

SECTION: 3 CHAPTER: 1000
POLICY: 1004, Quality of Care Concerns

1. PURPOSE:

- a. The Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) reviews evaluates, and resolves quality of care and service issues raised by enrolled members and contracted providers. The issues may be received from anywhere within the organization or externally from anywhere in the community. All issues must be addressed regardless of source (external or internal). While these sources can include complaints as identified and resolved under [Policy 1802, Complaint Resolution](#), the Quality of Care Concern (QOC) process is separate and independent of the complaint investigation and resolution process.
- b. ADHS/DBHS expects the Tribal/Regional Behavioral Health Authorities (T/RBHAs) to actively participate in the QOC process by acknowledging, investigating, researching, evaluating, and resolving QOC concerns, regardless of referral source, in order to improve the quality of the service delivery system in accordance with this policy and the [Arizona Health Care Cost Containment System \(AHCCCS\) Medical Policy Manual \(AMPM\), Section 960](#). All QOC concern cases are kept confidential under all applicable confidentiality laws and regulations. The QOC concern process is a standalone process and is not combined with any other meetings or processes.
- c. References to a member in this Policy also include references to a member's guardian and/or representative as applicable.

2. TERMS:

Definitions for terms are located online at <http://www.azdhs.gov/bhs/definitions/index.php>. The following terms are referenced in this section:

Behavioral Health Representative
Corrective Action
Guardian
Incident, Accident or Death
Peer Review
Provider Preventable Condition
Quality of Care Concern (QOC)
Regulatory Agency

3. PROCEDURES:

- a. DOCUMENTATION RELATED TO QUALITY OF CARE CONCERNS
QOC concerns may be referred by state agencies, internal ADHS/DBHS sources (e.g., Customer Service, the Office of the Deputy Director), and external sources (e.g., behavioral health recipients; providers; other stakeholders; Incident, Accident, and Death reports). Upon receipt of a quality of care concern, ADHS/DBHS follows the procedures below. As participants in the QOC process, the T/RBHAs must follow these same procedures:
 - i Document each issue raised, when and from whom it was received and the projected time frame for resolution.

SECTION: 3 CHAPTER: 1000
POLICY: 1004, Quality of Care Concerns

- ii Determine promptly whether the issue is to be resolved through one or more of the following ADHS/DBHS areas:
 - (1) Quality of Care;
 - (2) Customer Service/Complaint Resolution;
 - (3) Grievance and appeals process; and/or
 - (4) Fraud, waste, and program abuse.
 - iii Acknowledge receipt of the issue and explain to the member or provider the process that will be followed to resolve his or her issue through written correspondence. If the issue is being addressed as other than a QOC investigation, explain to the member or provider the process that will be followed to resolve their issue using written correspondence. QOC related concerns will remain in the quality management arena due to state and federal regulations: 42 U.S.C. 1320c-9, 42 U.S.C. 11101 et seq., A.R.S. §36-2401, A.R.S. §36-2402, A.R.S. §36-2403, A.R.S. §36-2404, A.R.S. §36-2917.
 - iv Assist the member or provider as needed to complete forms or take other necessary actions to obtain resolution of the issue.
 - v Ensure confidentiality of all member information.
 - vi Inform the member or provider of all applicable mechanisms for resolving the issue.
 - vii Document all processes (include detailed steps used during the investigation and resolution stages) implemented to ensure complete resolution of each issue, including but not limited to:
 - (1) Corrective action plan(s) or action(s) taken to resolve the concern.
 - (2) Documentation that education/training was completed. This may include, but is not limited to, in-service attendance sheets and training objectives.
 - (3) New policies and/or procedures, and
 - (4) Follow-up with the member that includes, but is not limited to:
 - (a) Assistance as needed to ensure that the immediate health care needs are met, and
 - (b) Closure/resolution letter that provides sufficient detail to ensure all covered, medically necessary care needs are met and a contact name/telephone number to call for assistance or to express any unresolved concerns.
- b. **PROCESS OF EVALUATION AND RESOLUTION OF QUALITY OF CARE CONCERNS**
The quality of care concern process at ADHS/DBHS includes documentation of identification, research, evaluation, intervention, resolution, and trending of member and provider issues. Resolution must include both member and system interventions when appropriate. The quality of care process must be a standalone process and shall not be combined with other agency meetings or processes. This process is also outlined in the ADHS/DBHS Desktop Protocol – Quality of Care and Peer Review (See the [Bureau of Quality and & Integration \(BQI\) Specifications Manual](#)).
- i ABHS/DBHS and the T/RBHAs, as active participants, complete the following actions in the QOC process:
 - (1) Identification of the quality of care issues;
 - (2) Initial assessment of the severity of the quality of care issue;
 - (3) Prioritization of action(s) needed to resolve immediate care needs when appropriate;

SECTION: 3 CHAPTER: 1000
POLICY: 1004, Quality of Care Concerns

- (4) Review of trend reports to determine possible trends related to the provider(s) involved in the allegation(s) including: type(s) of allegation(s), severity and substantiation, etc.;
 - (5) Research, including, but not limited to: a review of the log of events, documentation of conversations, and medical records review, mortality review, etc; and
 - (6) Quantitative and qualitative analysis of the research, which may include root cause analysis.
- ii For substantiated QOC allegations it is expected that some form of action is taken, for example:
 - (1) Developing an action plan to reduce/eliminate the likelihood of the issue reoccurring;
 - (2) Determining, implementing, and documenting appropriate interventions;
 - (3) Monitoring and documenting the success of the interventions;
 - (4) Incorporating interventions into the organization's Quality Management (QM) program if appropriate, or
 - (5) Implementing new interventions/approaches, when necessary.
 - iii Each issue/allegation must be resolved; member and system resolutions may occur independently from one another. The following determinations should be used for each allegation in a QOC concern:
 - (1) Substantiated – the alleged complaint (allegation) or reported incident was verified or proven to have happened based on evidence and had a direct effect on the quality of the recipient's behavioral health care. Substantiated allegations require a level of intervention such as a corrective action plan of steps to be taken to improve the quality of care or service delivery and/or to ensure the situation will not likely happen again.
 - (2) Unable to Substantiate – there was not enough evidence at the time of the investigation to show whether a QOC allegation did occur or did not occur. The evidence was not sufficient to prove or disprove the allegation. No intervention or corrective action is needed or implemented.
 - (3) Unsubstantiated – there was enough credible evidence (preponderance of evidence) at the time of the investigation to show that a QOC allegation did occur. The allegation is based on evidence, verified or proven, to have not occurred. No intervention or corrective action is needed or implemented.
 - iv ADHS/DBHS and the T/RBHAs, as active participants in the process, use the following process to determine the level of severity of the quality of care issue:
 - (1) Level 0 (Track and Trend Only) – An issue no longer has an immediate impact and has little possibility of causing, and did not cause, harm to the recipient and/or other recipients, an allegation that is unsubstantiated or unable to be substantiated when the QOC is closed.
 - (2) Level 1 – Concern that MAY potentially impact the recipient and/or other recipients if not resolved.
 - (3) Level 2 – Concern that WILL LIKELY impact the recipient and/or other recipients if not resolved promptly.
 - (4) Level 3 – Concern that IMMEDIATELY impacts the recipient and/or other recipients and is considered potentially life threatening or dangerous.

SECTION: 3 CHAPTER: 1000
POLICY: 1004, Quality of Care Concerns

- (5) Level 4 – Concern that NO LONGER impacts the recipient. Death or an issue no longer has an immediate impact on the recipient, an allegation that is substantiated when the QOC is closed.
 - v ADHS/DBHS and the T/RBHAs, as active participants in the process, report issues to the appropriate regulatory agency including Adult Protective Services, AHCCCS, Department of Child Safety, the Attorney General's Office, law enforcement for further research/review or action. Initial reporting may be made verbally, but must be followed by a written report within one business day.
 - vi Cases are referred to the Peer Review Committee when appropriate. Referral to the Peer Review Committee shall not be a substitute for implementing interventions. (See [Policy 1003, Peer Review](#))
 - vii If an adverse action is taken with a provider due to a quality of care concern, ADHS/DBHS will report the adverse action to the AHCCCS Clinical Quality Management Unit (CQM) as well as to the National Practitioner Data Bank. The T/RBHAs, as active participants in the process, must notify ADHS/DBHS of any adverse action taken against a provider.
 - viii Upon receiving notification that a health care professional's organizational provider or other provider's affiliation with their network is suspended or terminated as a result of a quality of care issue, ADHS/DBHS will provide written notification to the appropriate regulatory/licensing board or and AHCCCS. T/RBHAs, as active participants in the process, are required to notify ADBH/DBHS of the same.
 - ix When the review of a quality of care concern is complete, ADBH/DBHS will submit a closing letter to AHCCCS Clinical Quality Management (CQM). T/RBHAs, as active participants in the process, are expected to submit a closing letter to ADBH/DBHS. These letters will include the following:
 - (1) A description of the issues/allegations, including new issues/allegations identified during the investigation/review process,
 - (2) A substantiation determination and severity level for each allegation
 - (3) An overall substantiation determination and level of severity for the case.
 - (4) Written response from or summary of the documents received from referrals made to outside agencies such as accrediting bodies, or medical examiner.
- c. TRACKING/TRENDING OF QUALITY OF CARE ISSUES
- ADHS/DBHS uses data pulled from QOC database to monitor the effectiveness of QOC-related activities to include complaints and allegations received from members and providers, as well as from outside referral sources. The T/RBHAs, as active participants in the QOC process, are expected to also track and trend QOC data and report trends and potential systemic problems to ADHS/DBHS.
- i The data from the QOC database will be analyzed and evaluated to determine any trends related to the quality of care or service in the each T/RBHA's service delivery system or provider network, and aggregated for the state. When problematic trends are identified through this process, ADHS/DBHS will incorporate the findings in determining systemic interventions for quality improvement. The T/RBHAs, as active participants in the QOC process, are expected to also incorporate trended data into systemic interventions.

SECTION: 3 CHAPTER: 1000
POLICY: 1004, Quality of Care Concerns

- (1) As evaluated trended data is available, ADHS/DBHS will prepare and present analysis of the QOC tracking and trending information for review and consideration of action by the ADHS/DBHS Quality Management Committee and Chief Medical Officer, as Chairperson of the Quality Management Committee.
 - (2) Quality tracking and trending information from all closed quality of care issues within the reporting quarter will be submitted to AHCCCS/Division of Health Care Management/Clinical Quality Management (AHCCCS/ DHCM/CQM) utilizing the Quarterly Quality Management Report. The report will be submitted within 45 days after the end of each quarter and will include the following reporting elements:
 - (3) Types and numbers/percentages of substantiated quality of care issues
 - (4) Interventions implemented to resolve and prevent similar incidences, and
 - (5) Resolution status of “substantiated”, “unsubstantiated” and “unable to substantiate” QOC issues.
 - ii If a significant negative trend is found, ADHS/DBHS may choose to consider it for a performance improvement activity to improve the issue resolution process itself, and/or to make improvements that address other system issues raised during the resolution process.
 - iii ADHS/DBHS will submit to AHCCCS CQM all pertinent information regarding an incident of abuse, neglect, exploitation and unexpected death as soon as aware of the incident. Pertinent information must not be limited to autopsy results only, but must include a broad review of all issues and possible areas of concern. Delays in the receipt of autopsy results shall not result in a delay in the investigation of a quality of care concern by either ADHS/DBHS or the T/RBHAs. As the T/RBHAs receive delayed autopsy results, they will use them to confirm the resolution of the QOC concern. If the cause and manner of death gives reason to change the findings of the QOC concern, the T/RBHA is expected to notify ADHS/DBHS and resubmit a revised resolution report. The T/RBHAs are expected to send a cause and manner of death report to ADHS/DBHS monthly, including the results of all reports received during the past month. ADHS/DBHS will also revise closing letters to AHCCCS if the cause and manner of death changes the findings of a QOC investigation.
 - iv ADHS/DBHS and the T/RBHAs, as active participants in the QOC process, must ensure that member health records are available and accessible to authorized staff of their organization and to appropriate State and Federal authorities, or their delegates, involved in assessing quality of care or investigating member or provider quality of care concerns, complaints, allegations of abuse, neglect, exploitation grievances and Healthcare Acquired Conditions (HCAC). Member record availability and accessibility must be in compliance with Federal and State confidentiality laws, including, but not limited to, Health Insurance Portability and Accountability Act (HIPAA) and 42 C.F.R. 431.300 et seq.
- d. PROVIDER-PREVENTABLE CONDITIONS
- i If a Health Care Acquired Condition (HCAC) or Other Provider-Preventable Condition (OPPC) is identified, ADHS/DBHS will conduct a quality of care investigation and report the occurrence and results of the investigation to the AHCCCS Clinical Quality Management Unit.

SECTION: 3 CHAPTER: 1000
POLICY: 1004, Quality of Care Concerns

4. REFERENCES:

[42 U.S.C. 1320c-9](#)
[42 U.S.C. 11101 et seq.](#)
[A.R.S. §36-2401](#)
[A.R.S. §36-2402](#)
[A.R.S. §36-2403](#)
[A.R.S. §36-2404](#)
[A.R.S. §36-2917](#)
[AHCCCS/ADHS Contract](#)
[ADHS/RBHA Contracts](#)
[ADHS/TRBHA IGAs](#)
[AHCCCS Medical Policy Manual, Chapter 900, Sections 910 & 960](#)
[Policy 1003, Peer Review](#)
[Policy 1703, Reporting of Incidents, Accidents and Deaths](#)
[Policy 1802, Complaint Resolution](#)
[DBHS Desktop Protocol, Quality of Care and Peer Review \(BQI Specifications Manual\)](#)

SECTION: 3 CHAPTER: 1000
POLICY: 1004, Quality of Care Concerns

5. APPROVED BY:



Cory Nelson, MPA
Deputy Director
Arizona Department of Health Services
Division of Behavioral Health Services

9/25/14
Date



Steven Dingle, M.D.
Chief Medical Officer
Arizona Department of Health Services
Division of Behavioral Health Services

9/24/14
Date