys will be provided in English and in Spanish. This process is reviewed annually.
   - Goal: Maintain the percentage of consumers/families reporting that staff were sensitive to their cultural/ethnic background in FY 2017-2018 at the same capacity as in FY 2016-2017.
   - Data: Seventy-seven percent (77.3 %) of consumers/families reported that staff was sensitive to their cultural/ethnic background in FY 2016-2017 (Fall 2016).

D. Monitor the Service Delivery System – The QI program monitors the LCBH service delivery system to accomplish the following:

1. Review Safety and Effectiveness of Medication Practices
   - Activity: Annually, identify meaningful issues for assessment and evaluation, including safety and effectiveness of medication practices and other clinical issues. Medication monitoring activities are accomplished via review of at least ten (10) percent of cases involving prescribed medications. These reviews are conducted by a person licensed to prescribe or dispense medications. In addition, peer review of cases receiving clinical and case management services occur at

QIC meetings. An analysis of the peer reviews occurs to identify significant clinical issues and trends.
- Goal: Continue to conduct medication monitoring activities on at least 10% of medication charts.
- Data: 80 medication charts (17%) were reviewed for medication monitoring activities in FY 2016-2017.

2. Identify Meaningful Clinical Issues
   - Activity: Quarterly, meaningful clinical issues are identified and evaluated. Appropriate interventions are implemented when a risk of poor quality care is identified. Monitoring is accomplished via review of QIC minutes for satisfactory resolutions in the areas of grievances, medication monitoring, and peer chart review cases where plans of correction are requested. Re-occurring quality of care issues are discussed in staff meetings and at the QIC to address concerns in a timely manner.
   - Goal: Ensure that clinical staff participate in clinical trainings each year.
   - Data: Staff participated in 10 clinical trainings in FY 2016-2017.

3. Review Documentation and Medical Records System
   - Activity: Client documentation and medical records system fulfills the requirements set forth by the California Department of Health Care Services and LCBH contract requirements. Documentation of the client's participation in and agreement with their client treatment plan will be included. When the client is unavailable for signature or refuses signature, the client treatment plan includes a written explanation of the refusal or unavailability. Signatures of the individual providing service or the team/representative providing services are recorded.
   - Goal: Maintain the percent of completed and signed Treatment Plans in FY 2017-2018 at the same capacity as in FY 2016-2017.
   - Data: 496 of the 496 (100%) Mental Health Treatment Plans due in FY 2016-2017 where completed and signed.

4. Implement and Maintain Efficient Work Flow Standards
   - Activity: Office work flow standards are implemented and maintained to efficiently and consistently serve clients from first contact through discharge. Work flow processes are documented in flowcharts and implemented through policies and procedures. Monitoring is conducted through annual review of work flow processes and procedures.
   - Goal: The review of billing and workflow policies and procedures occurs annually, as scheduled, and procedures are updated as necessary.
   - Data: The Work Flow review is evidenced by the number and percent of workflow and billing policies and procedures that were reviewed.

5. Assess Performance
   - Activity: Quantitative measures are identified to assess performance and identify areas for improvement, including the PIPs and other QI activities. LCBH monitors both under-utilization of services and over-utilization of services. The BH Director reviews data on review loss reports; productivity reports; and late treatment plan reports. These areas are measured through the quarterly review of

the timeliness of assessments and treatment plans; completeness of charts; client surveys; and productivity reports. The results of these reviews dictate areas to prioritize for improvement.
- Goal: Achieve a billing rate of 55% for billable services delivered by staff in FY 2017-2018.
- Data: LCBH will add this data after the 2017-2018 baseline year.

6. Support Stakeholder Involvement
   - Activity: Staff, including licensed mental health professionals, paraprofessionals, providers, clients, and family members review the evaluation data to help identify barriers to improvement. As members of the QIC, providers, clients, and family members help to evaluate summarized data. This ongoing analysis provides important information for identifying barriers and successes toward improving administrative and clinical services. In addition, the MHSA Steering Committee provides input on access and barriers to services. Measurement is accomplished via review of QIC minutes, and occurs annually.
   - Goal: Increase attendance at the QIC to have at least one (1) consumer and one (1) family member at each meeting in FY 2017-2018.
   - Data: LCBH will add this data after the 2017-2018 baseline year.

7. Conduct Frequent Peer Reviews
   - Activity: LCBH evaluates the quality of the service delivery by conducting four (4) peer reviews every quarter. Reviews are conducted by staff. Issues and trends found during these reviews are addressed at the QIC meetings.
   - Goal: Review 24 client charts annually.
   - Data: LCBH will add this data after the 2017-2018 baseline year.

The activities and processes outlined above will maintain sensitivity to the identification of cultural and linguistic issues.

E. Monitor Continuity and Coordination of Care with Physical Health Care Providers – When appropriate, information is exchanged in an effective and timely manner with other health care providers used by clients.

1. Monitor Coordination of Care
   - Activity: Regular Integrated Health Care Committee meetings are held to discuss care coordination, and identify referrals to alternative resources for treatment or other services whenever requested, or when it has been determined that an individual may benefit from referral to other health care providers.
   - Goal: Maintain regular Integrated Health Care Committee meetings, as evidenced by meeting minutes and tracking action items.
   - Data: LCBH will add this information after the 2017-2018 baseline year.

F. Monitor Provider Appeals – LCBH providers may file appeals or complaints regarding payment authorizations, timeliness, and other issues.

1. Monitor Provider Appeals
   - Activity: Provider appeals and complaints are reviewed as received by the QIC. A recommendation for resolution will be made to the Behavioral Health Director. The resolution and date of response are recorded in the QIC meeting minutes. The QIC reviews the provider appeals and complaints annually for any trends and addresses these issues.
   - Goal: Monitor the number of TAR appeals in FY 2017-2018.
   - Data: There were seven (7) TAR appeals in FY 2016-2017.

V. DELEGATED ACTIVITIES STATEMENT

At the present time, LCBH does not delegate any review activities. Should delegation take place in the future, this Plan will be amended accordingly.